



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197538
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: _____

1197538

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: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	JENISCH 2-34
Doc ID	1197538

All Electric Logs Run

BOREHOLE COMPENSATED SONIC LOG
DUAL COMPENSATED POROSITY LOG
DUAL INDUCTION LOG
MICRORESISTIVITY LOG

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	JENISCH 2-34
Doc ID	1197538

Tops

Name	Top	Datum
ANHYDRITE	792	+1121
BASE ANHYDRITE	810	+1103
HEEBNER	2982	-1069
TORONTO	2995	-1082
DOUGLAS	3011	-1098
BROWN LIME	3073	-1160
LANSING	3090	-1177
BASE KANSAS CITY	3346	-1433
ARBUCKLE	3358	-1445

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: JENISCH 2-34

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S34/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: DST #1 CONVENTIONAL Job Number: D3085

Test Unit:

Start Date: 2014/02/16 Start Time: 15:40:00

End Date: 2014/02/16 End Time: 20:30:00

Report Date: 2014/02/16 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 25' OILSPECKED 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.

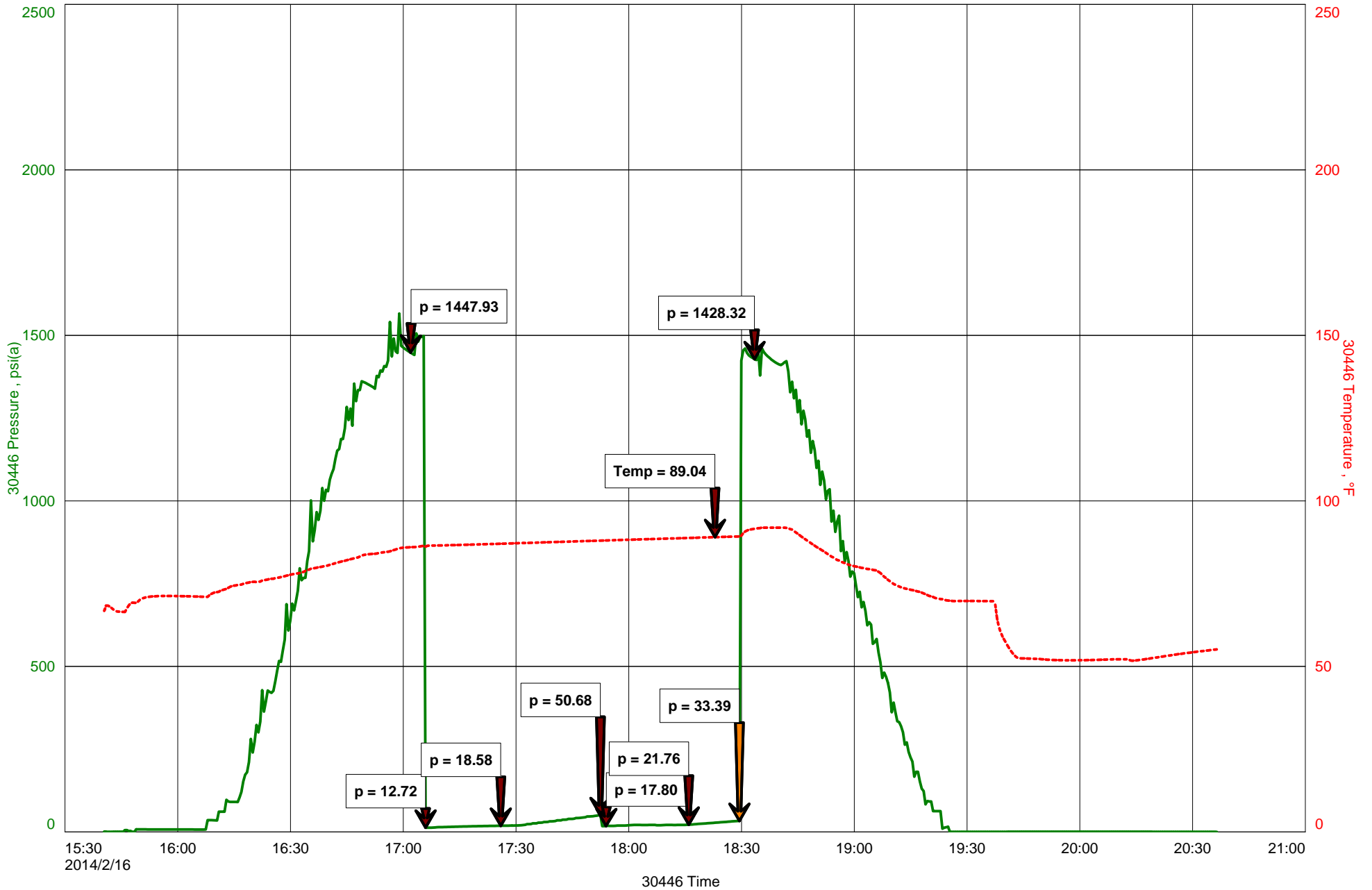
Blow: 1st Open: _____
2nd Open: _____

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

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.

JENISCH 2-34



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: JENISCH 2-34

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S34/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: DST #2 CONVENTIONAL Job Number: D3186

Test Unit:

Start Date: 2014/02/17 Start Time: 03:30:00

End Date: 2014/02/17 End Time: 10:15:00

Report Date: 2014/02/17 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 70' MUDDY 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.

