



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200663
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: _____

1200663

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Knighton Oil Company, Inc.
Well Name	OYK, LLC 2 SWD
Doc ID	1200663

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4 feet	acidized 750 gal	4632-4636 Lansing
4	6 feet	acidized 750 gal	4714-4720 Lansing
4	6 feet	acidized 750 gal	4740-4746 Lansing
4	10 feet	acidized 750 gal	4754-4764 Lansing
4	6 feet	acidized 750 gal	4862-4868 Lansing
4	10 feet	acidized 750 gal	4876-4886 Lansing



PAGE 1 of 1	CUST NO 1006184	INVOICE DATE 01/31/2014
INVOICE NUMBER 1717 - 91401221		

Liberal (620) 624-2277

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 #1 #2
O
B LOCATION
S COUNTY Clark
I STATE KS
T JOB DESCRIPTION Cement-New Well Casing/Pi
E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40687237	27462		Net - 30 days	03/02/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/30/2014 to 01/30/2014</i>				
0040687237				
171704852A Cement-New Well Casing/Pi 01/30/2014				
5 1/2" Longstring				
AA2 Cement	315.00	EA	12.12	3,818.49 T
C-41P	75.00	EA	2.66	199.82 T
Salt	1,568.00	EA	0.33	522.18 T
C-44	297.00	EA	3.43	1,018.76 T
C-15	149.00	EA	8.33	1,240.52 T
Gilsonite	1,575.00	EA	0.45	702.85 T
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	239.78	239.78
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	266.42	266.42
Antelope 5 1/2 X 7 7/8 Turbo	6.00	EA	49.95	299.72
"Cmt Basket, Canvas 5 1/2"	2.00	EA	636.08	1,272.16
Mud Flush	500.00	EA	0.57	286.40 T
Heavy Equipment Mileage	120.00	MI	4.66	559.48
Blending & Mixing Service Charge	315.00	BAG	0.93	293.73
"Proppant & Bulk Del. Chgs., per ton mil	891.00	EA	1.07	949.52
Depth Charge; 5001-6000'	1.00	EA	1,918.23	1,918.23
Plug Container Util. Chg.	1.00	EA	166.51	166.51
"Unit Mileage Chg (PU, cars one way)"	60.00	MI	2.83	169.84
"Service Supervisor, first 8 hrs on loc.	1.00	EA	116.56	116.56
High Head Charge (Over 6')	1.00	EA	199.82	199.82

PAID
 CK. NO. 66494
 DATE 2-19-14

OYK
Cement Longstrings (#2)

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	14,240.79
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	479.02
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	14,719.81
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

WELL FILE



BASICSM
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04852 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-30-14 DISTRICT 1717	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 Co Inc	LEASE OPK LLC Ourewo #1 WELL NO.
ADDRESS	COUNTY Clark STATE KS
CITY STATE	SERVICE CREW E Mendoza, D Beck
AUTHORIZED BY J Bennett	JOB TYPE: 2 1/2 5 1/2" Production

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	8						1-30-14	AM	12:00
27462	8							AM	4:00
3811	8							AM	2:00
37724	8							PM	3:00
								PM	4:00
						MILES FROM STATION TO WELL	60 mi		

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
CC105	AAQ	sk	315		5733 00
CC105	C-41	lb	75		300 00
CC111	Salt	lb	1568		784 00
CC115	C-44	lb	297		1529 55
CC103	C-15	lb	149		1862 50
CC201	Gilsonite	lb	1515		1055 25
CF1251	5/2" Auto Fill Float Shoe	ea	1		360 00
CF607	Latch Down Plug + Bottle	ea	1		400 00
CF4452	Turbolizer	ea	1		450 00
CF4852	Basket	ea	2		1910 00
CC181	Mud Puck	gal	500		430 00
E101	Heavy Equipment Mileage	mi	120		840 00
CE240	Blending & Mixing Service	sk	315		441 00
E113	Proppant & Bulk Delivery	cu/yd	891		1425 60
CE206	Pump Depth: 5001-6000'	hr	1		2880 00
CE503	Plug Container High Head 8'	ea	1		300 00
CE504	Plug Container	ea	1		250 00
E100	Service Supervisor Mileage	mi	60		255 00
2003	Service Supervisor	ea	1		175 00
SUB TOTAL					#14240.79

CHEMICAL / ACID DATA:			

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

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.

WELL FILE



Cement Report

Customer	Knighon Oil Co Inc	Lease No.		Date	1-30-14
Lease	OYK LLC Owned	Well #	1	Service Receipt	04852
Casing	5 1/2" 150#	County	Clark	State	KS
Job Type	242-5 1/2" Production	Legal Description	23-30-22		

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 150#	Shots/Ft		Lead
Depth	5151'	From	To	
Volume	Disp-121.6 bb	From	To	Tail in 265 sk AA2
Max Press	2500#	From	To	
Well Connection	TD-8100'	From	To	
Plug Depth	SJ-42'	Packer Depth	From	To

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00					on loc-sit assessment (toh)
5:00					spot trucks - rig up
8:30					start csg & float equip
12:30					csg on obtm break circ
1:00					safety meeting - JSA
2:00					pressure test 3000#
2:00			13	4	plug rat & mouse hole w/ 50 sk
2:10	300		12	5	pump 500 gal mud flush
2:15	300		66	6	mix & pump 265 sk AA2 @ 15.0 pp - 1.40 ft/sk
2:30					wash lines
2:35	0		0	6	drop latch down plug, disp csg
2:55	900		110	2	slow rate
3:00	1500		121.6	0	land latch down plug, float held job complete

Service Units	34726	27462	3811-37724	
Driver Names	A Oliver	E Mendoza	D Beck	

WELL FILE

K Werner Customer Representative
 J Bennett Station Manager
 A Oliver Cementer