Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1159202

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Name: Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from North / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	
Name: (e.g. xxxxxx) (e.g. xxxxxx) Wellsite Geologist: Datum: NAD27 NAD83 WGS84 Purchaser: Designate Type of Completion: Lease Name: Well #: Lease Name: Well #: Designate Type of Completion: Naw Well Re-Entry Workover Well #: Lease Name: Well #: Oil WSW SWD SIGW Fremp. Abd. Field Name: Producing Formation: Elevation: Ground: Kelly Bushing: Cound: Feet OG GSW Temp. Abd. Cound: Feet Multiple Stage Cementing Collar Used? Yes No Feet If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Multiple Stage Cementing Collar Used? Yes No Feet Well Name: Original Total Depth: Feet Multiple Stage Cement circulated from: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: Mell ansust be collected from the Reserve Pil) Chloride content: ppm Fluid Volume: bbls Dual Completion Permit #: Count. to SWD Conn. to SWD Conn. to SWD Conn. to	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: Image: Signate Type of Completion: <		County:
New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. Field Name: Producing Formation: CM (Coal Bed Methane) Gathodic Other (Core, Expl., etc.); Total Vertical Depth: Plug Back Total Depth: Cathodic Other (Core, Expl., etc.); Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: Well Name: Original Total Depth: Feet Original Comp. Date: Original Total Depth: Well Well Comv. to SWD Deepening Re-perf. Conv. to ENHR Conv. to Producer Dilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. TwpS. R East_West		Lease Name: Well #:
Producing Formation:		Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. Cathodic Other (Core, Expl., etc.): Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to GSW Conv. to BNHR Dual Completion Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: Chioride content: ppm Fluid volume: SWD Permit #: Cation of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: License #: Quarter Sec. Spud Date or Date Reached TD		Producing Formation:
OG GSW Temp. Abd. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Feet Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: Original Total Depth: feet depth to: feet depth to: Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Plug Back Conv. to SWD Conv. to SWD Conv. to Producer Chloride content: ppm Fluid volume: bbls Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. TwpS. R East West		Elevation: Ground: Kelly Bushing:
OG CSW Termp. Add. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Feet Cathodic Other (Core, Expl., etc.);		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: If Alternate II completion, cement circulated from: Feet Well Name: Original Total Depth: feet depth to: w/sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/sx cmt. Deepening Re-perf. Conv. to ENHR Conv. to SWD Drilling Fluid Management Plan Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Name: SWD Permit #: Lease Name: License #: Lease Name: Lease Name: License #: Quarter Sec. Twp		
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set:		
Operator:		
Well Name:	If Workover/Re-entry: Old Well Info as follows:	
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Chloride content: ppm Dual Completion Permit #: Devermit #: Devetering method used: Devetering method used: SWD Permit #: Doperator Name: Devetering method used: Devetering method used: GSW Permit #: Completion of fluid disposal if hauled offsite: Operator Name: Devetering method used: Spud Date or Date Reached TD Completion Date or Completion Date or Sec. Twp. S. R. East West	Operator:	If Alternate II completion, cement circulated from:
Image: Structure Image: Structure <td< td=""><td>Well Name:</td><td>feet depth to:w/sx cmt.</td></td<>	Well Name:	feet depth to:w/sx cmt.
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: ppm Fluid volume: bbls Dual Completion Permit #: bbls Dewatering method used: bbls SWD Permit #: bbls Dewatering method used: bbls SWD Permit #: bbls Dewatering method used: bbls GSW Permit #: bbls Dewatering method used: bbls Operator Name: Location of fluid disposal if hauled offsite: Operator Name: bbls GSW Permit #: Completion Date or Completion Date or Quarter Sec. TwpS. R East West	Original Comp. Date: Original Total Depth:	
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East	Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter SecTwpS. REast	Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec	Commingled Bermit #:	Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Joate or Date Reached TD		Dewatering method used:
ENHR Permit #: Operator Name: GSW Permit #: Completion Date or Spud Date or Date Reached TD Completion Date or		Lagation of fluid diangeal if bould affaite:
GSW Permit #: Operator Name:		Location of huld disposal in hadred offsite.
Spud Date or Date Reached TD Completion Date or Lease Name: License #: Quarter Sec. Twp. Spid Date or Completion Date or		Operator Name:
Spud Date or Date Reached ID Completion Date or	dow	Lease Name: License #:
	Source Data Described TD Completion Data and	QuarterSec TwpS. R East West
		County: Permit #:

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														
Confidentiality Requested														
Date:														
Confidential Release Date:														
Wireline Log Received														
Geologist Report Received														
UIC Distribution														
ALT I II III Approved by: Date:														

	Page Two	1159202
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		Log Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog		Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		lew Used termediate, producti	on, etc.		
Purpose of String	Purpose of String Size Hole Drilled		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITIONAL	CEMENTING / SC	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 an	d 3)

Did you perform a hydraulic macuning treatment on this weil?
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

(If No, skip questions 2 and 3) (If No, skip question 3)

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For	RECOF	D - Bridge Plug Each Interval Per	s Set/Typ orated	e	Δ		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	re:	Set At:		Packer	At:	Liner Ru	in:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	ł.	Producing Meth	nod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO		246							PRODUCTION INT	
Vented Sold	_	Jsed on Lease		Dpen Hole	Perf.	Dually	Comp.	Commingled		
(If vented, Sub	omit ACO	-18.)		Other <i>(Specify)</i>		(Submit)	ACO-5)	(Submit ACO-4)		

Yes

Yes

No

No

Form	ACO1 - Well Completion
Operator	Cimarex Energy Co.
Well Name	Hammer 19-3
Doc ID	1159202

