



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211741
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: _____

1211741

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 10434 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-8-14 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 LD Drilling Inc		LEASE M. Cune OWWO WELL NO. 4-18							
ADDRESS		COUNTY STAFFORD STATE KC							
CITY STATE		SERVICE CREW MATTI, GRAY, Phyl							
AUTHORIZED BY		JOB TYPE: CAW 1000 STIM							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 6-8-14	DATE	AM	TIME
37580	.5					ARRIVED AT JOB		PM	12:15
27463	.5					START OPERATION		AM	2:46
19960/21010	.5					FINISH OPERATION		AM	3:15
						RELEASED		AM	4:00
						MILES FROM STATION TO WELL	20		

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 L.D. Davis By D Scott**
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP104	50/50 P02	SW	250		2750 00
CP104	60/50 P02	SW	30		330 00
CC103	COLLOIDAL	LB	70		259 00
CC113	5YPSUM	LB	1180		885 00
CC129	FIB 322	LB	118		885 00
CC201	GILSONITE	LB	1680		1,125 60
C700	K&L POPAGUM Chloride	LB	636		954 00
CF607	ATCH DOWN Plug + BATH 5 1/2"	EA	1		400 00
CF1001	SM SHOT PAPER TYPE 5 1/2"	EA	1		3,700 00
CF1651	74601000 5 1/2"	EA	8		880 00
CF1901	BASKET 5 1/2"	EA	1		290 00
CC151	Mud Flash	SAI	6000		1,500 00
E100	P. U. MFR	M1	20		85 00
E101	Heavy eq. MFR	M1	40		280 00
E113	PROP Guide Del.	M1	236		519 20
CC205	DEPTA charge 4wt-5000'	4hr	1		2,520 00
CC240	Bleed + mix charge	SA	280		392 00
CC304	Plug charge	500	1		250 00
5003	SERVICE SUPPLIES	EA	1		175 00

SUB TOTAL **13,816 65**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Mike Mattai	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X L.D. Davis By D Scott (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer LD Drilling inc	Lease No.	Date 6-8-14
Lease M. C. H. O. W. W. O.	Well # 4-18	
Field Order # 10434	Station	Casing 5 1/2 Depth 4403.56 County STAFFORD State Ks
Type Job CAW LONG STRIPS	Formation	Legal Description 18-25-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 280 SWS 50/50 POZ	RATE	PRESS	ISIP	
Depth 4403.56	Depth	From	To	Pre Pad 5% KCl	Max 6 #	5% KCl	5% KCl	5% KCl 322
Volume 124.8	Volume	From	To	Pad	Min			10 Min.
Max Press 1300	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 4341.02	Packer Depth	From	To	Flush 104	Gas Volume			Total Load

Customer Representative LD	Station Manager Kevin Gurdley	Treater MIKE MARSH
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Service Units 37586	27463	19960	21010				
Driver Names MARSH	GRAY	PH	YE				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:15					ON location / safety meeting
12:15					Run 5 5 1/2 15.5" casing, BASKET ON 5405
					trubulators on 1, 3, 5, 7, 9, 11, 13, 15
1:35					CASING ON BOTTOM
1:45					Hook up to casing / BREAK CIRC WITH KEY
2:25	900		12	2	INITIAL PACK SHOW
2:25	350		3	4	PUMP 3 BBL WATER
2:26	350		24	4	PUMP 24 BBL AND FLUSH
2:30	350		5	4	PUMP 5 BBL WATER
2:35	400		60	6	MIX 250 SWS 50/50 POZ
2:45			4	3	WASH PUMP + LINE, release plug
2:47	150			6	START ASPHERIC
3:00	300		65	5.5	LIFT PRESSURE
3:05	600		95	3	SLOW RATE
3:07	1300		104	-	Plug down, released + hold
3:15			7		Plug RAT hold
					CIRCULATION then job
					JOB COMPLETE
					THANK YOU!
					MIKE MARSH