



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197508
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: _____

1197508

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> _____
---	--

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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GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: D.E.M 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S19/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOTT

Test Type: DST #1 CONVENTIONAL Job Number:

Test Unit:

Start Date: 2014/02/01 Start Time: 02:30:00

End Date: 2014/02/01 End Time: 08:00:00

Report Date: 2014/02/01 Prepared By: JOHN RIEDL

Remarks: Qualified By: KURTTALBOTT

RECOVERY: 60. DRILLING MUD IN COLLARS\tab\tab\tab\tab



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

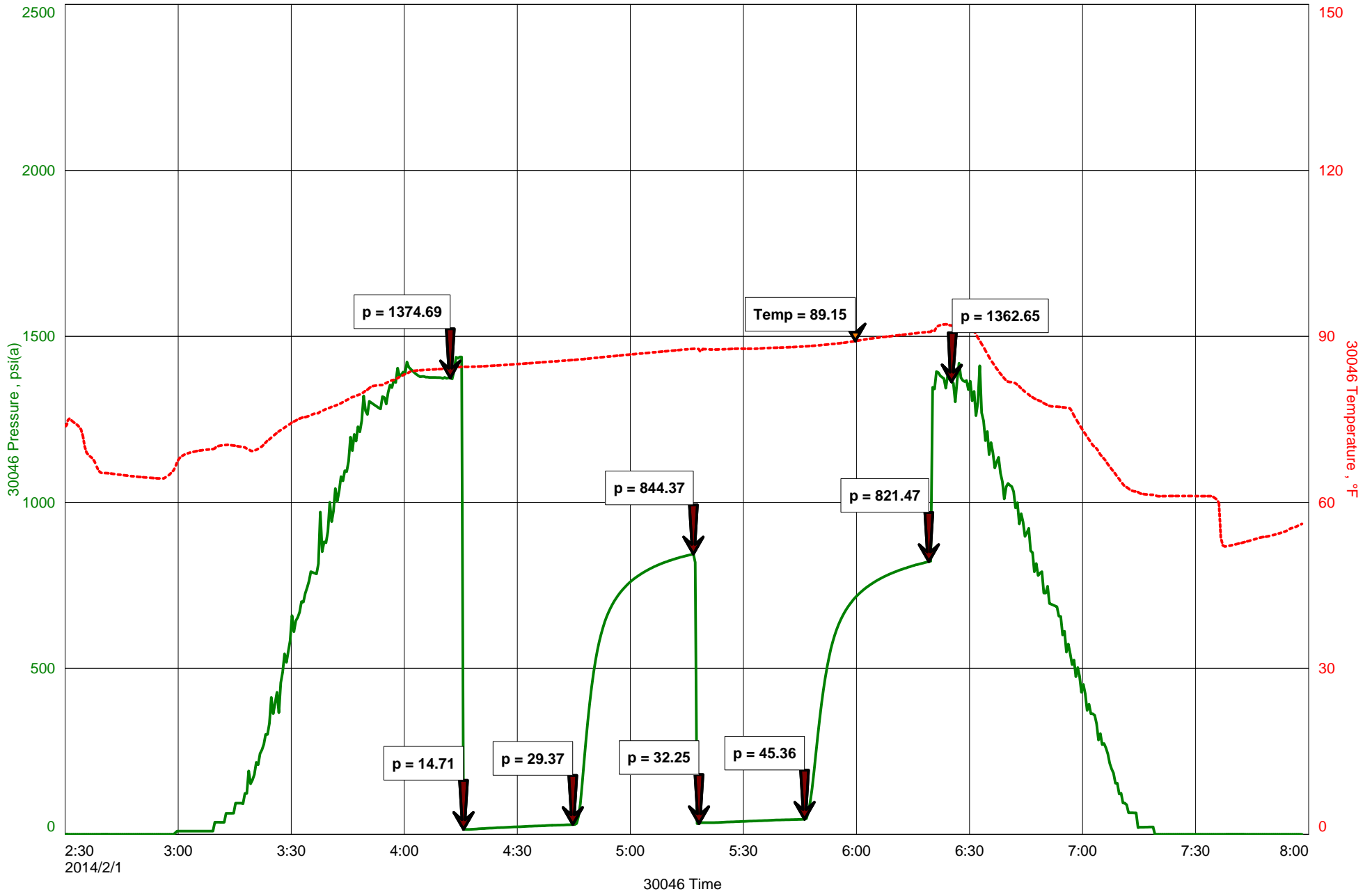
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

D.E.M 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: LD DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: D.E.M 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface:

Test Information:

Company: DAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOTT

Test Type: DST #2 CONVENTIONAL Job Number: D3180

Test Unit:

Start Date: 2014/02/01 Start Time: 20:00:00

End Date: 2014/02/02 End Time: 02:15:00

Report Date: 2014/02/02 Prepared By: JOHN RIEDL

Qualified By: KURT TALBOTT

Remarks:

