



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1213573  
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: \_\_\_\_\_

1213573

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET  
1718 09861 A

28-215-13W

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 2-9-14		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 <i>Deutsch Oil</i>				LEASE <i>Batman-Morrison</i>				WELL NO. <i>1</i>	
ADDRESS				COUNTY <i>Stafford</i>		STATE <i>Kansas</i>			
CITY STATE				SERVICE CREW <i>C. Messick, M. McGraw, P. Eggers</i>					
AUTHORIZED BY				JOB TYPE: <i>C.N.W. - Longstring</i>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<i>28,443</i>	<i>1.5</i>					<i>2-8-14</i>	<i>2-8-14</i>	<i>PM</i>	<i>1:00</i>
						ARRIVED AT JOB		<i>AM</i>	<i>10:30</i>
<i>77,686-19,905</i>	<i>1.5</i>					START OPERATION	<i>2-9-14</i>	<i>AM</i>	<i>5:30</i>
<i>70,890-19,918</i>	<i>1.5</i>					FINISH OPERATION	<i>2-9-14</i>	<i>PM</i>	<i>7:00</i>
						RELEASED	<i>2-9-14</i>	<i>AM</i>	<i>7:15</i>
						MILES FROM STATION TO WELL			<i>45</i>

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
P CP 105	AA2 Blend Cement	sh	150		\$ 2,550.00
P CP 103	60/40 Poz Blend Cement	sh	30		\$ 360.00
P CC 111	Salt	Lb	694	347	\$ 360.00
P CC 105	Defoamer	Lb	36		\$ 144.00
P CC 129	Fluid Loss	Lb	71		\$ 532.50
P CC 201	Gilsonite	Lb	750		\$ 562.50
P CF 103	Top Rubber Plug, 5 1/2"	ea	1		\$ 105.00
P CF 251	Regular Guide Shoe, 5 1/2"	ea	1		\$ 250.00
P CF 1451	Insert Float Valve, 5 1/2"	ea	1		\$ 215.00
P CF 1651	Turbolizer, 5 1/2"	ea	6		\$ 550.00
P CF 1901	Basket, 5 1/2"	ea	1		\$ 290.00
P CC 151	Mud Flush	Gal	500		\$ 430.00

SUB TOTAL *ka*

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.



# ALLIED OIL & GAS SERVICES, LLC 062676

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Cement Benefits

DATE <u>2-1-14</u>	SEC. <u>28</u>	TWP. <u>215</u>	RANGE <u>13W</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00 AM</u>	JOB FINISH <u>2:00 PM</u>
BOTHAM LEASE # <u>92214402</u>		WELL # <u>1</u>		LOCATION <u>281 S. TO 170 RD 4/4 W</u>		COUNTY <u>51060601</u>	STATE <u>TX</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>5/1000</u>			

CONTRACTOR Fossil Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 4 1/2 DEPTH 332.62

TUBING SIZE DEPTH

DRILL PIPE 1 1/2 DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 ft

PERFS.

DISPLACEMENT 20, 23 bbls Freshwater

EQUIPMENT

OWNER \_\_\_\_\_

CEMENT

AMOUNT ORDERED 250 SKS 60+ class A  
40 y. on 2 3/4 cc 2 1/2 gal  
100 SKS Class A 3+cc

COMMON	<u>250</u>	@ <u>17.90</u>	<u>4,475.00</u>
POZMIX	<u>100</u>	@ <u>9.35</u>	<u>935.00</u>
GEL	<u>4</u>	@ <u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>987</u>	@ <u>.80</u>	<u>789.60</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>374.16</u>	@ <u>2.48</u>	<u>927.91</u>
MILEAGE	<u>16.14 X 10%</u>	<u>2.60</u>	<u>419.23</u>
			TOTAL <u>7,640.84</u>

PUMP TRUCK # 366 CEMENTER Dustin Chambers

BULK TRUCK # 491-112 HELPER Josh Ellis

BULK TRUCK # DRIVER Kevin Westphal

BULK TRUCK # DRIVER Mike Southorn

REMARKS:

