

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1147440

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
-	
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	On and the Name
Dual Completion Permit #:	Operator Name:
□ SWD Permit #:	Lease Name: License #:
ENHR Permit #:	QuarterSecTwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY						
Letter of Confidentiality Received						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

	Side Two	1147440
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional She	eets)	Yes No			n (Top), Depth an		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	Yes No Yes No Yes No Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Size: Set At: Packer At:			Liner R	un:	No				
Date of First, Resumed F	Product	ion, SWD or ENH	۲.	Producing N	_	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									Ι	
DISPOSITIO	SPOSITION OF GAS: METHOD OF COMPLE			TION:		PRODUCTION INTE	RVAL:			
Vented Sold Used on Lease Open Hole Perf.			Dually (Submit)		Commingled (Submit ACO-4)					
(If vented, Subi	(If vented, Submit ACO-18.)									

FIELD SERVICE TICKET

1718 07814 A



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

PRESSURE PUMPING & WIRELINE							DATE TICKET NO	
DATE OF Q-6-	13 -	DISTRICT Pratt			NEW WELL		PROD INJ WDW CUSTOMER ORDER NO.:	
	7 .c	Stilling			LEASE	Joly	WELL NO. 1-	27
ADDRESS				COUNTY	Gov	state ks		
CITY	CITY STATE				SERVICE CF		Idendo, mebran, Pierson, Phys	z
AUTHORIZED BY							W 4/12 Lotage L.S.	
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 2-6-15 4 4:05	ג
27283	242					-	ARRIVED AT JOB	30
19831-17862	272						START OPERATION	
10959-19918							FINISH OPERATION	ู้ช
	V d-					-	RELEASED AM 7:2	ઉ
·							MILES FROM STATION TO WELL 115	

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: 1h Û

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES	USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	ΝT
CPIDOC	Common Cement		SK	200		3200	00
CP 101	A-Con Blend	•	SK	420		7560	00
CP101	A-Con Bland		SK	30		540	SW
CCI02	CelloState		Lb	113		418	01
CLIOS	C-41 P. Defoamer		4	47		188	00
CCLUG	Calcium Onlyride		Lb	12-72		1335	·60
111.22	Salt		L	621		810	57
00112	Cement Friction Reduce	r7	Lb	141		846	00
CC113	Gypzim	1	Lb	940		705	-00
CC201	Gilsonite		Lb	1000		670	00
CEHDO	Two Stage Cement WI	as HILLED)	es	1	· · ·	4500	200
CFGOD	Latch Down Plug & Asrend	14 H 1/2 (Red)	en	١		220	00
CF1250	Auto Sill Float Shoe Hild	(Blue)	ea	1		330	00
CF1650	Tusbolizer (Blue) 45		en	2		595	-20
CF1400	Bashet (Blue) 44		eg	ľ	·	210	
CC154	Super Flugh		6al	500		1225	-90
	- · ·						
<u> </u>							
					-		
					SUB TOTAL		
CHE	MICAL / ACID DATA:				DLS	31,916	21
		SERVICE & EQUIPM	IENT		KON\$		
		MATERIALS		%TA>	CON \$		
					TOTAL	-	

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

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SERVICE

REPRESENTATIVE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

							FIELD SERVICI	
	BA	GIC I	10244 NE Hwy P.O. Box 8613	3				
EN EN		Pratt, Kansas 67124 Phone 620-672-1201				Cuntinuation of DATE TICKET NO		
DATE OF 2-6-	13	DISTRICT Prat.	f					CUSTOMER ORDER NO.:
CUSTOMER L.T	1.6	prillise			LEASE	UDI	ours Owwww	WELL NO. 1-2
ADDRESS		3			COUNTY GOVE STATE KS			
СІТҮ		STATE			SERVICE CREW Orlando, Mcbraw, Pierson, Phys			
AUTHORIZED BY					JOB TYPE: (CN.	N-Hh ⋆	cLis.
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED 2-6	PATE AN UTIME
27283	3/2						ARRIVED AT JOB	> pm/2:30
27463	2%						START OPERATION	/ ANS 4:00
19831-19862	21/2						FINISH OPERATION	AM (.:31
20954-19918	22	<u> </u>					RELEASED	AM 7:30
							MILES FROM STATION TO V	VELL 175

