



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175836
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: _____

1175836

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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Form	ACO1 - Well Completion
Operator	OSAGE Resources, LLC
Well Name	Osage 26-02
Doc ID	1175836

Tops

Name	Top	Datum
Heebner SH	4044	-2223
Douglas	4114	-2293
Lansing	4250	-2429
Kansas City	4336	-2515
Stark	4606	-2788
Swope	4620	-2799
Hushpuckney	4656	-2835
Hertha	4664	-2843
BKC	4699	-2878
Marmaton	4758	-2937
Altamont	4774	-2953
Pawnee	4793	-2953
Ft Scott	4816	-2995
Cherokee	4840	-3019
Mississippi	4916	-3095



BASICSM

ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 04511 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-2-13	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: Osage Resources, LLC		LEASE: Osage		WELL NO.: 26-02						
ADDRESS:		COUNTY: Barber		STATE: KS						
CITY:		STATE:		SERVICE CREW: Ruben - Carlos - Cesar						
AUTHORIZED BY: Tyce Davis		JOB TYPE: 2-212 8 5/8 Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
				78940	4.5		10-1-13			2000
				19842	3	ARRIVED AT JOB				0100
				38750	1.5	START OPERATION				0158
				14355	3	FINISH OPERATION				0215
				37725	1.5	RELEASED				0230
						MILES FROM STATION TO WELL	55			

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
CP 103	60/40 Poz	SK	185		2200 00
CC 102	Celloflake	Lb	47		173 90
CC 109	Calcium Chloride	Lb	480		504 00
CF 153	Wooden Cement Plug 8 5/8	Eg	1		160 00
E 100	Pick up charge	M:	55		233 75
E 101	Heavy Equipment Mileage	M:	110		770 00
E 113	Proppant and Bulk Delivery Charge	Tm	440		704 00
CE 200	Depth Charge; 0-500'	4hrs	1		1000 00
CE 240	Blending & Mixing Service Charge	SK	185		259 00
CE 504	Plug Container Utilization Charge	Job	1		250 00
S003	Service Supervisor, first 8 hrs on loc.	Eg	1		175 00
RECEIVED					
OCT 04 2013					
SUB TOTAL					4192 27

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer <u>Osage Resources, LLC</u>		Lease No.		Date <u>10-2-13</u>	
Lease <u>Osage</u>		Well # <u>26-02</u>		Service Receipt	
Casing	Depth	County <u>Barber</u>		State <u>KS</u>	
Job Type		Formation		Legal Description <u>26-33-15</u>	
Pipe Data			Perforating Data		Cement Data
Casing size <u>8 5/8 #24</u>	Tubing Size		Shots/Ft		Lead <u>185 SKS @ 14.8 PP6</u> <u>27 - Gel, 1/4 # SK cell</u> <u>34. CC, flake</u> <u>60/40 Poz</u> Tail in
Depth <u>202'</u>	Depth	From	To		
Volume <u>11.5 bbl</u>	Volume	From	To		
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth <u>181'</u>	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>0100</u>					<u>On location - Rig up</u>
<u>0140</u>					<u>Safety Meeting</u>
<u>0158</u>	<u>2000</u>				<u>Pressure Test</u>
<u>0200</u>	<u>150</u>		<u>40</u>	<u>4</u>	<u>Pump 185 SKS @ 14.8 PP6</u>
<u>0210</u>					<u>Drop Plug</u>
<u>0212</u>	<u>100</u>		<u>11.5</u>	<u>4</u>	<u>Pump Displacement</u>
<u>0215</u>	<u>50</u>				<u>Shut Down - close manifold</u>
<u>0216</u>	<u>0</u>				<u>Release Pressure</u>
<u>2200</u>					<u>Rig Down</u>
RECEIVED					
OCT 04 2013					
Service Units	<u>78940</u>	<u>3875019842</u>	<u>1435537725</u>		
Driver Names	<u>Ruben</u>	<u>Carlos</u>	<u>Cesar</u>		

Jeff Dale
Customer Representative

Jerry Benneff
Station Manager

Ruben Martinez
Cementer

Customer <i>Osage Resources</i>		Lease No.		Date <i>10-9-13</i>	
Lease <i>Osage</i>		Well # <i>26-02</i>			
Field Order # <i>8198</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>	Depth	County <i>Barber</i>	State <i>KS</i>
Type Job <i>cnw LongString</i>			Formation	Legal Description <i>26-33-15</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>				Pre Pad	Max		5 Min.	
Depth	Depth	From	To	Pad	Min		10 Min.	
Volume	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	Packer Depth	From	To					

Customer Representative				Station Manager				Treater			
Service Units	<i>33705</i>	<i>20920</i>		<i>70959</i>	<i>19918</i>		<i>25443</i>				
Driver Names	<i>SCOTT</i>			<i>JESSE</i>			<i>JOE</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:27:30</i>					<i>on LOC / safety meeting</i>
					<i>Run JTS OS 5 1/2 csg 15.5#</i>
					<i>cent. on 1-3-5-7-9</i>
<i>12:45</i>					<i>csg on bottom / circ with Big</i>
<i>145</i>					<i>Hooks up to Pump to start JOB</i>
	<i>150</i>		<i>5</i>	<i>55</i>	<i>H2O spacer</i>
			<i>12</i>	<i>55</i>	<i>mud flush</i>
			<i>5</i>	<i>55</i>	<i>H2O spacer</i>
	<i>150</i>		<i>55</i>	<i>55</i>	<i>mix 210 S/S A+2 cement at 14.8#</i>
					<i>shut down clear Pump and Lines</i>
					<i>Release Plug</i>
	<i>200</i>			<i>65</i>	<i>start H2O disp with 2% BSCL</i>
	<i>210</i>		<i>95</i>	<i>65</i>	<i>LIST PSI</i>
	<i>500</i>		<i>117</i>	<i>55</i>	<i>slow Rate</i>
<i>300</i>	<i>1500</i>		<i>122</i>	<i>55</i>	<i>Plug Down</i>
					<i>mix 30 S/S A+2 for RH</i>
					<i>mix 30 S/S A+2 for MH</i>
					<i>JOB Complete</i>
					<i>Thank you</i>
					<i>JOE NELSON</i>