Confidentiality Requested:
☐ Yes ☑ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1200036

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 # 31691
Name: Coral Coast Petroleum, L.C.
Address 1: 8100 E 22ND ST N
Address 2: BLDG 600, STE R
City: WICHITA State: KS Zip: 67226 + ____
Contact Person: Daniel M. Reynolds
Phone: (316) 269-1233
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Keith Reavis
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 #: ____

09/03/2013	09/20/2013	09/23/2013
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-025-21563-00-00
Spot Description: ____
NE - SE - SW - NW Sec. 22 Twp. 32 S. R. 21 ☐ East ☑ West
2090 Feet from ☑ North / ☐ South Line of Section
1233 Feet from ☐ East / ☑ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☑ NW ☐ SE ☐ SW
GPS Location: Lat: ____ *(e.g. xx.xxxxx)* , Long: ____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Clark
Lease Name: Stephens Well #: 10
Field Name: ____
Producing Formation: dry and abandoned
Elevation: Ground: 2048 Kelly Bushing: 2055
Total Vertical Depth: 6760 Plug Back Total Depth: ____
Amount of Surface Pipe Set and Cemented at: 602 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: 2800 ppm Fluid volume: 1200 bbls
Dewatering method used: Evaporated

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:** Deanna Garrison **Date:** 04/17/2014

[redacted] 1200036

Operator Name: Coral Coast Petroleum, L.C. Lease Name: Stephens Well #: 10

Sec. 22 Twp. 32 S. R. 21 ☐ East ☑ West County: Clark

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 ☑ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☑ Yes ☐ No

Cores Taken ☐ Yes ☑ No

Electric Log Run ☑ Yes ☐ No

List All E. Logs Run:

Attached

☑ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Heebner	4308	-2253
Mississippi	5292	-3237
Viola	6409	-2354
Arbuckle	6710	-4655

CASING RECORD ☑ New ☐ 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
surface	12.25	8.625	24	605	65/35 poz	200	6%gel,3%cc

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing ___ Plug Back TD ___ 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 *(Amount and Kind of Material Used)*	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: ☐ Vented ☐ Sold ☐ Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)* ☐ Other *(Specify)* _____

PRODUCTION INTERVAL:

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Coral Coast Petroleum, L.C.
Well Name	Stephens 10
Doc ID	1200036

All Electric Logs Run

Compensated Neutron Density
Dual Induction
Micro
Sonic

DST #1 5269 to 5300 Morrow packer failure

DST #2 5132 to 5300 Morrow 10-45-15-60 GTS 3 min. 1868 mcf Recovered 450'mud; FP 886-901;864-659, SIP 1522-1400, HYD 2695-2482 116 degrees F

DST #3 5050 to 5106 Marmaton (straddle) 10-45-30-60 Recovered 75'mud; FP 115-85; 80-83 SIP 114-115, HYD 2507-2474 115 degrees F

DST #4 6369 to 6718 Viola 10-45-30-60 Recovered 5' mud FP 122-95;103-97, SIP 129-96, HYD 3289-3169 132 degrees F

ALLIED OIL & GAS SERVICES, LLC 059564

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge KS

DATE 9-4-2013	SEC. 22	TWP. 32s	RANGE 21W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH 5:15 pm
LEASE Stephens	WELL # 10		LOCATION Protection, KS west to Co. Rd 30, 4½ n to CG, ½w to 2nd CG, S/into			COUNTY Clark	STATE KS
OLD OR (NEW) (Circle one)							

CONTRACTOR Maverick #106
TYPE OF JOB Surface
HOLE SIZE 12¼ T.D. 605'
CASING SIZE 8 5/8 DEPTH 602'
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT 42
CEMENT LEFT IN CSG.
PERFS.
DISPLACEMENT 36 bbls of fresh water

OWNER Corci Coast

EQUIPMENT

PUMP TRUCK CEMENTER Darin E.
#558-555 HELPER Scott P.
BULK TRUCK
#381-252 DRIVER James B.
BULK TRUCK
DRIVER

REMARKS:

See Cement Log
Cement did Circulate

CEMENT

AMOUNT ORDERED 200sx 65:35:6% Gel + 3% cc + ¼ # Flosel, 150 class A + 3% cc 2% Gel

COMMON	150 sx	@ 17.90	2685.00
POZMIX		@	
GEL	3 sx	@ 23.40	70.20
CHLORIDE	12 sx	@ 64.00	768.00
ASC		@	
ALW	200 sx	@ 15.95	3190.00
Floseal	50 #	@ 2.97	148.50
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	392.3	@ 2.48	972.90
MILEAGE	16.91/55	2.60	2418.20
		TOTAL	10,252.80

SERVICE

DEPTH OF JOB 602'
PUMP TRUCK CHARGE 2058.50

EXTRA FOOTAGE		@	
MILEAGE	55	@ 7.70	423.50
MANIFOLD	Head rental	@	275.00
LV	55	@ 4.40	242.00
		@	
		TOTAL	2999.00

PLUG & FLOAT EQUIPMENT

8 5/8

1-Rubber Plug		@	131.04
1-Baffle Plate		@	62.50
2-Centralizers		@ 37.50	75.00
		@	
		@	
		TOTAL	273.54

CHARGE TO: Corci Coast
STREET
CITY STATE ZIP

SALES TAX (If Any)
TOTAL CHARGES 13,525.34
DISCOUNT IF PAID IN 30 DAYS
NET 10,212.39

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Cecil E. Farmer

SIGNATURE X Cecil E. Farmer

Thank you!!!

BASIC ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

22-32S-21W

FIELD SERVICE TICKET

1718 09127 A

DATE TICKET NO.

DATE OF JOB 9-20-13 DISTRICT Pratt, Kansas	NEW WELL ☑ OLD WELL ☐ PROD ☐ INJ ☐ WDW ☐ CUSTOMER ORDER NO.:
CUSTOMER Coral Coast Petroleum LC	LEASE Stephens WELL NO. 10
ADDRESS	COUNTY Clark STATE Kansas
CITY STATE	SERVICE CREW C. Messick; M. McGraw; J. Pierson
AUTHORIZED BY	JOB TYPE: C.N.W. - Plug To Abandon

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS
37,216	6.25				
66,786-19,905	6.25				
19,831-19,862	6.25				

TRUCK CALLED	DATE 9-20-13	AM/PM TIME 10:00
ARRIVED AT JOB		AM/PM 2:00
START OPERATION		AM/PM 3:00
FINISH OPERATION		AM/PM 9:15
RELEASED	9-20-13	AM/PM 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
P CP 103	60/40 Poz Cement	sk	270		3,240 00
P CC 200	Cement Gel	Lb	466		116 50
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	874		1,398 00
P CE 207	Cement Pump: 6,001 Feet To 7,000 Feet	hrs	4		3,240 00
P CE 240	Blending and Mixing Service	sk	270		378 00
P S003	Service Supervisor	hrs	8		175 00

SUB TOTAL $ 6,643 89

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Lawrence R. Woodard

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

FIELD SERVICE ORDER NO.

CLOUD LITHO - Abilene, TX