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered). The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED:_ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

I S OFSUAR TIAKET

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES	USED	UNIT	QUANTITY	UNIT PRICE		\$ AMOUN	т
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EIDI	Have Equipment Miles	٩	mi	525			3675	ÓŨ
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		SERVICE & EQUIPM	IENT		(ON \$			
		MATERIALS		%TA>	(ON \$			
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SERVICE REPRESENTATIVE Have Orlando	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:	Rhl	$^{\prime}$ W,	h
	(WELL OWNER	OPERATOR	ONTRACTOR	TR AGEN

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT).

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TREATMENT REPORT

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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Taylor Printing Inc. 620-672-3656

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TREATMENT REPORT

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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Anhydrif 2217-48 TD 4148

. المعالم المحال

RAYMOND OIL COMPANY

LYONS, KANSAS • PHONE (620) 257-3161

TALLY SHEET

DATE _____

	То	Well 1	No	From	\M	ell No.	Size	Kind		Tv	vpe Thr	ead (Condition	Thr	eads
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CLOUD LITHO - Abilene- TX

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 07753 A

PHESSU	JRE PUIVI	PING & WIRELINE					DATE TICKET NO
DATE OF JOB 2 - 19	-/31	DISTRICT KAN	AS		NEW C C		PROD INJ WDW CUSTOMER ORDER NO.:
CUSTOMER L. D.	Dr.	HING INC			LEASE L	bbe	(5,00000 +1-27 WELL NO.
ADDRESS		0			COUNTY	ne	27-12-30 STATE KS
CITY	-	STATE			SERVICE CR	EW	New, Jue, Jessie
AUTHORIZED BY					JOB TYPE:	54.6	erfs CNW
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALLED
72443 P.U	10		1				ARRIVED AT JOB 7-18-13 PM 970
33708-20920	ΙĎ.						START OPERATION
1983 - 19863							FINISH OPERATION
							RELEASED 2-1-12 PM 200
							MILES FROM STATION TO WELL

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered). The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

the fact the	A		SIGNED: (WELL OWNE	R, OPERATOR, CONT	RACTOR OR AG	ENT)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	r
CRIODC	rammed comment	54	250		\$ 4000	00
			1		\$ 31	
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F-100	Unit mileare Charge	P.U. mi	175		\$ 743	73
EIOI	HEAVY Spy Miles	9 2 Mi	359		\$ 2450	00
E113	Bulk Obliden char	Se TM	1 2027		\$ 3290	00
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FIELD SERVICE	an jace			OR CONTRACTOR OR	AGENT)	