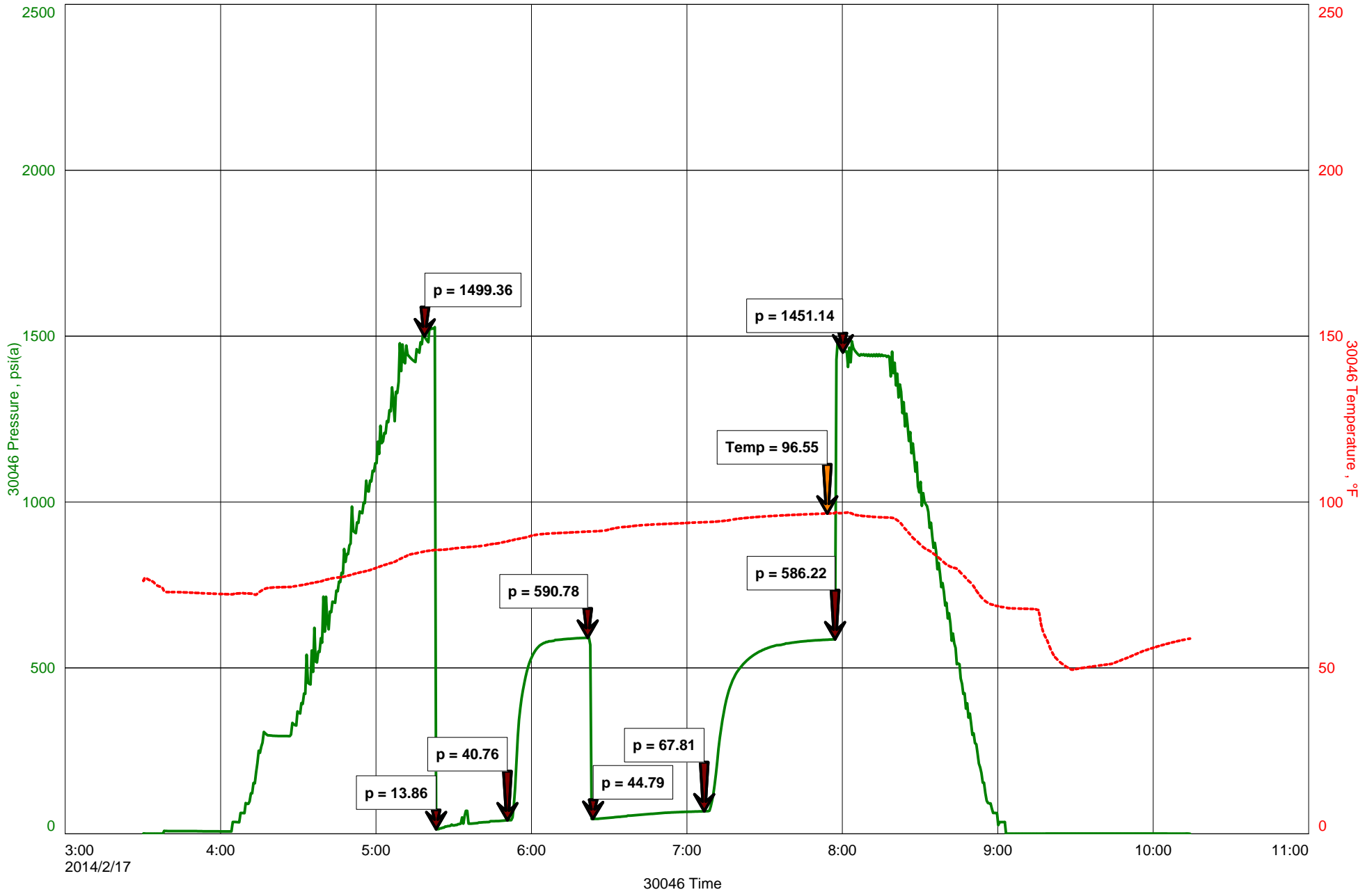
Blow: 1st Open: _____
2nd Open: _____

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

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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JENISCH 2-34



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: JENISCH 2-34

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S34/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: DST #3 CONVENTIONAL Job Number: D3186

Test Unit:

Start Date: 2014/02/18 Start Time: 07:30:00

End Date: 2014/02/18 End Time: 14:45:00

Report Date: 2014/02/18 Prepared By: JOHN RIEDL

Remarks: Qualified By: JIM MUSGROVE

RECOVERY: 1520' CLEAN OIL\tab\tab\tab\tab\tab\tab\tab\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.

