



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1191819
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: _____

1191819

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
Liberal, Kansas

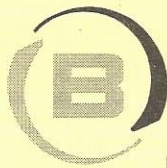
Cement Report

Customer	Quail Oil + Gas	Lease No.		Date	2-27-14
Lease	Lee	Well #	1-23	Service Receipt	04868
Casing	8 5/8 24#	Depth	644'	County	Clark
Job Type	242-858	Formation	Surface	Legal Description	23-32-21

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24#	Tubing Size		Lead
Depth	644'	Depth	From To	200sk
Volume	Disp - 38.5	Volume	From To	A Con
Max Press	1500#	Max Press	From To	Tail in
Well Connection	10-673'	Annulus Vol.	From To	195 sk
Plug Depth	85-40.5'	Packer Depth	From To	Prim. Plus

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					on loc. site assessment
					spot trucks - rig up
					start csg + float pump
					csg on botm, break circ
					check by needle - JSA
					pressure test 2000#
	100		88	5	mix pump 200 sk A Con
					@ 12# 2.47 43/sk
	100		47	5	switch to tail 195 sk Class C
					@ 14.8# 1.35 43/sk
	0		0	4	drop plug disp csg
	100		30	2	slow rate
7:00	500		38.5	0	land plug float held
					circ cast
					job complete

Service Units				
Driver Names				



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04868 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2-27-14 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: Quail Oil & Gas LLC		LEASE: Lee #123 WELL NO.:								
ADDRESS:		COUNTY: Clark STATE: KS								
CITY: STATE:		SERVICE CREW: E Moudena S Chavez								
AUTHORIZED BY: J Bennett		JOB TYPE: 242-8% Surface								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
34726	8						2-27-14			10:00
27462	8									12:00
19827	8									6:00
19883	8									7:00
										8:00
						MILES FROM STATION TO WELL: 75 mi				

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: *W. Valt*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con	sk	200		
CL110	Premium Plus	sk	195		
CC102	Ceriflake	lb	75		
CC109	Calcium Chloride	lb	846		
CF105	80/8 Plug	ea	1		
CF1453	Insect	l	1		
CF1773	Centralizer	l	2		
CF1903	Basket	l	1		
E100	Unit Mileage	mi	75		
E101	Recovery Equipment Mileage	mi	150		
E113	Proppant & Bulk Delivery	bdy	1395		
CF201	Pump Depth: 500-1000'	unit	1		
CF240	Blending & Mixing Service	sk	395		
CF803	High Head	ea	1		
CF804	Drum Container	ea	1		
S003	Service Supervisor	ea	1		
				SUB TOTAL \$10,067.01	

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Paul D...* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



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 10099 A

DATE _____ TICKET NO. _____

DATE OF JOB 03-13-14	DISTRICT PRATT KS	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 QUAIL OIL, 900	LEASE LEE 1-23	WELL NO.								
ADDRESS	COUNTY CLARK	STATE KS								
CITY	STATE	SERVICE CREW Sullivan, Gray, Phys, Spivey								
AUTHORIZED BY	JOB TYPE: COW 5" long stay									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
33708-20920							03-13-14			4:00
70959-19918						ARRIVED AT JOB	03-13-14			9:45
37900						START OPERATION	03-13-14			5:55
						FINISH OPERATION				6:45
						RELEASED				7:30
						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
CP 105	AA 2 cut	SK	235		
CP 105	AA 2 cut	SK	50		
CC 105	C 41P	1b	67		
CC 111	SALT	1b	1572		
CC 113	B-PSA ML	1b	1340		
CC 129	7LA-372	1b	268		
CC 201	C/BONIT	1b	1425		
CF 607	1 Latch Down Any-Built 5/12	SA	1		
CF 1251	Auto Flow slide	SA	1		
CF 1901	Basket	SA	1		
CF 3000	Thread Lock Kit	SA	1		
CE 151	MWD Plug	PL	420		
E 100	Peak of wire	mi	75		
E 101	Heavy Spurt	mi	150		
E 113	Defeat 13mlk	TM	1005		
CE 307	Depth Change 6000, 7000	SA	1		
PE 240	Hydram - 1/2" x 1/2"	SK	285		
CE 504	Play Contour Roll	SA	1		
S003	Schumers Cap	SA	1		

SUB TOTAL 14,612.14

CHEMICAL / ACID DATA:			

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

TOTAL

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

FIELD SERVICE ORDER NO.

Customer <i>GURIL OIL, INC</i>	Lease No.	Date <i>03-13-14</i>
Lease <i>LEE</i>	Well # <i>1-23</i>	
Field Order # <i>10099</i>	Station <i>PRA TT KS</i>	Casing <i>5 1/2</i>
Type Job <i>CNW 5" 1/2 long string</i>	Depth	County <i>CLARK</i>
	Formation	Legal Description <i>23-23-21</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth <i>6490</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>133</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>3000</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>6490</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert J. Hill</i>
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Service Units	<i>22900</i>	<i>33708</i>	<i>20920</i>	<i>20909</i>	<i>19918</i>	<i>X</i>				
Driver Names	<i>Gulliver</i>	<i>BRUNES</i>	<i>Phye</i>	<i>Phye</i>	<i>Phye</i>	<i>Phye</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:49</i>					<i>on the surface mud</i>
					<i>Run 5 1/2 casing</i>
<i>4:10</i>					<i>CASING ON BOTTOM</i>
<i>4:20</i>					<i>Hook up circ op.</i>
<i>5:59</i>	<i>200</i>		<i>5</i>	<i>35</i>	<i>2 SPACER</i>
			<i>10</i>		<i>2 MUD FLUSH</i>
			<i>5</i>		<i>SPACER</i>
			<i>14</i>	<i>5</i>	<i>mix out 225 sk HA-2 out 14.8 ppv 1/4 1.54 0.1 662</i>
					<i>circ mix out start down wash, pump 1.2 lit</i>
					<i>Release Plug</i>
				<i>6</i>	<i>at depth</i>
	<i>250</i>		<i>98</i>		<i>Bit 15.</i>
	<i>960</i>				<i>Slow Rate</i>
<i>6:49</i>	<i>1800</i>		<i>152</i>	<i>4</i>	<i>Plug down</i>
			<i>7</i>		<i>plug RH 204</i>
			<i>5</i>		<i>plug mud out</i>
					<i>503 complete</i>

Thank you