

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1214234

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
☐ Oil ☐ WSW ☐ 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: ☐ WSW	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec. TwpS. 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 Approved by: Date:

Page Two



Operator Name:				_ Lease I	Name: _			Well #:			
Sec Twp	S. R	East	West	County	:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov		
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic		
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample		
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	Datum		
Cores Taken Electric Log Run			es No								
List All E. Logs Run:											
				RECORD	Ne						
	0: 11.1					ermediate, product		" 0 1	T 15		
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives		
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD					
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives			
Perforate Protect Casing	Top Dottom										
Plug Back TD Plug Off Zone											
1 lug 0 li 20 lio											
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)		
Does the volume of the t			-		-		_ ` `	skip question 3)			
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)		
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth		
						(* *			200		
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:					
		0017111				[Yes N	o			
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity		
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!			
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:		
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)				

ALLIED OIL & GAS SERVICES, LLC 062675 Federal Tax I.D. # 20-8651475 MAR 2 9 2014

SOUTH	HLAKE, TE					VICE POINT:	Bend
DATE 3-18-14	SEC.	TWP. 79	RANGE &	CALLED OUT	ON LOCATION	JOB START	JOB FINIS
LEASE PROSTES	1	7		oth Kingman	2	COUNT	STATE
OLD OR NEW (Ci					to Belmont	Lingman	1/2)
U	0		1-11/19	GE Ninto			
	icknell			OWNER			
TYPE OF JOB S	rface	T.D		CEMENT			Here Here
CASING SIZE	55/4		TH 7.86.65	CEMENT	RDERED 175	cre cla	- A 7K
TUBING SIZE		DE		24/92	NOEKED	SE) LIKS	SITSE
DRILL PIPE TOOL	45	DEI	Secretary and the second second				
PRES. MAX		DEI	IMUM	COMMON	175	@ 17.90	7 137
MEAS. LINE		SHO	DE JOINT	POZMIX		@ 11.70	2.100
CEMENT LEFT IN	CSG. 15	Fr		GEL	3	@ 23.40	70.2
PERFS. DISPLACEMENT	16,03	1110		CHLORIDE		@,80	394.
DISPLACEMENT	-		adjuster-	ASC			
	EQUIP	PMENT					
PUMP TRUCK (CEMENTER	2 close	1500			6	
#.366	HELPER /	Leven	Eddy			6	
BULK TRUCK		-					
# 6/0 - 1/70 I BULK TRUCK	DRIVER /	Sun C	isper			@ @	
	DRIVER		/	-		@	EN SEASON CONTRACTOR
	J. (1)			HANDLING	188.74	@ 2.48	468.
	DEM	ARKS:		MILEAGE _	8.62 X 40 X	2.60	896.
Contraction-	en or w		0,			TOTAL	4.961
fun 8 /4 cus					SEDVI	CE	
Dump 5 to Frisil	water				SERVI	CE	Marketon and the Control of the Cont
mix 1755Ks C1				DEPTH OF J			
Shot in	bbl fres	L with			K CHARGE	1512	. 25
Cement did	concular	te		EXTRA FOO MILEAGE _		_@ 7.70	308.9
Rig down				— MANIFOLD		@ ,	
					Lvm 40	@ 4.40	176.0
CILL D OF TO	Lu 51	6				@	-
CHARGE TO:/	ovy sil	4 50.5				was directive and	1.996
STREET				-		TOTAL	1.110
CITY	STAT	E	ZIP		The state of the s		
					PLUG & FLOAT	EQUIPMEN	T
						_@	
						_@	
To: Allied Oil & (
You are hereby rea and furnish cemen	quested to r	ner(c) to	enting equipme			_@	
contractor to do w							10
done to satisfactio						TOTAL	
contractor. I have	read and un	nderstan	d the "GENER.	ΔΤ			
TERMS AND CO	NDITIONS	S" listed	on the reverse s	ide. SALES TAX	(If Any)	2 90	-
		-//		TOTAL CHAI	RGES 6.75	58	
/	C-1	011	77		1 , 7 7 1	~ ~	
PRINTED NAME	(Th	Che	Telen	DISCOUNT _		IF PAI	DIN 30 DA
PRINTED NAME	Mis Mis	lhe o	This !	DISCOUNT _	5.5	IF PAI しし、32	D IN 30 DA
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PRINTED NAME	MIK	lke E K	This eve	DISCOUNT _	5.5	IF PAI	D IN 30 DA