RECOVERY: 15' MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

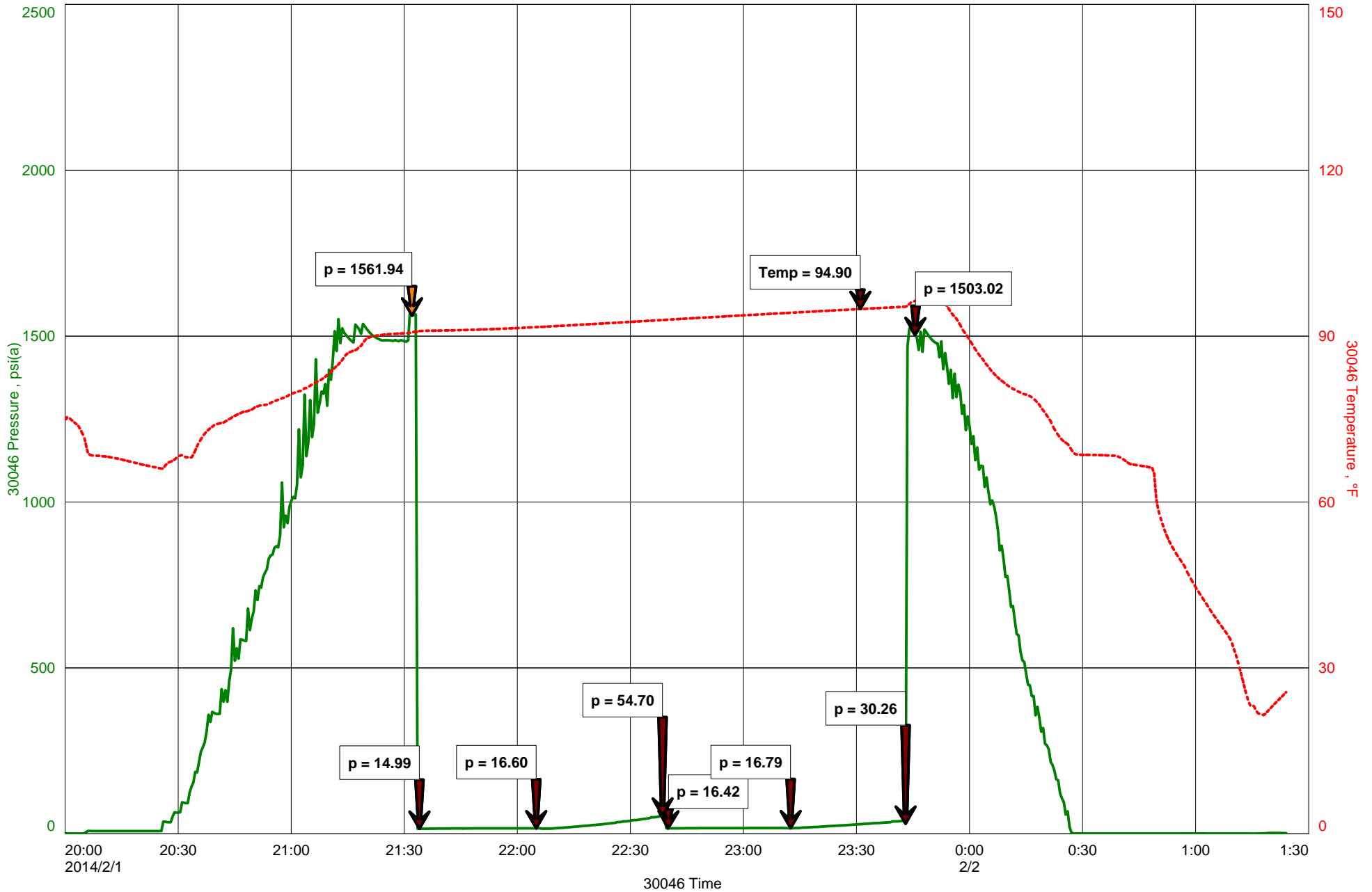
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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D.E.M 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: D.E.M 1-19

Operator: ; D DRILLING INC

Location-Downhole:

Location-Surface: S19/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOTT

Test Type: DST #3 CONVENTIONAL Job Number: D3181

Test Unit:

Start Date: 2014/02/02 Start Time: 18:00:00

End Date: 2014/02/02 End Time: 23:00:00

Report Date: 2014/02/02 Prepared By: JOHN RIEDL

Qualified By: KURT TALBOTT

Remarks:

RECOVERY: 5 'DRILLING MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

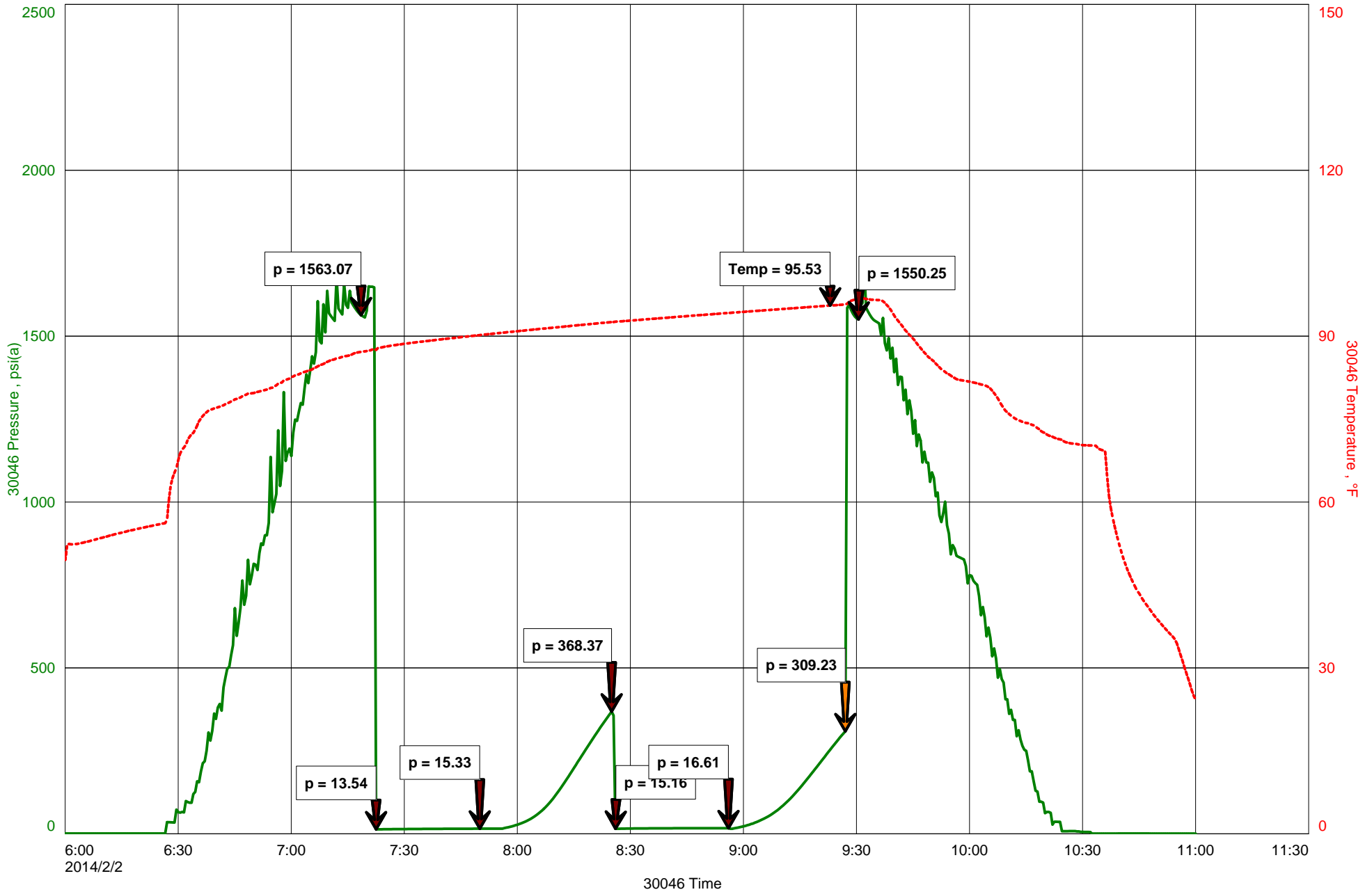
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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D.E.M 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DADIS

