



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1171048
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. 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: _____



1171048

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes 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	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 09536 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-21-13		DISTRICT: PRATT KS		NEW WELL <input checked="" type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER: EDISON OPERATING				LEASE: BAYER				2-20 WELL NO.							
ADDRESS:				COUNTY: Rice				STATE: KS							
CITY:				STATE:				SERVICE CREW: Sullivan, Graves, Kucera							
AUTHORIZED BY:				JOB TYPE: CNW 5 1/2 LBS/STY											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
33708-20970	35						11-21-13			2:30					
19959-19860	35					ARRIVED AT JOB				9:00					
32900						START OPERATION				11:33					
						FINISH OPERATION				12:05					
						RELEASED				1:00					
						MILES FROM STATION TO WELL				75					

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: Bob Harper
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cont	SK	125		2,125.00
CP 103	60/40 p02 cont	SK	50		600.00
CC 105	C-41 Sofedme	lb	30		120.00
CC 111	SALT	lb	573		286.50
CC 115	C-44	lb	118		607.70
CC 129	Hand loss	lb	57		442.50
CC 201	pit saws	lb	625		418.75
CF 607	Latch down Ply ABAR 5 1/2	SA	1		400.00
CF 1251	Auto Fill Inlet Work Shoe	SA	1		360.00
CF 1651	Turbidim	SA	9		790.00
CF 1901	BASKET	SA	1		290.00
CC 155	Apron 3/4 x 4	gal	500		765.00
E 100	Feed m	mi	75		318.75
E 101	Wagon Equip m	m	150		1,050.00
E 113	Bulk Delivery	TM	604		966.00
CE 204	Depth chg 3000-4000	SA	1		2,160.00
CE 240	Blending mixer	SK	175		245.00
CE 504	Ply Con Tank Rental	SA	1		250.00
B 003	Sprayer Separator	SA	1		175.00

SUB TOTAL 9427.65

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	to
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: Robert Sullivan
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Bob Harper
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 09368 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>11-15-13</u> DISTRICT <u>Pratt</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:								
CUSTOMER <u>Edison Operations Co. LLC.</u>		LEASE <u>Baker</u> WELL NO. <u>2-20</u>								
ADDRESS		COUNTY <u>Rice</u> STATE <u>Ky</u>								
CITY STATE		SERVICE CREW <u>MATTAI, GRAY, PIERSON</u>								
AUTHORIZED BY		JOB TYPE: <u>OWN SERVICE</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>37584</u>	<u>.5</u>						<u>11-14-13</u>			<u>7:40</u>
						ARRIVED AT JOB				<u>10:10</u>
<u>33708/20920</u>	<u>.5</u>					START OPERATION	<u>11-15-13</u>			<u>12:40</u>
						FINISH OPERATION				<u>12:25</u>
<u>19959/19860</u>	<u>.5</u>					RELEASED				<u>1:00</u>
						MILES FROM STATION TO WELL				<u>75</u>

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: X [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

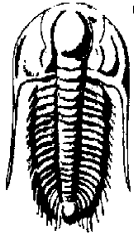
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02	SH	350		4,200.00
CC 102	CELLULOSE	LB	87		321.90
CC 109	CALCIUM CHLORIDE	LB	903		948.15
CF 153	WOODEN CONT PLY 875	ea	1		160.00
E 100	P.H. Miles	MS	75		318.75
E 101	Heavy eq. Miles	MS	150		1,050.00
E 113	prod + Bulk Del.	TR	1129		1,806.00
CE 200	D-PTH charge @ 500'	4hr	1		1,000.00
CE 240	Blend + Mix charge	2K	350		490.00
CE 509	Ply cont. - utilization	TR	1		250.00
5003	Service Supervisor	ea	1		175.00
SUB TOTAL					<u>8,039.85</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE <u>MIKE MATTAI</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X [Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Oper. Co. LLC