Tops

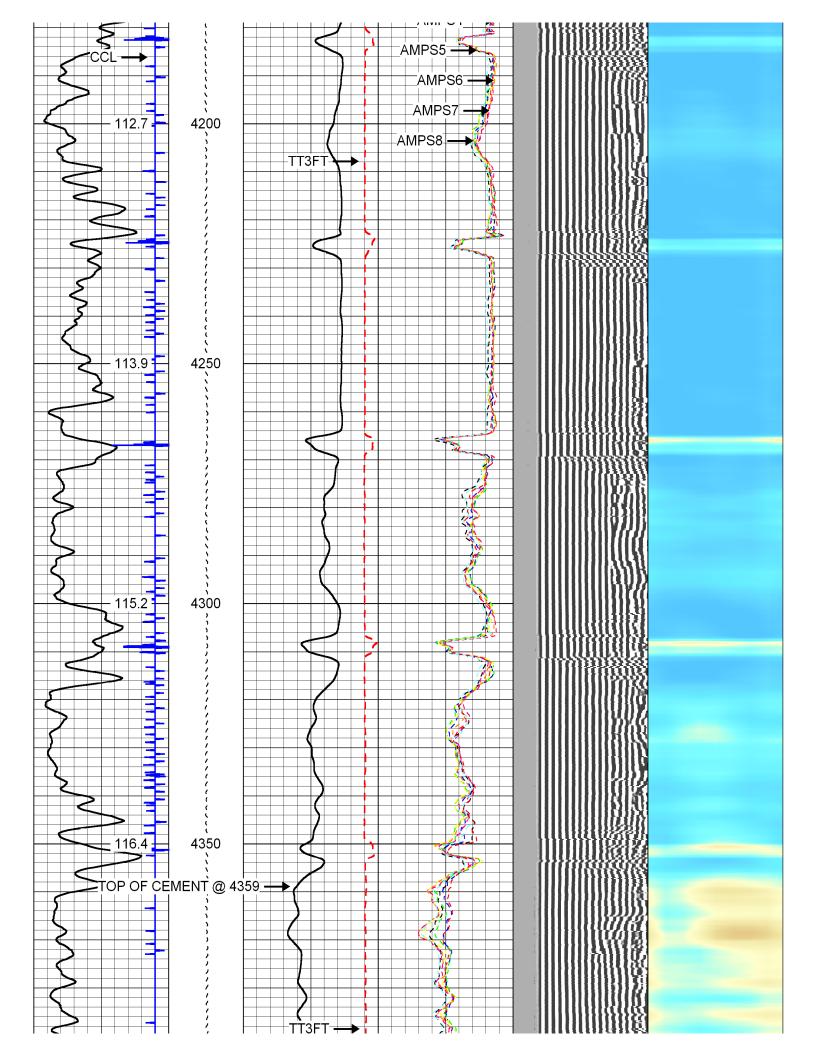
Name	Тор	Datum
Winfield	2730	117
Heebner Shale	4180	-1333
Lansing	4240	-1393
KC Drum	4510	-1663
KC Swope	4680	-1833
Marmaton / Lenapah	4850	-2003
Cherokee	5025	-2178
Atoka	5125	-2278
Morrow	5280	-2433
Chester	5460	-2613
St. Genevieve	5495	-2648

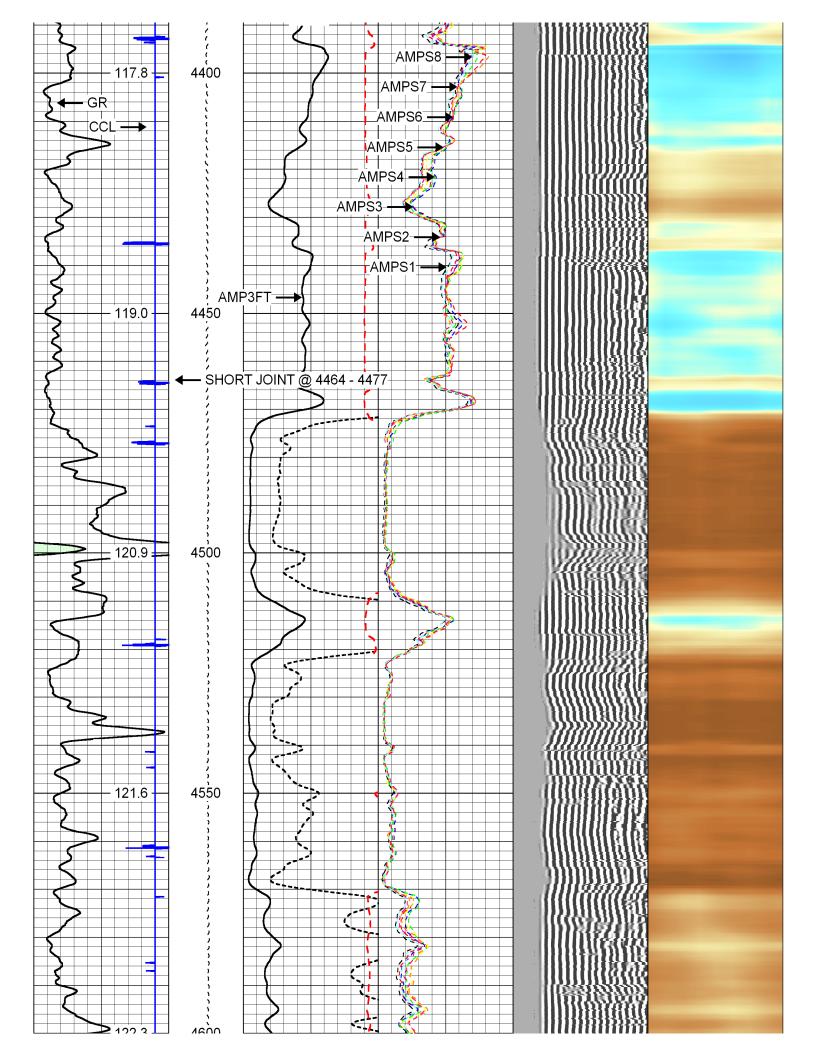
			Mud Type / Mud Wgt.	Formulation	Cement Type / Weight	Cement Volume	Compressive Strength	Expected	Date / Time Cemented		CEMENTING DATA	Max. Recorded Temp.	Top - Log Interval	Depth - Logger	Depth - Driller	Run No.	Date @ Time Logged	Drilling Measured From	Log Measured From	Permanent Datum	Company Well Field County	CIMARE HAMME WILDCA HASKEI	R 1 T L	9-3 State	KAI	NSAS			HALLIE	
		-			1		psi@ hrs		N/A	g	ŏ	134	5355 4150	10358	5750	TWO	5 JUL, 2013 @ 11:13	KB	KB , 11	GROUND LEVEL	Sec: 19 Tw	SE SE SE	API No.: 15-081-22011	County HASKELL	Field WILDCAT	Well HAM	Company CIMAREX		ALLIBURTON	
0 0					1		psi@ hrs		N/A		`` +⊦	Witnessed by	Equipment / Location Recorded by	Cement lop Est. Logged	Fluid Level	Density of Fluid	Type Fluid in Hole		Ft. above perm. datum	'EL Elevation	Twp:30S Rge: 31W		Serv #: 90	KELL)CAT	HAMMER 19-3	NREX ENERGY		RADI	
Ü	vveigni	1			1		psi@			String	Production			ged						2848	×		900568727	State			ζGΥ	SCALE 1:240	AL CEME LOG	
		- Tot.			1		hrs psi@ hrs				Liner		THANSON	-	550	8.4	WATER	G.L. 2848	K.B. 2859 D.F.		NONE		Other Services	KANSAS				1:240	RADIAL CEMENT BOND	
HALLIB PHYSIC LOG OF HALLIB	Image: Constraint of the second se																													
LOG FREE TOP	Comments LOG CORRELATED TO HALLIBURTON RCBL LOG DATED 2 JULY, 2013 LOG IS TO VERIFY SQUEEZE JOB PERFORMED ON JULY 3, 2013 FREE PIPE PASS NOT CORRELATED TOP OF CEMENT @ 4359 SHORT JOINT @ 4464 - 4477																													

