



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190115
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 |
|-----------------------------------|-----------------|---|

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: _____

1190115

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: _____ _____ |
|--|---|---|



Acctg -
cc: WF
cc: LHC
cc: L-1

| | | |
|-----------------|---------|--------------|
| PAGE | CUST NO | INVOICE DATE |
| 1 of 1 | 1002852 | 10/29/2013 |
| INVOICE NUMBER | | |
| 1718 - 91323499 | | |

Pratt (620) 672-1201
 B MURFIN DRILLING
 I PO Box: 288
 L RUSSELL
 L KS US 67665
 T
 O **ATTN:** ACCOUNTS PAYABLE

J **LEASE NAME** Milton OWWO 1-20
 O **LOCATION**
 B **COUNTY** Stafford
 S **STATE** KS
 I **JOB DESCRIPTION** Cement-Casing Seat-Prod W
 T **JOB CONTACT**
 E

| JOB # | EQUIPMENT # | PURCHASE ORDER NO. | TERMS | DUE DATE |
|----------|-------------|--------------------|---------------|------------|
| 40655896 | 19843 | | Net - 30 days | 11/28/2013 |

| | QTY | U of M | UNIT PRICE | INVOICE AMOUNT |
|--|--------|--------|------------|----------------|
| For Service Dates: 10/25/2013 to 10/25/2013 | | | | |
| 0040655896 | | | | |
| 17184359AZ Cement-Casing Seat-Prod W 10/25/2013 | | | | |
| Cement 5 1/2" Longstring | | | | |
| AA2 Cement | 150.00 | EA | 12.75 | 1,912.39 T |
| 60/40 POZ | 80.00 | EA | 9.00 | 719.96 T |
| C-41P | 29.00 | EA | 3.00 | 86.99 T |
| Salt | 753.00 | EA | 0.37 | 282.36 T |
| Cement Friction Reducer | 43.00 | EA | 4.50 | 193.49 T |
| C-44 | 141.00 | EA | 3.86 | 544.58 T |
| FLA-322 | 71.00 | EA | 5.62 | 399.35 T |
| Mud Flush | 500.00 | EA | 0.64 | 322.48 T |
| Gilsonite | 750.00 | EA | 0.50 | 376.85 T |
| Claymax KCL Substitute | 4.00 | EA | 26.25 | 104.99 T |
| "Top Rubber Cmt Plug, 5 1/2" "" | 1.00 | EA | 78.75 | 78.75 T |
| "Guide Shoe - Regular. 5 1/2" (Blue)" | 1.00 | EA | 187.49 | 187.49 T |
| "Turbolizer, 5 1/2" (Blue)" | 8.00 | EA | 82.50 | 659.96 T |
| Cement Scratchers Rotating Type | 14.00 | EA | 37.50 | 524.97 T |
| Flapper Type Insrt Float Valve 5 1/2"(BI | 1.00 | EA | 161.24 | 161.24 T |
| "Unit Mileage Chg (PU, cars one way)" | 45.00 | MI | 3.19 | 143.43 T |
| Heavy Equipment Mileage | 90.00 | MI | 5.25 | 472.47 T |
| "Proppant & Bulk Del. Chgs., per ton mil | 473.00 | EA | 1.20 | 567.57 T |
| Depth Charge; 3001-4000' | 1.00 | EA | 1,619.90 | 1,619.90 T |
| Blending & Mixing Service Charge | 230.00 | BAG | 1.05 | 241.49 T |
| Casing Swivel Rental | 1.00 | EA | 149.99 | 149.99 T |
| Plug Container Util. Chg. | 1.00 | EA | 187.49 | 187.49 T |
| "Service Supervisor, first 8 hrs on loc. | 1.00 | EA | 131.24 | 131.24 T |

USED FOR IC 103
 APPROVED [Signature]

| | | | |
|----------------------------------|--------------------------------------|----------------------|------------------|
| PLEASE REMIT TO: | SEND OTHER CORRESPONDENCE TO: | SUB TOTAL | 10,069.43 |
| BASIC ENERGY SERVICES, LP | BASIC ENERGY SERVICES, LP | TAX | 719.96 |
| PO BOX 841903 | 801 CHERRY ST, STE 2100 | INVOICE TOTAL | 10,789.39 |
| DALLAS, TX 75284-1903 | FORT WORTH, TX 76102 | | |



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 4359 AZ

DATE _____ TICKET NO. _____

| | | | | | | | |
|------------------------------------|----------------|---|--|---------------------------------|------------------------------|------------------------------|----------------------------|
| DATE OF JOB 10/25/13 | DISTRICT Pratt | NEW WELL | OLD WELL <input checked="" type="checkbox"/> | PROD <input type="checkbox"/> | INJ <input type="checkbox"/> | WDW <input type="checkbox"/> | CUSTOMER ORDER NO.: |
| CUSTOMER Murray Drilling Co., Inc. | | LEASE Milton DWNO | | 1-20WELL NO. | | | |
| ADDRESS | | COUNTY Stafford | | STATE KS | | | |
| CITY | | STATE | | SERVICE CREW Regen, Eddie, Dale | | | |
| AUTHORIZED BY | | JOB TYPE: Z42 5 1/2" LS REPAIR KCS | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE 10/25 AM PM TIME 0430 |
| 21755 | 4.75 | | | | | ARRIVED AT JOB | AM PM 0430 |
| 19889-19843 | 4.75 | | | | | START OPERATION | AM PM 0450 |
| 19959-19918 | | | | | | FINISH OPERATION | AM PM 0845 |
| | | | | | | RELEASED | AM PM 0930 |
| | | | | | | MILES FROM STATION TO WELL | 45 |

