



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1171691  
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: \_\_\_\_\_



1171691

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# Koda Services, Inc.

# INVOICE

Conductor and Rat Hole Drilling, Landfill Gas Drilling and Well Construction Nationwide

Date	Invoice #
10/7/2013	10819

Bill To
CMX Oil & Gas Exploration 1700 N Waterfront Parkway Bldg 300, Suite B Wichita KS 67206

Legal Description	Ordered By	Terms	Field Ticket	Lease Name	Drill Rig
		Net 30	8171	#1 Bartender	

Item	Quantity	Description
Conductor	60	Drilled 60' of 32" hole for conductor
20" Pipe	60	Furnished 60' of 20" conductor pipe
Ream Hole		Ream Hole
60" X 5'	1	Furnished 5' X 5' tinhorn
Dirt Removal		Provided Labor and Equipment for dirt removal and cleanup
Mud/Water		Furnished Mud, Water, & Trucking
Welder		Welder
Grout		Furnished grout
Deliver Grout		Deliver grout to location
Cover Plate		Cover Plate
Safety Ring		Safety Ring

Thank you for your business.	<b>Subtotal</b>	\$9,550.00
	<b>Sales Tax (7.15%)</b>	\$269.91
	<b>Total</b>	\$9,819.91

P.O. Box 66 • Woodward, OK 73802-0066 • Phone: (580) 254-5019 • Fax: (580) 254-5908

11/14



PAGE 1 of 1	CUST NO 1000793	INVOICE DATE 10/09/2013
<b>INVOICE NUMBER</b> <b>1718 - 91305756</b>		

**Pratt** (620) 672-1201  
 B CMX INC  
 I 1700 N WATERFRONT PKWY BLDG 300 STE B  
 L WICHITA  
 L KS US 67206  
 T  
 O **ATTN:** ACCOUNTS PAYABLE

**J** LEASE NAME Bartender 1  
**O** LOCATION  
**B** COUNTY Barber  
**S** STATE KS  
**I** JOB DESCRIPTION Cement-New Well Casing/Pi  
**T** JOB CONTACT  
**E**

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40649452	27463		Net - 30 days	11/08/2013	
<b>For Service Dates: 10/08/2013 to 10/08/2013</b>					
0040649452					
171809211A Cement-New Well Casing/Pi 10/08/2013 Cement 8 5/8 Surface					
A-Con Blend Common		245.00	EA	9.90	2,425.56 T
Common Cement		200.00	EA	8.80	1,760.04 T
Celloflake		112.00	EA	2.04	227.93 T
Calcium Chloride		1,069.00	EA	0.58	617.36 T
"Top Rubber Cmt Plug, 8 5/8""		1.00	EA	123.75	123.75
Centralizer 8 5/8 x 12 1/4		3.00	EA	79.75	239.26
"8 5/8" Basket (Blue)"		1.00	EA	173.25	173.25
Flapper Type Insrt Float Valve 8 5/8(BI		1.00	EA	154.00	154.00
"Unit Mileage Chg (PU, cars one way)"		55.00	MI	2.34	128.57
Heavy Equipment Mileage		165.00	MI	3.85	635.27
"Proppant & Bulk Del. Chgs., per ton mil		1,152.00	EA	0.88	1,013.79
Depth Charge; 501'-1000'		1.00	EA	660.02	660.02
Blending & Mixing Service Charge		445.00	BAG	0.77	342.66
Plug Container Util. Chg.		1.00	EA	137.50	137.50
"Service Supervisor, first 8 hrs on loc.		1.00	EA	96.25	96.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,735.21
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	359.71
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	9,094.92
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