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: D.E.M 1-19

Operator: L D DAVIS

Location-Downhole:

Location-Surface: S19/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOTT

Test Type: DST #4 CONVENTIONAL Job Number: D3182

Test Unit:

Start Date: 2914/02/03 Start Time: 10:30:00

End Date: 2014/02/03 End Time: 16:00:00

Report Date: 2014/02/03 Prepared By: JOHN RIEDL

Qualified By: KURT TALBOTT

Remarks:

RECOVERY: 65' OIL SPECKED DRILLING MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

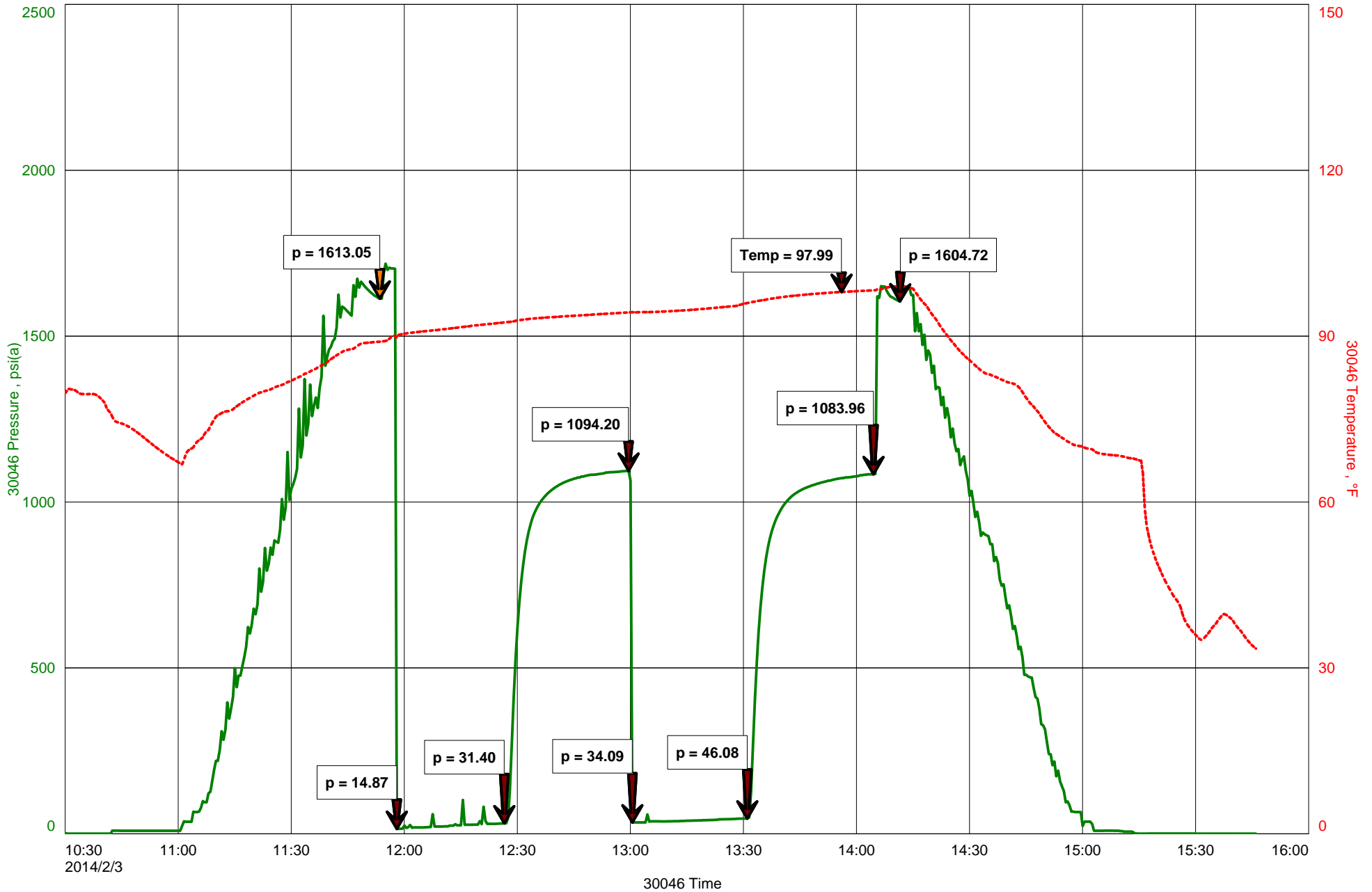
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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D.E.M 1-19