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: Mark Rollon
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|--|------|----------|------------|-----------|
| CP105 | AA 2 Cement | sk | 150 | | 2550.00 |
| CP103 | 60/40 POZ | sk | 80 | | 960.00 |
| CC105 | C-411 Deformer | lb | 29 | | 116.00 |
| CC111 | SALT | lb | 753 | | 376.50 |
| CC112 | Cement Friction Reducer | lb | 43 | | 258.00 |
| CC115 | C-44 | lb | 141 | | 76.15 |
| CC129 | FIA-322 Low Fluid Loss | lb | 71 | | 537.50 |
| CC201 | Gilsonite | lb | 750 | | 502.50 |
| CF103 | Top Rubber Cement Plug, 5 1/2" | ea | 1 | | 105.00 |
| CF251 | Guide Shoe - Regular 5 1/2" (Blue) | ea | 1 | | 250.00 |
| CF1451 | Flapper Type Insect Flat Valve 5 1/2" Blue | ea | 1 | | 215.00 |
| CF1651 | Turbolizer, 5 1/2" Blue | ea | 8 | | 880.00 |
| CF2002 | Cement Scratchers Rotating type | ea | 14 | | 700.00 |
| C704 | Claymax KCL Substitute | gal | 4 | | 140.00 |
| CC151 | Mud Flush | gal | 500 | | 430.00 |
| E100 | Unit Mileage Charge Pickups, Small Vans, Buses | mi | 45 | | 191.25 |
| E101 | Heavy Equipment Mileage | mi | 90 | | 630.00 |

* 6 Return

SUB TOTAL 10,069.43

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

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

| | |
|--|---|
| SERVICE REPRESENTATIVE <u>Robert Brown</u> | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Mark Rollon</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT) |
|--|---|

FIELD SERVICE ORDER NO. _____



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

| | | |
|--|--------------------------------|-------------------------------|
| Customer <i>Murphy Drilling Co. Inc.</i> | Lease No. <i>Milton DWWD</i> | Date <i>10/25/13</i> |
| Lease <i>Milton DWWD</i> | Well # <i>1-20</i> | Service Receipt <i>4359AZ</i> |
| Casing <i>5 1/2" 17#</i> | Depth | County <i>Stafford</i> |
| State <i>KS</i> | Job Type <i>5 1/2" LS CCSW</i> | Formation |
| Legal Description <i>20-23-11</i> | | |

| Pipe Data | | Perforating Data | | Cement Data |
|--------------------------------------|--------------|------------------|----|--|
| Casing size <i>5 1/2"</i> | Tubing Size | Shots/Ft | | Lead <i>30 sks</i> |
| Depth <i>3894'</i> | Depth | From | To | <i>Swavenger cement 60/110 For 2909L 7BBLs</i> |
| Volume <i>90</i> | Volume | From | To | |
| Max Press <i>1700</i> | Max Press | From | To | Tail in <i>150 sks</i> |
| Well Connection <i>Rotating Head</i> | Annulus Vol. | From | To | <i>AA2 Cement 29% ok cement 10% salt, 3% CFR 17% Gas Blk 5 Hsk Bitsulfite 5% PLA 322 LFL</i> |
| Plug Depth | Packer Depth | From | To | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|------|-----------------|-----------------|--------------|------|--|
| 0400 | | | | | DN LOC |
| | | | | | Safety Meeting |
| 0500 | | | | | Start pipe in hole |
| " | | | | | Run float equipment |
| | | | | | Run Csg in hole |
| | | | | | Makeup rotating ^{swivel} head, head & neck failed |
| 0630 | 150 | | | | Circulate <i>3000 psi</i> |
| 0740 | " | | 3 | | Pump 3 BBLs H ₂ O - Test To Rig Floor First |
| 0750 | " | | 12 | | Pump 12 BBLs MF |
| 0800 | " | | 3 | | Pump 3 BBLs H ₂ O |
| 0805 | | | 7 | | Mix pump 30 sks - 7 BBLs swavenger cement |
| 0810 | | | 37.5 | | Mix pump 37.5 BBLs tail at 15 ppg |
| 0820 | | | | | Wash up |
| 0820 | | | | | Drop plug |
| 0825 | D-900 | | 90 | | Displace with 2% KCL |
| 0845 | 1700 | | | | Land Plug |
| | | | | | Released |
| | | | | | Float Hold |
| | | | | | Rack up |
| | | | | | Job Completed |
| 0635 | | | 7 | | Plug Bat Hole |

| | | | | | |
|---------------|--------------|---------------------|--------------------|--|--|
| Service Units | <i>21755</i> | <i>19889, 19843</i> | <i>19959-19918</i> | | |
| Driver Names | <i>Roger</i> | <i>Eddie</i> | <i>Dale</i> | | |

Mark Miller Customer Representative *Dave Scott* Station Manager *Roger B... /* Cementer

Taylor Printing, Inc.