TREATMENT REPORT

Customer	Ocillie	Vi Ca	INC	Lease No-)					Date					
Lease	pacs	Ow	20	Well #	1.1-	27				1	2-	19-1	2		
Field Order #	Station	Pratt	K	>		Casing	2	Depth	1	Count	ty Go	ua		S	tate
Type Job	Pert	Cs			C	VW)	For	mation				Legal D	escription	0	
PIPE	E DATA	PER	FORATIN	IG DATA		FLUID (JSED				TREA	TMENT	RESUM	E	
Casing Size	Tubing Siz	e Shots/I	-t		Acid	0 100 100		0 15	. L He	RATE	PRE	ESS	ISIP		_
Depth	Depth	From	т		Pre	Pad	NE	~~~	Max				5 Min.	-	
Volume	Volume		Т		Pad	1 7			Min				10 Min.		
Max Press	Max Press		т		Frac				Avg				15 Min.		
Well Connection	on Annulus V		Т						HHP Used	d			Annulus	Pres	sure
Plug Depth	Packer De		Т		Flus	SP N	20		Gas Volur	ne			Total Loa	ad	
Customer Rep	presentative			Station	Mana	ger Sca	they			Tre	ater	Allen	/		
Service Units	28443	\$3708	2092	0 1983	3/ /	19862	/								
Driver Names	Allen	Joe	Mals	a Jac	ie)	P. arce	-							5	
Time	Casing PresSure	Tubing Pressure	Bbls. P	umped	F	Rate	2		1		Serv	vice Log			
930 A	m			244			an	160	c.D.	50	<u>u s s</u>	Safe	45	et	p. Clarks
1000							10	oK.	IP T	0.7	6.5	40:0	2 Ho	1c	,
			80	0	ő	2	Pu	mp	801	33	6-1-	120.	- cle	an	1 Hole
					1		Pu	11	Tub	ing					
							out	OF	Hole	K	1.5	LP7	o K	61	1
							K	14	g V	Fg	ER	21			
11.5pm	1						St	Ary	- To	ols					
245		1500+		1	_		Se	+	RBP	e	3	170 -	PKR	e	3941.
300			1	3	-		-	<u>o t</u>	SANa	0	39			-	
337	300+				_	_	PK	R	e 3'	746		10 5	5. 1	12.	JONAN
		700#	1			2			NR						
				-		_	1.00	24							47 15.6
402			5	2					hmix	- l.	NA	sha	ut f	Un	py Lin.
406		0. 4		Si		/	0:				-			-	
425	_	900#	1	3	-	0.072		No.	1047			1			
430		900"	1	3/2			1.3		3060			1	En +		
435		750	/ 4	1					31047			ns-e c		-	
5075		8007	- 14	1/2	-			and the second second	Blout			1			
517		6500	15	5	-	-	15	B	B104	+ -	5+1	Je.		- 2	
			-				Ke	12.1	4 - year.	T	0	JRK	Com	1 < 5	back.
				-					IN		-	1			
615			2	0		21/2	Kel	10	at			1 (A.			in mark

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TREATMENT REPORT

Customer		_		Lease No.				Date	_			
L. U. L	Drill	ing	ENC			_		-	1.1			
Lease	bers	ow	JO	Well # /				2	-19-	13		
Field Order #	Station	Pratt	155		Casing	1/2 Dep	_	County	ve	1.1	State	
Type Job	Per	fs		\subset	NW	Formatio	n		Legal	Description	-30	
PIPE I	DATA	PERI	FORATING	g data	FLUID	USED		TRE	ATMENT	RESUME		
Casing Size	Tubing Siz	ze Shots/F	Ft 👘	250	Acid	Comi	15.	RATE PR	ESS	ISIP		
Depth	Depth	From	То		Pre Pad	Max				5 Min.		
/olume	Volume	From	То		Pad	1.1.1	Min			10 Min.		
lax Press	Max Press		То		Frac		Avg			15 Min.		
Vell Connection		From	То			5.52	HHP Use				Pressure	
Plug Depth	Packer De	From	То		Flush	N20	Gas Volu			Total Loa	ld	
Customer Repre	esentative	L. D.		Station	Manager Co	Hy		Treater	1 1/1	a		
	22443	33708	20 920	1983	1 19867							
	VIEN	Joe	Melso	T-T Ch	ssie Pier	· (-/	1.1		18		11	
	Casing Pressure	Tubing Pressure	Bbls. Pu	mped	Rate			Ser	vice Log			
	1.1					Pull	PKI	R				
74101	1 300	4				PSI	ONC	259.	300	4		
	1.55					She	+ I	NX	Tol	Com	plate	
			1				46	ANK	5			
1			111		11 (j. 11)	1			111			
				2					A 110	N		
					1.1		6.5			\triangleleft	09	
							the second	_	2.1			
											222 D	
					4	1.0-1	1.5.					
		-				5						
							1.00	1.2.15				
							1111			in the second		
								1.1.1				
							8				19.00	
	-				12.2		, I.I.	a ka s				
										1	1200	
						1.1						
						-			_			

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