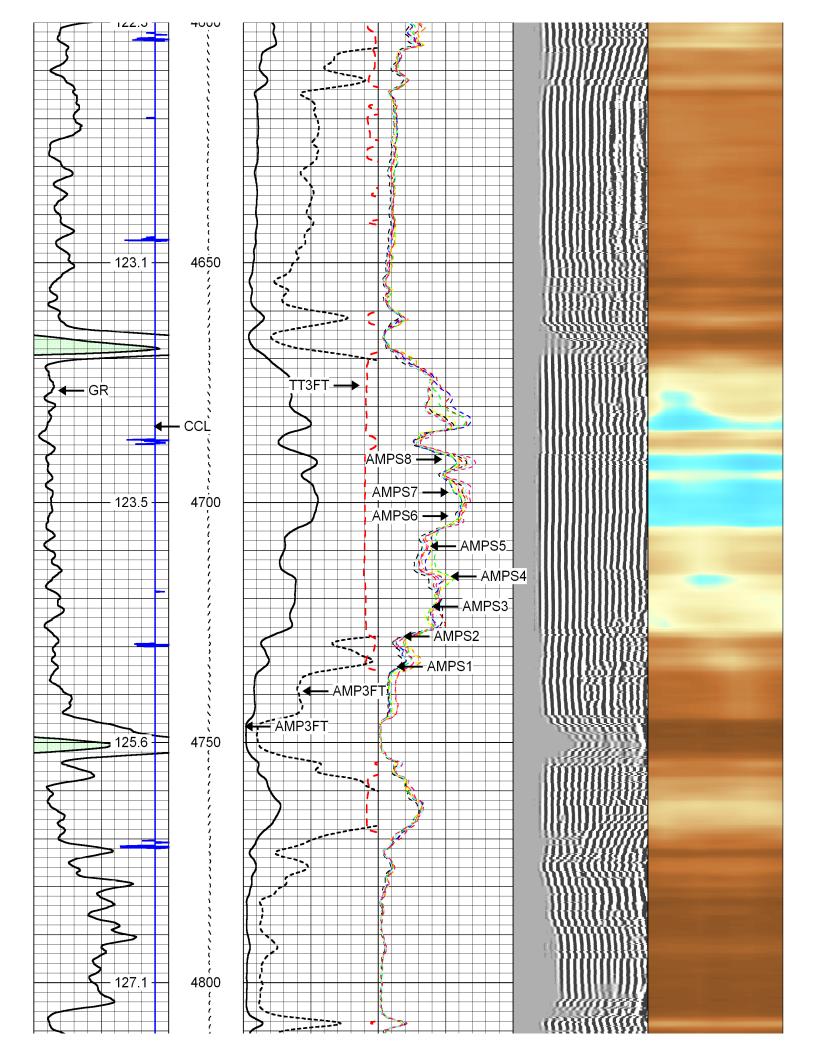
THANK YOU FOR CHOOSING HALLIBURTON ENERGY SERVICES YOUR CREW TODAY R GONZALEZ, J STROHM, T HANSON

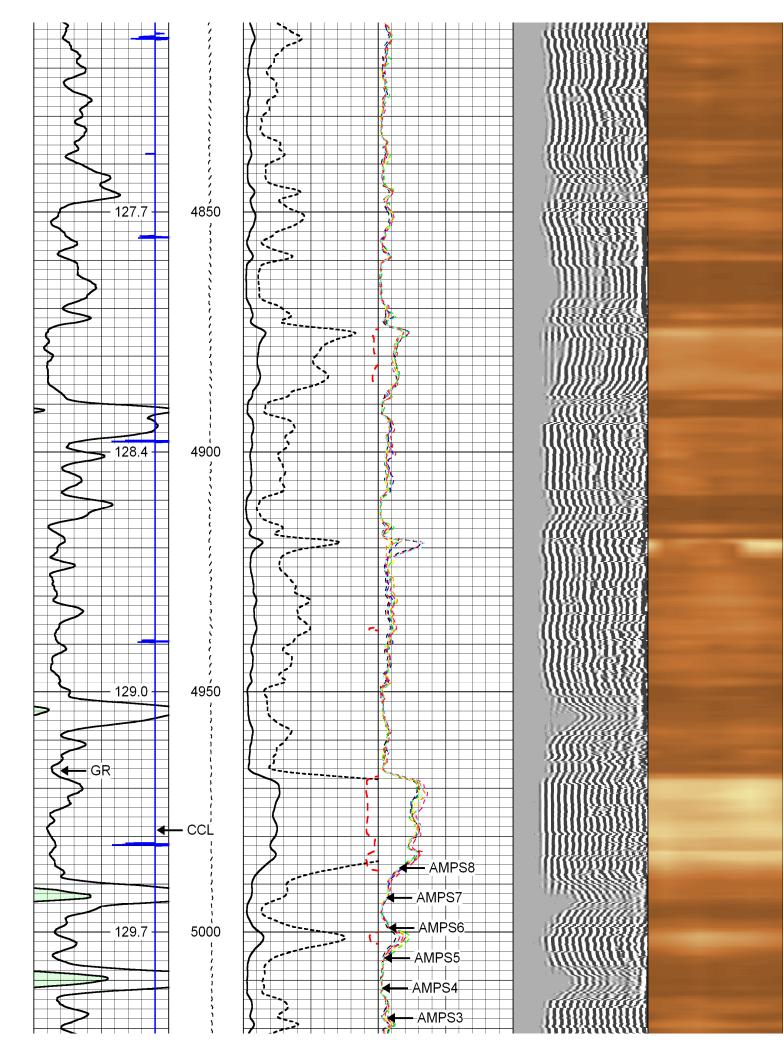
			EC	QUIPMENT D/	ATA							
RC	BL		GR/CCL									
Run No.	ONE	Run No.	ON	E Run N	No.			Run No.	≀un No.			
Serial No.	080454	Serial No.	0606	33 Seria	No.		;	Serial No.				
Model No.	PRB_275	Model No.	PRB_	275 Mode	l No.		I	Model No.				
Diameter	2.75"	Diameter	2.7	5" Diam	eter			Diameter				
			L	OGGING DA	ΓA							
				General Data	9							
Pass	De	pths	Well Head	Speed		Logging I	Run Comm	nments				
No.	From	То	Pressure	Ft/Min								
9	5370	4150	0	4	5	MAIN PA	ASS					
	GI	 २	A	MP		TT	Г	M	SG			
Pass	Sca			cale		Sca			ale			
No.	L	R	L	R		L	R	L	L			
ALL PASSES	0	150	0	100		177	277	200	1200			
	150	300	0	20								
	·	·	DIRECT	TONAL INFOR	RMATIO	N						
Maximum Devia	tion		deg. @		KOP							