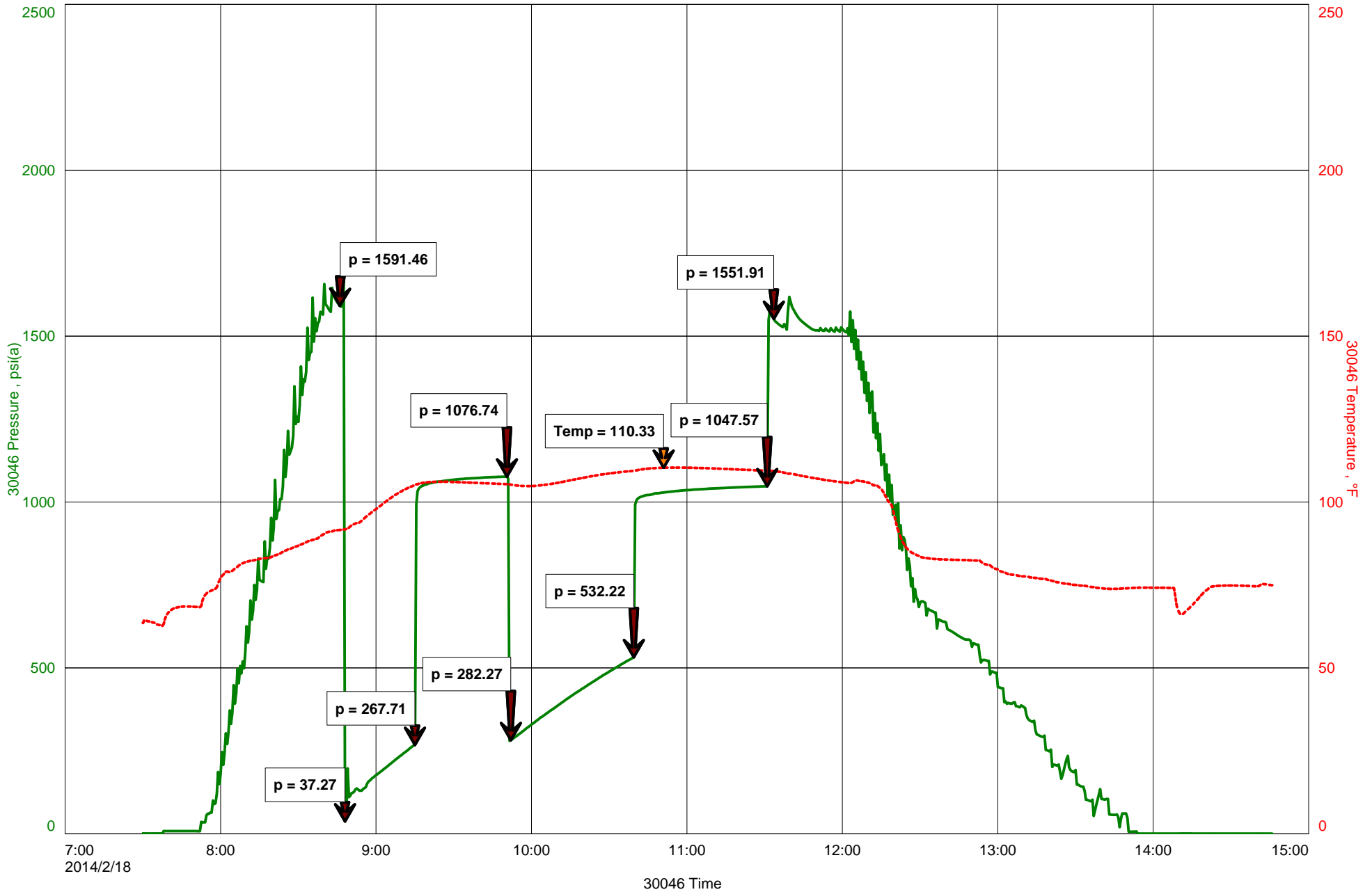
Blow: 1st Open: _____
2nd Open: _____

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

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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JENISCH 2-34



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: JENISCH 2-34

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S34/16S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: DST #4 CONVENTIONAL Job Number: D3187

Test Unit:

Start Date: 2014/02/18 Start Time: 19:30:00

End Date: 2014/02/18 End Time: 03:00:00

Report Date: Prepared By:

Remarks: Qualified By:

RECOVERY: 2200' CLEAN OIL, 240' 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.