20-20s-10w Rice Co. KS

8100 E. 22nd St. N. Bldg. 1900
Wichita, KS 67226

Bayer 2-20

Job Ticket: 52473

DST#: 1

ATTN: Adam Nyhswonger

Test Start: 2013.11.18 @ 05:58:11

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

5500 ppm

Viscosity: 42.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5500.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
50.00	SLI GCM trc%gas, 99%mud	0.246
0.00	O sptd M in hyd. tool	0.000

Total Length: 50.00 ft Total Volume: 0.246 bbl

Num Fluid Samples: 0

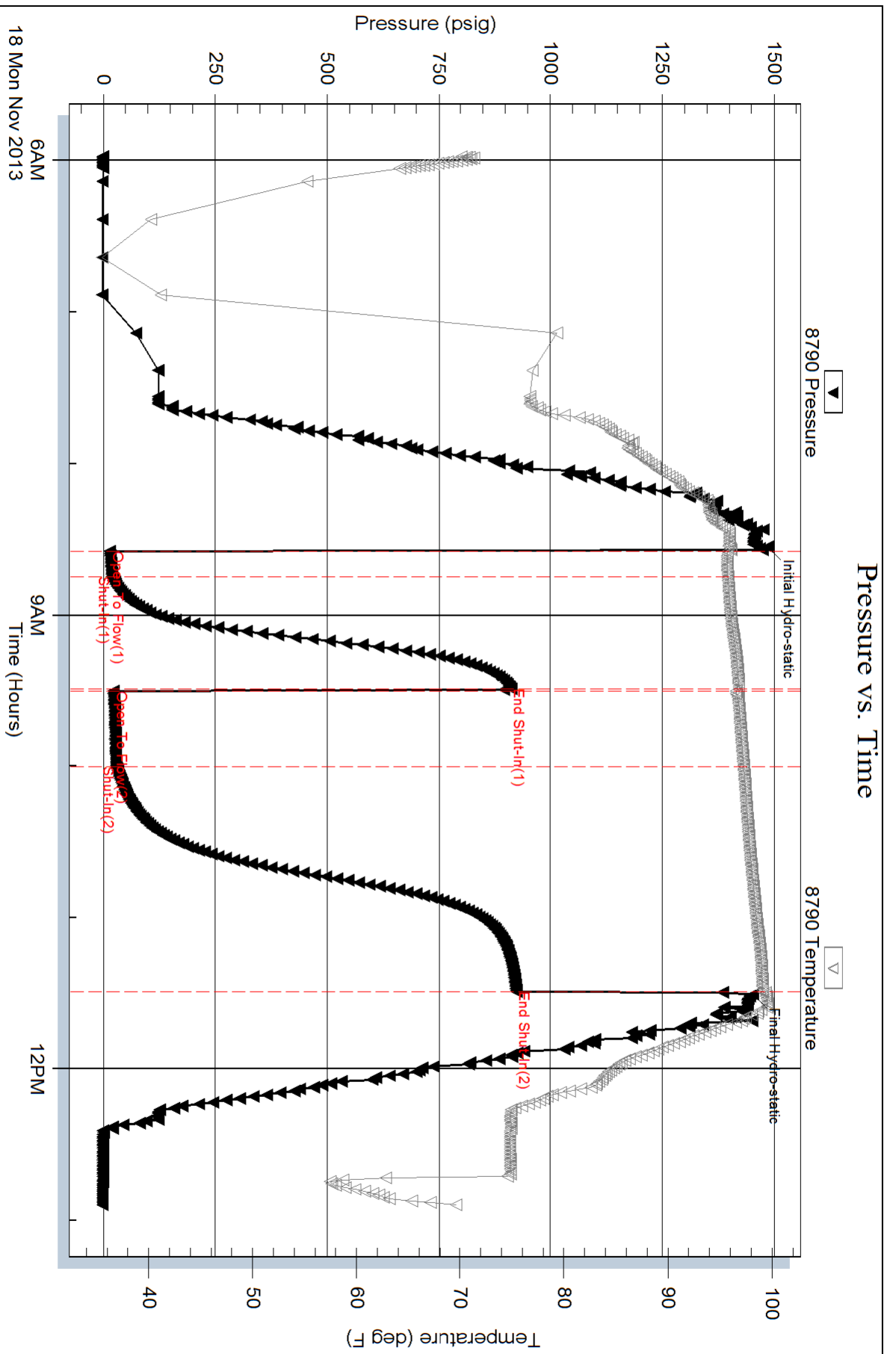
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Edison Oper. Co. LLC
 8100 E. 22nd St. N. Bldg. 1900
 Wichita, KS 67226
 ATTN: Adam Nighswonger