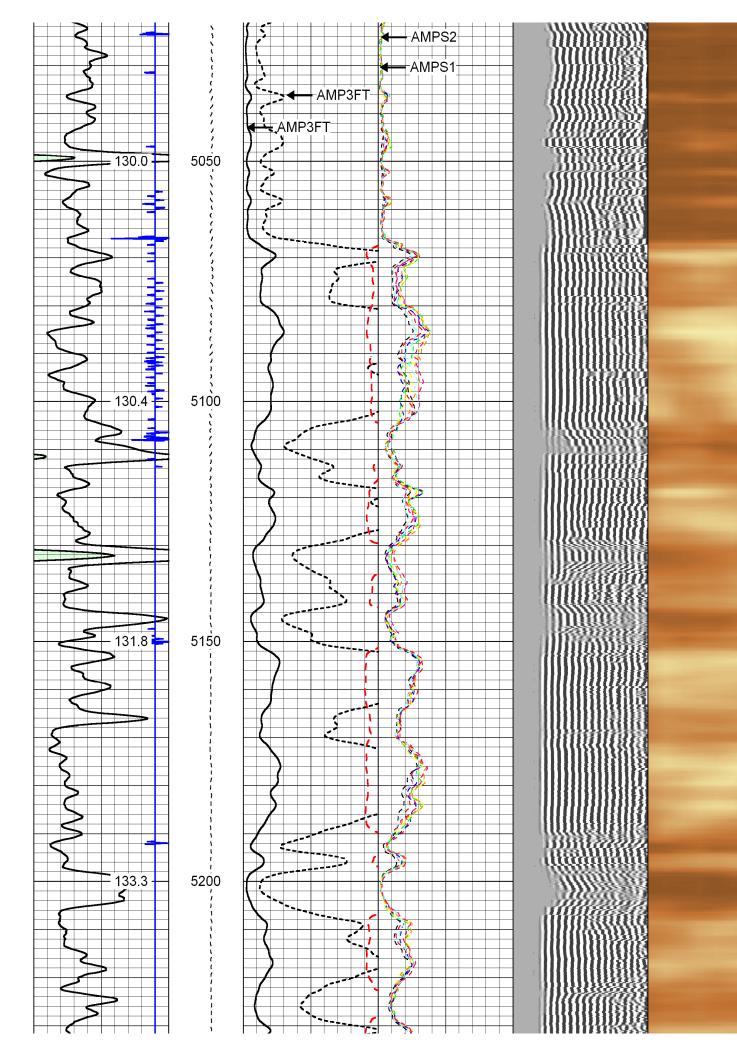
	ALLIB			171						MA	IN F	PAS	S				
										SC	ALE	1:240)				
D P D	atabase Fil ataset Path resentation ataset Crea harted by:	name: Forma	t:		5 11:1	13:45	2013 b	y Log	ιH	alliburton Cas	edho						
	GAMMA R	AY		LTEN	0	AM	P (mV)	100	0	AMPS1	120	200	MSG	1200	1	SECTORS	8
0	(GAPI)	150		(lb)	0	AAN	1P (mV)	20	0	AMPS2	120				0		100
2.25	5 CCL	-0.25	0	2000	177	TT	(usec)	277	0	AMPS3	120						
	TE	EMP							0	AMPS4	120						
	(de	egF)							0	AMPS5	120						
			1						0	AMPS6	120						
									0	AMPS7	120						
									0	AMPS8	120						
				_1 @ 4150		P3F1				AMPS1-	No.4 JH HI HI						