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: D.E.M 1-19

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S19/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOTT

Test Type: DST #5 CONVENTIONAL Job Number: D3183

Test Unit:

Start Date: 2014/02/03 Start Time: 20:40:00

End Date: 2914/02/04 End Time: 03:30:00

Report Date: 2014/02/04 Prepared By: JOHN RIEDL

Qualified By: KURT TALBOTT

Remarks:

RECOVERY: 600/ MUD CIT WATER



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

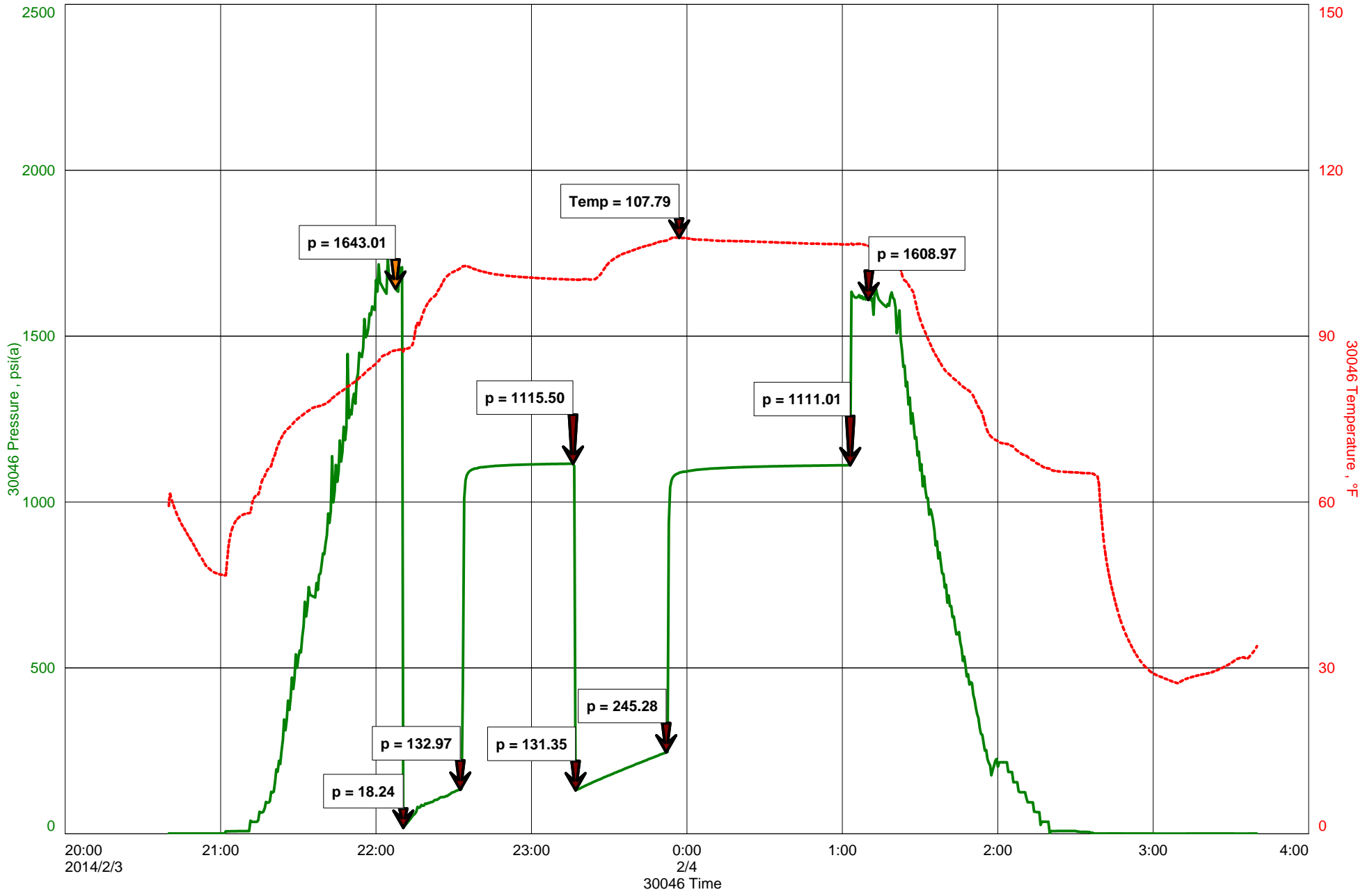
Blow: 1st Open: _____
2nd Open: _____

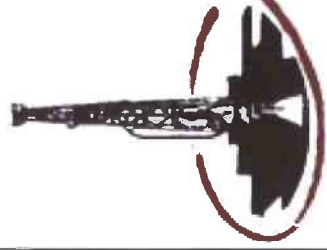
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

D.E.M 1-19





Mudgrove

Petroleum
Corporation

Geologist's Report

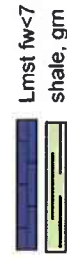
Company: L. D. Drilling, Inc.
Lease: DEM #1-19
Field: Christians
Location: E/2-SW-SW-NW (2310' FNL & 480' FWL)
Sec: 19 Twsp: 16S Rge: 12W
County: BartonState: Kansas
GL: 1936 KB: 1941

