

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1169152

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

OPERATOR: License #	API No. 15						
Name:	Spot Description:						
Address 1:	SecTwpS. R 🗌 East 🗌 West						
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 #	GPS Location: Lat:, Long:						
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)						
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84						
Purchaser:	County:						
Designate Type of Completion:	Lease Name: Well #:						
New Well Re-Entry Workover	Field Name:						
	Producing Formation:						
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:						
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:						
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:	If Alternate II completion, cement circulated from:						
Well Name:	feet depth to:w/sx cmt.						
Original Comp. Date: Original Total Depth:							
☐ 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						
Commingled Permit #:	Dewatering method used:						
SWD Permit #:	Logation of fluid diaposal if hould offsite:						
ENHR Permit #:	Location of fluid disposal if hauled offsite:						
GSW Permit #:	Operator Name:						
	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East _ West						
Recompletion Date Recompletion Date	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 III Approved by: Date:

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

ALLIED OIL & GAS SERVICES, LLC 059584

Federal Tax I.D.# 20-5975804 REMIT TO P.O. BOX 93999 SERVICE POINT: SOUTHLAKE, TEXAS 76092 Medicine Leage KS. JOB START DATE 9-6-13 RANGE CALLED OUT ON LOCATION 8:00 K WELL #26-15 LOCATION age leek OLD OR NEW (Circle one) 3.4 N. 6 W+5 62 West CONTRACTOR **OWNER** TYPE OF JOB HOLE SIZE 311 CEMENT T.D. CASING SIZE DEPTH 3// AMOUNT ORDERED TUBING SIZE 150 SX 65:35:6%6cc 3%-cc DEPTH DRILL PIPE DEPTH Floseac + 100 sx class TOOL DEPTH PRES. MAX 100 sx @ 17.90 1790.00 **MINIMUM** COMMON MEAS. LINE SHOE JOINT POZMIX @ CEMENT LEFT IN CSG. **GEL** @ CHLORIDE @64.00 576.00 DISPLACEMENT 4/5 ASC @ 16.50 2475.00 EOUIPMENT 150 floscal 38 (0) PUMP TRUCK CEMENTER Qu (a) #360-307 HELPER JAKE HE BULK TRUCK @ @ DRIVER @ BULK TRUCK @ DRIVER HANDLING 278 @Z. MILEAGE _ REMARKS: SERVICE dod

Thank 90	DEPTH OF JOB		* =
1 / FAINT	PUMP TRUCK CHARGE	1512.25	
·	EXTRA FOOTAGE	@	
	MILEAGE 25	<u> 7.70</u>	192.50
	MANIFOLD	@	-
1	_LU_25_	<u>@4.40</u>	110.00
CHARGE TO: M+M Exploration		@	
CHARGE TO.		TOTAL.	1814.75
STREET		TOTAL	1012-13

To: Allied Oil & Gas Services, LLC.

CITY_

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

__ STATE _____ ZIP

PRINTED NAM	E			
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SIGNATURE _	Scal	# Alda	leka	·

SALES TAX (If Any) 8238-4 TOTAL CHARGES.

PLUG & FLOAT EQUIPMENT

@ @ @

@

@

TOTAL _

DISCOUNT.

IF PAID IN 30 DAYS

5602-13

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

FIELD SERVICE TICKET 08771 A

1718

PRESSURE PUMPING & WIRELINE					DATE TICKET NO								
DATE OF 9-14-13 DISTRICT PIATT					NEW WELL PROD □INJ □ WDW □ CUSTOMER ORDER NO.:								
CUSTOMER M+M EXPLUTATION INC				LEASE Z RAZ WELL NO.26-7							,-1		
ADDRESS	MACO 1901S	eno e	n successional de la seconda d	eger Zerjin Stra tend a	A String	COUNTY B	AIBA	/	STATE	K	5		
CITY STATE					SERVICE CRI	EW M	ATTAL, Y	onny, BA	FUN	ACT DESMO			
AUTHORIZED B	AUTHORIZED BY					JOB TYPE: CNW LS							
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den shismo men	years is t					HOR BURE BILL		MILES FROM	M STATION TO	WELL	65		200
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)													
ITEM/PRICE REF. NO.		MA	TERIAL, EQUIPMENT	AND SERV	VICES US	SED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMC	TNUC	
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SERVICE REPRESENTATIVE

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer /	1+17 E	X Floragon	Lease No.	Lease No.					Date 9 ~ 1 4 - 1 3				
	15 A1		Well # 2	6-1	5		i	1	1-14	-1)			
Field Order #	Station P	ratt			Casing 41/	Depth	5/50	County	BA18-1		State		
Type Job	211	5.			Ţ,	ormation			Legal D	escription	26-34-15		
PIPE	DATA	PERFORA	TING DATA		FLUID USE	D		TR	REATMENT				
Casing Size	Tubing Size	Shots/Ft		Acid	2305	A AF	- 2: 1	RATE F	PRESS	ISIP			
Depth 5 150	Depth	From	То	Pre Pa			Max	(014	9,130014	5 Min.			
Volume	Volume	From	То	Pad		vi.	Min	1		10 Min.			
Max Press	Max Press	From	То	Frac			Avg	Avg			15 Min.		
Well Connection	Annulus Vol.	From	То				HHP Use	d		Annulus Pressure			
Plug Depth	Packer Depth	From	То	Flush	81.5		Gas Volu	me		Total Load			
Customer Repre	esentative	MAN WATI	Station	Manage	er Kevin	90101	9	Treater	mike 1	y ATTAI	***		
Service Units	37586	2	1463	and the same of th	4960 2	1010							
Driver Names	MATTAL	YUV	ng		BAITO	N	-1	10					
Time		Tubing ressure Bbls	s. Pumped	Ra	te	14		9	Service Log	* 1			
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