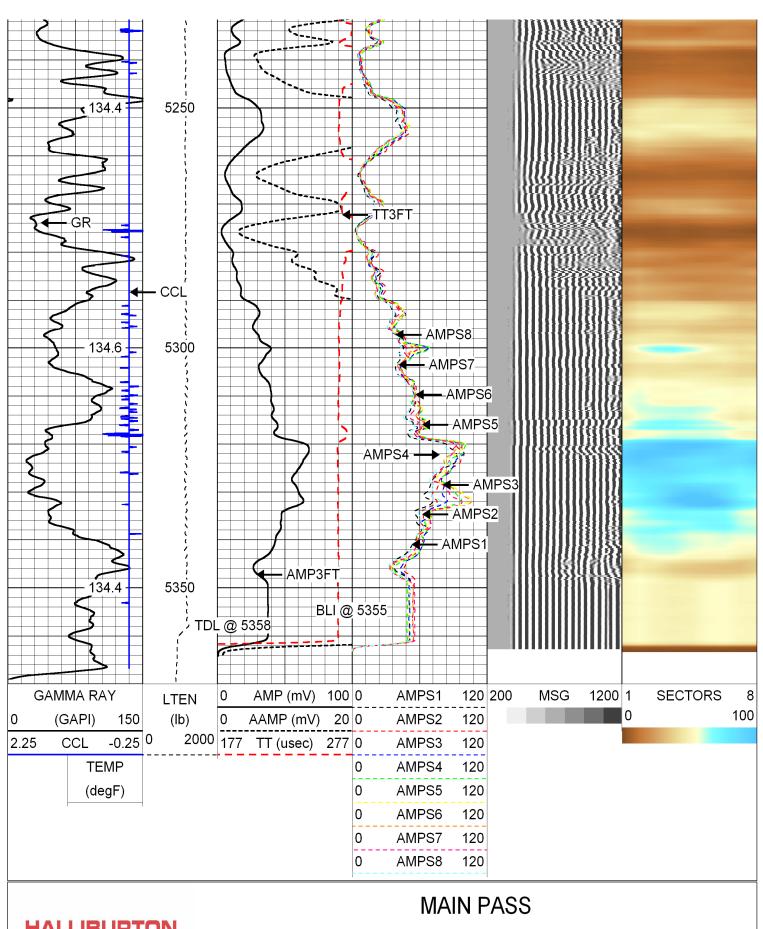






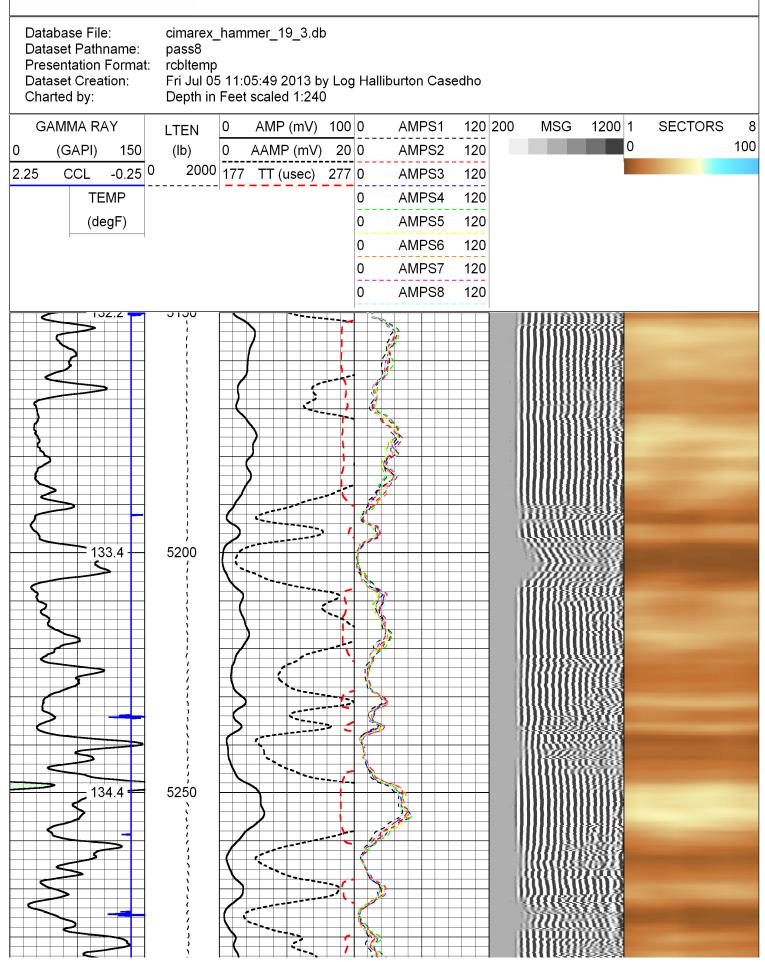
HALLIBURTON

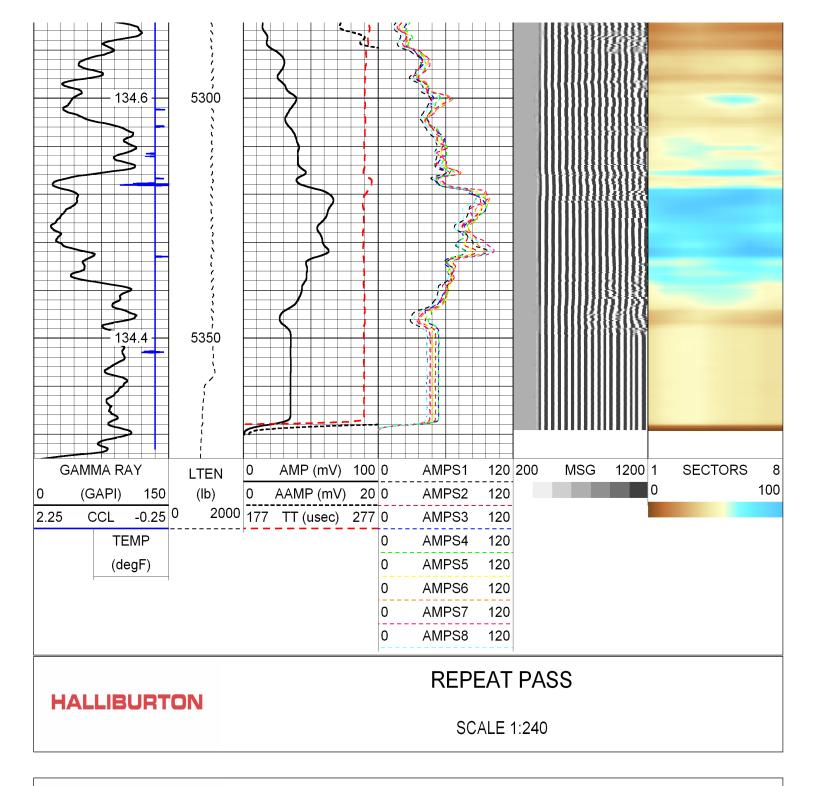
SCALE 1:240



HALLIBURTON

SCALE 1:240

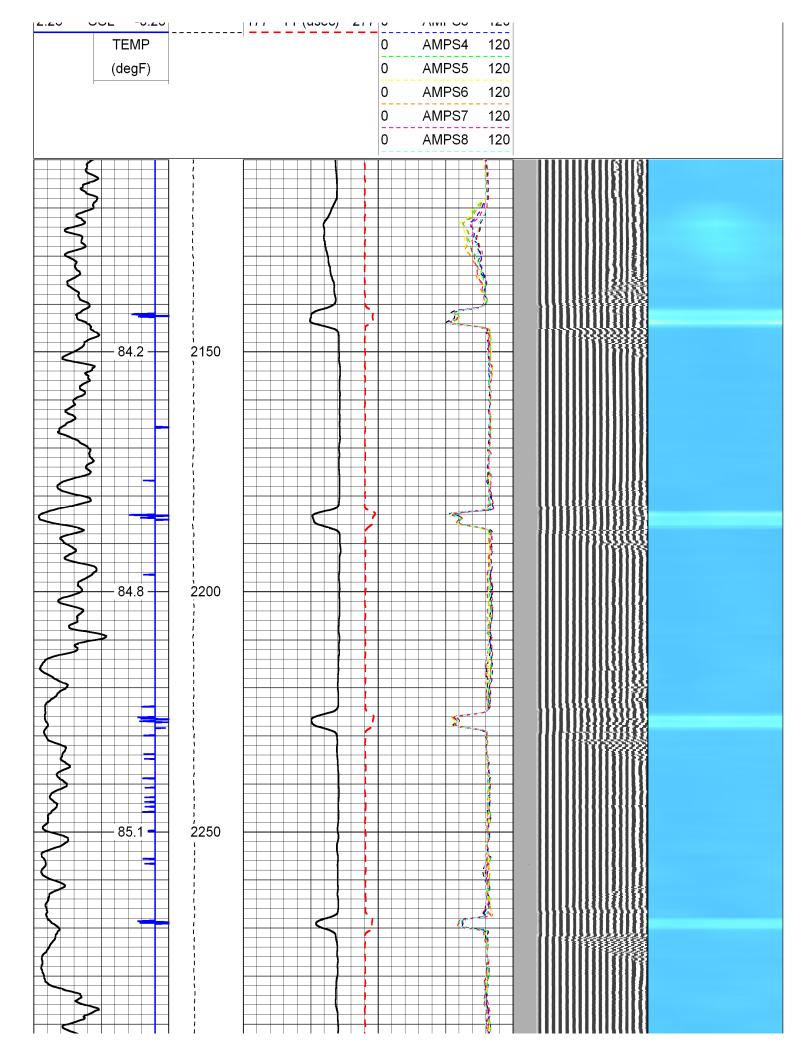


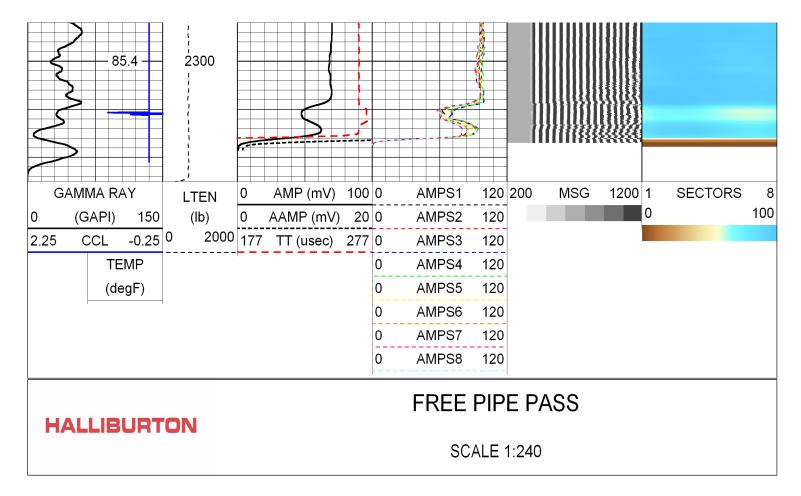


SCALE 1:240

Da Pre Da	tabase File taset Path esentation taset Crea arted by:	name: Format:	pass5 rcbltemp Fri Jul 05	- 5 10:4	mer_19_3.db 44:32 2013 by scaled 1:240	y Log	g Ha	alliburton Case	edho						