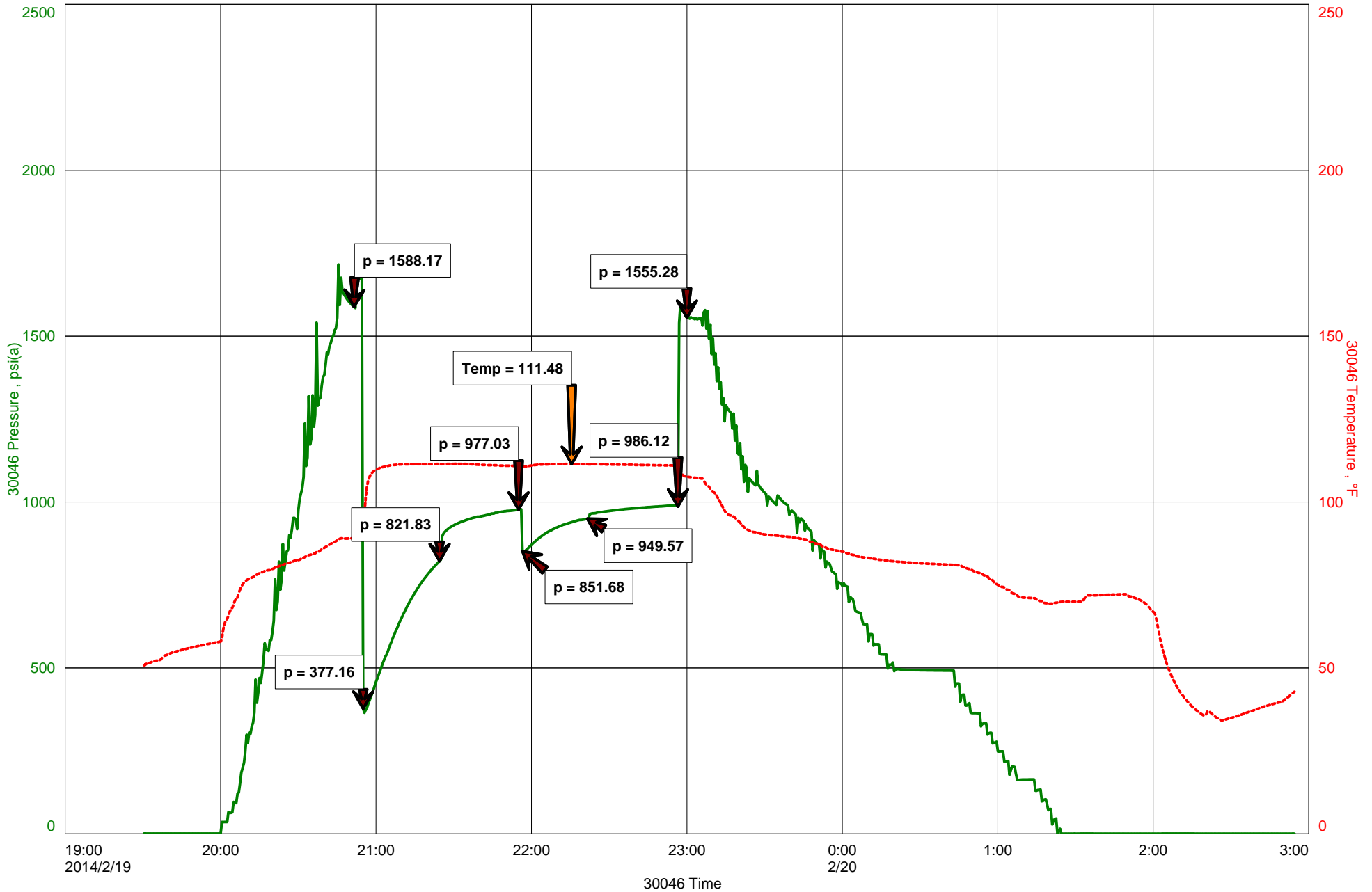
Blow: 1st Open: _____
2nd Open: _____

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.

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JENISCH 2-34





James C. Musgrove
Petroleum Geologist

Office (620) 588-4250 212 Main St. • P.O. Box 215 • Claflin, KS 67525 Home (620) 587-3444

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY LD Drilling Inc.
 LEASE Jenisch #2.34
 FIELD Beaver South
 LOCATION NW-NE-NE-SE (2570' FSL)
(603' FEL)
 SEC 34 TWP 16^S RGE 12^W
 COUNTY Barton STATE Kansas
 CONTRACTOR Petromark Drilling (rig #2)
 SPUD 2/14/2014 COMP 2/19/2014
 RTD 3475 LTD 3474
 MUD UP 2600' TYPE MUD Chemical displaced

ELEVATIONS
 KB 1913
 DF _____
 GL 1908
 Measurements Are All From -KB-

CASING
 SURFACE 8 5/8" @ 427
 PRODUCTION 5 1/2" @ 3474'

