



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198855
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: _____

1198855

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> _____
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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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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 05628 A

DATE _____ TICKET NO. _____

DATE OF JOB: 03-14-14	DISTRICT: 1717 Liberal, 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: Edison Operating	LEASE: EVA JEAN	1-19	WELL NO.				
ADDRESS:		COUNTY: Seward	STATE: KS				
CITY:		SERVICE CREW: Roger-Gabriel-Ever-Gabriel					
AUTHORIZED BY: Jenny Barnett JRB		JOB TYPE: 242 8 5/8" Sunday					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 03/14/14 DATE AM PM 1145	
21755	6					ARRIVED AT JOB 03/14/14 AM PM 1500	
38117-19919	6					START OPERATION 03/14/14 AM PM 1800	
38111-37724	6					FINISH OPERATION 03/14/14 AM PM 2010	
33021-14284	6					RELEASED 03/14/14 AM PM 2030	
						MILES FROM STATION TO WELL 12	

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: Rick Smith
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	'A'lon' Blend	✓ sk	360		6696 00
CL110	Premium Plus Cement	✓ sk	150		2445 00
CC109	Calcium Chloride	✓ lb	1299		1363 95
CC102	CelloPlake	✓ lb	128		473 60
CC130	C-51	✓ lb	68		1700 00
CF-253	Circle Gate - Regular - 8 5/8"	✓ EA	1		380 00
CF1453	Flapper-type Insect Flat Valve 8 5/8"	✓ EA	1		280 00
CF1773	Centrifuge 8 5/8" x 12 1/4"	✓ EA	2		290 00
CF1500	8 5/8" Basket - Canvas	✓ EA	1		1050 00
CF105	Top Rubber Cover Plug 8 5/8"	✓ EA	1		225 00
E101	Heavy Equipment Mileage	mi	36		252 00
CE240	Blending & Mixing Service Charge	sk	510		714 00
E113	Proppant and Bulk Delivery Charge	cu/ft	288		633 60
CE202	Depth Change 1001-2000'	4 Hrs	1		1500 00
CE504	Plug Container Utilization Charge	job	1		250 00
E100	Light Mileage Charge - Pickup	mi	12		51 00
G003	Service Supervision, First & Hrs on Loc	EA	1		175 00
T105	Cement Data Acquisition Monitor	EA	1		550 00
SUB TOTAL					14271 86

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Roger Brown THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Rick Smith
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Edison Operating Co.

19-34s-31w Seward Ks

8100 E.22ND St. N. Bldg.1900
Wichita Ks.67226

Eva Jean#1-19

Job Ticket: 51889

DST#: 1

ATTN: Adam Nighswonger

Test Start: 2014.03.18 @ 05:19:14

GENERAL INFORMATION:

Formation: **Toronto**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 07:37:29

Time Test Ended: 11:53:59

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 4386.00 ft (KB) To 4416.00 ft (KB) (TVD)

Reference Elevations: 2730.00 ft (KB)

Total Depth: 4416.00 ft (KB) (TVD)

2720.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 8352 Inside

Press@RunDepth: 51.71 psig @ 4387.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.03.18

End Date:

2014.03.18

Last Calib.: 2014.03.18

Start Time: 05:19:19

End Time:

11:53:58

Time On Btm: 2014.03.18 @ 07:36:44

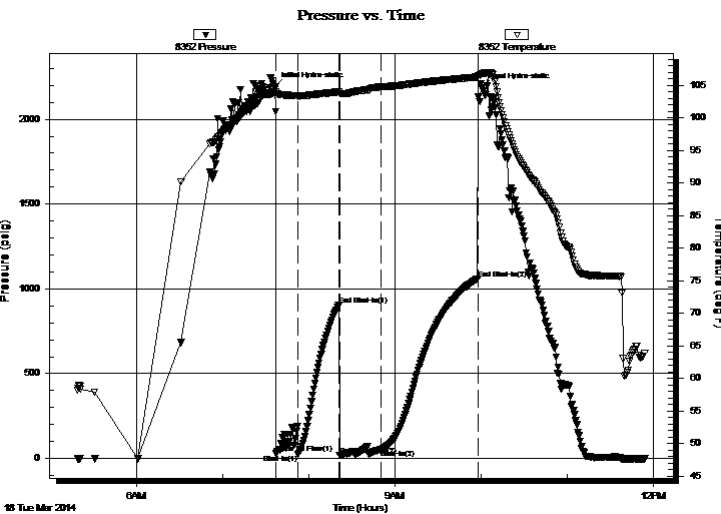
Time Off Btm: 2014.03.18 @ 10:00:29

TEST COMMENT: IF:Weak blow . 1/4" decreasing.