11/14



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09211 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>10-8-13</u> DISTRICT <u>PICUTE</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>CMX inc.</u>		LEASE <u>BARTON</u> WELL NO. <u>1</u>							
ADDRESS		COUNTY <u>SAVOY</u> STATE <u>Ks</u>							
CITY STATE		SERVICE CREW <u>MATTAI, Young, Phyc, SAOUB</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW SURFACE</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<u>27586</u>	<u>1</u>						<u>10-8-13</u>		<u>2:00</u>
		<u>19960/21010</u>	<u>1</u>			ARRIVED AT JOB		AM PM	<u>6:50</u>
<u>27463</u>	<u>1</u>					START OPERATION		AM PM	<u>1:00</u>
		<u>78918/19862</u>	<u>1</u>			FINISH OPERATION		AM PM	<u>1:55</u>
						RELEASED		AM PM	<u>2:30</u>
						MILES FROM STATION TO WELL			<u>55</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: Mike Mattai  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 101	A-con cement	SK	245		4410 00
CP 100	COMMON CEMENT	SK	200		3,200 00
CC 102	CELLORIAN	LB	112		414 40
CC 109	Calcium Chloride	LB	1069		1,122 45
CA 105	TOP RUBBER Plug 8 5/8	EA	1		225 00
CA 1453	FLAPPER TYPE INSIDE FLANGE VALVE 8 5/8	EA	1		280 00
CA 1773	CONCRETE 8 5/8 x 12 1/4	EA	3		435 00
CA 1903	8 5/8 BASKET	EA	1		315 00
E 100	P.U. miles	ME	55		233 75
E 101	Heavy eq. miles	ME	165		1,155 00
E 113	PROP + Bulk Delivery	FM	1152		1,843 60
CE 201	DEPTH CHARGE 501-1000	HRD	1		1,200 00
CE 240	BLEND + MIX CHARGE	SK	445		623 00
CE 504	Plug CONT. UTILIZATION	JOB	1		250 00
S 003	Service SUPERVISOR	EA	1		175 00
				SUB TOTAL	8,735 21

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>
---	--

FIELD SERVICE ORDER NO. \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09211 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: <u>10/23/09</u> DISTRICT: <u>117</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>CRX</u>		LEASE: <u>BANK</u> WELL NO. <u>1</u>							
ADDRESS:		COUNTY: <u>WAGON</u> STATE: <u>KS</u>							
CITY: STATE:		SERVICE CREW: <u>MATTHEW &amp; JACOB</u>							
AUTHORIZED BY:		JOB TYPE: <u>CHW SURFACE</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<u>27325</u>	<u>1</u>						<u>10/23/09</u>		
		<u>11960/2100</u>	<u>1</u>			ARRIVED AT JOB		AM PM	<u>7:30</u>
<u>27403</u>	<u>1</u>					START OPERATION		AM PM	<u>1:00</u>
		<u>75918/11402</u>	<u>1</u>			FINISH OPERATION		AM PM	<u>1:55</u>
						RELEASED		AM PM	<u>2:30</u>
						MILES FROM STATION TO WELL			<u>0.5</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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CF 101	Acid	SK	245		4410.00
CF 102	Acid	SK	200		3,200.00
CF 103	Acid	LG	112		414.40
CF 104	Acid	LG	1064		1,122.45
CF 105	Pressure 200 8% 8"	WT	1		225.00
CF 140	Pressure 200 8% 8"	WT	1		280.00
CF 173	Pressure 8% 8" x 12"	WT	3		435.00
CF 190	8% 8" x 12"	WT	1		315.00
E 100	Pressure 200 8% 8"	WT	1		233.75
E 101	Pressure 200 8% 8"	WT	1		1,155.00
E 11	Pressure 200 8% 8"	WT	1		1,845.60
CF 201	Acid 200 8% 8"	WT	1		1,200.00
CF 240	Pressure 200 8% 8"	WT	44		623.00
CF 202	Pressure 200 8% 8"	WT	1		250.00
S 003	Service 200 8% 8"	WT	1		175.00

SUB TOTAL 8,775.45

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>MATTHEW</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X</u>
--	--

FIELD SERVICE ORDER NO. \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <b>CMX inc.</b>	Lease No.	Date <b>10-8-13</b>
Lease <b>BARTON</b>	Well # <b>1</b>	
Field Order # <b>9211</b>	Station <b>Pratt</b>	Casing <b>8 5/8</b>
Type Job <b>CAN SP</b>	Formation	County <b>Barton</b>
		State <b>Ks</b>
		Legal Description <b>18-355-11W</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>8 5/8</b>	Tubing Size	Shots/Ft		Acid <b>245</b>	Rate <b>3/4</b>	Press <b>CF</b>	ISIP	
Depth <b>1022.63</b>	Depth	From	To	Pre Pad <b>200 COMMON</b>	Max <b>1/4</b>	CF	5 Min.	
Volume <b>65.14</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>300</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>990.52</b>	Packer Depth	From	To	Flush <b>62.5</b>	Gas Volume		Total Load	