ELECTRICAL SURVEYS
 By Pioneer, DIL,
 CNL/CDL, MEL, BHCS


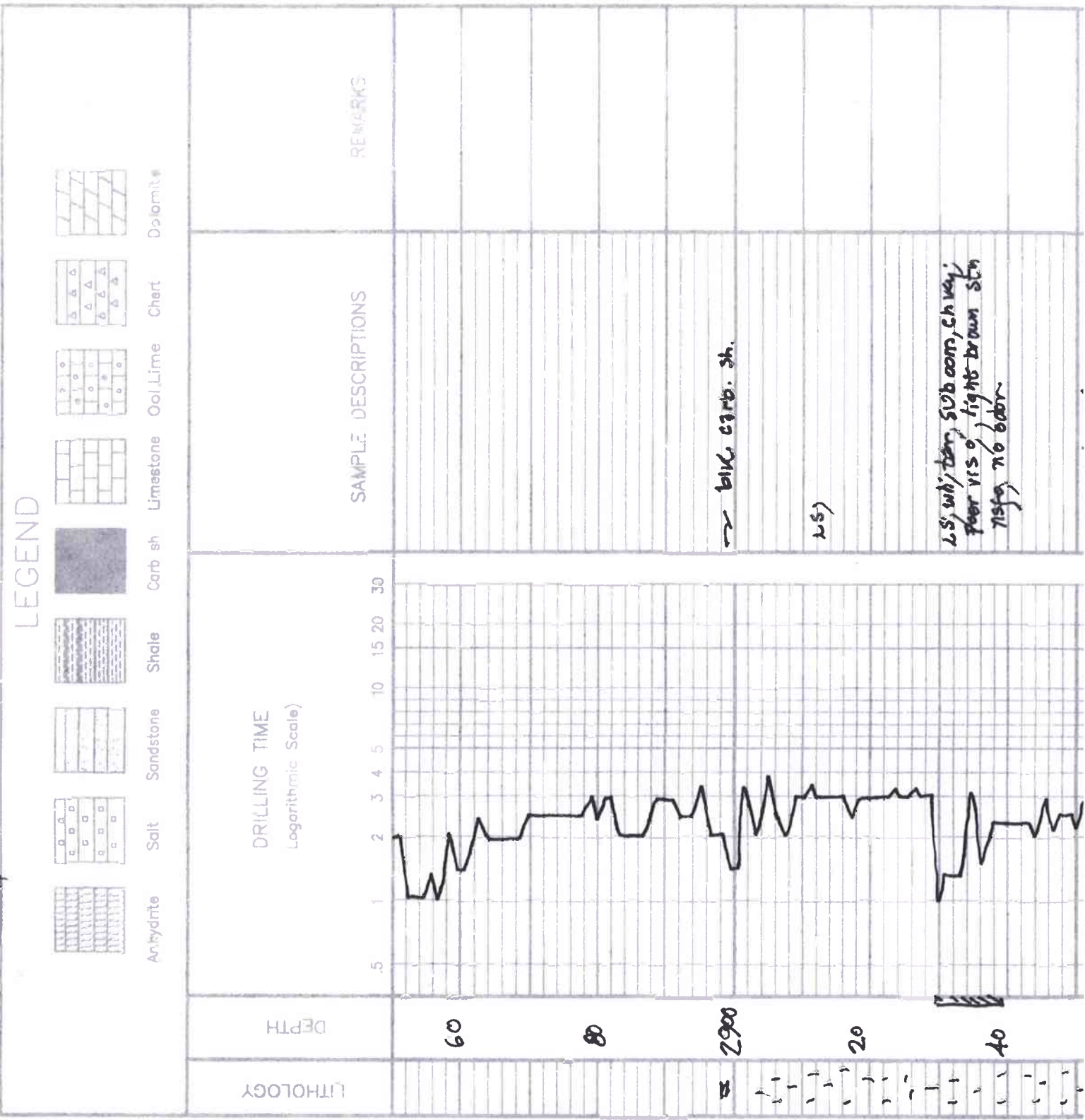
SAMPLES SAVED FROM 2800 TO _____
 DRILLING TIME KEPT FROM 2800 TO _____
 SAMPLES EXAMINED FROM 2800 TO _____
 GEOLOGICAL SUPERVISION FROM 2900 TO _____
 GEOLOGIST ON WELL Jim Musgrove

FORMATION TOPS	LOG	SAMPLES
Anhydrite	792	+1124
Base anhydrite	810	+1103
Heebner	2982	-1069
Toronto	2995	-1082
Douglas	3011	-1098
Brown lime	3073	-1160
Wansing	3090	-1177
Base Kansas City	3346	-1433
Arbuckle	3358	-1445
RTD	3475	-1562
LTD	3474	-1561

REMARKS

5 1/2" production casing was set & cemented on the Jenisch #2.34. Perfectly submitted!

*James C. Musgrove
Petroleum Geologist*

LS, tan, gray, f, xh, gran
in part, cherty
no free oil / no odor.

~ blk carb. sh
Dr. fcs2

LS, tan, gray, f, xh, slightly foss,
cherty, poor vis, aly

~ med / brk red silt
sh.

SD, gray, grayish green, vfg,
cal, sub rounded,

??

ine, gray/dk gray sh

LS, tan, brown, f, xh,
few dry (sect)

LS, tan, highly ool, cherty in part,
f, xh, fr brown silt, dr, f, o, ft, odor

pressures,

LS, tan, gray, foss, cherty in
part, brown / light brown
silt, sfo, f, xh / faint odor

LS, gray, tan, f, xh, slightly foss,
cherty, a. silt, sfo,

LS, tan, foss, ool, gray-brown
silt, sfo, no odor
+ gray opaqued

LS, tan, gray, ool, fr. ool, f,
sh, light brown silt, luv, sfo,
no odor

and, cherty mls

??
dubb

LS, tan, brown, f, xh, slightly
ool, dk

~ blk carb. sh

LS, tan, ool, ool, fairly dev
ool, (barren)

LS, tan, gray, ool, slightly d, y
(dsc), + 20. gray Δ

LS, tan, ool, cherty in
part,

Dst #1 - 3124
20-20-20-20
weak
REG

25' oil specked
mud

pressures,

ISIP 51 PSI
FSIP 33
ISIP 13-19
FSIP 17-22
HSH
1448-1429 ps.

