

Kansas Corporation Commission Oil & Gas Conservation Division

1156821

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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 Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt
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 Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
ENHR Permit #:	County: Permit #:
GSW Permit #:	. 5
Spud Date or Date Reached TD Completion Date or Recompletion Date 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 Approved by: Date:								

Side Two



Operator Name:				Lease N	lame:			Well #:		
Sec Twp	S. R	East] West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rat line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures st, along with	s, whether s final chart(s	hut-in press	ure reach	ed static level,	hydrostatic pres	ssures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional		Yes	No		Log	g Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор		Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop)	d Electronically	☐ Yes ☐ Yes ☐ Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	New	Used	on, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In	asing	Weig Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent additives
		<u> </u> 	DDITIONAL	CEMENTIN	IG / SQUE	EZE RECORD				
Purpose: Depth Top Bottom Type of Cement — Perforate — Protect Casing — Plug Back TD — Plug Off Zone — Plug Off Zone			Cement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATI Specify	ON RECORD - Footage of Each	Bridge Plug n Interval Per	s Set/Type forated			cture, Shot, Ceme mount and Kind of N	nt Squeeze Record Material Used)	d 	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
							Yes N	0		
Date of First, Resumed	Production, SWD or EN	IHR. Pr	oducing Meth	nod:	g 🗌 G	as Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	BI	ols.	Gas-Oil Ratio		Gravity
DISPOSITI	ON OF GAS:		N	METHOD OF	COMPLET	TION:		PRODUCTIO	ON INTER	VAL:
Vented Solo	Used on Lease		n Hole	Perf.	Dually (nmingled mit ACO-4)			
(11 verneu, 3u	10./	Othe	r (Specify)				I —			

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	SCHMIDTBERGER 1-36
Doc ID	1156821

Tops

Name	Тор	Datum
ANHYDRITE	1597	+838
HEEBNER	3997	-1562
LANSING	4050	-1615
BASE KANSAS CITY	4454	-2019
MARMATON	4514	-2079
FORT SCOTT	4632	-2197
CHEROKEE	4660	-2225
BASE CHEROKEE LIME	4717	-2282
MISSISSIPPI	4780	-2345



FIELD SERVICE TICKET 1717 04438 A

1700 S. Country Estates Rd. Liberal, Kansas 67905 Phone 620-624-2277

P	RESSURE PUMPIN	IG & WIRELINE			DATE	TICKET NO				
DATE OF 7/	3/13 DIS	STRICT 1717		NEW WELL	OLD P	ROD []INJ	□ WDW		STOMER DER NO.:	
CUSTOMER	D Dril	ing	4	LEASE 5	chmi	-HBer	jer i	1 - 34	WELL NO.	
ADDRESS				COUNTY '	Hodg.	eman	STATE	KS		,
CITY		STATE		SERVICE C	CREW TO	mmy,	Juan	Ly	Dante	
AUTHORIZED BY	Tuce	T:O		JOB TYPE:	21	12 Su	face			
EQUIPMENT:	# HRS	EQUIPMENT#	HRS E	EQUIPMENT#	HRS	TRUCK CALL		PAGE 7	€ 4 ×	犯
78939	214				-	ARRIVED AT	JOB	7.3	1770	∞
24400177 2011 2 306	1821		 		+-1	START OPER	RATION		GM 4.1	7
11261 1955	197714					FINISH OPER	RATION		12 4:A	5
14074 110	/ 0 1					RELEASED			85.C	Ø,
						MILES FROM	STATION TO	WELL	100	
ITEM/PRICE REF. NO.	MA	TERIAL, EQUIPMENT	AND SERVICES		UNIT	QUANTITY	ER, OPERATOR		\$ AMOUN	1T
CIIOS	60/10	Poz			13K	250			3000	40
CCIO	Collafia	10			- 16	63.			233	10
ccios	Calcium	n Chlorid	l		~L6	645			677	25
CF 153	Wooden	Plus			FA	1			160	00
F100	PickUD	mileate.			M.	100				むつ
EIOL	Heavy F	Equip Mul	oug .		Mi	300		-	2100	00
E113	BUIKIT	elivery			Trn	1780		+	2848	
CE 200	Depth	harge 0-	500.		4hi	1/05		-	1000	00
CF 240	Aslandiv	agt mixim	1 Charge		2/	4,00		-	560 250	DÍ
CF 504	Mug Co	marrer	7		JON				175	
707	201010	20200	01		SV	150			2445	_
1100	FIEITIO	M PWS				,,,,				
										+
									17-100	. 5
СН	IEMICAL / ACID DA	TA:	i .				SUB ²	ΓΟΤΑL	7,042	17
			- [SERVICE & EQ	UIPMENT		X ON \$,	
			_ [MATERIALS		%TA	X ON \$	TOTAL		+
								IOIAL		
		ĭ								
OFFICE	111	L	THE ABOVE M	ATERIAL AND S	ERVICE	Jan	1) 89 1	1/1	/	

FIELD SERVICE ORDER NO.