C	GAMMA RA	٩Y	LTEN	0	AMP (mV)	100	0	AMPS1	120	200	MSG	1200	1	SECTORS	8
0	(GAPI)	150	(lb)	0	AAMP (mV)	20	0	AMPS2	120				0		100
2 25	CCI	_0 25	2000	177	TT (הפסר)	277	n		120						

HALLIBURTON





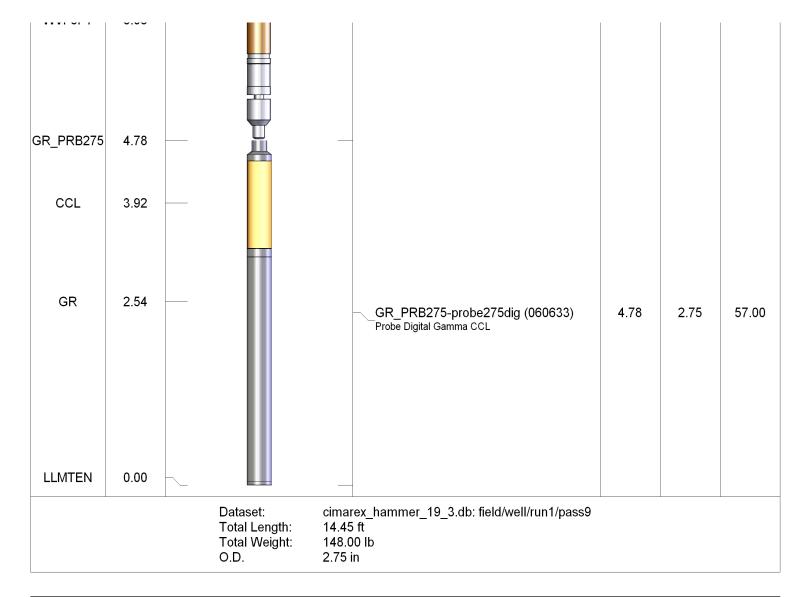
.og Variables Database:C:\Warrior\Data\cimarex_hammer_19_3.db Dataset: field/well/run1/pass9								
			Top - Bott	om				
PPT usec	CASEWGHT lb/ft	MAXAMPL mV	MINAMPL mV	MINATTN db/ft	CASEOD in	PERFS		
0	15.5	72	0.5	0.8	5.5	0		
TDEPTH ft	BOTTEMP degF	BITSIZE in						
5689	100	7.875						

