



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184347
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: _____

1184347

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</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 09502 A

DATE: _____ TICKET NO. _____

DATE OF JOB: 10-22-13 DISTRICT: Pratt				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: Deutch Oil Co				LEASE: Horne Trust WELL NO. 3-17					
ADDRESS				COUNTY: Pratt STATE: KS					
CITY STATE				SERVICE CREW: Orlando Mcbraw, Whitfield					
AUTHORIZED BY				JOB TYPE: CNW-10 3/4 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	4					10-22-13		PM	12:00
337582000	4					ARRIVED AT JOB		AM	1:00
19917810	4					START OPERATION		AM	3:00
77686-19905	4					FINISH OPERATION		AM	8:30
19960-21010	4					RELEASED		AM	4:00
						MILES FROM STATION TO WELL: 5			

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
CP103	60/40 P.O.Z	SK	280		3360.00
CL102	celloflake	LB	70		259.00
CL109	Calcium chloride	LB	723		759.15
E100	Pickup Mileage	Mi	5		21.25
E101	Heavy Equipped Mileage	Mi	10		70.00
E113	Bulk Delivery	TW	60		96.40
CE200	Depth Charge 0-500'	EA	1		1000.00
CE240	Blending & Mixing	SK	280		392.00
S003	Service Supervisor	EA	1		175.00
					SUB TOTAL
					4392.96

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Steve Oke</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Maura O'Fulian</i>
FIELD SERVICE ORDER NO.:	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

TREATMENT REPORT

Customer <i>Deutch Oil</i>	Lease No.	Date <i>10-27-13</i>	
Lease <i>Hoona Trust</i>	Well # <i>3-17</i>		
Field Order # <i>9503</i>	Station <i>Pratt</i>	Casing <i>10 3/4"</i>	Depth
Type Job <i>CNW Surface</i>	Formation	County <i>Pratt</i>	State <i>KS</i>
		Legal Description <i>17-27-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>10 3/4"</i>				<i>60/100oz</i>				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
<i>299</i>				<i>2900</i>				
Volume	Volume	From	To	Pad	Min		10 Min.	
<i>350</i>				<i>3900</i>				
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
<i>303</i>				<i>1/2" / 100lb</i>				
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
<i>10 3/4"</i>								
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
<i>280</i>				<i>28</i>				

Customer Representative: *Mike K...* Station Manager: *K... Lordley* Treater: *Steve Or...*

Service Units	<i>07023</i>	<i>2327/2...</i>	<i>1996/21010</i>				
Driver Names	<i>00...</i>	<i>77686</i>	<i>14905</i>	<i>W...</i>			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:05 PM</i>					<i>On location - 500 ft, 100 ft</i>
					<i>Run 7 1/2" 10 3/4" 3 1/2" Conn.</i>
					<i>Carry on Bullhead</i>
					<i>Break Circ w/n</i>
<i>3:00</i>	<i>200</i>		<i>0</i>	<i>4</i>	<i>Start 280 gal 60/100 per @ 14.2%</i>
	<i>200</i>		<i>60</i>	<i>4</i>	<i>Start H₂O Displacement</i>
	<i>200</i>		<i>20</i>	<i>4</i>	<i>Connect to Surface</i>
<i>3:30 PM</i>	<i>200</i>		<i>28</i>	<i>3</i>	<i>Plug Down</i>
					<i>Job complete</i>
					<i>Created 28 bbls of 100%</i>



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

FIELD SERVICE TICKET
 1718 09388 A

17-279-12W

DATE OF JOB: 10-21-13 DISTRICT: Pratt, Kansas DATE: TICKET NO:

CUSTOMER: Deutsch Oil NEW WELL OLD WELL PROD INJ WDW CUSTOMER ORDER NO:

ADDRESS: LEASE: Hoome Trut WELL NO: 3-10

CITY: STATE: Pratt Kansas

AUTHORIZED BY: SERVICE CREW: M. M. Green, N. M. M. M. M.

EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS JOB TYPE: C NW Longevity

TRUCK CALLED	DATE	AM	TIME
ARRIVED AT JOB		PM	9:00
START OPERATION		AM	5:00
FINISH OPERATION		AM	4:00
RELEASED		AM	11:00
MILES FROM STATION TO WELL		PM	9

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CF105	AA2 Blend Cement	sh	150		\$ 2,550.00
CF103	60/40 P22 Blend Cement	sh	50		\$ 600.00
CC105	Defamer	lb	29		\$ 116.00
CC114	Salt	lb	683		\$ 341.50
CC112	Cement Friction Reducer	lb	43		\$ 258.00
CC115	Gas Block	lb	141		\$ 726.15
CC129	Fluid Loss	lb	71		\$ 532.50
CC201	Gilsonite	lb	750		\$ 502.50
CF607	Latch Down Plug and Bail Tie, 5/2"	ea	1		\$ 400.00
CF1251	Auto Fill Float Shoe, 5/2"	ea	1		\$ 360.00
CF1051	Turbolizer, 5/2"	ea	9		\$ 990.00
CF1901	Basket, 5/2"	ea	2		\$ 580.00
CF151	Mud Flush	Gal	500		\$ 430.00

SUB TOTAL

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

TOTAL

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

ELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Deutsch Oil	Lease No.	Date 10-29-13	
Lease Hoeme Trust	Well # 3-17		
Field Order # 9,388	Station Pratt, Kansas	Casing" 5 1/2 15.5 Lb.	Depth 4,442 Feet
Type Job C.N.W.- Longstring	Formation	County Pratt	State Kansas
		Legal Description T-275-12W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME			
Casing Size 5 1/2 15.5 Lb.	Tubing Size 5 Lb.	Shots/Ft 150	sacks AA2 with .58	Acid	Fluid Loss, .38	RATE	PRESS	SIP	
Depth 4,442 Feet	Depth	From .28	To Defoamer, 18 Gas Blot,	Pre Pad	Max Salt, 5 Lb/st. Gi			Friction Reducer, 5 Min. sonite	
Volume 105.7 Bbl.	Volume	From 15.3	To bbl/Gal.	Pad	Min 5.46 Gal./St,			10 Min.	
Max Press 1,500 PSI	Max Press	From	To	Frac	Avg			15 Min.	
Well Connection Plug on Packer	Annulus Vol.	From 50 sacks	To 60/40 Poz to Plug Rat (30		HHP Used			Annulus Pressure and Mouse (20cks) Notes	
Plug Depth 4,442 Feet	Packer Depth	From	To	Flush	Gas Volume 105.2 Bbl. Fresh water			Total Load	

Customer Representative Dave Pauly	Station Manager Kevin Gordley	Treater Clarence R. Messicht		
Service Units 37,216	77,686	19,905	19,831	19,862
Driver Names Messicht	Mc Graw	JESSE - MAIE SIMDEY		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00					Trucks on location and hold safety meeting.
7:15					Pictrel Drilling start to run Auto Fill Float Shoe, Shoe Joint with Latch Down Baffle screwed into collar and a total of 106 Joints new 15.5 Lb/Ft. 5 1/2" casing. A Basher was installed above collars # 11 and #14. A Turbolizer was installed on collars # 1, 3, 5, 9, 10, 11, 13, 15 and #17.
9:10					Casing in well. Circulate for 30 minutes
9:45		2,000			Shut in well. Pressure Test. Open Well.
9:48	300			6	Start Fresh water Pre-Flush.
			20	6	Start Mud Flush.
			32	6	Start Fresh water spacer.
10:07	300		52	5	Start mixing 150 sacks AA2 cement.
	-0-		88		Stop pumping. Shut in well. Wash pump and lines. Release Latch Down Plug. Open Well.
10:22	150			6.5	Start Fresh water Displacement.
			85	5	Start to lift cement.
10:43	500		105.2		Plug down.
	1,500				Pressure up.
					Release pressure. Float Shoe held.
			7-5	3	Plug Rat and Mouse holes.
					Wash up pump truck.
11:15					Job Complete.
					Thank You. Clarence, Milte, Nathan

