



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200859
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: _____

1200859

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
--	---

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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Form	ACO1 - Well Completion
Operator	Mid-Continent Energy Corp.
Well Name	WFY 1-1
Doc ID	1200859

All Electric Logs Run

Dual Induction
Micro
Compensated Density/Neutron
Sonic



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 09631 A

DATE _____ TICKET NO. _____

DATE OF JOB: 1-4-14		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: MID-CONTINENT Energy Corp.				LEASE: WFF				WELL NO.: 1-1		
ADDRESS:				COUNTY: Pawnee		STATE: KS				
CITY:				STATE:		SERVICE CREW: MATTAI, Kuermin, PHYE, JOS				
AUTHORIZED BY:				JOB TYPE: CNW LS						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586	1						1-4-13			9:00
						ARRIVED AT JOB				2:00
						START OPERATION				9:40
						FINISH OPERATION				10:40
						RELEASED				11:30
						MILES FROM STATION TO WELL				65

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: *[Signature]*
(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	SKS	125		2125 00
CP 106	A SERV LINC	SK	150		1950 00
CC 102	CELLORINKE	1B	69		255 30
CC 105	C-41P Detonator	1B	30		120 00
CC 111	SALT	1B	570		285 00
CC 112	CMT FRICTION REDUCER	1B	36		216 00
CC 115	C-44	1B	118		807 70
CC 129	FIA-322 LOW FLUID LOSS	1B	59		492 50
CC 201	GILSONITE	1B	625		418 75
CF 607	LATCH DOWN Plug + BAFFLE 5 1/2	EA	1		400 00
CF 1251	AUTO FILL FLOAT SHOE 5 1/2	EA	1		360 00
CF 1651	TURBOLIZER 5 1/2	EA	5		550 00

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT %TAX ON \$

MATERIALS %TAX ON \$

TOTAL

SERVICE REPRESENTATIVE: Mike MATTAI

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

ALLIED OIL & GAS SERVICES, LLC 061831

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

DATE <u>12-28-13</u>	SEC. <u>1</u>	TWP. <u>22S</u>	RANGE <u>16W</u>	CALLED OUT <u>12-27-13</u>	ON LOCATION <u>12/20/13</u>	JOB START <u>5:30 AM</u>	JOB FINISH <u>12-28-13 6:30 AM</u>
LEASE <u>WFF</u>	WELL # <u>1-1</u>	LOCATION <u>WORME STOK-19</u>		COUNTY <u>Powder</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>		3 3/4 E NINTO					

CONTRACTOR Martick #102 OWNER _____

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. _____

CASING SIZE 5 5/8 DEPTH 9 39

TUBING SIZE _____ DEPTH _____

DRILL PIPE 1 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20 FT

PERFS. _____

DISPLACEMENT 5 5/8 54 bbls Freshwater

EQUIPMENT

PUMP TRUCK CEMENTER Dustin Chambers

366 HELPER Ben Newell

BULK TRUCK _____

610-176 DRIVER Kevin Wetghous

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Break circulation with bit mud
run 54 bbls Freshwater Ahead
with 550 lbs cement
Shut Down & Release plug
Displace 55.54 bbls Freshwater
Cement Did circulation
plug Down 6:00 AM
Bit Down
waited 2 1/2 hr post job

CHARGE TO: Mid-Continent

STREET _____

CITY _____ STATE _____ ZIP _____

CEMENT

AMOUNT ORDERED 550 SKS Class A

3400 29 gel

COMMON 550 @ 17.90 9,845.00

POZMIX _____ @ _____

GEL 10 @ 23.40 234.00

CHLORIDE 1551 @ .80 1,240.80

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 594.16 @ 2.48 1,473.51

MILEAGE 27.12 x 25 x 2.60 1,762.80

TOTAL 14,556.11

SERVICE

DEPTH OF JOB 939

PUMP TRUCK CHARGE 2058.50

EXTRA FOOTAGE _____ @ _____

MILEAGE Hum 25 @ 7.70 192.50

MANIFOLD _____ @ 275.00 275.00

_____ Hum 25 @ 4.40 110.00

_____ @ _____

TOTAL 2,636.00

PLUG & FLOAT EQUIPMENT

1-5 5/8 Rubber Plug @ 131.04 131.04

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 131.04

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.