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

APR 0 2 2014

FIELD SERVICE TICKET

1718 10203 A

DATE TICKET NO._____

DATE OF JOB	31-14	DISTRICT POATT			NEW WELL	OLD F	ROD INJ	□ WDW [CUS	STOMER DER NO.:	
CUSTOMER /V	/	011 + 995 1	177			-	en Stei	1		WELL NO.	>
						43					
ADDRESS				MAN		, ,					
CITY	CITY STATE						ATTAL 1	To GIAN,	L	1151	
AUTHORIZED BY	1				JOB TYPE:	CNW	Lung				
EQUIPMENT#	JIPMENT#	HRS	TRUCK CALL	ED 3- 30-14	DATE	AM TIN	DU 20				
37586							ARRIVED AT	JOB		AM 9	u
77/01/100							START OPER	RATION		AM 5	55
77686/199	0)						FINISH OPER	RATION		AM PM	45
19960/2101	0						RELEASED			AM T	115
19100/ 2100	-				MILES FROM	STATION TO V	VELL	50			
ITEM/PRICE		hout the written consent of an off						ER, OPERATOR, C			
REF. NO.		MATERIAL, EQUIPMENT	AND SER	VICES US	SED	UNIT	QUANTITY	UNIT PRICE		\$ AMOUN	1
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(P105		40 POZ				5v	50			600	00
CC 102	(-41	FIRVE				110	65			260	50
CC 105	SALI					115	2413			1 206	50
((112		figures le Dyes				10	78			468	00
CC 201	9,150					113	3000			2,010	00
C+ 607	IATLY		514	7		PA	1			400	00
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					ERVICE & EQU	IPMENT		X ON \$			
				M	ATERIALS		%TA	X ON \$	TAL		
			1					10	TAL		

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

SERVICE REPRESENTATIVE



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

FIELD SERVICE TICKET APR 0 2 20141718 10203

DATE TICKET NO. WDW WELL NO. STATE

OLD PROD INJ DISTRICT CUSTOMER LEASE **ADDRESS** COUNTY CITY STATE SERVICE CREW **AUTHORIZED BY** JOB TYPE EQUIPMENT# **EQUIPMENT#** HRS EQUIPMENT# HRS HRS DATE TIME TRUCK CALLED AM ARRIVED AT JOB AM START OPERATION FINISH OPERATION AM PM RELEASED MILES FROM STATION TO WELL

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.

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES U	JSED UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	Т
# V105	before rue		1.5		Smo	aid
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ec to?	一直 北京 中央	10	-		277	50
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CHE	EMICAL / ACID DATA:			SUB TOTAL	1574	34-
	S	ERVICE & EQUIPMENT	%TAX	ON C	Control of the second	
		ATERIALS	%TAX	The state of the s		
				TOTAL	63.2	
				IOTAL		

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



APR 0 2 2014

TREATMENT REPORT

Customer	Y OILI	998 1	nc	Lease No.			Date 3 - 31 - 14							
1	use / / V=15/ Well # 7)-)1	-/1/			
Field Order #	der # Station Platt Casing						Dep	thussy	County	Vare	NAW	State		
Type Job Chw Lung Sra, ng							Formatio	n 45	90		Description	5-29-1		
PIPE DATA PERFORATING DATA FLUID I									٦	TREATMENT	RESUME			
Casing Size	Tubing Siz	e Shots/F	-t		Acid	300 5	0,601	1,102	RATE	PRESS	ISIP	()		
Depth	Depth	From	То		Pre F	ad / S	20 SAT	Max	70 01	R 10 de	5 Min.			
olume 9	Volume	From	То		Pad			Min			10 Min.			
Max Press	Max Press	_	То		Frac			Avg			15 Min.			
Vell Connection	Annulus Vo		То					HHP Use	d		Annulus F	ressure		
Plug Depth	Packer De	_	То		Flush	1		Gas Volu	me		Total Load	d		
Customer Repre	esentative	Vair		Station	Manag	ger V	ial Com	11= 1	Trea	ter / Links	My FIN			
Service Units	7586		77686		-		19960	21016						
	10-1-1		,40	9100			EVI	155						
	Casing Pressure	Tubing Pressure	Bbls. Pu	mped	R	ate		Service Log						
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Taylor Printing, Inc. 620-672-3656