



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197020
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: _____

1197020

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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PAGE 1 of 1	CUST NO 1000793	INVOICE DATE 03/21/2014
INVOICE NUMBER 1718 - 91443074		

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J O B S I T E
 LEASE NAME Kinsley Unit 1
 LOCATION
 COUNTY Edwards
 STATE KS
 JOB DESCRIPTION Cement-New Well Casing/Pi
 JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40703958	19905			Net - 30 days	04/20/2014
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/20/2014 to 03/20/2014					
0040703958					
171810143A Cement-New Well Casing/Pi 03/20/2014 Cement 8 5/8" Surface					
60/40 POZ		265.00	EA	8.40	2,226.00 T
Calcium Chloride		684.00	EA	0.74	502.74 T
Celloflake		67.00	EA	2.59	173.53 T
"Wooden Cmt Plug, 8 5/8""		1.00	EA	112.00	112.00
"Unit Mileage Chg (PU, cars one way)"		60.00	MI	2.98	178.50
Heavy Equipment Mileage		120.00	MI	4.90	588.00
"Proppant & Bulk Del. Chgs., per ton mil		684.00	EA	1.54	1,053.36
Depth Charge; 0-500'		1.00	EA	700.00	700.00
Blending & Mixing Service Charge		265.00	BAG	0.98	259.70
Plug Container Util. Chg.		1.00	EA	175.00	175.00
"Service Supervisor, first 8 hrs on loc.		1.00	EA	122.50	122.50

PLEASE REMIT TO: BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903	SEND OTHER CORRESPONDENCE TO: BASIC ENERGY SERVICES, LP 801 CHERRY ST, STE 2100 FORT WORTH, TX 76102	SUB TOTAL	6,091.33
		TAX	207.51
		INVOICE TOTAL	6,298.84



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 10143 A

4-245-19W

DATE _____ TICKET NO. _____

DATE OF JOB: 3-20-14		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: C.MX, Incorporated				LEASE: Kinsley Unit				WELL NO. 1		
ADDRESS:				COUNTY: Edwards		STATE: Kansas				
CITY:				STATE:		SERVICE CREW: C. Messick, M. McGraw, A. Gibson				
AUTHORIZED BY:				JOB TYPE: C.N.W. - Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37216	.75						3-20-14			8:00
						ARRIVED AT JOB				2:30
						START OPERATION				6:15
77686-19905	.75					FINISH OPERATION				7:00
19960-21010	.75					RELEASED	3-20-14			7:15
						MILES FROM STATION TO WELL	60			

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: Alan Cain
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
EP 103	60/40 Poz Blend Cement	skt	265	\$	3,180 00
CC 109	Calcium Chloride	Lb	684	\$	718 20
CC 102	Cellflake	Lb	67	\$	247 90
CF 153	Wooden Plug, 8 5/8"	ea	1	\$	160 00
E 100	Pickup Mileage	Mi	60	\$	255 00
E 101	Heavy Equipment Mileage	Mi	120	\$	840 00
E 113	Bulk Delivery	Tm	684	\$	1,504 80
CE 200	Cement Pump: 0 Feet To 500 Feet	hrs	4	\$	1,000 00
CE 240	Blending and Mixing Service	skt	265	\$	371 00
CE 504	Plug Container	Job	1	\$	250 00
S003	Service Supervisor	hrs	8	\$	175 00

SUB TOTAL \$6,091 33

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: R. M. ... THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Alan Cain
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer CMX, Incorporated	Lease No.	Date 3-20-14
Lease Hinsley Unit	Well # 1	
Field Order # 10,143	Station Pratt, Kansas	Casing " 8 5/8 23lb.
Type Job C.N.W. - Surface	Formation	Depth 395'
		County Edwards
		State Kansas
		Legal Description 4-245-19W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	Sacks	Grain	Rate	Press	ISIP	
8 5/8	2 3/8	265	5	60/40 Poz with				
395 Feet		From 28'	Total Gel	3/8 Calcium Chloride	Max		5 Min.	
25.3 Bbl.		From	To 14.8	1.7 Gal., 5.18 Gal.	Min		10 Min.	
300 P.S.F.		From	To		Avg		15 Min.	
Plug Container	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
380 Feet	Packer Depth	From	To	Flush 24 Bbl. Fresh Water	Gas Volume		Total Load	

Customer Representative Allen	Station Manager Kevin Gordley	Treater Clarence R. Messick							
Service Units 37,216	77,686	19,905	19,960	21,010					
Driver Names Messick	Mc Graw	Gibson							