Customer Representative <b>Deon</b>	Station Manager <b>Kevin Goolley</b>	Treater <b>Mike Mattai</b>
Service Units <b>37586</b>	<b>27463</b>	<b>19960</b>
Driver Names <b>MATTAI</b>	<b>YUNNY</b>	<b>PHYE</b>
		<b>JACOB</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:30am					On location / safety meeting
10:50					run 8 5/8 24#
					CONTROLLER ON 1, 12, 21
					BACK ON 19
12:30pm					CSAG ON BOTTOM
12:40					HOOK UP TO CSAG / BREAK circ w Rig
					CIRCULATE WHILE CSAG CIRC RIGS DOWN
1:00	200		5	5.5	PUMP 5 BBL H2O
1:02	200		97	5.5	MIX 245 SKS A-CO2 CMT
1:16	100		45	3	MIX 200 SKS COMMON CMT
1:30	200			5	RELEASE PLUG / START DISPLACEMENT
1:50	400		50	4	SLOW RATE, CMT COMING TO SURFACE
1:53	800		62.5		Plug down
					CIRCULATION TANK JOB, 15 BBL CMT TO HIT
					JOB COMPLETE
					THANK YOU
					MIKE MATTAI



PAGE	CUST NO	INVOICE DATE
1 of 1	1000793	10/21/2013
INVOICE NUMBER		
1718 - 91314530		

Pratt (620) 672-1201  
 B CMX INC  
 I 1700 N WATERFRONT PKWY BLDG 300 STE B  
 L WICHITA  
 L KS US 67206  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Bartender 1  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40653078	20920		Net - 30 days	11/20/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 10/18/2013 to 10/18/2013</b>				
0040653078				
171809054A Cement-New Well Casing/Pi 10/18/2013 Cement 5 1/2" Longstring				
AA2 Cement	275.00	EA	10.88	2,992.08 T
C-41P	52.00	EA	2.56	133.12 T
Salt	1,382.00	EA	0.32	442.25 T
Cement Friction Reducer	78.00	EA	3.84	299.53 T
FLA-322	130.00	EA	4.80	624.01 T
Mud Flush	500.00	EA	0.55	275.21 T
Gilsonite	1,375.00	EA	0.43	589.61 T
Claymax KCL Substitutw	6.00	EA	22.40	134.40 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	256.01	256.01
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	230.41	230.41
"Turbolizer, 5 1/2" (Blue)"	8.00	EA	70.40	563.21
"5 1/2" Basket (Blue)"	2.00	EA	185.61	371.21
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	2.72	149.60
Heavy Equipment Mileage	110.00	MI	4.48	492.81
"Proppant & Bulk Del. Chgs., per ton mil	712.00	EA	1.02	729.11
Depth Charge; 5001-6000'	1.00	EA	1,843.24	1,843.24
Blending & Mixing Service Charge	275.00	BAG	0.90	246.41
Plug Container Util. Chg.	1.00	EA	160.00	160.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	112.00	112.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	10,644.22
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	392.55
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	11,036.77
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

11/26







**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09054 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>10-15-73</b>		DISTRICT <b>Pratt</b>		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 <b>CMX Inc</b>				LEASE <b>Bar Tender</b>				WELL NO. <b>1</b>							
ADDRESS				COUNTY <b>Barber</b>				STATE <b>Ks</b>							
CITY				STATE				SERVICE CREW <b>SCOTT Tim JIP</b>							
AUTHORIZED BY				JOB TYPE: <b>CNW Long String</b>											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
<del>33701-2190</del>	<del>2hr</del>						<b>10-15-73</b>			<b>1:30</b>					
<del>17400-21010</del>	<del>2hr</del>					ARRIVED AT JOB				<b>2:45</b>					
<b>25443</b>						START OPERATION				<b>11:15</b>					
						FINISH OPERATION				<b>2:15</b>					
						RELEASED				<b>2:15</b>					
						MILES FROM STATION TO WELL				<b>55</b>					