Contractor: Petromark Drilling
Spud: 1/27/14 Comp: 2/2/14
RTD: 3437' LTD:
Mud Up: 2675' Type Mud: Chemical/Displaced

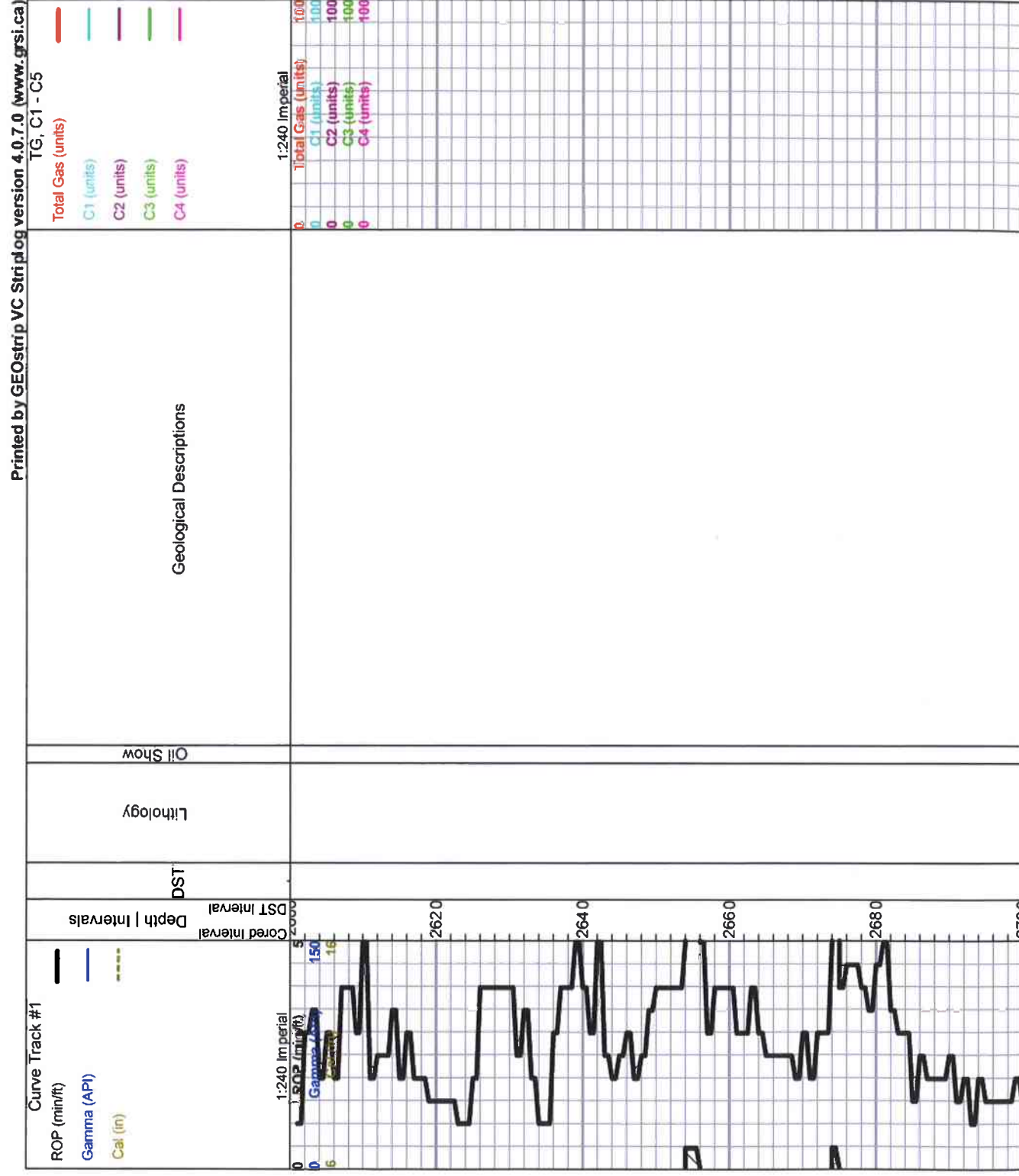
Samples Saved From: 2800' to RTD
Drilling Time Kept From: 2600' to RTD
Samples Examined From: 2900' to RTD
Geological Supervision From: 2975' to RTD
Geologist on Well: Kurt Talbott

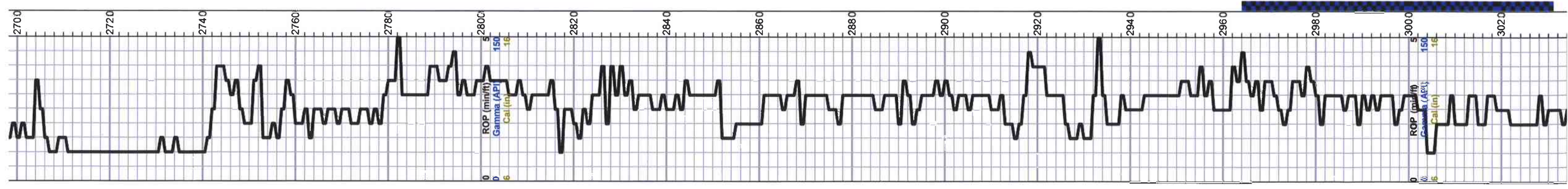
Surface Casing: 8 5/8" @ 434'
Production: None