20-20s-10w Rice Co. KS
Bayer 2-20
 Job Ticket: 52474 **DST#: 2**
 Test Start: 2013.11.18 @ 19:30:22

GENERAL INFORMATION:

Formation: **LKC G**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 21:13:07
 Time Test Ended: 01:44:52
 Interval: **3070.00 ft (KB) To 3087.00 ft (KB) (TVD)**
 Total Depth: 3087.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Ryan Reynolds
 Unit No: 48
 Reference Elevations: 1741.00 ft (KB)
 1735.00 ft (CF)
 KB to GR/CF: 6.00 ft

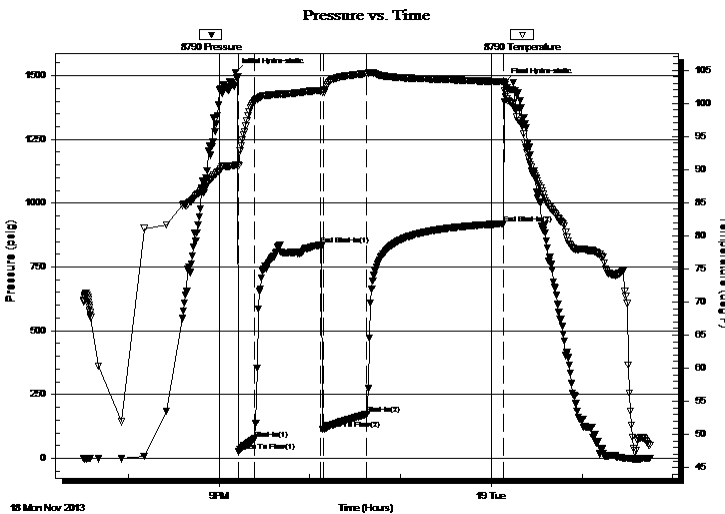
Serial #: 8790

Inside

Press @ Run Depth: 172.76 psig @ 3071.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.11.18 End Date: 2013.11.19 Last Calib.: 2013.11.19
 Start Time: 19:30:27 End Time: 01:44:51 Time On Btm: 2013.11.18 @ 21:10:52
 Time Off Btm: 2013.11.19 @ 00:08:52

TEST COMMENT: IF: Good blow . 1/2" - 9"
 IS: No blow
 FF: Strong blow . 1/2" - BOB @ 20min.
 FS: Weak surf. bb.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1512.68	90.69	Initial Hydro-static
3	28.14	90.59	Open To Flow (1)
13	76.25	100.27	Shut-In(1)
57	836.35	101.96	End Shut-In(1)
58	112.88	101.66	Open To Flow (2)
87	172.76	104.48	Shut-In(2)
178	920.16	103.29	End Shut-In(2)
178	1471.62	101.96	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
245.00	VSLI OCMW trc%oil, 20%mud, 80%w tr	1.24
90.00	OGCMW 2%oil, 5%gas, 30%mud, 63%w	11.26
0.00	60' GIP	0.00

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Oper. Co. LLC

20-20s-10w Rice Co. KS

8100 E. 22nd St. N. Bldg. 1900
Wichita, KS 67226

Bayer 2-20

Job Ticket: 52474

DST#: 2

ATTN: Adam Nighswonger

Test Start: 2013.11.18 @ 19:30:22

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

73000 ppm

Viscosity: 42.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5500.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
245.00	VSLI OCMW trc%oil, 20%mud, 80%w tr	1.241
90.00	OGCMW 2%oil, 5%gas, 30%mud, 63%w tr	1.262
0.00	60' GIP	0.000