Pump 5 bbls Freshwater Ahead

Mix 190 SKS Cement

Displace 20, 23 bbls Freshwater

of Shutin

Cement did not circulate

Plug Down

Ream 1" 70ft

Mixed 100 SKS class A 3+cc

Cement did circulate

CHARGE TO: Deutsche Oil

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Casey Gault

SIGNATURE X Casey Gault

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE	<u>1512.25</u>		
EXTRA FOOTAGE		@	
MILEAGE <u>Hum 10</u>		@ <u>7.70</u>	<u>77.00</u>
MANIFOLD		@	
<u>Hum 10</u>		@ <u>4.40</u>	<u>44.00</u>
		@	
			TOTAL <u>1,633.25</u>

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
			TOTAL _____

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 9,274.09

DISCOUNT 2,596.74 IF PAID IN 30 DAYS

6,677.34



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Deutsch Oil Company

**28-21s-13w Stafford, Co.**

8100 E 22nd St. N.  
Wichita, Ks. 67226

**Batman-Moorison #1**

ATTN: Eldon Schierling

Job Ticket: 51930

**DST#: 1**

Test Start: 2014.02.07 @ 04:19:04

## GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 09:22:34

Time Test Ended: 17:29:34

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 53

**Interval: 3687.00 ft (KB) To 3705.00 ft (KB) (TVD)**

Reference Elevations: 1893.00 ft (KB)

Total Depth: 3705.00 ft (KB) (TVD)

1885.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

**Serial #: 6719 Outside**

Press @ Run Depth: 1161.10 psig @ 3688.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.02.07 End Date: 2014.02.07

Last Calib.: 2014.02.07

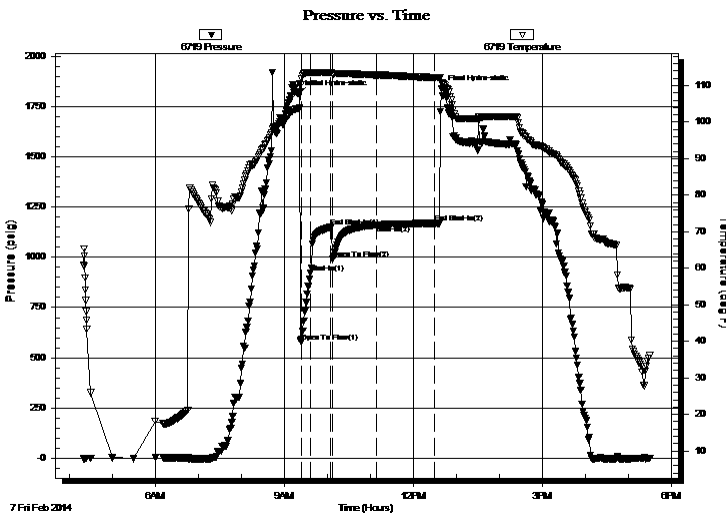
Start Time: 04:19:09 End Time: 17:29:34

Time On Btm: 2014.02.07 @ 09:19:34

Time Off Btm: 2014.02.07 @ 12:38:34

**TEST COMMENT:** IF: Strong blow . B.O.B. in 20 secs.  
IS: Fair blow . B.O.B. 10 mins.  
FF: Strong blow . B.O.B. in 10 secs. G.T.S. in 10 mins.  
FS: Weak blow . surf. - B.O.B. in 63 mins.

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1810.99	103.70	Initial Hydro-static
3	578.22	110.34	Open To Flow (1)
16	920.93	113.54	Shut-In(1)
45	1149.63	113.49	End Shut-In(1)
48	991.13	113.17	Open To Flow (2)
109	1161.10	112.88	Shut-In(2)
190	1169.48	112.23	End Shut-In(2)
199	1836.35	110.84	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
120.00	WCMGO 5%w 15%g 40%m 40%o	0.59
3080.00	CGO 32%g 68%o	33.20

## Gas Rates

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





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Deutsch Oil Company

**28-21s-13w Stafford, Co.**

8100 E 22nd St. N.  
Wichita, Ks. 67226

**Batman-Moorison #1**

Job Ticket: 51930

**DST#: 1**

ATTN: Eldon Schierling

Test Start: 2014.02.07 @ 04:19:04

## 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:

5100 ppm

Viscosity: 46.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5100.00 ppm

Filter Cake: 0.20 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	WCMGO 5%w 15%g 40%m 40%o	0.590
3080.00	CGO 32%g 68%o	33.200

