Confidentiality Requested: Yes No

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

1169186

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
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?
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. 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 II III Approved by: Date:										

	Page Two	1169186
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chow important tang of formations populated	Dotail all coros Roport all	final conject of drill stome tasts giving interval tasted, time tool

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		-	on (Top), Depth a		Sample
Samples Sent to Geolog	amples Sent to Geological Survey		Name	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD New		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 / SQU	EEZE RECORD			
Purpose:	Depth	Tupo of Comont	# Sooka Llood		Type and [Paraant Additivaa	

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

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

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

No

No

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated							Depth		
TUBING RECORD:	Siz	e:	Set At:	t: Packer At: Liner Run:			un:	No		
Date of First, Resumed	I Producti	on, SWD or ENHR	ł.	Producing Method:			Gas Lift	Other (Explain)		
Estimated Production Oil Bbl Per 24 Hours		S.	Gas Mcf		Wate	ər	Bbls.	Gas-Oil Ratio	Gravity	
						1			1	
DISPOSITION OF GAS:					METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Sold Used on Lease				Open Hole	Perf.	Dually				
(If vented, Su	bmit ACO	-18.)		Other (Specify)		(Submit)	,	(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	M & M Exploration, Inc.
Well Name	Z Bar 9-5
Doc ID	1169186

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	17.5	13.375	48	315	60:40	350	2%gel,3% cc,1/4#cell flake
Production	7.875	4.5	10.5	5194	Class H/Scaven ger	225	10%gyp,1 0%salt, .8FL- 160,8#kols eal



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

FIELD SERVICE TICKET 1718 08195 A

	DATE TICKET NO
DATE OF 10-6-13 DISTRICT Pratt	NEW WELL PROD INJ WDW CUSTOMER WELL WELL PROD INJ ORDER NO.:
CUSTOMER M&M EXPLOYATION	LEASE Z Bar 9-5 WELL NO.
ADDRESS	COUNTY Barber STATE KS
CITY STATE	SERVICE CREW ED Jeff JOR
AUTHORIZED BY	JOB TYPE: (NW 1378 CONDUCTOR
EQUIPMENT# HRS EQUIPMENT# HRS I	QUIPMENT# HRS TRUCK CALLED DATE AM TIME
27463 .30 min 19826-19860 .30 min	ARRIVED AT JOB
19826-19800 MM	START OPERATION PM 245
	FINISH OPERATION AM 3/5
anticit in second at to take on and game of the second second second second second second second second second	RELEASED PM 4.15
	MILES FROM STATION TO WELL 65

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

The undersigned is authorized to execute this contract has 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 OWN	ER, OPERATOR, CONT	RACTOR OR AG	ENT)
ITEM/F	PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	Ť
CP	103	60/40 POZ	5/5	350	notices internation to st	4,200	20
66	102	Cello flake	16	88		325	60
4	109	Calcium Chloride	16	903	and a state of the second	948	15
E	100	Pickyp millage	mi	65		276	25
E	101	Heavy Milegge	mi	130	internet and a second second	910	00
E	113	BULK Delivery	tm	978		1,565	20
CE	200	pepth Charger	4hr	i setter	grand a ren winding the a	1,000	20
CE	240	mixing charger	5/5	350		490	00
5	003	SUPERVISER	eg	1	inequality one can will	175	00
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SERVICE REPRESENTATIVE

CLOUD LITHO - Abilene, TX

REPRESENTATIVE

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



TREATMENT REPORT

Customer M &M EXPLORATION						Lease No.					Date					
Lease Z	Bgr		Sun Or 1	/ / /	W	ell # 9-	5						-13			
Field Order #	Station	PI	a TT					Casing /	Z Depth	316	Count	y Bal	ber		State 55	
Type Job CV		Co	ndz	icto	(Formation				Legal D	escription (9-34-14			
PIPE DATA PERFORATIN								FLUID U	ISED			TREA	IMENT	RESUME	Ξ	
Casing Size	Tubing Siz	е	Shots/Ft				Acic	1			RATE	PRE	SS ISIP			
Depth 316	Depth		From		То		Pre	Pad		Max				5 Min.		
Volume 4-7	Volume		From		То		Pad			Min				10 Min.		
Max Press	Max Press		From		То		Frac	0		Avg				15 Min.		
Well Connection	n Annulus V	ol.	From		То					HHP Us	sed			Annulus	Pressure	
Plug Depth	Packer De	pth	From		То		Flus	sh		Gas Vo				Total Loa	ad	
Customer Repr	esentative					Station	n Mana	ager Kel	in		Tre	ater \mathcal{T}_{i}	DE			
	27463			198:	26	1956	0		25443	6						
Driver Names	ED	14			Je	ff			JOR			an farr			2	
Time	Casing Pressure		ubing essure	Bbl	s. Pum	ped		Rate	т. Т.			Servi	ce Log			
6200				-					onlo	c/s	afery meeting					
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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

ALLIED OIL & GAS SERVICES, LLC 059955

Federal Tax I.D.# 20-5975804 SERVICE POINT: Medicine hody REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092 CALLED OUT SEC ON LOCATION JOB START TWP. RANGE JOB FINISH DATE 10-14-12 OD 3 5:05 STATE LOCATION Deer Hea WELL 2 Actua Cottage Creek & Barber LEASE OLD OR (EW) (Circle one) EtoT INAW N/into to Telephone /2 N 7.1/2 CONTRACTOR Hardt MEM Exploration OWNER TYPE OF JOB on HOLE SIZE 5200 CEMENT T.D. DEPTH 5193 CASING SIZE 4 AMOUNT ORDERED 305460:40:49 ge/ 2255-H"10% Salt + 10% gy + to + 5 % F1-160+14# floseal **TUBING SIZE** DEPTH olsal DRILL PIPE DEPTH TOOL DEPTH @ 17.90 PRES. MAX COMMON 5X 322.20 MINIMUM 7.35 MEAS. LINE SHOE JOINT 20 POZMIX 112.20 SX @ CEMENT LEFT IN CSG. 20 GEL SX Q 2.40 PERFS. CHLORIDE 0 DISPLACEMENT ASC (a) KC @34.40 9gu 309.60 EQUIPMENT 4702.50 2.5 31 @70.90 sypseal 42 54 @37.60 1579.20 PUMP, TRUCK CEMENTER Kon Gill 632.40 @*16.35* @*-9*8 14 alt JX <u>#548-545</u> BULK TRUCK HELPER J.K. 1350= Kolseal .00 105 = @18.90 984.50 160 # 421-250 DRIVER 56.25 @2.97 167.06 Floseal BULK TRUCK @ DRIVER @2.48 HANDLING .83 758.4 MILEAGE /4.34 2.60 932-13 REMARKS: TOTAL/2,846.64 K Circulation SERVICE Fresh Har 1 DEPTH OF JOB 5200 PUMP TRUCK CHARGE 3099 2 EXTRA FOOTAGE @ @ 7.70 192.50 MILEAGE 25 MANIFOLD @ 275.00 @4.40 25 Light Uhe 110.00 @ CHARGE TO: MSM Exploration TOTAL 3676.75 STREET CITY_ STATE ZIP PLUG & FLOAT EQUIPMENT 264.20 hop@ 400.00 ownP @ uq @ 46.50 372.00 rbol; zers To: Allied Oil & Gas Services, LLC. 127.90 @ SKP You are hereby requested to rent cementing equipment @

TOTAL 1164.10

SALES TAX (If Any). 17,687.49 TOTAL CHARGES DISCOUNT _ IF PAID IN 30 DAYS NET 12,730 42

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.

And Int PRINTED NAME X SIGNATURE