IS:No blow .

FF:No blow .

FS:No blow .



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2192.86	104.02	Initial Hydro-static
1	29.97	103.54	Open To Flow (1)
16	25.10	103.32	Shut-In(1)
45	905.97	103.97	End Shut-In(1)
45	17.37	103.70	Open To Flow (2)
74	51.71	104.75	Shut-In(2)
141	1061.19	106.28	End Shut-In(2)
144	2185.09	106.77	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
12.00	Drig.mud .(cuttings & hulls)	0.17

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating Co.

19-34s-31w Seward Ks

8100 E.22ND St. N. Bldg.1900
Wichita Ks.67226

Eva Jean#1-19

Job Ticket: 51889

DST#: 1

ATTN: Adam Nighswonger

Test Start: 2014.03.18 @ 05:19:14

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:

6100 ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 40.95 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6100.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
12.00	Drig.mud .(cuttings & hulls)	0.168

Total Length: 12.00 ft Total Volume: 0.168 bbl

Num Fluid Samples: 0

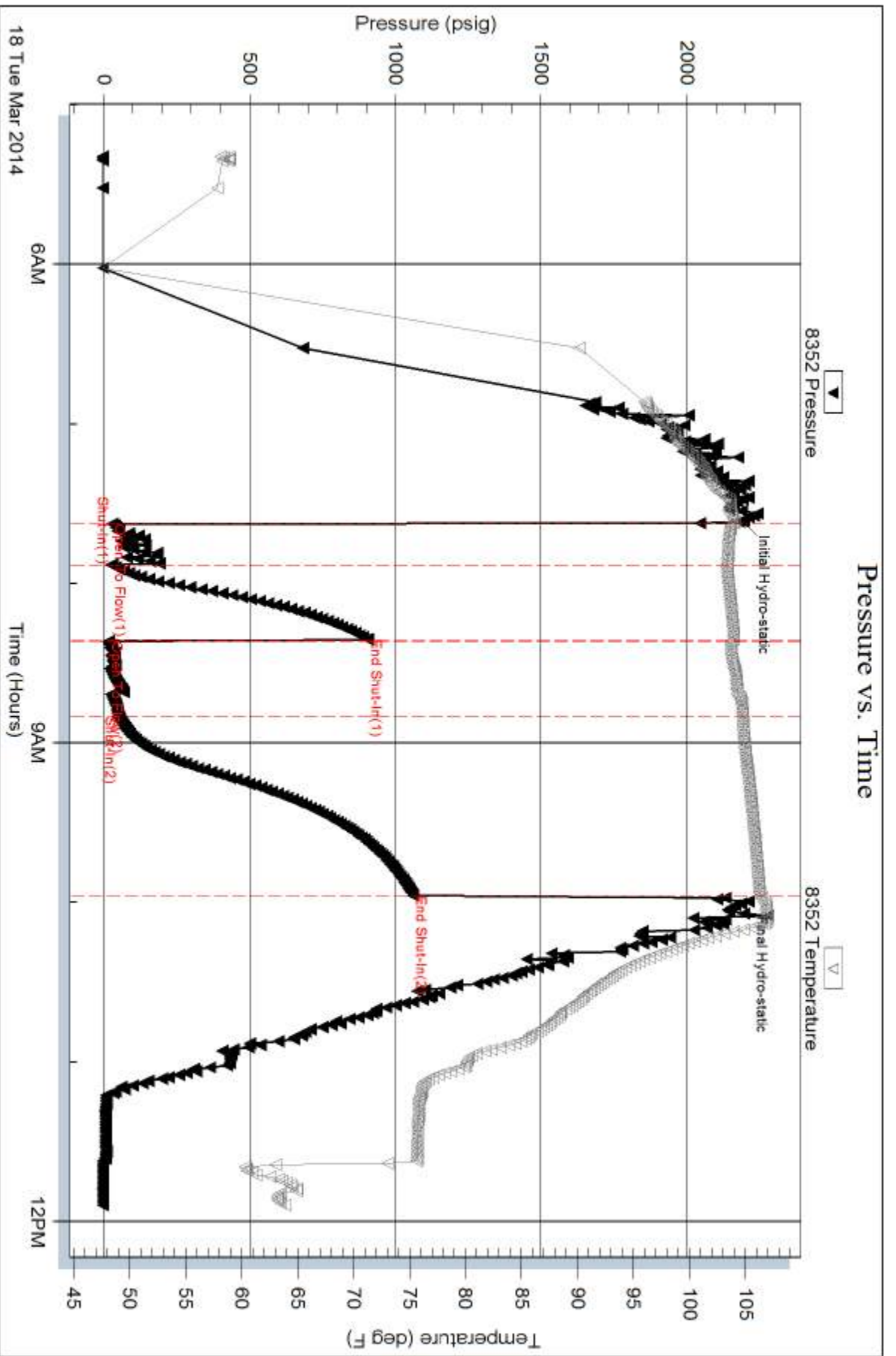
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler Data:1100 ML. of mud w/cuttings & hulls. No oder.98 psi