Total Length: 335.00 ft

Total Volume: 2.503 bbl

Num Fluid Samples: 0

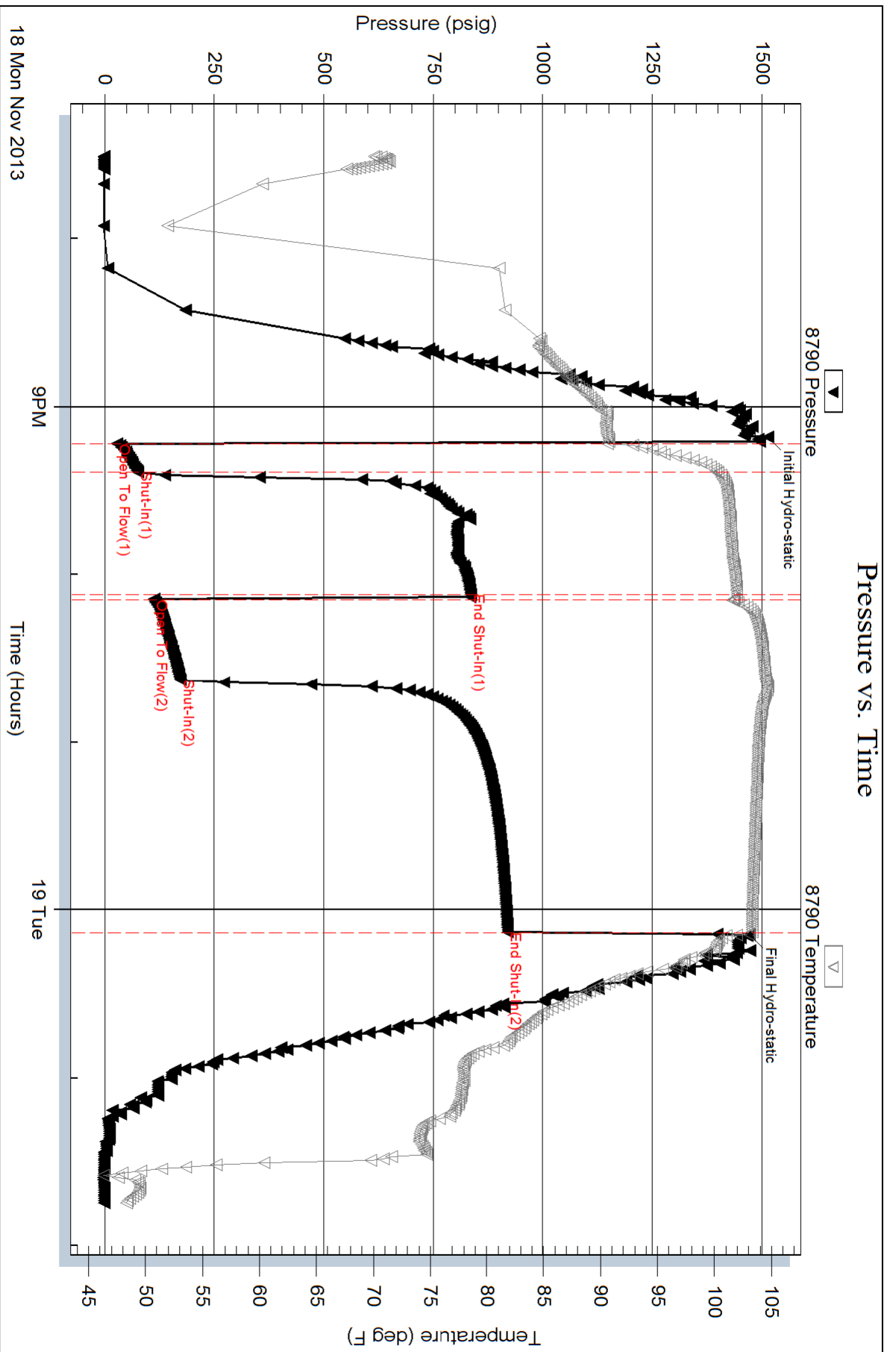
Num Gas Bombs: 0

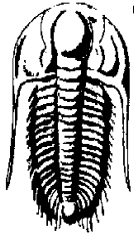
Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Edison Oper. Co. LLC
 8100 E. 22nd St. N. Bldg. 1900
 Wichita, KS 67226
 ATTN: Adam Nighswonger

