



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1174337
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: _____

1174337

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

DATE _____ TICKET NO. _____

DATE OF JOB 12-17-13	DISTRICT 1717	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 Radcliff 'FO'					WELL NO. 128	
ADDRESS		COUNTY Meade			STATE KS			
CITY		SERVICE CREW Ruben-Carlos-Santiago-Daniel						
AUTHORIZED BY Tyce Davis		JOB TYPE: 2-42 8 5/8 Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 12-17-13	DATE AM PM TIME	
		78940	6			ARRIVED AT JOB	AM PM 2330	
		3875019842	6			START OPERATION	AM PM 0115	
		381137724	6			FINISH OPERATION	AM PM 0235	
		-3302114284	6			RELEASED	AM PM 0300	
						MILES FROM STATION TO WELL	25	

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
CL 101	A-Con Blend	SK	385		7161 00
CL 110	Premium Plus Cement	SK	150		2445 00
CC 109	Calcium Chloride	Lb	1368		1436 40
CC 102	Celloflake	Lb	134		495 80
CC 130	C-51	Lb	73		1825 00
CF 253	Guide Shoe 8 5/8	Ea	1		380 00
CF 1453	Insert float Valve 8 5/8	Ea	1		280 00
CF 4556	Basket 8 5/8	Ea	1		1050 00
CF 105	Cement Plug 8 5/8	Ea	1		225 00
CF 4405	Centralizer 8 5/8	Ea	2		290 00
E 101	Aewy Equipment Mileage	Mi	75		525 00
CE 240	Blending & Mixing Service Charge	SK	535		449 00
E 113	Propellant & Bulk Delivery Charge	TM	629		1006 00
CE 202	Depth Charge 100' - 2000'	4hrs	1		1500 00
CE 504	Plug Container Utilization	Job	1		250 00
E 100	Pick up Charge	Mi	25		106 25
S003	Service Supervisor	Ea	1		175 00
SUB TOTAL					13510 63

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Edison Operating
8100 E 22nd St N Bldg 1900
Wichita, KS 67226
ATTN: Paul Gerlach

28-33s-29w Meade Ks
RadCliff FO 1-28
Job Ticket: 55590 **DST#: 1**
Test Start: 2014.01.02 @ 18:39:15

GENERAL INFORMATION:

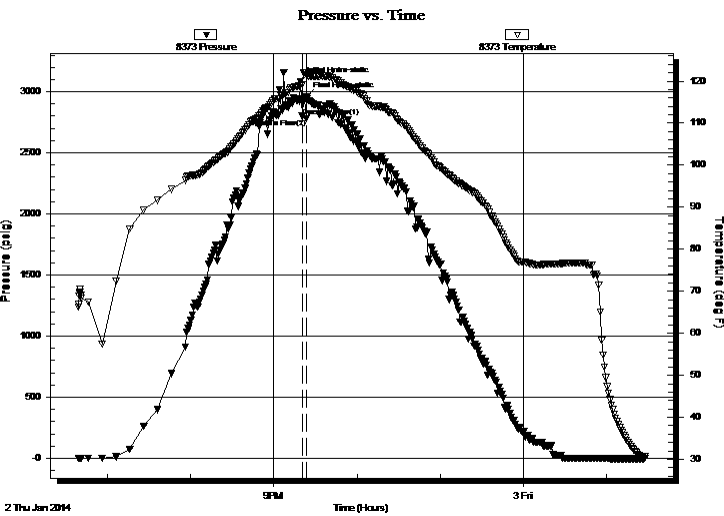
Formation: **Lower Chester**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 21:20:15
Time Test Ended: 01:27:45
Interval: **6060.00 ft (KB) To 6127.00 ft (KB) (TVD)**
Total Depth: 6127.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Reference Elevations: 2611.00 ft (KB)
2600.00 ft (CF)
KB to GR/CF: 11.00 ft
Test Type: Conventional Bottom Hole (Initial)
Tester: Brandon Turley
Unit No: 60

Serial #: 8373

Inside

Press @ Run Depth: psig @ 6061.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.01.02 End Date: 2014.01.03 Last Calib.: 2014.01.03
Start Time: 18:39:20 End Time: 01:27:44 Time On Btm: 2014.01.02 @ 21:19:15
Time Off Btm: 2014.01.02 @ 21:23:45

TEST COMMENT: Packers failed at open.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	3085.83	118.92	Initial Hydro-static
1	2798.87	119.15	Open To Flow (1)
4	2778.14	122.01	Open To Flow (2)
5	2961.49	121.60	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
454.00	mud 100%m	4.15

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating
8100 E 22nd St N Bldg 1900
Wichita, KS 67226
ATTN: Paul Gerlach

28-33s-29w Meade Ks
RadCliff FO 1-28
Job Ticket: 55590 **DST#: 1**
Test Start: 2014.01.02 @ 18:39:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	0 ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.19 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 8000.00 ppm			
Filter Cake: 2.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
454.00	mud 100%m	4.146

Total Length: 454.00 ft Total Volume: 4.146 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