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Edison Operating Co.
8100 E.22ND St. N. Bldg.1900
Wichita Ks.67226
ATTN: Adam Nighswonger

19-34s-31w Seward Ks
Eva Jean #1-19
Job Ticket: 56503 **DST#: 2**
Test Start: 2014.03.19 @ 18:10:00

GENERAL INFORMATION:

Formation: **Marmaton**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 21:43:00
Time Test Ended: 04:31:00
Interval: **5136.00 ft (KB) To 5220.00 ft (KB) (TVD)**
Total Depth: 5220.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Reset)
Tester: Cornelio Landa III
Unit No: 60
Reference Elevations: 2730.00 ft (KB)
2720.00 ft (CF)
KB to GR/CF: 10.00 ft

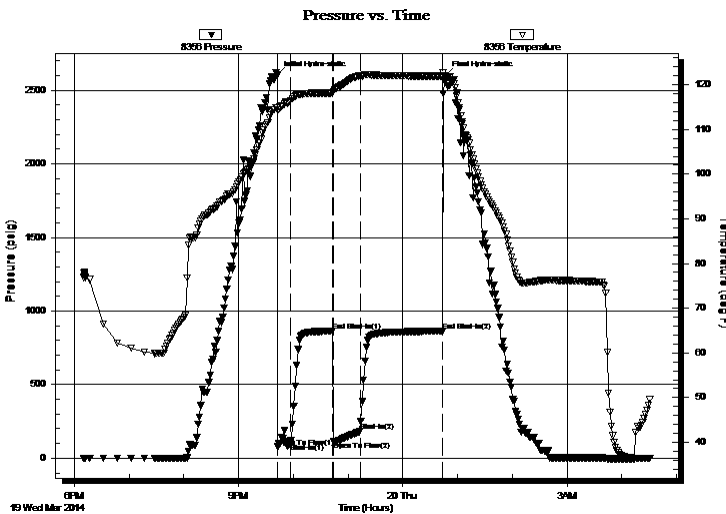
Serial #: 8356

Inside

Press @ Run Depth: 181.58 psig @ 5140.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.03.19 End Date: 2014.03.20 Last Calib.: 2014.03.20
Start Time: 18:10:05 End Time: 04:31:00 Time On Btm: 2014.03.19 @ 21:42:30
Time Off Btm: 2014.03.20 @ 00:46:30

TEST COMMENT:

IF: B.o.b. in 2 min.
IS: Bled off in 5 min.- No return
FF: B.o.b. in 30 seconds-GTS @ 20 min. into open-Too small to measure
FS: Bled off in 7 min.-Surface blow back-Built to B.o.b. in 9 min.- 16 min. total into shut-in-Blow back died back a 1/2 in.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2603.35	114.81	Initial Hydro-static
1	76.70	114.29	Open To Flow (1)
15	99.52	116.46	Shut-In(1)
61	863.81	118.15	End Shut-In(1)
62	111.69	118.42	Open To Flow (2)
91	181.58	122.12	Shut-In(2)
181	861.43	121.91	End Shut-In(2)
184	2598.36	121.60	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
126.00	Mcgw 10m 40g 50w	1.77
63.00	Wcm & G 15w 15m 70g	0.88
126.00	Mcg 30m 70g	1.77
35.00	Gm 5g 95m	0.49
0.00	Gas to surface	0.00

Gas Rates

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

* Recovery from multiple tests



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TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating Co.

19-34s-31w Seward Ks

8100 E.22ND St. N. Bldg.1900
Wichita Ks.67226

Eva Jean #1-19

Job Ticket: 56503

DST#: 2

ATTN: Adam Nighswonger

Test Start: 2014.03.19 @ 18:10:00

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:

46000 ppm

Viscosity: 44.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.20 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4500.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
126.00	Mcgw 10m 40g 50w	1.767
63.00	Wcm & G 15w 15m 70g	0.884
126.00	Mcg 30m 70g	1.767
35.00	Gm 5g 95m	0.491
0.00	Gas to surface	0.000

Total Length: 350.00 ft Total Volume: 4.909 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: rw .26@41.5=46000

Pressure vs. Time

