



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175777
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: _____

1175777

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Customer Siroky Oil Management	Lease No.	Date 12-18-13
Lease Reece S.W.D.	Well # 3-24	
Field Order # 9596	Station Pratt, Kansas	Casing 9 5/8" 36 Lb
Type Job C.N.W. - Surface	Depth 333 feet	County Sumner
	Formation	State Kansas
		Legal Description 3-325-1E

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 9 5/8"	Tubing Size	Shots/Ft	215 sacks	Common Cement with		RATE	PRESS	ISIP
Depth 333 Feet	Depth	From	To	28 Calcium Chloride,	25 Lb./sk.	1.20 cu. FT./sk.	15 Min.	
Volume 25.7 Bbl.	Volume	From	To	15.6 Gal., 5.23 Gal.	1.20 cu. FT./sk.		10 Min.	
Max Press 300 P.S.I.	Max Press	From	To		Avg		15 Min.	
Wall Connection Plug container	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 318 feet	Packer Depth	From	To	Flush 24.6 Bbl. Fresh Water	Gas Volume		Total Load	

Customer Representative Brian Siroky	Station Manager Kevin Gordley	Treater Clarence R. Messick
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Service Units	37,216	77,686	19,905	19,960	21,010				
Driver Names	Messick	Mc Graw	Young						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00					Trucks on location and hold safety meeting.
5:15					Fossil Drilling start to run 8 Joints new 36 Lb./Ft. 9 5/8" casing.
6:50					Casing in well. Circulate for 5 minutes.
7:00	300			5	Start Fresh water Pre-Flush.
	300		10	5	Start mixing 215 sacks common cement.
	0		56		Stop pumping. Shut in well. Release Top Rubber Plug. Open Well.
7:20	150			5	Start Fresh water Displacement.
7:30	250		24.6		Plug down. Circulated 5 Bbl. cement to the pit. Open release. Insert held.
					Wash up pump truck
8:00					Job complete. Thank You. Clarence, Mitre, Steve



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

0040074068
FIELD SERVICE TICKET

1718 09596 A

3-325-1E

DATE _____ TICKET NO. _____

DATE OF JOB	12-18-13	DISTRICT	Pratt, Kansas		NEW WELL	<input checked="" type="checkbox"/>	OLD WELL	<input type="checkbox"/>	PROD	<input type="checkbox"/>	INJ	<input type="checkbox"/>	WDW	<input checked="" type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER	Sirotek Oil Management				LEASE	Reece S.W.D.				WELL NO	3-24					
ADDRESS					COUNTY	Sumner				STATE	Kansas					
CITY					SERVICE CREW	C. Messick; M. McGraw; S. Young										
AUTHORIZED BY					JOB TYPE	C.N.W. - Surface										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	12-18-13	DATE	12-18-13	TIME	6:00					
37,216	.75					ARRIVED AT JOB				10:00						
77,636-19,905	.75					START OPERATION				7:00						
19,960-21,010	.75					FINISH OPERATION				7:45						
						RELEASED	12-18-13			8:00						
						MILES FROM STATION TO WELL										100

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
P CP100C	Common Cement	sk	215		\$
P CC102	Cell Plate	Lb	54		\$
P CC109	Calcium Chloride	Lb	406		\$
P CF106	Top Rubber Plug, 9 5/8"	ea	1		\$
P CF1404	Insert Float Valve, 9 5/8"	ea	1		\$
P CF1781	Centralizer, 9 5/8" x 12 1/4"	ea	3		\$
P E100	Pickup Mileage	mi	100		\$
P E101	Heavy Equipment Mileage	mi	200		\$
P E113	Bulk Delivery	tm	1,015		\$
P CE200	Cement Pump: 0 Feet To 500 Feet	hrs	4		\$
P CE240	Blending and Mixing Service	sk	215		\$
P CE504	Plug Container	Job	1		\$
P S003	Service Supervisor	hrs	8		\$

PRICING RECALCULATED

CHEMICAL / ACID DATA:			

SUB TOTAL	169	\$
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: *James R. Messick*

