



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183640
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: _____

1183640

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS
CONSERVATION DIVISION

RECEIVED
SEP 13 2012
GILBERT-STEWART
OPERATING LLC

DISPOSAL WELL PERMIT

Oper. License #: 32924 Permit #: D-31270
Operator: Gilbert-Stewart Operating, LLC Well Name & No.: Purcell- A #1
Address: 1801 Broadway, Ste. 450 Location: 4950'FSL 2310'FEL
City: Denver Sec. 28 TWP 19 RGE 9 (E) (W)
State: Colorado County: Rice
Zip Code: 80202 Field Name: Chase-Silica

Project Acreage: W/2-NE/4 SEC. 28-T19S-R9W.

After reviewing the operator's application for Disposal Well Permit dated 6-28-2012, the Conservation Division grants a permit for the injection of produced saltwater or other fluids approved by the Conservation Division. The permitted well is subject to the specifications and requirements of this permit including any attachments or any attached amendments.

- The injection formation is known as the Arbuckle.
- The depth of the permitted injection interval is from 3325' to 3806', (PF), (OH)
- The maximum authorized injection rate is 7500 barrels of fluid per day.
- The maximum authorized injection pressure is 0 PSIG.
- Attachment YES, NO.

Complete casing information is as follows:

	<u>SIZE</u>	<u>SEAT DEPTH</u>	<u>INTERVAL CEMENTED</u>	<u>SACKS CEMENT USED</u>
Conductor	NONE"		' to '	
Surface	8-5/8"	230'	0' to 230'	NA
Intermediate	NONE"		' to '	
Production	5-1/2"	3325'	1060' to 3325'	750
Tubing	2-1/2"	3300'	' to '	

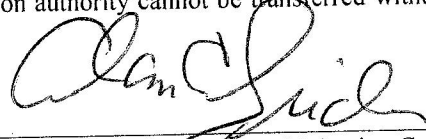
Additional Cementing: NONE' to
Packer type and setting depth: TENSION set @ 3300'.

Well(s), Leases(s) and Facilities supplying fluid for injection:

Lease Operator	Lease Name	Lease Description
Gilbert-Stewart Operating, LLC	Lincoln	SE/4 SEC. 21 & NW/4 SEC. 22-T19S-R9W

In addition to the specific permit conditions and requirements set out above or on the attachment hereto, this permit is subject to all of the provisions of K.A.R. 83-3-400 et seq. Injection authority cannot be transferred without approval of the Conservation Division.

Date of Approval: 9-10-2012



Director, Underground Injection Control
Conservation Division



energy services, L.P.

TREATMENT REPORT

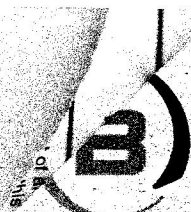
Customer: <i>WINDY HILL</i>	Lease No.:	Date: <i>7-26-2012</i>
Lease: <i>WINDY HILL 'A'</i>	Well #:	
Field Order #:	Station: <i>Pratt, KS</i>	Casing: <i>2 3/4"</i>
		Depth:
		County: <i>RICE</i>
		State: <i>KS</i>
Type Job: <i>PAID - 5 1/2" L.S. W/PAKED SHOE</i>	Formation: <i>779-3200'</i>	Legal Description: <i>...</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min	<i>51 = 21.83</i>	10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative: <i>Kevin B.</i>	Station Manager: <i>D. Scott</i>	Treater: <i>K. Leary</i>
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Service Units	1286	1287	1285	1283	1281	1279	1277			
Driver Names										

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 PM					ON LOCATION - 54571 DEPT 114
1:05 PM					ALLOWED TO 5 1/2" L.S. 5' PER HOUR
1:10 PM					TERRACE - 13,579, 11,13, 15
1:15 PM					PAK - 70
1:20 PM					CEILING BOTTOM
1:25 PM					MOCK UP TOUGS / BREAK PAK 12719
1:30 PM					300 PAKED SHOE
1:35 PM	1100		500	6	MILKMOSS A - 200 YD 11.6 PPS
1:40 PM	1100		38	6	MIN 5000 SCHROEDER 10 PPS
1:45 PM					CLEAR POUND LINE - 2000 LB. PUMP
1:50 PM	0		0	6	START DISINTEGRATION
1:55 PM	1100		70	5	LIFT PRESSURE
2:00 PM	700		57	2	SLOW RATE
2:05 PM	1500		77	2	PLUG DOWN - 1000 CLEAN PAK, PAK
					PURGE P.A.
					RESTORE TO 50 W/UP TO 6.5
					NO COMPLETE
					THANKS -
					Kevin Leary



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 06300 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		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				LEASE				WELL NO. 1	
ADDRESS				COUNTY		STATE			
CITY		STATE		SERVICE CREW					
AUTHORIZED BY				JOB TYPE: J.A. Hus 25					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
						ARRIVED AT JOB		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						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:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
1 107	MASON SOAP - 9308	PK	100		105000
1 109	WIRELINE - 9308	PK	150		115000
1 112	WIRELINE - 9308	PK	75		110000
1 113	WIRELINE - 9308	PK	100		47250
1 121	FLA 200 (4) FLUID LOSS	PK	13		47250
1 101	WIRELINE - 9308	PK	750		52250
1 102	WIRELINE - 9308	PK	72		55500
1 103	WIRELINE - 9308	PK	152		55500
1 104	WIRELINE - 9308	PK	112		1,12440
F 607	WIRELINE - 9308	PK	1		40000
F 1051	WIRELINE - 9308	PK	1		280000
F 1051	WIRELINE - 9308	PK	1		280000
F 101	WIRELINE - 9308	PK	1		250000
F 100	WIRELINE - 9308	PK	75		31875
F 101	WIRELINE - 9308	PK	225		1,57500
F 113	WIRELINE - 9308	PK	225		4,14000
F 204	WIRELINE - 9308	PK	124		2,16000
F 200	WIRELINE - 9308	PK	120		1,75000
F 109	WIRELINE - 9308	PK	1		75000
					17500 SUB TOTAL
					2,350
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
					TOTAL

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)