Dataset Pathname: pass9	hammer_19_3.db 11:13:45 2013 by	Calibration F Log Halliburto	·						
Gamma Ray Calibration Report									
	erial:	Probe275	5dig / 060633						
SHOP CALIBRATION		Mon Feb 06 17:04:00 2012							
Background Calibrator	Counts/Sec. 39.7 244.1	Gain 1.2967	Offset	Jig	Units cps cps GAPI/cps				
PRIMARY VERIFICATI	ON	Mon Feb 06	17:07:17 20	12					

Background Calibrator Difference		.3 4.3			26	62.0	С	ps ps GAPI	
BEFORE SURV	VEY VERIFICA	TION							
Background Calibrator Difference	0.0 0.0				0.	0	С	ps ps GAPI	
		ON							
Background	0.0						C	ps	
Calibrator Difference	0.(0.	0	С	ps ps GAPI	
	S	egmented C	Cement Bo	nd Log C	alibration Re	port			
Serial Numb Tool Model:	er:		80454 Probe						
Calibration C Calibration D	asing Diamete epth:		.500 170.422	in ft					
Master Calib	ration, perform	ed Fri Jul 0	5 10:43:18	3 2013:					
	Raw (/)	Calibrated (mv)				Results		
	Zero	Cal	Z	Iero	Cal	Gain		Offset	
3' CAL	-0.003 0.678	0.560 0.678		0.500	71.921	126.	921	0.830	
5' SUM	0.004	0.566		0.500	71.921	126.	973	0.007	
S1 S2	0.001	0.564		0.000	100.000 100.000	177.		-0.119	
S2 S3	-0.004 -0.003	0.631 0.594		0.000 0.000	100.000	157. 167.		0.554 0.501	
S4	-0.005	0.534		0.000	100.000	185.		0.873	
S5	0.000	0.525		0.000	100.000	190.		-0.084	
S6	-0.002	0.551		0.000	100.000	180.		0.357	
S7 S8	-0.004 -0.000	0.576 0.499		0.000 0.000	100.000 100.000	172. 200.		0.739 0.007	
Internal Refe	rence Calibrati	on, perform	ied Wed D)ec 31 18:	00:00 1969:				
	Raw (/)		Calibrate	ed (v)		Resu	llts	
	Zero	Cal	Z	lero	Cal	Gain		Offset	
CAL	0.000	0.000		0.678	0.678	1.	000	0.000	
Air Zero Cali	bration, perforr	ned Wed D	ec 31 18:0	0:00 1969	9:				
	Raw (/)		Calibrate	ed (v)		Resu	llts	
	Zero		Z	Iero				Offset	
3' 5'	0.000 0.000			0.000 0.000				0.000 0.000	

S1	0.000			0.000			0.000			
S2	0.000 0.000			0.000 0.000			0.000 0.000			
S3 S4	0.000			0.000			0.000			
S5	0.000			0.000			0.000			
S6	0.000			0.000			0.000			
50 S7	0.000			0.000			0.000			
S8	0.000			0.000			0.000			
Temperature Calibration Report										
Serial Tool N Perfor	1odel: F)80454 Probe Fri Feb	17 14:23:20	2012						
	F	Referen	ice	Readi	ng					
Low R	eference: 0	0.00	degF	0.00	degF					
High F	Reference: 1	l.00 (degF	1.00	degF					
Gain:		1.00								
Offset		16.00								
Delta	Spacing 1									

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
STNDCH	14.45 -		STND_CH 1.4375 IN CABLE HEAD	0.92	1.44	1.00
RBT_PRB27	5 13.53 -					
TEMP	11.24 -					
WVF3FT WVFCAL WVFS1 WVFS2	9.03 9.03 9.03 9.03		RBT_PRB275-Probe (080454) Probe Radii Bond Tool with Digital Telemetry	8.75	2.75	90.00
WVFS3 WVFS4	9.03 9.03					
WVFS5 WVFS6 WVFS7	9.03 9.03 9.03					
WVFS8 W//E5FT	9.03 8.03					



Company Well Field	CIMAREX ENERGY HAMMER 19-3 WILDCAT						
County	HASKELL	State	KANSAS				
HALLIBUF	TON	RADIAL CEMENT BOND LOG					
		SC	ALE 1:240				

\bigcirc						FIE	LD SERVICE T	ICKET		
(B)	BAS	5IC Lib Pho	0 S. Counti eral, Kansa one 620-624	ry Estates Rd. as 67905 -2277		17	17 0443	37 A		
C	ENERGY S	SERVICES NG & WIRELINE				DATE	TICKET NO			
DATE OF	129/13 DIS	STRICT	7	NEW WELL				CUSTOMER ORDER NO.:		
CUSTOMER	imare	X		LEASE 4	łami	MOV	19-3	WELL NO.		
ADDRESS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			COUNTY /	COUNTY Hastol STATE					
CITY		STATE		SERVICE CF	NEW 5	m Ca	511			
AUTHORIZED	BYTIC	JOB TYPE:								
EQUIPMEN	1901	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALL	ED DA			
78939	5.5					ARRIVED AT	JOB	(20)		
2424501 2410100	4265.9-					START OPER	ATION	#5.53		
00117170	00 7.7					FINISH OPEF	ATION	26;49		
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1700 S. Country Estates Rd. P.O. Box 129 Liberal, Kansas 67905 Phone 620-624-2277