SALES TAX (If Any) _____

TOTAL CHARGES 17,323.15

DISCOUNT 3,464.63

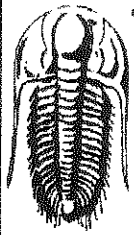
IF PAID IN 30 DAYS

13,858.52

PRINTED NAME Jan D. Schneider

SIGNATURE [Signature]

Thank You!!



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Mid Continent Energy Corp.

1-22s-16w Pawnee Ks.

105 S. Broadway/Ste. 360
Wichita Ks. 67202

WFY #1-1

Job Ticket: 51797

DST#: 1

ATTN: Ben Landis

Test Start: 2014.01.01 @ 01:02:38

GENERAL INFORMATION:

Formation: LKC

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:10:08

Time Test Ended: 09:58:38

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 3519.00 ft (KB) To 3545.00 ft (KB) (TVD)

Total Depth: 3545.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1996.00 ft (KB)

1989.00 ft (CF)

KB to GR/CF: 7.00 ft

Serial #: 8352 Inside

Press@RunDepth: 170.33 psig @ 3520.00 ft (KB)

Start Date: 2014.01.01

End Date: 2014.01.01

Capacity: 8000.00 psig

Last Calib.: 2014.01.01

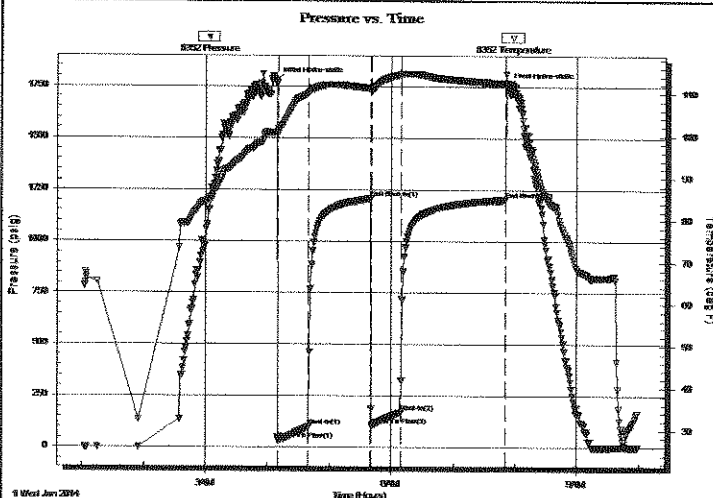
Start Time: 01:02:43

End Time: 09:58:38

Time On Btm: 2014.01.01 @ 04:07:38

Time Off Btm: 2014.01.01 @ 07:52:23

TEST COMMENT: IF: Strong blow .B.O.B. in 85 secs.
IS: Weak blow . 1/2 - 3/4".
FF: Fair to strong blow . B.O.B. in 17 mins.
FS: Weak blow . 1/2 - 4 1/2".



PRESSURE SUMMARY

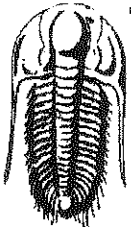
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1772.27	100.63	Initial Hydro-static
3	34.81	100.92	Open To Flow (1)
32	98.23	109.98	Shut-In(1)
93	1206.69	111.26	End Shut-In(1)
94	103.98	110.93	Open To Flow (2)
122	170.33	114.35	Shut-In(2)
224	1203.24	112.44	End Shut-In(2)
225	1750.22	112.45	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	640 ft. of GIP	0.00
85.00	GCMW 18%g 19%o 21%m 42%w	1.19
125.00	GM&OCW 15%g 8%m 8%o 69%w	1.75
125.00	SW /Rw .13ohms @ 41deg	1.75

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mid Continent Energy Corp.

1-22s-16w Pawnee Ks.

105 S. Broadway/Ste.360
Wichita Ks.67202

WFY #1-1

Job Ticket: 51797

DST#: 1

ATTN: Ben Landis

Test Start: 2014.01.01 @ 01:02:38

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: lb/gal

Cushion Length:

ft

Water Salinity: 101000 ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbl

Water Loss: 9.59 in*

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 54000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	640 ft. of GIP	0.000
85.00	GCMW 18%g 19%o 21%m 42%w	1.192
125.00	GM&OCW 15%g 8%m 8%o 69%w	1.753
125.00	SW /Rw .13ohms @ 41deg	1.753