Dst #2 3125

30-30-45-45

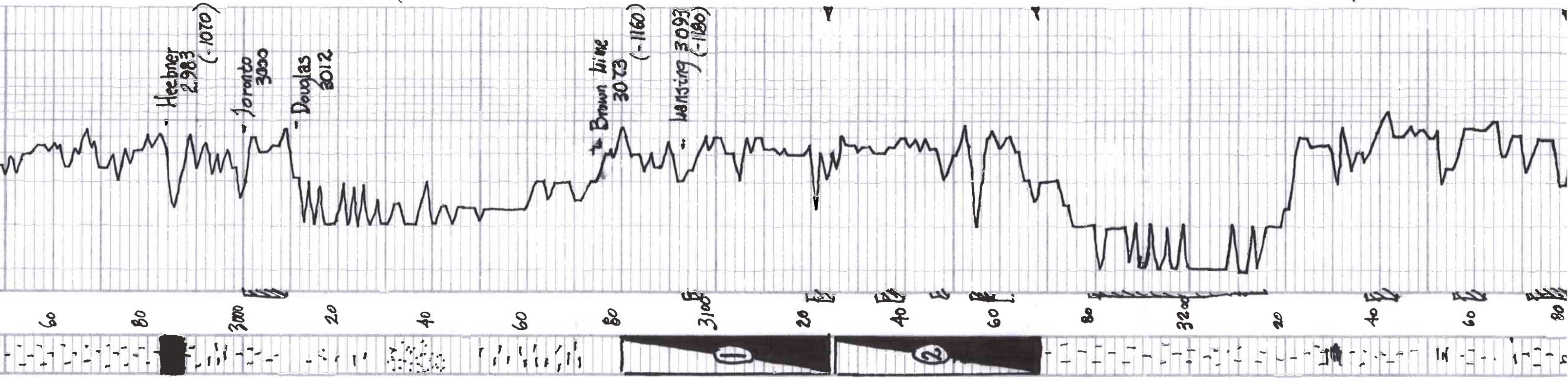
Blow: weak (2')

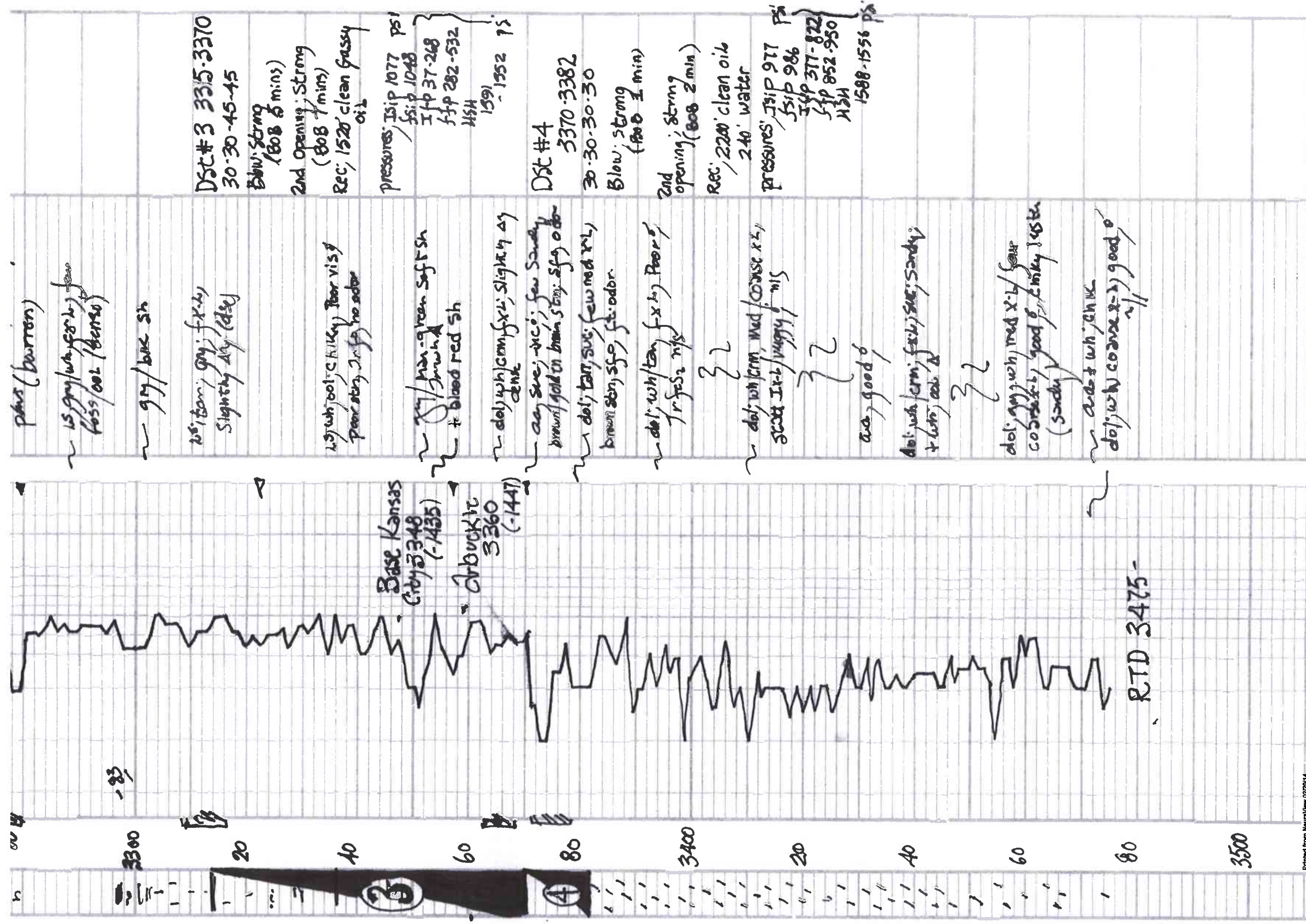
2nd opening, weak (2')

Rec: 70' muddy water

pressures, ISIP 591 PSI

FSIP 586
ISIP 14-41
FSIP 45-68
HSH
1500-1451 ps.





