



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200483
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: _____

1200483

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

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

FIELD SERVICE TICKET
1718 A

DATE _____ TICKET NO. _____

DATE OF JOB: 1-18-14		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: CASTLE EXPLORATION INC				LEASE: Gregg A				WELL NO. 1-19	
ADDRESS:				COUNTY: Comanche		STATE: KS			
CITY:		STATE:		SERVICE CREW: Matt, Kurn, Hamby					
AUTHORIZED BY:				JOB TYPE: CONN CONN					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37386	.5						1-18-14	PM	3:00
						ARRIVED AT JOB		AM	6:15
27463	.5					START OPERATION		AM	8:00
						FINISH OPERATION		AM	8:00
19910/21010	.5					RELEASED		AM	9:00
						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: X (Signature)
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 106	A 5-1/2" line	SM	200		2600.00
CP 103	60/100 Puz	SM	150		1500.00
CC 102	Cellulose	LB	88		312.00
CC 109	CAL. chloride	LB	909		727.20
CC 120	Flu. 711	PIE	75		315.00
CC 101	Hydro. 59 mat	PIE	150		1200.00
CC 113	Fluor. + Oxid. Sol	PIE	1136		1136.00
CC 220	DEPTH CHARGE 0-500'	44'	1		1.00
CC 240	DEPTH CHARGE 500-1000'	51'	350		490.00
5003	5-1/2" 3/4" dia	"	1		1.15

SUB TOTAL 7,898.95

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Matt Matt</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>(Signature)</u>
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>01-28-14</u> DISTRICT <u>Pratt KS</u>		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 <u>Chas Telle - 820/1001...</u>		LEASE <u>Greene #1</u>		WELL NO. <u>1-19</u>						
ADDRESS		COUNTY <u>Comanche</u>		STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>Sullivan, Gandy, Phipps</u>								
AUTHORIZED BY		JOB TYPE: <u>new 2 1/2" log string</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>33700</u>	<u>2.0</u>					<u>602118</u>	<u>01/28/14</u>			
<u>33700</u>	<u>2.0</u>									<u>1:30</u>
<u>33700</u>	<u>2.0</u>									<u>5:30</u>
										<u>4:30</u>
										<u>5:15</u>
						MILES FROM STATION TO WELL				<u>71</u>

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
CP 105	NH-7 cont	sk	150		8,550.00
CP 102	1/4" pipe cont	sk	85		1,071.25
CP 102	1/2" pipe	lb	385		140.50
CP 111	5/8" T	lb	6.47		342.00
CP 112	3/4" pipe	lb	43		221.00
CP 115	C-114	lb	144		720.00
CP 129	3/4" pipe	lb	43		221.00
CP 131	2" pipe	lb	750		307.50
CP 137	1 1/2" pipe	sk	1		240.00
CP 138	1 1/2" pipe	sk	1		240.00
CP 139	1 1/2" pipe	sk	3		720.00
CP 140	1 1/2" pipe	sk	6		1,440.00
CP 141	1 1/2" pipe	sk	73		1,755.00
CP 142	1 1/2" pipe	sk	150		3,600.00
CP 143	1 1/2" pipe	sk	870		20,880.00
CP 144	1 1/2" pipe	sk	1		240.00
CP 145	1 1/2" pipe	sk	735		17,640.00
CP 146	1 1/2" pipe	sk	1		240.00
CP 147	1 1/2" pipe	sk	1		240.00
CP 148	1 1/2" pipe	sk	1		240.00
CP 149	1 1/2" pipe	sk	1		240.00
CP 150	1 1/2" pipe	sk	1		240.00
CP 151	1 1/2" pipe	sk	1		240.00
CP 152	1 1/2" pipe	sk	1		240.00
CP 153	1 1/2" pipe	sk	1		240.00
SUB TOTAL					<u>10,503.25</u>

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Robert J. Hill</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
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FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>CASTELL-EXPLORATION</i>	Lease No.	Date <i>01-25-14</i>	
Lease <i>GREGG A</i>	Well # <i>1-19</i>		
Field Order # <i>9786</i>	Station <i>PRA-H KS</i>	Casing <i>5 1/2</i>	Depth <i>5751'</i>
Type Job <i>CNW 5 1/2 long strip</i>	Formation	County <i>COMANCHE</i>	State <i>KS</i>
		Legal Description <i>19-33-16</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>				Pre Pad	Max		5 Min.	
Depth <i>5751</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>136</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>2.000</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>5703</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Jull</i>
Service Units <i>37900 33708 20920 70959 19918</i>		
Driver Names <i>Sullivan GRAVES Phye</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:30</i>					<i>on loc safety meet</i>
					<i>Run 136 sts 5 1/2 15.5 csg.</i>
					<i>cir csg 10 sts off bottom 1/2 hr.</i>
<i>2:50</i>					<i>CASING ON BOTTOM</i>
<i>3:00</i>					<i>Hook Rig circ.</i>
<i>3:30</i>	<i>200</i>		<i>10</i>	<i>3.5</i>	<i>pump 35 sk SCAVENGER cmt</i>
			<i>26</i>	<i>4.5</i>	<i>At mix 150 sk AA-7 cmt @ 15.3 ppd.</i>
					<i>cmt mix -> shut down wash pump, line</i>
					<i>Release Plug</i>
				<i>6</i>	<i>St disp w/ 2% KCL 424</i>
	<i>250</i>		<i>96</i>		<i>lift PSI</i>
				<i>4</i>	<i>Slow Rate</i>
<i>4:20</i>	<i>1850</i>		<i>136</i>		<i>Plug down</i>
			<i>7</i>		<i>plug RT w/ 30 sk 60/40 ppc</i>
			<i>5</i>		<i>plug RT w/ 20 sk</i>