Total Length: 3200.00 ft

Total Volume: 33.790 bbl

Num Fluid Samples: 0

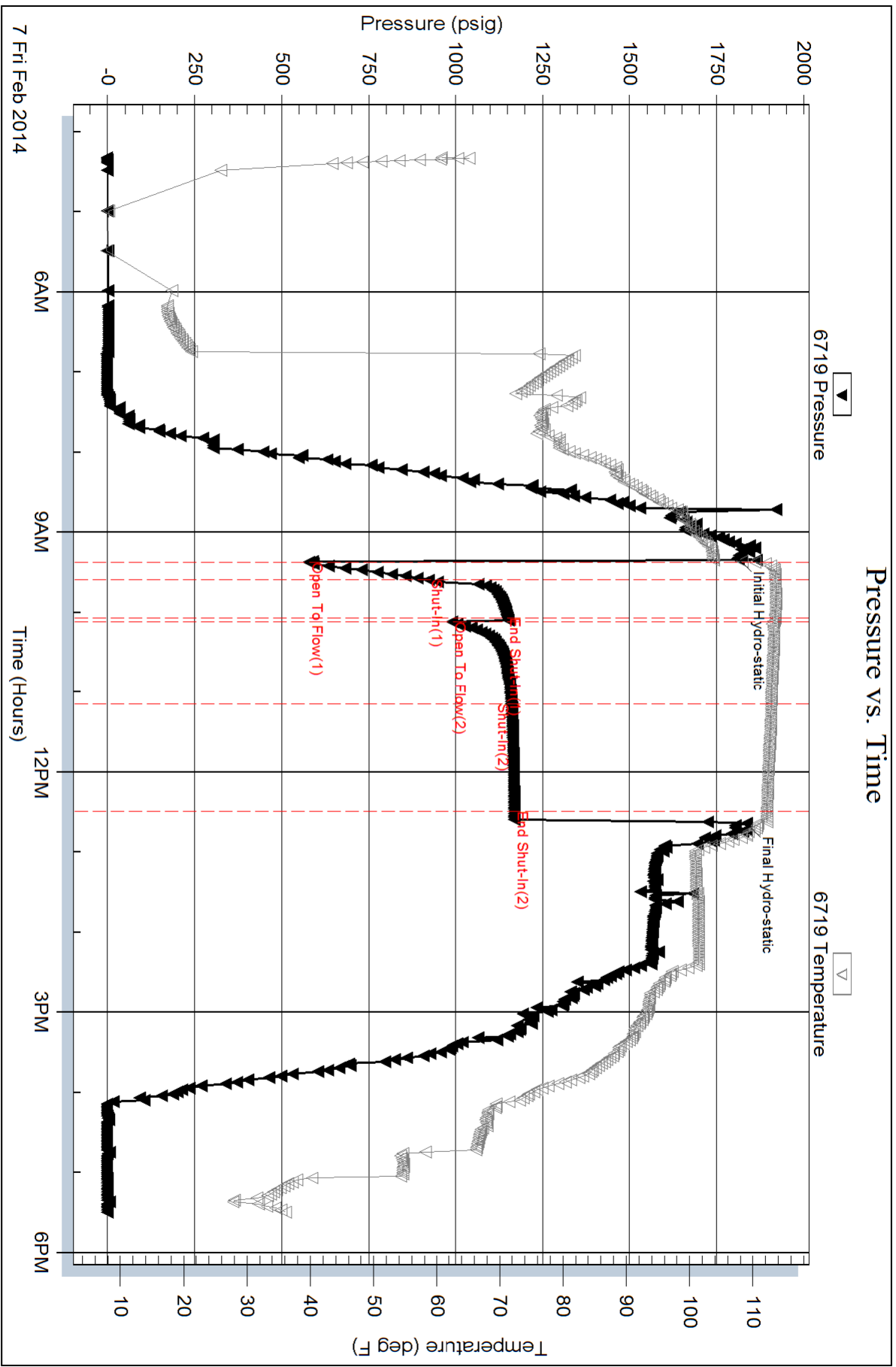
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:





Serial #: 6773

Outside

Deutsch Oil Company

Batman-Morrisson #1

DST Test Number: 1