TICKET NO. 171704437

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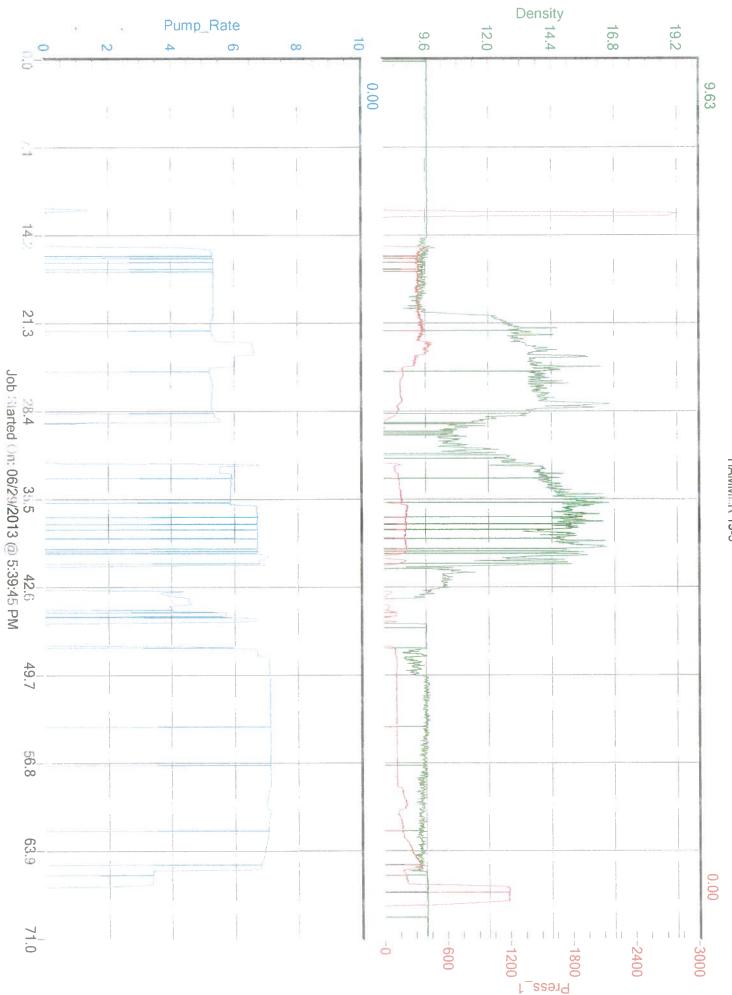
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Customer Representative

Station Manager

Cementer

Taylor Printing, Inc.



CIMAREX HAMMER 19-3

1700 S. Country Estates Rd. P.O. Box 129 Liberal, Kansas 67905 Phone 620-624-2277

ES

FIELD SERVICE TICKET 1717 03990 Α

PRESSURE PUMPING & WIRELINE	DATE TICKET NO
DATE OF 6-23-13 DISTRICT 1717	NEW WELL PROD INJ WDW CUSTOMER WELL WELL PROD INJ WDW
CUSTOMER Cimarex	LEASE Hammer 19-3 WELL NO.
ADDRESS	COUNTY Haskell STATE KS
CITY STATE	SERVICE CREW JUKN, He dor R. HectorE. Norma Dancel
AUTHORIZED BY Serry Bennett JRB	JOB TYPE: 2-42 Surface
EQUIPMENT# HRS EQUIPMENT# HRS	EQUIPMENT# HRS TRUCK CALLED
39878 8 19359 8	ARRIVED AT JOB
10007 7017	START OPERATION AS 7.73
19872 - 19883	FINISH OPERATION
37547)	RELEASED
	MILES FROM STATION TO WELL 30

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: one n

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
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SERVICE REPRESENTATIVE	Manat
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FIELD SERVICE ORDER NO.

CLOUD LITHO - Abilene, TX

Completion: Property#/Name: 15817 . 376 1 1/10000 19-3 Bill Cat. 185 AFE#: 413002 Cement Surface Desc. 30 6-23-13 16421. Revis R. Montos

Annroval

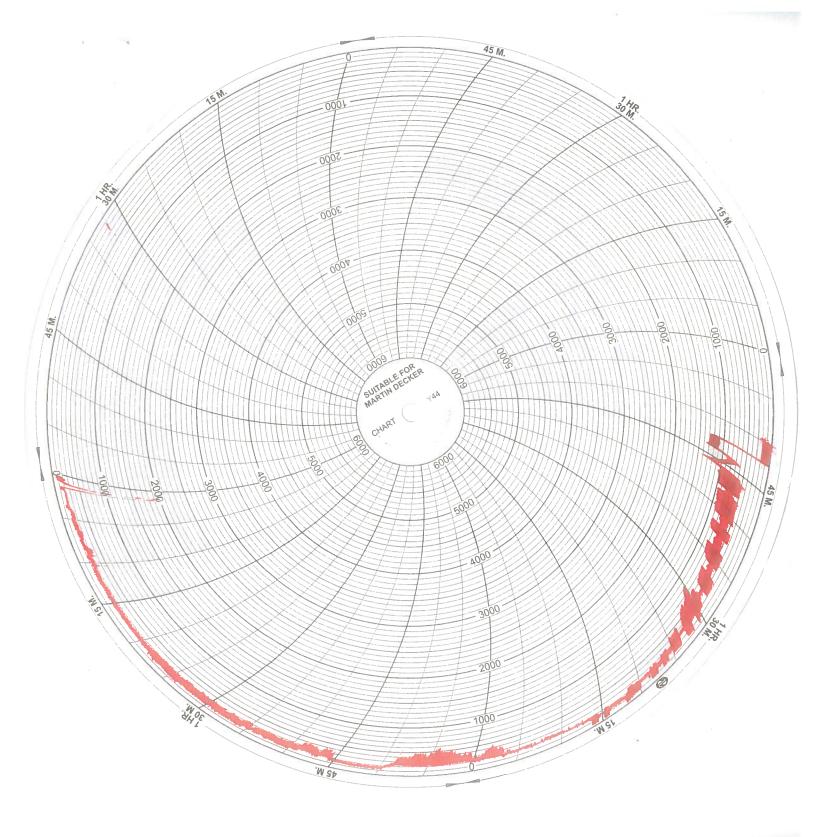
DRILLING: Mid-Continent

RACTOR OR AGENT)

TOTAL

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Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

October 15, 2013

Melissa Imler Cimarex Energy Co. 348 Rd. DD Satanta, KS 67870

Re: ACO1 API 15-081-22011-00-00 Hammer 19-3 SE/4 Sec.19-30S-31W Haskell County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Melissa Imler