Gregg A #1-19 Frac Job

04-01-14 Nuverra set 17 - 500 bbl frac tanks then filled them w/ well from Gregg Ranch. RU Basic Energy Svc frac equipment, frac well as follows: SICP – ~60# FL @ 4900', Stage #1; 66,000 gal pad, 1033# @ 75.7 bpm (increased pad rate slowly). Stage #2; 20,000 gal w/ .1# of 30/50 sand, 1024# @ 76 bpm. Stage #3; 21,000 gal w/ .2# of 30/50 sand, 998# @ 76 bpm. Stage #4; 21,000 gal w/ .3# of 30/50 sand, 979# @ 75.8 bpm. Stage #5; 26,000 gal w/ .4# of 30/50 sand, 962# @ 76 bpm. Stage #6; 26,000 gal w/ .5# of 30/50 sand, 953# @ 76 bpm. Stage #7; 26,000 gal w/ .6# of 30/50 sand, 948# @ 76.1 bpm. Stage #8; 26,000 gal w/ .7# of 30/50 sand, 944# @ 76.1 bpm. Stage #9; 26,000 gal w/ .8# of 30/50 sand, 929# @ 76 bpm. Stage #10; 23,000 gal w/ .9# of 16/30 sand, 911# @ 75.2 bpm. Stage #11; 20,000 gal w/ 1# of 16/30 sand, 870# @ 75.4 bpm. Stage #12; 4,000 gal w/ 1.5# of 16/30 resin sand, 868# @ 75.5 bpm. Stage #13; 2,000 gal w/ 2# of 16/30 resin sand, 852# @ 75.9 bpm. Stage #14; 6,600 gal flush, 949# @ 75.8 bpm. ISIP – 207#, 5 min – 172#, 10 min – 148# & 15 min - 136. Total load – 7642 bbl. RDMO Basic Energy Svc



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Castelli Exploration
6908 NW 112th
Oklahoma City, OK 73162
ATTN: Cameron Castelli

19-33S-16W Comanche

Gregg A 1-19

Job Ticket: 51925 **DST#: 1**
Test Start: 2014.01.22 @ 16:45:49

GENERAL INFORMATION:

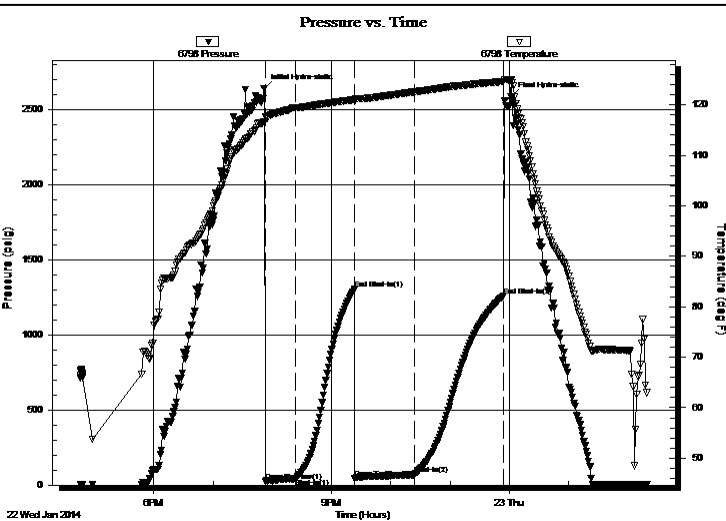
Formation: **Warsaw**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 19:52:49
Time Test Ended: 02:20:04
Interval: **5095.00 ft (KB) To 5128.00 ft (KB) (TVD)**
Total Depth: 5128.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Leal Cason
Unit No: 74
Reference Elevations: 1854.00 ft (KB)
1841.00 ft (CF)
KB to GR/CF: 13.00 ft

Serial #: 6798

Inside

Press @ Run Depth: 68.75 psig @ 5096.00 ft (KB)
Start Date: 2014.01.22 End Date: 2014.01.23
Start Time: 16:45:50 End Time: 02:20:04
Capacity: 8000.00 psig
Last Calib.: 2014.01.23
Time On Btm: 2014.01.22 @ 19:51:34
Time Off Btm: 2014.01.23 @ 00:01:49

TEST COMMENT: IF: Weak Blow , Built to 3 inches
IS: No Blow Back
FF: Weak Blow , Built to 2 inches
FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2638.33	116.54	Initial Hydro-static
2	26.22	117.55	Open To Flow (1)
33	46.55	119.40	Shut-In(1)
92	1303.46	121.03	End Shut-In(1)
92	47.55	120.75	Open To Flow (2)
152	68.75	122.55	Shut-In(2)
243	1260.22	124.62	End Shut-In(2)
251	2583.76	124.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
65.00	SGCM 1%G 99%M	0.32

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castelli Exploration

19-33S-16W Comanche

6908 NW 112th
Oklahoma City, OK 73162

Gregg A 1-19

Job Ticket: 51925

DST#: 1

ATTN: Cameron Castelli

Test Start: 2014.01.22 @ 16:45:49

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 45.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
65.00	SGCM 1%G 99%M	0.320

Total Length: 65.00 ft Total Volume: 0.320 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