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

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Siroky Oil Management	Lease No.	Date 1-3-14
Lease Reece S.W.D.	Well # 3-24	
Field Order # 4,829	Station Pratt, Kansas	Casing 2 3/4"
Type Job C.N.W. - Longstring	Depth 4,090 Feet	County Sumner
	Formation	State Kansas
		Legal Description 3-325-1E

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 7" 23 Lb./Ft.	Tubing Size 4.5" 16.1 Lb./Ft.	Shots/Ft 150	sacks AA2	with 5.8 Friction Reducer	108 Salt	RATE	PRESS	ISIP
Depth 4,090 Feet	Depth	From .258	To Defoamer	.25 Lb./St. Cell Plate	5 Lb./St. Gilsonite	Max		5 Min.
Volume 161 Bbl.	Volume	From	To	15 Lb./Gal., 6.02 Gal.	Min 1.42 CU. FT./ST.			10 Min.
Max Press 1,500 P.S.I.	Max Press	From	To		Avg			15 Min.
Well Connection Plug Container	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 4,048 Feet	Packer Depth	From	To	Flush 199.5 Bbl. Fresh Water	Gas Volume			Total Load

Customer Representative Drian Siroky	Station Manager Kevin Gordley	Treater Clarence R. Messick
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Service Units 37,216	27,463	70,959	19,918						
Driver Names Messick	Huemin	Hanson							

Time P.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:30					Truck on location and hold safety meeting.
6:30					Fossil Drilling start to run Auto Fill Float Shoe, Shoe Joint with Latch Down Baffle screwed into Collar and a Total of Joints new 23 Lb./Ft. 7" casing. A Centralizer was installed on Collars # 1, 3, 5, 7 and # 9.
10:40					Casing in well. Circulate for 1 Hour.
11:45		2,000			Shut in well. Pressure Test: Open Well.
11:50	400			6	Start Fresh water Pre-Flush.
)		20	6	Start mud Flush.
			32	5	Start Fresh water Spacer.
	400		37	5	Start mixing 150 sacks AA2 cement.
	-0-		75		Stop pumping. Shut in well. Wash pump and lines. Release Latch Down Plug. Open Well.
12:15	150			6.5	Start Fresh water Displacement.
			135	5	Start to lift cement.
12:45	700		159.5		Plug down.
	1,500				Pressure up.
					Release pressure. Float Shoe held.
					Wash up pump truck.
2:00					Job Complete.
					Thanks. You.
					Clarence, Tim , Tim, Joshua



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 09829 A

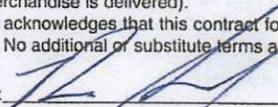
3-325-1E

DATE _____ TICKET NO. _____

DATE OF JOB	1-3-14	DISTRICT	Pratt, Kansas	NEW WELL	<input checked="" type="checkbox"/>	OLD WELL	<input type="checkbox"/>	PROD	<input type="checkbox"/>	INJ	<input type="checkbox"/>	WDW	<input checked="" type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER	Siroky Oil Management			LEASE	Reece S.W.D.			WELL NO.	3-24						
ADDRESS				COUNTY	Sumner			STATE	Kansas						
CITY				STATE				SERVICE CREW	C. Messick, T. Huemin, J. Hanson						
AUTHORIZED BY				JOB TYPE	C. Messick, T. C. N.W. - Longstring										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	1-2-14	DATE	1-2-14	TIME	8:00				
37,216	1.5					ARRIVED AT JOB	1-2-14			2:30					
27,463	1.5					START OPERATION	1-2-14			11:45					
70,999-19,918	1.5					FINISH OPERATION	1-3-14			1:15					
						RELEASED	1-3-14			1:30					
						MILES FROM STATION TO WELL	100								

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
P CP 105	AA 2 Cement	sh	150	\$	
P CC 102	Cellflote	Lb	38	\$	
P CC 105	Defoamer	Lb	36	\$	
P CC 111	Salt	Lb	753	\$	
P CC 112	Cement Friction Reducer	Lb	71	\$	
P CC 201	Gilsonite	Lb	750	\$	
P CF 608	Latch Down Plug and Baffle, 7"	ea	1	\$	
P CF 1252	AutoFill Float Shoe, 7"	ea	1	\$	
P CF 1779	Centralizer, 7"x 8.5"	ea	5	\$	
P CC 151	Mud Flush	Gal	500	\$	
P E 100	Pickup Mileage	mi	100	\$	
P E 101	Heavy Equipment Mileage	mi	200	\$	
P E 113	Bulk Delivery	tn	70.5	\$	
P CE 205	Cement Pump: 5,000 Feet To 8,000 Feet	hrs	4	\$	
P CE 240	Blending and Mixing Service	sh	150	\$	
P CE 504	Plug Container	Job	1	\$	
P 5003	Service Supervisor	Hrs	8	\$	

CHEMICAL / ACID DATA:			

SUB-TOTAL	161 \$
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.