Total Length: 335.00 ft

Total Volume: 4.698 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8352

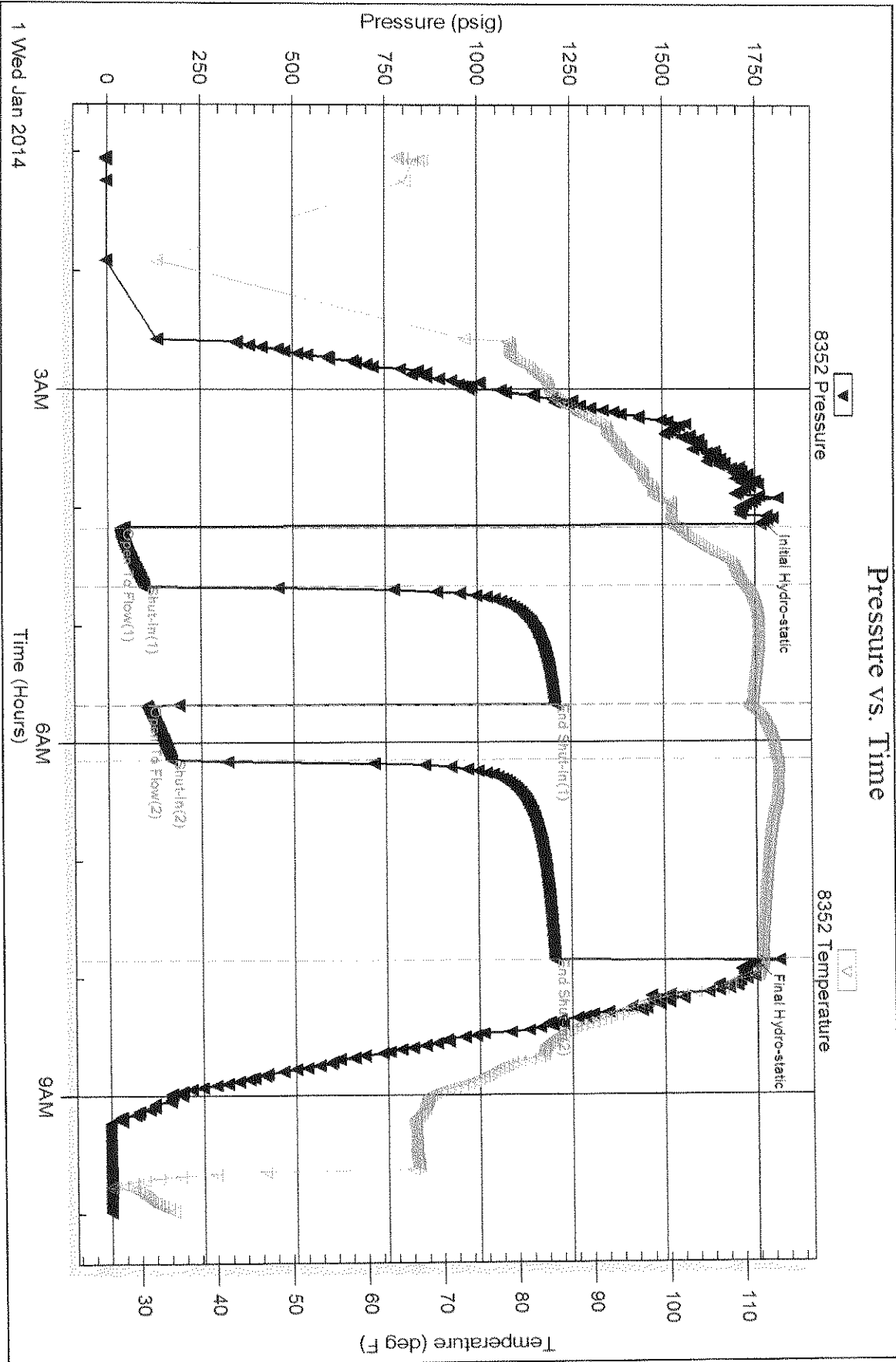
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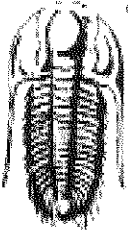
Mtd Continent Energy Corp.

WFY #1-1

DST Test Number: 1

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Mid Continent Energy Corp.

1-22s-16w Pawnee Ks.