Logs: None



OTHER SYMBOLS





Topeka 2780.0 (-839.0) 0.0

Ls-gry/tan, fxln, dense, fossils, poor vis por, slightly chalky

Ls-gry/tan, fxln, ool/fossil,s poor vis por, dense,

Cherty- A/A

Ls-crm/tan, fossils, slightly dolomitic, poor scattered por, fossils, Shale-gry/blk

Ls-gry/tan, fxln, fossils, dense, poor vis por,

A/A slightly chalky

Ls-gry/tan/crm, f-med xin, fossils, poor vis por, dense, Black carbon shale

Ls-gry/tan, fxn, fossils/ool, poor vis por, dense,

Ls-crm/tan, fxln, fossils, poor vis por, slightly chalky,

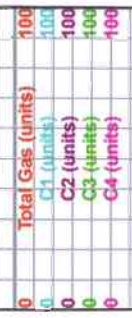
Ls-crm/tan, fxln, fossils, poor to fair inner xin por, golden brown to dark brown stains, SFO, faint odor,

Ls-crm/tan, fxln, sucrosic, fossils, poor scattered por, chert-gry/tan

DST #1 2964-3030
30-30-30-30
 IF: Weak Blow Died in 20 minutes

Recovery:
 60' Drilling Mud

Pressures:
 ISIP 844 psi
 FSIP 821 psi
 IFP 15-29 psi
 FFP 32-45 psi
 HSH 1375-1363 psi



Ls-tan/gry, fxln, few fossils, poor vis por, por vis por, chert-tan/gry

A/A

Heebner 3060.0 (-1119.0) 0.0

Black carbon shale

Shale-gry/grn

Toronto 3077.0 (-1136.0) 0.0

Ls-crm/wht, fxln, chalky, poor vi spor,

Douglas 3087.0 (-1146.0) 0.0

Shale-gry-silty-soft

Shale-gry/grn, sof, silty

A/A

Brown Lime 3146.0 (-1205.0) 0.0

Ls-buff/gry, fxln, dense, cherty, poor vis por

Lansing 3157.0 (-1216.0) 0.0

Ls-crm/tan, fxln, ool, poor vis por, chalky

A/A

Ls-crm/tan, fxln, poor scattered iner xin por, spotty brown stains, SFO, no odor, slightly chalky
Scattered fair oom por w/brown stains, SFO

Shale-gry/grn

Ls-crm/tan, fxln, ool, poor vis por, chert-tan/crm, slightly chaly

Ls-gry/tan, ool, poor scattered por, dense, chalky, Shale-gry

Ls- A/A

Ls-crm/wht, ffxln, ool, fair oom por, chalky, barren, chert- crm/wht ,

Ls-crm/wht, fxln, ool, oom por, barren, chalky chert-boney wht/crm

Ls-crm/wht, ool, poor vis por, mostly dense, slightly chalky, chert-crm/tan

Ls-tan/gry, fxln, slightly ool, dense, poor vis por

A/A Shale-gry

Ls-tan/lt gry, fxln, ool, poor ppt to iner ool por, trace spotty brown stains, TrSFO, no odor, slightly chalky

Ls- tan/lt gry, fxln, dense, slightly ool, chert-gry/tan

Ls-crm/wht, fxln, ool, poor scattered por, scattered brown stains, TrSFO, very faint odor, chalky, Shale-gry/brwn

Ls-gry/tan, fxln, ool, dense, cherty in part, shale- A/A

Ls- lt gry/crm, fxln, slightly ool, poor scattered iner xln por, stains, SFO, chalky, cherty

Ls-wht/crm, fxln, dense, cherty, poor por

Shale-black,gry/grn

DST #2 3149-3200
30-30-30-30

IF: Dead in 15 min

Recovery:
15' Mud

Total Gas (units) 100
C1 (units) 100
C2 (units) 100
C3 (units) 100
C4 (units) 100

DST #3 3270-3340
30-30-30-30

IF: Dead in 5 min

Recovery: 5' Mud

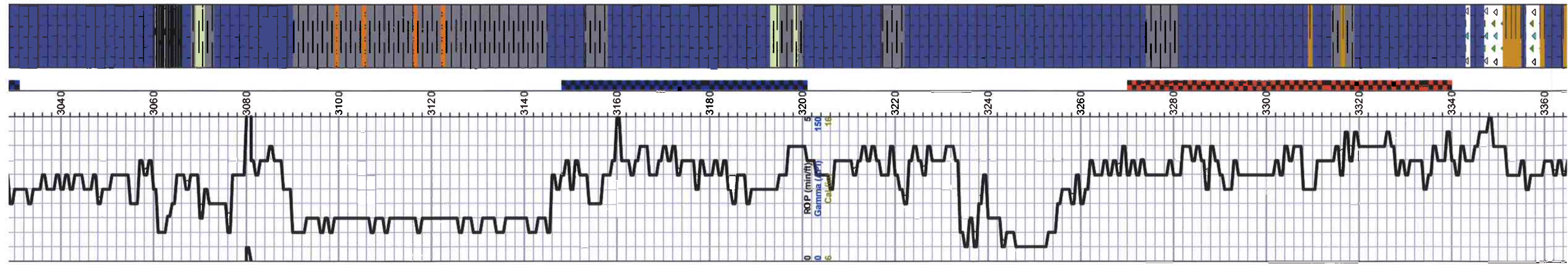
Pressures:
ISIP 368 psi
FSIP 309 psi
IFP 14-15 psi
FFP 15-17 psi
HSH 1563-1550 psi

