



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200381
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: _____

1200381

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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PAGE 1 of 1	CUST NO 1006184	INVOICE DATE 03/13/2014
INVOICE NUMBER 1718 - 91437194		

Pratt (620) 672-1201
 B KNIGHTON OIL COMPANY INC
 I 1700 N WATERFRONT PKY, BLDG 100
 L WICHITA
 L KS US 67206
 T
 O ATTN: KNIGHTON

J LEASE NAME OYK LLC OWWO
 O LOCATION
 B COUNTY Clark
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40701089	19905		Net - 30 days	04/12/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 03/11/2014 to 03/11/2014</i>				
0040701089				
171810136A Cement-Casing Seat-Prod W 03/11/2014 Cement Squeeze to Raise Cement				
Common Cement	350.00	EA	12.16	4,256.00 T
"Unit Mileage Chg (PU, cars one way)"	60.00	MI	3.23	193.80 T
Heavy Equipment Mileage	120.00	MI	5.32	638.40 T
"Proppant & Bulk Del. Chgs., per ton mil	987.00	EA	1.67	1,650.26 T
Depth Charge; 5001-6000'	1.00	EA	2,188.80	2,188.80 T
Blending & Mixing Service Charge	350.00	BAG	1.06	372.40 T
Cement Squeeze Manifold	1.00	EA	380.00	380.00 T
"Service Supervisor, first 8 hrs on loc.	1.00	EA	133.00	133.00 T

OYK
 Squeeze Casings (#1)
 w/350 5%.

PAID
 CK. NO. 66766
 DATE 4-2-14

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,812.66
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	603.48
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	10,416.14
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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

FIELD SERVICE TICKET

1718 10136 A

PRESSURE PUMPING & WIRELINE

23-305-22W

DATE _____ TICKET NO. _____

DATE OF JOB: 3-11-14		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: Knighton Oil Company, Inc.				LEASE: OYK L16 OWWO				WELL NO. 2	
ADDRESS:				COUNTY: Clark		STATE: Kansas			
CITY:				STATE:		SERVICE CREW: C. Messick, M. McGraw, S. Ernst			
AUTHORIZED BY:				JOB TYPE: CE - Raise Cement					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
37216	1.5						3-10-14	PM	1:00
						ARRIVED AT JOB	3-11-14	AM	10:00
						START OPERATION		AM	2:00
77686-19905	1.5					FINISH OPERATION		AM	3:30
						RELEASED	3-11-14	AM	3:45
19831-19862	1.5					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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100C	Common Cement	sh	350		\$ 5,600.00
E 100	Pickup Mileage	mi	60		\$ 255.00
E 101	Heavy Equipment Mileage	mi	120		\$ 840.00
E 113	Bulk Delivery	tm	987		\$ 2,171.40
CE 205	Cement Pump: 0.001 Feet To 6,000 Feet	hrs	4		\$ 2,880.00
CE 240	Blending and Mixing service	sh	350		\$ 490.00
S 003	Service Supervisor	hrs	8		\$ 175.00
CE 500	Squeeze Manifold	Job	1		\$ 500.00

SUB TOTAL \$ 9,812.66

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

TOTAL WELL FILE

CHEMICAL / ACID DATA:			

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.

Owner: Wrighton Oil Company, Inc. Lease No. _____ Date: 3-11-14
 Lease: OYK LLC OWWO Well # 2
 Field Order # 10136 Station: Pratt, Kansas Casing: 5 1/2 Depth: _____ County: Clark State: Kansas
 Type Job: CSW - Raise Cement Formation: _____ Legal Description: 23-305-22W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size: <u>5 1/2</u>	Tubing Size: <u>2 7/8</u>	Shots/Ft: <u>4</u>		Slud: <u>350 sacks</u>	Rate: <u>Common</u>	Press: <u>Cement</u>	ISIP: <u>(Heat)</u>	
Depth: _____	Depth: <u>3252 Feet</u>	From: <u>5.370</u>	To: <u>5.375</u>	Rate: <u>15.6 Lb/Gal</u>	Max: <u>5.20 Gal/stk</u>		5 Min.	
Volume: _____	Volume: <u>30.4 Bbl</u>	From: _____	To: _____		Min: _____		10 Min.	
Max Press: <u>200 PSI</u>	Max Press: <u>2500 PSI</u>	From: _____	To: _____	Frac: _____	Avg: _____		15 Min.	
Well Connection: <u>0 4 1/2</u>	Annulus Vol.: _____	From: _____	To: _____		HHP Used: _____		Annulus Pressure	
Plug Depth: <u>N.A.</u>	Packer Depth: <u>5252 Feet</u>	From: _____	To: _____	Flush: <u>33.2 Bbl Fresh Water</u>	Gas Volume: _____		Total Load	

Customer Representative: Ten Station Manager: Kevin Gordley Treater: Clarence R. Messich
 Service Units: 37216 77686 19905 19931 19862
 Driver Names: Me essich Mr Graw Ernst

Time AM	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>10:00</u>					<u>Trucks on location and hold safety meeting.</u>
					<u>Packer set at 5416 Feet.</u>
<u>2:08</u>		<u>100</u>		<u>4</u>	<u>Start to fill tubing.</u>
		<u>2500</u>	<u>25</u>		<u>Tubing full. Pressure up to test tubing and packer.</u>
					<u>Pull packer up to 5252 Feet and set it.</u>
<u>12:29</u>	<u>100</u>			<u>4</u>	<u>Start to fill Annulus.</u>
	<u>500</u>		<u>25</u>		<u>Annulus full. Pressure up and shut it in.</u>
				<u>4</u>	<u>Start to fill tubing.</u>
<u>12:33</u>		<u>1500</u>	<u>2</u>	<u>4</u>	<u>Tubing full. Pumping steady.</u>
<u>12:40</u>		<u>1500</u>	<u>20</u>	<u>4</u>	<u>Start mixing.</u>
<u>12:57</u>		<u>1500</u>	<u>94</u>	<u>4</u>	<u>Start Fresh Water Displacement.</u>
<u>1:09</u>		<u>1100</u>	<u>126</u>		<u>Stop pumping. Shut in well. Wash up pump truck.</u>
<u>2:30</u>		<u>-5-</u>			<u>Open well.</u>
		<u>1500</u>			<u>Pressure up Well holding.</u>
	<u>500</u>				<u>Release pressure. No returns.</u>
<u>2:34</u>	<u>400</u>			<u>3</u>	<u>Release packer. Start to reverse out.</u>
			<u>45</u>		<u>Well clean.</u>
					<u>Pull 5 Joints and set packer.</u>
<u>3:20</u>		<u>500</u>			<u>Pressure up on well.</u>
					<u>Job complete.</u>
					<u>Thank You Clarence Milte, Shawn</u>