LOUD LITHO Abriene, TX

REPRESENTATIVE

ORDERED BY CUSTOMER AND RECEIVED BY (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Cement Report Date Lease No. Customer Service Receip Well# Lease State Casing Legal Description Job Type Formation **Perforating Data Cement Data** Pipe Data Lead 250 5X 6040 POZ@14,8# **Tubing Size** Casing size Shots/Ft From Depth Depth To From Volume Volume Max Press From То 1000 Well Connection ? From To Annulus Vol. Packer Depth From To Plug Depth Casing Tubing Service Log Bbls. Pumbed Rate Time Pressure Pressure 0:00 Service Units **Driver Names Customer Representative** Taylor Printing, Inc.



1700 S. Country Estates Rd. Liberal, Kansas 67905 Phone 620-624-2277

FIELD SERVICE TICKET 1717 04440 A

PRESSURE PUMPING & WIRELINE DATE TICKET NO. OLD PROD INJ ☐ CUSTOMER ORDER NO.: DATE OF JOB ☐ WDW DISTRICT 34-WELL NO. LEASE -CUSTOMER STATE COUNTY **ADDRESS** Kicare SERVICE CREW CITY STATE JOB TYPE: **AUTHORIZED BY** yce DATE HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** TRUCK CALLED ARRIVED AT JOB START OPERATION **FINISH OPERATION** RELEASED 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 supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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) ITEM/PRICE REF. NO. QUANTITY \$ AMOUNT UNIT **UNIT PRICE** MATERIAL, EQUIPMENT AND SERVICES USED 200 2400 bO 8 475 00 400 376 8600 1500 50 280 00 175 00 SUB TOTAL CHEMICAL / ACID DATA: **SERVICE & EQUIPMENT** %TAX ON \$ %TAX ON \$ **MATERIALS** TOTAL

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED B)

(WELL OWNER

OR GENT)

FIELD SERVICE ORDER NO.

REPRESENTATIVE

SERVICE



Cement Report

	Libera	I, Kansas					ocincia rieport			
Customer	DDI	illing	9	Lease No.		Date 7	111113			
Lease Sch	midt	berge		Well #	-34	Service Receipt	Service Receipt			
Casing	77.1.07.1.	Depth 16	<i>20'</i>	County #	doeman	State				
Job Type F	TA		Formation		Legal Descri	iption 36 -23	-24			
		Pipe [Data			ting Data	Cement Data			
Casing size			Tubing Size 4/2	2		ts/Ft	Lead 200 SK 60/10 Poz@ 13,784			
Depth			Depth		From 1620	505/	roz@13,78#			
Volume			Volume		From \$20	505X	1.43 6.92			
Max Press Max Pre			Max Press		From 420	505X	Tail in			
Well Connec	tion		Annulus Vol.		From 60	TO 205X				
Plug Depth			Packer Depth		From RH	1305X				
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate		Service Lo	g			
02:30					on Loc, &	Spot YR.	U, Eagh My			
03,44		160	10	4	HZO		10 11-01			
03:47		160	12.7	4,	MIX 505	XE13,78#	(a 1620'			
03:51		0	2	4	H20					
03:51		0	17	4	Mod					
03:55					TOOH					
04:42		190	10	4	H 20					
04:44		180	12.7	4	Mix 5058	(a) 820) /			
04:47		0	2	4	H20					
04:49					100H					
05:18		150	10	4	#20					
05:20			12.7	4	Mix, 505X	(a) 470	/			
05:24			2	4	2120	and the same of th				
05,24					TOOH		*)			
06.08			5	2	Mix 205 Plus Rut	x(a) 60				
06.08 06.16	97		7.	2	Plus Rut.	hole				
75113										
				-						
										
Service Unit	s 789	39	3977334771	38119.1	195/16					
Driver Name		int	39223379711 T. Marollo	7 16.	ting2		1			
				Perry i	Bennett		hotel			
Custome	r Represe	ntative	Sla	tion Mana	ger	Cemer	nter Faylor Printing, Inc.			

C:\Users\Roger Friedly\Documents\SCHMIDT1-36DST1.fkt 10-Jul-13 Ver



JASON MCLEMORE

CELL # 620-6170527

General Information

Company Name L D Drilling, Inc.