DST #4 3378-3428
30-30-30-30

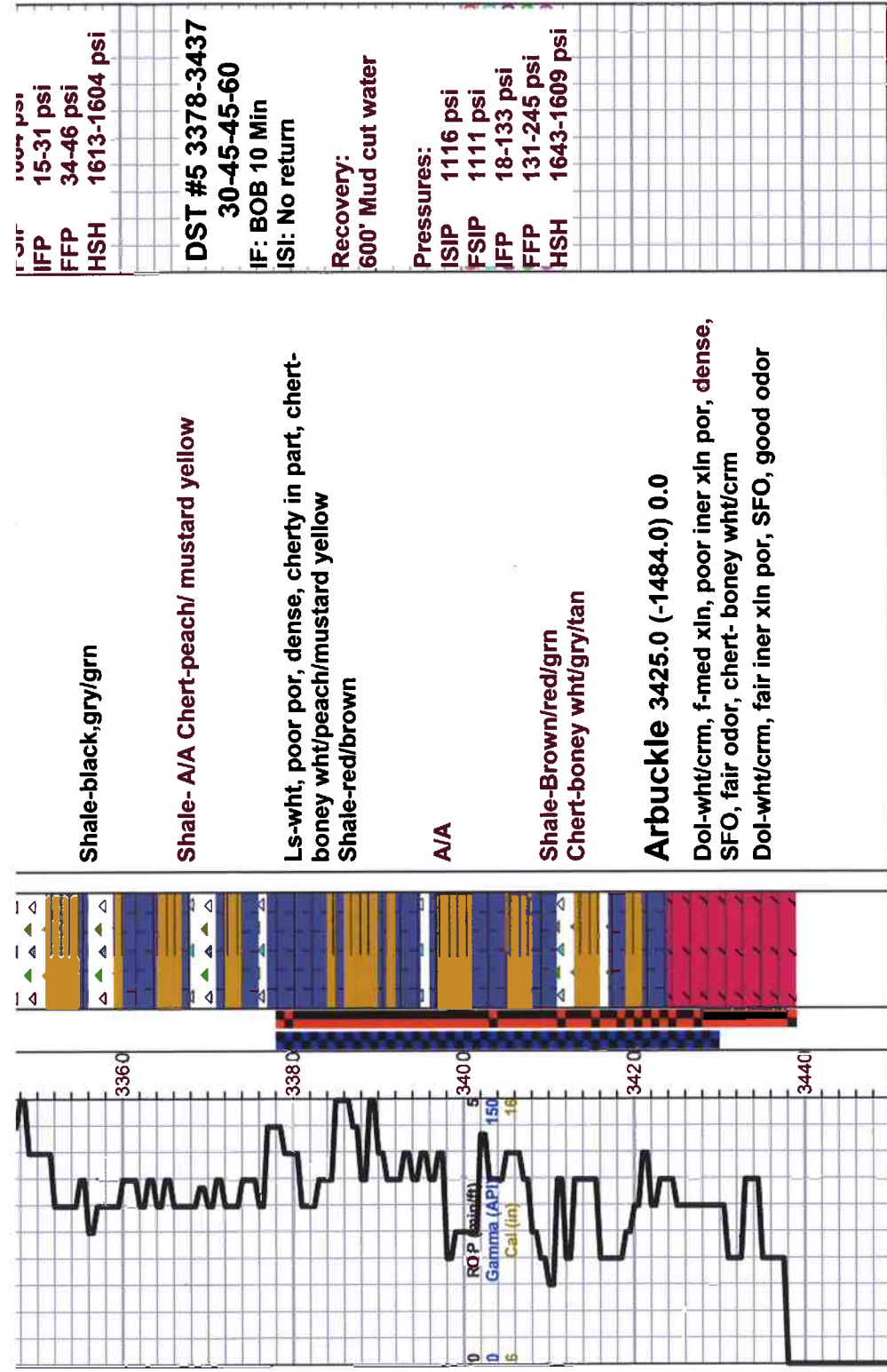
IF: Surface Blow

Recovery:
60' Oil Speckled Mud

Pressures:
ISIP 1094 psi
FSIP 1084 psi
IFP 15-31 psi
FFP 34-46 psi
HSH 1613-1604 psi



Ls-tan/gry, fxln, few fossils, poor vis por, por vis por, chert-tan/gry	A/A
Heebner 3060.0 (-1119.0) 0.0	Black carbon shale
Shale-gry/grn	
Toronto 3077.0 (-1136.0) 0.0	Ls-crm/wht, fxln, chalky, poor vi spor,
Douglas 3087.0 (-1146.0) 0.0	Shale-gry-silty-soft
Shale-gry/grn, sof, silty	
A/A	
Brown Lime 3146.0 (-1205.0) 0.0	Ls-buff/gry, fxln, dense, cherty, poor vis por
Lansing 3157.0 (-1216.0) 0.0	Ls-crm/tan, fxln, ool, poor vis por, chalky
A/A	
Ls-crm/tan, fxln, poor scattered iner xin por, spotty brown stains, SFO, no odor, slightly chalky Scattered fair oom por w/brown stains, SFO	
Shale-gry/grn	
Ls-crm/tan, fxln, ool, poor vis por, chert-tan/crm, slightly chaly	
Ls-gry/tan, ool, poor scattered por, dense, chalky, Shale-gry	
Ls- A/A	
Ls-crm/wht, ffxln, ool, fair oom por, chalky, barren, chert- crm/wht ,	
Ls-crm/wht, fxln, ool, oom por, barren, chalky chert-boney wht/crm	
Ls-crm/wht, ool, poor vis por, mostly dense, slightly chalky, chert-crm/tan	
Ls-tan/gry, fxln, slightly ool, dense, poor vis por	
A/A Shale-gry	
Ls-tan/lt gry, fxln, ool, poor ppt to iner ool por, trace spotty brown stains, TrSFO, no odor, slightly chalky	
Ls- tan/lt gry, fxln, dense, slightly ool, chert-gry/tan	
Ls-crm/wht, fxln, ool, poor scattered por, scattered brown stains, TrSFO, very faint odor, chalky, Shale-gry/brwn	
Ls-gry/tan, fxln, ool, dense, cherty in part, shale- A/A	
Ls- lt gry/crm, fxln, slightly ool, poor scattered iner xln por, stains, SFO, chalky, cherty	
Ls-wht/crm, fxln, dense, cherty, poor por	
Shale-black,gry/grn	