Time P.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:30					Trucks on location and hold safety meeting.
5:00	Duke	Drilling	start to	run 9 Joints	new 23lb./ft. 8 5/8" casing.
6:00					Casing in well. Circulate for 5 minutes.
6:10	250			5	Start Fresh water Pre-Flush
	250		10	5	Start Mixing 265 sacks 60/40 Poz cement.
	-0-		67		Stop pumping. Shut in well. Release Wooden Plug. Open Well.
6:27	200			5	Start Fresh Water Displacement.
6:35	300		24		Plug down. Shut in well.
					Circulated 10 Bbl. cement to the pit.
					Wash up pump truck.
7:00					Job complete.
					Thank You.
					Clarence, Mike, Aaron



PAGE	CUST NO	INVOICE DATE
1 of 1	1000793	03/28/2014
INVOICE NUMBER		
1718 - 91450546		

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Kinsley Unit 1
 O LOCATION
 B COUNTY Edwards
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40706910	19843		Net - 30 days	04/27/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/27/2014 to 03/27/2014				
0040706910				
171809898A Cement-New Well Casing/Pi 03/27/2014 Cement PTA				
60/40 POZ	220.00	EA	9.12	2,006.40
Cement Gel	380.00	EA	0.19	72.20
"Unit Mileage Chg (PU, cars one way)"	60.00	MI	3.23	193.80
Heavy Equipment Mileage	120.00	MI	5.32	638.40
"Proppant & Bulk Del. Chgs., per ton mil	570.00	EA	1.67	953.04
Depth Charge; 1001'-2000'	1.00	EA	1,140.00	1,140.00
Blending & Mixing Service Charge	220.00	BAG	1.06	234.08
"Service Supervisor, first 8 hrs on loc.	1.00	EA	133.00	133.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,370.92
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	148.62
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,519.54
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>CMX, INC.</i>	Lease No.	Date <i>3-27-14</i>	
Lease <i>KINSLEY UNIT</i>	Well # <i>1</i>		
Field Order # <i>2878</i>	Station <i>PRATT KS</i>	Casing	Depth
Type Job <i>CNW-PTA</i>	Formation	County <i>EDWARDS</i>	State <i>KS</i>
		Legal Description <i>4-24-19</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
	<i>4 1/2" X 11.5" P.</i>			<i>220 SK</i>				
Depth	Depth	From	To	Pre-Pad	Max			5 Min.
				<i>60/40 P02</i>				
Volume	Volume	From	To	Pad	Min			10 Min.
				<i>4% GEL</i>				
Max Press	Max Press	From	To	Frac	Avg			15 Min.
				<i>13.78 PPG</i>				
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
				<i>1.43 CF7/SK</i>				
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load
				<i>6.999/1420/SK</i>				

Customer Representative <i>ALLEN</i>	Station Manager <i>KEVIN</i>	Treater <i>CORDSLEY</i>
Service Units <i>19907</i>	<i>19903-19843</i>	<i>19831-19862</i>
Driver Names <i>KG</i>	<i>PAT</i>	<i>SHAWN</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0730</i>					<i>ON LOCATION</i>
					<i>(1) PTA AT 1370' - 50 SK CEMENT</i>
					<i>BREAK CIRC. w/ MUD</i>
<i>0930</i>			<i>12.7</i>	<i>5</i>	<i>50 SK 60/40 P02 4% GEL</i>
			<i>16</i>	<i>5</i>	<i>16 bbl MUD</i>
					<i>(2) PTA AT 430' - 50 SK CEMENT</i>
					<i>BREAK CIRC. w/ MUD</i>
<i>1015</i>			<i>12.7</i>	<i>5</i>	<i>50 SK 60/40 P02 4% GEL</i>
			<i>2 1/2</i>	<i>5</i>	<i>2 1/2 bbl MUD</i>
					<i>(3) PTA AT 316' - 50 SK CEMENT</i>
					<i>BREAK CIRC. w/ MUD</i>
<i>1030</i>			<i>12.7</i>	<i>5</i>	<i>50 SK 60/40 P02 4% GEL</i>
			<i>1</i>	<i>5</i>	<i>1 bbl MUD</i>
					<i>(4) PTA AT 60' - 20 SK CEMENT</i>
			<i>5</i>	<i>3</i>	<i>20 SK 60/40 P02 4% GEL</i>
					<i>CIRC. CEMENT</i>
<i>1130</i>			<i>7.6</i>	<i>2</i>	<i>(5) RTN HOLE - 30 SK 60/40 P02 4% GEL</i>
			<i>5</i>	<i>2</i>	<i>(6) MUD HOLE 20 SK 60/40 P02 4% GEL</i>
<i>1200</i>					<i>JOB COMPLETE - KEVIN</i>