105 S. Broadway, Ste. 360
Wichita Ks. 67202

WFY #1-1

Job Ticket: 51798

DST#: 2

ATTN: Ben Landis

Test Start: 2014.01.03 @ 02:42:05

GENERAL INFORMATION:

Formation: **Simpson**

Deviated: **No Whipstock** ft (KB)

Time Tool Opened: 05:58:50

Time Test Ended: 12:08:50

Test Type: Conventional Bottom Hole (Reset)

Tester: Gary Fevoteaux

Unit No: 56

Interval: **3860.00 ft (KB) To 3918.00 ft (KB) (TVD)**

Total Depth: 3918.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1996.00 ft (KB)

1989.00 ft (CF)

KB to GR/CF: 7.00 ft

Serial #: **8352**

Inside

Press@RunDepth: 969.56 psig @ 3861.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.01.03 End Date: 2014.01.03

Last Calib.: 2014.01.03

Start Time: 02:42:10 End Time: 12:08:50

Time On Btm: 2014.01.03 @ 05:55:20

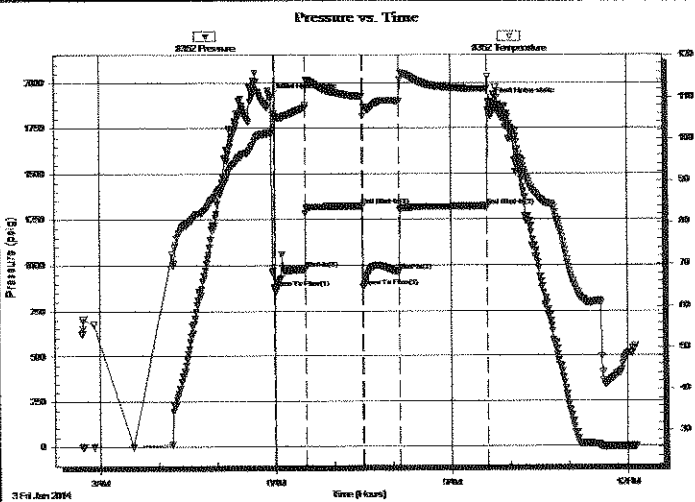
Time Off Btm: 2014.01.03 @ 09:39:20

TEST COMMENT: IF: Strong blow. GTS in 2 1/2 mins. (See gas flow report)

IS: Weak blow. 1 1/2".

FF: Strong blow. (See gas report)

FIS: Weak blow. 1 - 3".



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1921.62	101.35	Initial Hydro-static
4	875.29	105.71	Open To Flow (1)
36	977.57	107.34	Shut-In(1)
94	1322.11	110.17	End Shut-In(1)
95	881.17	105.25	Open To Flow (2)
132	969.56	109.03	Shut-In(2)
222	1321.48	112.00	End Shut-In(2)
224	1893.90	106.26	Final Hydro-static

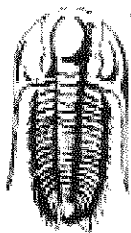
Recovery

Length (ft)	Description	Volume (bbl)
45.00	MCO 7% m 93% o (condensate)	0.63

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	1.00	138.00	4375.57
Last Gas Rate	1.00	200.00	6158.00
Max. Gas Rate	1.00	200.00	6158.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mid Continent Energy Corp.

1-22s-16w Pawnee Ks.

105 S. Broadway, Ste. 360
Wichita Ks. 67202

WFY #1-1

Job Ticket: 51798

DST#: 2

ATTN: Ben Landis

Test Start: 2014.01.03 @ 02:42:05

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	8400 ppm
Viscosity: 58.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.98 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 8400.00 ppm			
Filter Cake: 0.20 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
45.00	MCO 7% _m 93% _o (condensate)	0.631