DST #3 3315-3370
 30-30-45-45
 Blow string (808 6 mins)
 2nd opening: string (808 7 mins)
 Rec: 1520' clean grassy oil
 pressures: ISIP 1077 psi
 ISIP 1048
 ISIP 37-248
 ISIP 282-532
 HSH 1591
 1552 75

DST #4
 3370-3382
 30-30-30-30
 Blow string (808 1 min)
 2nd opening: string (808 2 min)
 Rec: 2200' clean oil
 240' water
 pressures: ISIP 977 psi
 ISIP 986
 ISIP 377-822
 ISIP 852-950
 HSH 1588-1556 psi

plms (barren)
 15 gy/wh (s.s.)
 fss/ool (barren)

gray/blk sh
 dol. wh. con. f. x.l.
 slightly sh (dls)

2.5 wh. dol. c. blk. Poor vis.
 poor str. 2.5 ft. no odor

dol. wh. con. f. x.l. slight sh
 + bleed red sh

dol. wh. con. f. x.l. slight sh
 clay sec. v. c.; few sandy
 brown gold in brown str. sf. odor

dol. tan. sec. few med. x.l.
 brown sh. sfo. ft. odor

dol. wh. con. f. x.l. Poor
 fr. f. s. n. s.

dol. wh. con. med. coarse x.l.
 steel fr. l. / m. s. n. s.

good
 good

dol. wh. con. f. x.l. med. coarse x.l.
 + wh. con. sh.

dol. wh. con. med. x.l. / coarse
 coarse x.l. good / finely l. s. sh
 (sandy)

dol. wh. con. med. x.l. good
 dol. wh. con. med. x.l. good

Base Kansas
 City 3348
 (-1435)

Arbuckle
 3360
 (-1447)

RTD 3475-



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 10079 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-19-14 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 L.O. Drilling		LEASE JENISCH 2-34 WELL NO.								
ADDRESS		COUNTY BARTON STATE KS								
CITY STATE		SERVICE CREW Sullivan, Grava, Phyc								
AUTHORIZED BY		JOB TYPE: cow 5 1/2 Long Sky								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
33208-20920	35	m					2-19-14			4:00
20959-19918	35	m				ARRIVED AT JOB				9:30
37900						START OPERATION				10:30
						FINISH OPERATION				11:10
						RELEASED				11:45
						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: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cmt	SK	150		2,550 00
CP 103	60/40 Poz cmt	SK	30		360 00
CC 102	Cell Fake	lb	38		140 60
CC 105	C-41 DeFannon	lb	36		144 00
CC 111	SALT	lb	740		370 00
CC 115	C-44	lb	141		726 15
CC 129	Ford Foss	lb	141		1,057 50
CC 201	gilsonite	lb	750		502 50
CF 607	LATCH DOWN Plug - BAFFLE 5 1/2	SA	1		400 00
CF 1251	Float Shoe	SA	1		360 00
CF 1651	Turbopon	SA	6		660 00
CF 1901	BASKET	SA	1		290 00
CF 2002	cmt SCRATCHERS	SA	30		1,500 00
CC 154	Supper Fluid	MG	500		1,225 00

CHEMICAL / ACID DATA:			

SUB TOTAL		64
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		Thank

SERVICE REPRESENTATIVE Robert Sullivan	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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FIELD SERVICE TICKET

1718 ~~10080~~ A
CONTINUATION

DATE _____ TICKET NO. 10079

DATE OF JOB <u>2-19-14</u>	DISTRICT <u>PRATT-KS</u>	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 <u>L.D. Drilling</u>	LEASE <u>JENISCH 2-34</u>	WELL NO.					
ADDRESS	COUNTY <u>BARTON</u>	STATE <u>KS</u>					
CITY	STATE	SERVICE CREW <u>Caraway, Sullivan, Phyll</u>					
AUTHORIZED BY	JOB TYPE: <u>CNW 5 1/2 to 5.0</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM PM TIME
						ARRIVED AT JOB	AM PM
						START OPERATION	AM PM
						FINISH OPERATION	AM PM
						RELEASED	AM PM
						MILES FROM STATION TO WELL	

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	pickup ms	mi	75		318 75
E 101	Heavy Emul	ms	150		1,050 00
E 113	Bulk Polymer	TM	626		1,002 00
CE 204	Depth Charge 3000'-4000'	SA	1		2,160 00
CE 240	Blend & Mix	SK	180		252 00
CE 501	CASING Sealed Ratchet	SA	1		200 00
CE 504	Plus Constant Rental	SA	1		250 00
S 003	Secure Separator	SA	1		175 00

CHEMICAL / ACID DATA:			

	SUB TOTAL	<u>KS</u> 11,927 00
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
	TOTAL	<u>[Signature]</u>

SERVICE REPRESENTATIVE Robert [Signature]

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

FIELD SERVICE ORDER NO. _____

Customer <i>L.O. Drilling</i>	Lease No.	Date <i>02-19-14</i>	
Lease <i>JENISCH</i>	Well # <i>2-34</i>		
Field Order # <i>10079</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2</i>	Depth <i>3470'</i>
Type Job <i>CNW 5 1/2 Long Stay</i>	Formation	County <i>BARTON</i>	State <i>KS</i>
		Legal Description <i>34-16-12</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 <i>3470</i>	Depth	From	To	Pad		Min		10 Min.
Volume <i>82</i>	Volume	From	To	Frac		Avg		15 Min.
Max Press <i>1500</i>	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection <i>P-C</i>	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth <i>4350</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Jellison</i>
-------------------------	--------------------------------------	-----------------------------------