Contact L D Davis Job Number K001 **Well Name** Schmidtberger 1-36 Representative Jason McLemore **Unique Well ID** DST #1 CHERO. SAND 4,678' - 4,764' Well Operator L D Drilling, Inc **Surface Location** 36-23s-24w-Hodgeman Prepared By **Jason McLemore** Wildcat Qualified By Field Kim Shoemaker **Well Type Test Unit**

Test Information

Representative Jason McLemore
Test Type Well Operator L D Drilling, Inc

Formation DST #1 CHERO. SAND 4,678' - 4,764' Report Date 2013/07/10 Well Fluid Type Prepared By Jason McLemore

Test Purpose (AEUB)

 Start Test Date
 2013/07/10 Start Test Time
 05:41:00

 Final Test Date
 2013/07/10 Final Test Time
 14:19:00

Test Results

Recovered 2930 Muddy Water 5%Mud, 95%Water

2930 Total Fluid

Tool Sample 100% Water

Chlorides 27000PPM

PH 7.0

RW .16 @ 102



DIAMOND TESTING P.O. Box 157 OISINGTON, KANSAS 6754

HOISINGTON, KANSAS 67544 (800) 542-7313

TIME ON: 05:41

TIME OFF: 14:19

DRILL-STEM TEST TICKET

FILE: schmidt1-36dst1

Company L D Drilling, Inc.			_Lease & Well NoSo	chmidtberger #1-	36		
Contractor Duke Rig #1			_ Charge to L D Drillir	ng, Inc.			
Elevation2435 Form	ationChe	erokee San	d_Effective Pay		Ft. Ticket N	NoK001	
Date 7-10-13 Sec. 36	Twp	23s S Ra	ange24	W W County_	Hodgeman	_StateKANS	AS
Test Approved By KIM SHOEMAKER			_ Diamond Representati	ve	Jason McLei	more	
Formation Test No. 1	Interval Tested from_	46	78 _{ft. to}	4764 ft. Tot	al Depth	4764	ft.
Packer Depth4673 ft	. Size6 3/4	in.	Packer depth		ft. Size	6 3/4 in.	
Packer Depth 4678 ft	. Size 6 3/4	in.	Packer depth		ft. Size	6 3/4 in.	
Depth of Selective Zone Set							
Top Recorder Depth (Inside)		4659 _{ft.}	Recorder Number_	551	3 Cap	5,000 P.S.I.	2
Bottom Recorder Depth (Outside)	4	4761 _{ft.}	Recorder Number_	1333	8_Сар	4950 P.S.I	
Below Straddle Recorder Depth		ft.	Recorder Number_		_Сар	P.S.I	
Mud Type CHEMICAL Viscos	ity44		Drill Collar Length	(Oft. I.D	2 1/4	_in.
Weight 9.25 Water Los	ss10.8	cc.	Weight Pipe Length			2 7/8	_ in
Chlorides	5200	P.P.M.	Drill Pipe Length	466	1_ft. I.D	3 1/2	_ in
Jars: Make STERLING Serial N	Substitution Cont.		Test Tool Length			3 1/2-IF	_ in
	10.000 Cut	NO	Anchor Length 63' DP In Anchor	86	ft. Size	4 1/2-FH	in
	ol Joint Size 4 1/2	2 XH in.	Surface Choke Size	1	_in. Bottom (Choke Size 5/8	in
Blow: 1st Open: Strong Blow, BC	OB in 1 Min.	1-11-11				(NObb)	
^{2nd Open:} Strong Blow, BO	B in 3 Min.				1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214 - 1214	(NObb)	
Recovered 2930 ft. of Muddy Wat	er 95%Water 5%Mu	ud					
Recovered 2930 ft. of TOTAL FLU	DID						
Recoveredft. of		CHLORII	DES 27000 Ppm				
Recoveredft. of		PH 7.0					
Recoveredft. of		RW .16 @	2 102 DEG		Price Job		
Recoveredft. of					Other Charges	8	
Remarks:					Insurance		
TOOL SAMPLE: 100% WTR					Total		-
9:26 AM	A.M.	TETRACTURE AL	11:26 AM	A.M.		128	
Time Set Packer(s) 0.20 AIVI	P.M. Time Sta	arted Off Bo	ttomT1.26 Alvi	r.ivi. ivia	ximum Tempera	ature120	
Initial Hydrostatic Pressure			(A)	2191 P.S.I.			
Initial Flow Period	Minutes	30	(B)	172 P.S.I. to	o (C)	881 _{P.S.I.}	
Initial Closed In Period		45	(D)	1385 P.S.I.		1202	
Final Flow Period		45	(E)	902 P.S.I. to	(F)	1293 _{P.S.I.}	
Final Closed In Period	and the same of a state of the same of the	60	(G)	1387 P.S.I.			
Final Hydrostatic Pressure				2174 P.S.I.	ad as a sataland dise	ab constitution allowables allowed	

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.