Total Length: 45.00 ft Total Volume: 0.631 bbl

Num Fluid Samples: 0

Num Gas Bombs: 1

Serial #: gp-2

Laboratory Name: Caraway

Laboratory Location: Liberal, KS

Recovery Comments: Measured 262 ppm H₂S on rig floor

Serial #: 8352

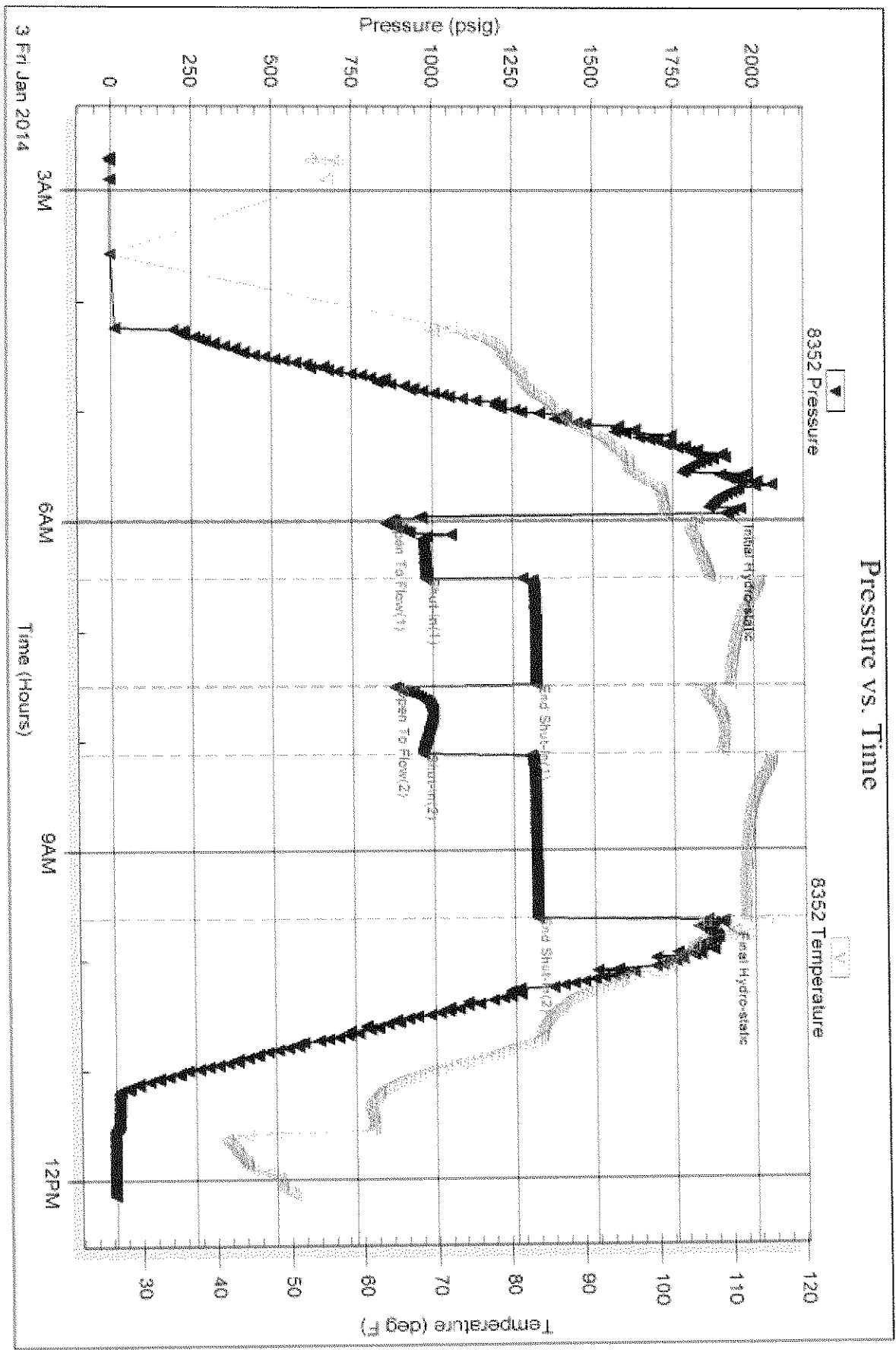
Inside

M&C Continent Energy Corp.

WFL #1-1

DST Test Number 2

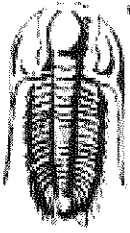
Pressure vs. Time



Trebble Testing, Inc

Ref. No: 51759

Printed 2014.01.03 @ 13:17:16



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Mid Continent Energy Corp.

1-22s-16w Pawnee Ks.

105 S. Broadway, Ste. 360
Wichita Ks. 67202

WFY #1-1

Job Ticket: 51798

DST#: 2

ATTN: Ben Landis

Test Start: 2014.01.03 @ 02:42:05

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
1	10	1.00	138.00	4375.57
1	20	1.00	160.00	5008.04
1	30	1.00	158.00	4950.55
2	10	1.00	120.00	3858.09
2	20	1.00	186.00	5755.51
2	30	1.00	194.00	5985.50
2	40	1.00	200.00	6158.00

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

May 19, 2014

Jack Buehler
Mid-Continent Energy Corp.
105 S BROADWAY STE 360
WICHITA, KS 67202-4280

Re: ACO-1
API 15-145-21745-00-00
WFY 1-1
SE/4 Sec.01-22S-16W
Pawnee County, Kansas

Dear Jack Buehler:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/27/2013 and the ACO-1 was received on May 19, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department