Service Units	<i>33708</i>	<i>20920</i>	<i>20959</i>	<i>9918</i>	<i>37900</i>				
Driver Names	<i>G. Jones</i>	<i>Phyo</i>	<i>Sullivan</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:30</i>					<i>on loc safety meeting</i>
					<i>Run casing 5 1/2 # 15.5</i>
					<i>CASING ON BOTTOM</i>
					<i>Rig circ esp.</i>
<i>10:30</i>	<i>100</i>		<i>5</i>	<i>3.5</i>	<i>1st spacer</i>
			<i>12</i>		<i>1st Super Flush</i>
			<i>5</i>		<i>SPACER</i>
				<i>4.5</i>	<i>mix cmt 150 sk AA-2 cmt</i>
					<i>cmt mixed shot down wash line pump</i>
					<i>Release Plug</i>
				<i>4</i>	<i>1st Acid</i>
	<i>200</i>				<i>Lift PS.</i>
	<i>500</i>				<i>Slow Rate</i>
<i>11:10</i>	<i>1500</i>		<i>8 1/2</i>	<i>3.5</i>	<i>Plug down</i>
			<i>7</i>		<i>plug RH</i>



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P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

34-165-12W

FIELD SERVICE TICKET
1718 09865 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>2-13-14</u> DISTRICT _____		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 <u>L.D. Drilling, Incorporated</u>		LEASE <u>Jonisch</u> WELL NO. <u>2-34</u>								
ADDRESS _____		COUNTY <u>Barton</u> STATE <u>Kansas</u>								
CITY _____ STATE _____		SERVICE CREW <u>C. Messick; E. Masquez; J. Hanson</u>								
AUTHORIZED BY _____		JOB TYPE <u>C.N.W. - Surface</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>37,216</u>	<u>1</u>						<u>2-13-14</u>			<u>12:00</u>
						ARRIVED AT JOB				<u>3:15</u>
						START OPERATION				<u>4:00</u>
<u>19,889-19,843</u>	<u>1</u>					FINISH OPERATION				<u>5:00</u>
<u>19,826-19,860</u>	<u>1</u>					RELEASED	<u>2-13-14</u>			<u>5:15</u>
						MILES FROM STATION TO WELL				<u>75</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: _____
(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 Poz Blend Cement	sb	300	\$	3,600 00
P CC 102	Cell Plate	Lb	75	\$	277 50
P CC 109	Calcium Chloride	Lb	774	\$	812 70
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	\$	1,090 00
P E 113	Built Delivery	tm	968	\$	1,548 00
P CE 200	Cement Pump: 0 Feet To 500 Feet	hrs	4	\$	1,000 00
P CE 240	Blending and Mixing Service	sb	300	\$	420 00
P CE 504	Plug Container	Job	1	\$	250 00
P S 003	Service Supervisor	hrs	8	\$	175 00

SUB TOTAL 1/6 \$7,208.96

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 E.D. Drilling, Inc.	Lease No.	Date 2-13-14
Lease Jonisch	Well # 2-34	
Field Order # 9885	Station Pratt, Kansas	Casing 8 7/8" 23lb.
	Depth 432 Feet	County Barton
Type Job C.N.W. - Surface	Formation	Legal Description 34-165-12W

PIPE DATA		PERFORATING DATA		FLUIDS USED		TREATMENT RESUME		
Casing Size 8 7/8" 23lb.	Tubing Size 4 1/2"	Shots/Ft 300	Shots/Ft 50	Fluid 300 sacks 60/40 Poz with	Rate	Press	ISIP	
Depth 432 Feet	Depth	From	To	Pre Pad 28 Total Gal, 38 Calcium Chloride, .25 Lb/sk cell flake	Max		5 Min	
Volume 2.6 Bbl.	Volume	From	To	Pad 14.8 Lb Gal, 5.18 Gal. 1.5 sk, 1.21 CV. Ft. 1.5 sk.	Min		10 Min	
Max Press 300 PSI	Max Press	From	To	Fluc	Avg		15 Min.	
Well Connection Plug Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 114 Feet	Packer Depth	From	To	Flush 27 Bbl. Fresh Water	Gas Volume		Total Load	

Customer Representative Shyla Roach	Station Manager Kevin Gordley	Treater Clarence R. Messick
--	----------------------------------	--------------------------------

Service Units	37,216	19,889	19,843	19,826	19,860				
Driver Names	Messick	Maquez	Hanson						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:15					Trucks on location and hold safety meeting.
					Casing in Well and rig circulating upon arrival.
4:00	275			5	Start Fresh Water Pre-Flush.
	300		10	5	Start Mixing 300 sacks 60/40 Poz cement.
	-0-		74		Stop pumping. Shut in well. Wash up pump
					Release Wooden Plug. Open well.
4:25	200			5	Start Fresh Water Displacement.
4:30	300		27		Plug down. Shut in well.
					Circulated 15 Bbl. cement to the pit
					Wash up pump truck
5:00					Job complete.
					Thank You.
					Clarence, Edmundo, Josh