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  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 105	AA2 cement	SK	225		3825 00	
CP 105	AA2 cement	SK	50		550 00	
CC 111	SALT	lb	1352		691 00	
CC 201	GILSONITE	lb	1375		921 25	
CC 105	C-41 P	lb	52		208 00	
CC 129	FLA-322	lb	130		975 00	
CC 112	Cement Friction Reducer	lb	78		468 00	
CF 607	Latch Down Plug - Baffle	eg	1		400 00	
CF 1901	5/8 Basket	eg	2		580 00	
CF 1251	Auto Fill Float Valve	eg	1		360 00	
CF 1651	Turbolizer	eg	8		880 00	
CC 151	Mud Flush	gal	500		430 00	
C 704	claymax	gal	6		210 00	
E 101	Heavy Mileage	mi	110		770 00	
CE 240	Mixing Charge	SK	275		385 00	
E 113	Bulk Delivery	TM	712		15,839 60	
CE 200	Depth Charge	4hr	1		2,880 00	
E 504	Plug Cement	5/B	1		250 00	
B - 003	supervisor	eg	1		175 00	
E 100	Pictur mileage	mi	55		233 75	
					SUB TOTAL	10,144 22
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT					%TAX ON \$	
MATERIALS					%TAX ON \$	
					TOTAL	

SERVICE REPRESENTATIVE \_\_\_\_\_ THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X

FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <b>CMX</b>	Lease No.	Date <b>10-18-13</b>	
Lease <b>Bar Tender</b>	Well # <b>1</b>		
Field Order # <b>9054</b>	Station <b>Pratt</b>	Casing <b>5 1/2</b>	Depth <b>5247</b>
		County <b>Barber</b>	State <b>KS</b>
Type Job <b>CNW Long String</b>		Formation	Legal Description <b>18-355-11W</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<b>5 1/2</b>				Pre Pad	Max		5 Min.	
Depth <b>5247</b>	Depth	From	To	Pad	Min		10 Min.	
Volume <b>124</b>	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <b>5235</b>	Packer Depth	From	To					

Customer Representative	Station Manager	Treater
Service Units <b>33708 20920 19960 21010 28443</b>		
Driver Names <b>SCOTT TIM JOE</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>1445</b>					ON LOC / Safety Meeting
					Run 125 JTS of 5 1/2 csg 15.5#
					Turbolizer on 1-3-9-12-15-20-30-35
					Basket on TOP of 6-26
<b>1545</b>					START Running csg
<b>1815</b>					csg on BOTTOM
<b>1915</b>					circ with Rig
	<b>100</b>		<b>5</b>	<b>5</b>	H2O SPACER
			<b>12</b>	<b>5</b>	myd Flush
			<b>5</b>	<b>5</b>	H2O SPACER
	<b>150</b>		<b>57</b>	<b>5</b>	mix 225 SK AA2 cement @ 15.#
			<b>0</b>	<b>0</b>	shut Down / Clear Pump and Line
			<b>0</b>	<b>0</b>	Release Plug
<b>1940</b>	<b>200</b>		<b>0</b>	<b>0.5</b>	START H2O DISP. with 2% CC
	<b>400</b>		<b>86</b>	<b>6.5</b>	LIFT PSI
	<b>700</b>		<b>100</b>	<b>4</b>	SLOW RATE
<b>2015</b>	<b>7000</b>		<b>124</b>	<b>0</b>	PLUG DOWN
			<b>0</b>	<b>3</b>	PLUG BH
					PLUG MH
					JOB COMPLETE
					Thank you JOE

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

December 05, 2013

Leah Kasten  
CMX, Inc.  
1700 N WATERFRONT PKWY BLDG 300B  
WICHITA, KS 67206

Re: ACO1  
API 15-007-24088-00-00  
Bartender 1  
NW/4 Sec.18-35S-11W  
Barber 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,  
Leah Kasten