Reece 3-24 SWD

As Drilled Wellbore Diagram

Spud: 12-17-13



Updated: 1/7/2014

Location: Section 3 Township 32S Range 1E (SE-SE-SW)

Field: Pettigrew South

API Number:

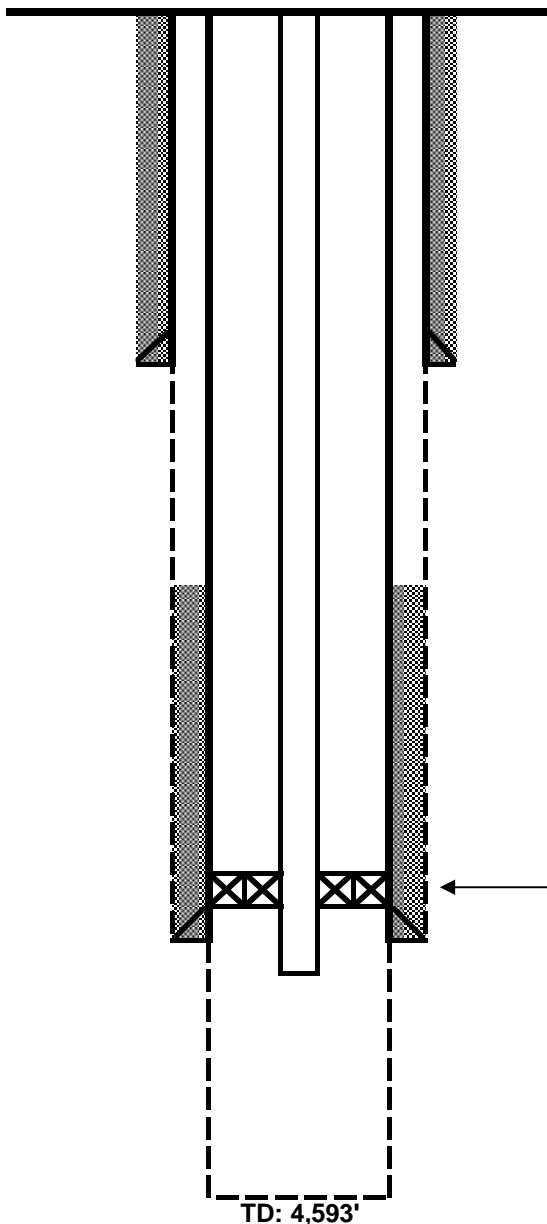
Target Zone for Injection: Arbuckle

Elev GL: 1,260'

Elev KB: 1,268'

Arbuckle: Top: 4,038'

Bottom: 5,008'



Surface Section

Hole: 12-1/4"
Depth: 334' MD
Casing: 9-5/8", 36#, J-55 LTC
Cement Top: Surface
(215 sx Class A w/2% CaCl₂ + 0.25 pps cello flake)
Mud Weight: 8.4 ppg

Intermediate Section

Hole: 8-3/4"
Depth: 4,100' MD
Casing: 7" 23# J-55 LTC
Cement Top (Est.): 2675' - by calc.
(150 sx Class 'A' + 10% Salt + 0.25% Defoamer +
0.25 pps cello flake + 5 pps gilsonite)
Mud Weight: 9.4 ppg

Tubing: Injection: 4-1/2" 15.1# CR-13 -110 (CS Hydrill Connect.)

← Baker Model 'R' Packer w/ on/off Tool set @ 4053'

Open Hole Section:

Hole: 6-1/8"
Depth: 4,593'
Casing: None
Mud Weight: 8.4 ppg

TD: 4,593'