20-20s-10w Rice Co. KS
Bayer 2-20
 Job Ticket: 52475 **DST#: 3**
 Test Start: 2013.11.19 @ 20:25:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 22:10:45
 Time Test Ended: 02:44:30
 Interval: **3240.00 ft (KB) To 3295.00 ft (KB) (TVD)**
 Total Depth: 3295.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Ryan Reynolds
 Unit No: 48
 Reference Elevations: 1741.00 ft (KB)
 1735.00 ft (CF)
 KB to GR/CF: 6.00 ft

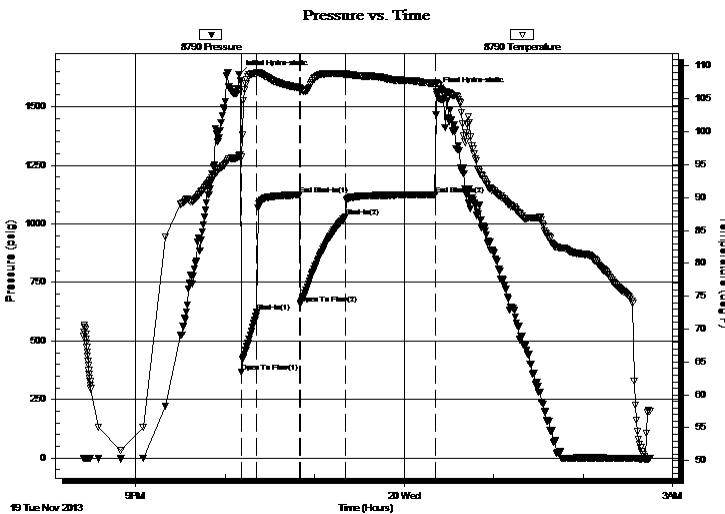
Serial #: 8790

Inside

Press @ Run Depth: 1029.94 psig @ 3241.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.11.19 End Date: 2013.11.20 Last Calib.: 2013.11.20
 Start Time: 20:25:05 End Time: 02:44:29 Time On Btm: 2013.11.19 @ 22:09:15
 Time Off Btm: 2013.11.20 @ 00:21:45

TEST COMMENT: IF: Strong blow . BoB @ 1min.
 IS: Weak surf. bb
 FF: Strong blow . BOB @ 1min.
 FS: Weak surf. bb

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1637.82	96.28	Initial Hydro-static
2	366.20	96.12	Open To Flow (1)
12	622.29	108.92	Shut-In(1)
41	1123.61	106.68	End Shut-In(1)
41	657.19	106.51	Open To Flow (2)
72	1029.94	108.76	Shut-In(2)
132	1124.97	107.31	End Shut-In(2)
133	1565.79	107.33	Final Hydro-static

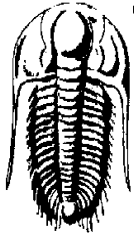
Recovery

Length (ft)	Description	Volume (bbl)
1970.00	GCMM trc%gas, 5%mud, 95%w tr	25.44
500.00	GCWM 5%gas, 45%w tr, 50%mud	7.01
0.00	60' GIP	0.00

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Oper. Co. LLC

20-20s-10w Rice Co. KS

8100 E. 22nd St. N. Bldg. 1900
Wichita, KS 67226

Bayer 2-20

Job Ticket: 52475

DST#: 3

ATTN: Adam Nighswonger

Test Start: 2013.11.19 @ 20:25:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 51.00 sec/qt
Water Loss: 8.79 in³
Resistivity: ohm.m
Salinity: 7100.00 ppm
Filter Cake: 0.02 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: 29000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1970.00	GCMW trc%gas, 5%mud, 95%w tr	25.439
500.00	GCWM 5%gas, 45%w tr, 50%mud	7.014
0.00	60' GIP	0.000

Total Length: 2470.00 ft Total Volume: 32.453 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