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 09858 A

19-165-12W

DATE _____ TICKET NO. _____

DATE OF JOB 2-4-14	DISTRICT Pratt, Kansas	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER L. D. Drilling, Incorporated		LEASE DEM		WELL NO. 1-19					
ADDRESS		COUNTY Barton		STATE Kansas					
CITY STATE		SERVICE CREW C. Messick; E. Masquez; J. Hanson							
AUTHORIZED BY		JOB TYPE: C.N.W. - Plug To Abandon							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
28,443	3						2-4-14	PM	3:00
						ARRIVED AT JOB		PM	10:00
						START OPERATION		PM	10:30
77,686-19,905	3					FINISH OPERATION		AM	1:30
19,831-19,862	3					RELEASED	2-4-14	AM	1:45
						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: *Jan Nichol*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P CP 103	60/40 Pot	st	205		\$ 2460.00
P CC 200	Cement Gel	Lb	354		\$ 98 50
P CF 153	Wooden Plug, 8 5/8"	ea	1		\$ 160 00
P E 100	Pickup Mileage	mi	75		\$ 318 75
P E 101	Heavy Equipment Mileage	mi	150		\$ 1,050 00
P E 113	Bulk Delivery	tm	664		\$ 1,062 00
P CE 204	Cement Pump: 3,000 Feet To 4,000 Feet	hrs	4		\$ 2,160 00
P CE 240	Blending and Mixing Service	st	205		\$ 287 00
P S003	Service Supervisor	hrs	8		\$ 175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		\$ 5820.94
SERVICE & EQUIPMENT	%TAX ON S	
MATERIALS	%TAX ON S	
TOTAL		

SERVICE REPRESENTATIVE: *Jan Nichol*

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

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer E.D. Drilling, Incorporated	Lease No. rated	Date 2-4-14
Lease DEM	Well # 1-19	
Field Order # 1858	Station Pratt, Kansas	Casing 1 1/2 Drill Pipe
Type Job C.N.W. - Plug To Abandon	Formation	County Barton
		State Kansas
		Legal Description 19-165-12W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size 1 1/2 Drill Pipe	Shells/Ft 205	Sacks 60/40 Poz	With	RATE	PRESS	ISIP		
Depth	From	To	48 Total	Max		5 Min.		
Volume	From	To	13.8L 10.7 Gal., 6.92 Gal.	Min	1.43 CU. FT	10 Min.		
Max Press 300 PSI	From	To		Avg		15 Min.		
Well Connection X-Hole	Annulus Vol.	From	To	HHP Used		Annulus Pressure		
Plug Depth	Packer Depth	From	To	Flush Drilling mud and fresh water	Gas Volume	Total Load		

Customer Representative Jim Michols	Station Manager Kevin Gordley	Treater Clarence R. Messich							
Service Units 28,443	77,686	19,905	19,831	19,862					
Driver Names Messich	Masquez	Hanson							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00					Truckson location and hold safety meeting.
					1 st Plug 3,403 Feet - 50 sacks cement
10:27	300			5	Start Fresh water Pre-Flush.
		20		5	Start mixing cement.
		32		5	Start Fresh water Displacement.
	300	42		5	Start Drilling mud Displacement.
10:39	-0-	87			Stop pumping.
					2 nd Plug 870 Feet - 25 sacks cement
11:50	200			5	Start Fresh water Pre-Flush.
	200	7		5	Start mixing cement.
	200	13		5	Start Fresh water Displacement.
12:05	0	16			Stop pumping.
					3 rd Plug 480 Feet - 90 sacks cement.
					Start Fresh water Displacement
12:15	150			5	Start mixing cement.
	150	23		3	Start Fresh water Displacement.
12:23	-0-	25			Stop pumping.
					4 th Plug 40 Feet - 20 sacks cement.
					Push wooden Plug down with Drill pipe.
12:42	-0-			3	Start mixing cement.
12:45		5			Cement circulated to surface
	-0-	7		3	Plug Rat hole.



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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 09903 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-28-14 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 L O Drilling inc		LEASE D E M WELL NO. 1-19							
ADDRESS		COUNTY Barton STATE KS							
CITY STATE		SERVICE CREW MATTAL, Kucmin, Pierson							
AUTHORIZED BY		JOB TYPE: COW SP							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 1-28-14	DATE	AM [?]	TIME
37586	.5					ARRIVED AT JOB		AM	6:20
27463	.5					START OPERATION		AM	8:05
19824/73768	.5					FINISH OPERATION		AM	8:35
						RELEASED		AM	9:30
						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 103	60/40 POZ	SK	300		3,600 00
CC 102	cellophane	lb	75		277 50
CC 109	calcium chloride	lb	774		812 70
CF 153	WOODEN CRT Plug	ea	1		160 00
E 100	P.u. Miles	MI	75		318 75
E 101	HEAVY eq. Miles	MI	150		1,050 00
E 113	PROP + BULK Drilling	TM	968		1,548 00
CE 200	DEPTH Charge 0-500'	4hrs	1		1,000 00
CE 240	Bleed + MIX Cement	SK	300		420 00
CE 504	Plug cement	Job	1		250 00
S 003	Service Supervisor	ea	1		175 00

SUB TOTAL 7,208 96

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Mike Mattal

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

FIELD SERVICE ORDER NO.

