



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1213723  
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: \_\_\_\_\_

1213723

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:  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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC

062675

Federal Tax I.D. # 20-8651475

MAR 29 2014

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

SERVICE POINT: Great Bend

DATE <u>3-18-14</u>	SEC. <u>15</u>	TWP. <u>29</u>	RANGE <u>E</u>	CALLED OUT	ON LOCATION <u>12:00pm</u>	JOB START <u>3:30 pm</u>	JOB FINISH <u>4pm</u>
LEASE <u>Parkway</u>		WELL # <u>2</u>	LOCATION <u>South Kingman to Belmont</u>		COUNTY <u>Kingman</u>	STATE <u>K</u>	
OLD OR NEW (Circle one)			<u>X</u> <u>N 13 1/4 E Ninto</u>				

CONTRACTOR Pickrell OWNER \_\_\_\_\_

TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. \_\_\_\_\_  
 CASING SIZE 8 3/4 DEPTH 286.65  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4 1/2 DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. 15 Ft  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 16.03 bbl Fresh water

CEMENT  
 AMOUNT ORDERED 175 sks class A 3 1/2 cc  
2 1/2 gal

COMMON	<u>175</u>	@	<u>17.90</u>	<u>3,132.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>493</u>	@	<u>.80</u>	<u>394.40</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>188.74</u>	@	<u>2.48</u>	<u>468.07</u>
MILEAGE	<u>8.62 x 40 x</u>	@	<u>2.60</u>	<u>896.48</u>
TOTAL				<u>4,961.65</u>

EQUIPMENT  
 PUMP TRUCK CEMENTER Josh Isaac  
 # 306 HELPER Kevin Eddy  
 BULK TRUCK  
 # 610-170 DRIVER Dan Casper  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

**REMARKS:**

On location - rig up - had safety meeting  
for 3 1/2 hrs - break circulation with rig mud  
pump 5 bbl fresh water  
mix 175 sks class A 3 1/2 cc 2 1/2 gal  
Displace 16.03 bbl fresh water  
Shut in  
Cement did circulate  
Rig down

**SERVICE**

DEPTH OF JOB	_____
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@ _____
MILEAGE	<u>Hum 40 @ 7.70 308.00</u>
MANIFOLD	@ _____
	<u>Hum 40 @ 4.40 176.00</u>
	@ _____

TOTAL 1,996.25

CHARGE TO: Novy oil & gas  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____

TOTAL \_\_\_\_\_

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 Mike Ryan  
 SIGNATURE X Mike Ryan

Thank you!

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 6,957.20  
1,391.58  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
5,566.32



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

APR 02 2014

FIELD SERVICE TICKET  
1718 10203 A

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

DATE OF JOB 3-31-14 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 NOVY OIL + GAS INC		LEASE RAVEN STORM WELL NO. 2						
ADDRESS		COUNTY KINGMAN STATE KS						
CITY STATE		SERVICE CREW MATTAL, McGINN, EMMETT						
AUTHORIZED BY		JOB TYPE: CFW LONG STORM						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 3-30-14 DATE	AM	TIME
37586	1						PM	4:00
						ARRIVED AT JOB	AM	9:00
77686/19905	1					START OPERATION	AM	5:55
						FINISH OPERATION	AM	6:45
19960/21010	1					RELEASED	AM	7:45
						MILES FROM STATION TO WELL		50

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
CP105	60/40 P02	SK	25		3,000 00
CP105	60/40 P02	SK	50		600 00
CC102	Cellofibre	LB	75		277 50
CC105	C-414	LB	65		260 00
CC111	SALT	LB	2413		1,206 50
CC112	CAT FIBER REDUCER	LB	78		468 00
CC204	Gilsonite	LB	3000		2,010 00
CF607	JACOBI Power Plug + 1/2" pipe 5'4"	EA	1		400 00
CF1251	Auger Drill Floor Shoe 5 1/2"	EA	1		360 00
CF1651	Turbolizer 5 1/2"	EA	8		880 00
CF1901	BASKET 5 1/2"	EA	2		580 00
CC151	MUD GUM	SA	500		750 00
E100	P.U. lines	Mi	50		212 50
E101	Heavy eq. Milg	Mi	100		700 00
E113	Profit Guide Rod	Tm	645		1,419 00
CE205	DEPTH CHARGE 4000-5000'	4W	1		2,520 00
CE206	Blend + mix cuttings	SK	300		420 00
CF504	Plug GWT	Tub	1		250 00
5003	Service Supervisor	EA	1		175 00

SUB TOTAL *VA* 12,531 26

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE <i>Mike Marney</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

APR 02 2014 1718 10203 A

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

DATE OF JOB: 3-27-14		DISTRICT: 17		NEW WELL <input type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:						
CUSTOMER: Navy		LEASE: 11/22/13		WELL NO.: 2						
ADDRESS:		COUNTY: Kingman		STATE: KS						
CITY:		STATE:		SERVICE CREW: [unclear]						
AUTHORIZED BY:		JOB TYPE: [unclear]								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						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.

SIGNED: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CC 101	1/2" pipe		2		3000 00
CC 102	1/2" pipe		10		600 00
CC 103	1/2" pipe		7		277 50
CC 104	1/2" pipe		10		260 00
CC 105	1/2" pipe		10		1,206 00
CC 106	1/2" pipe		10		468 00
CC 107	1/2" pipe		15		2,010 00
CC 108	1/2" pipe		1		400 00
CC 109	1/2" pipe		1		360 00
CC 110	1/2" pipe		1		850 00
CC 111	1/2" pipe		1		580 00
CC 112	1/2" pipe		1		750 00
CC 113	1/2" pipe		1		212 50
CC 114	1/2" pipe		1		700 00
CC 115	1/2" pipe		1		1,419 00
CC 116	1/2" pipe		1		2,520 00
CC 117	1/2" pipe		1		420 00
CC 118	1/2" pipe		1		250 00
CC 119	1/2" pipe		1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		16,124 00
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: [Signature]	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
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FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer NOVY OIL & GAS INC	Lease No.	Date 3-31-14
Lease KAV-251-11	Well # 2	
Field Order # 10203	Station Pratt	Casing 5 7/8
		Depth 4587
Type Job cnw Longspan	Formation 10 4590	County KANEKAWA
		State KS
		Legal Description 15-29-6

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	300 gal 60/40 r02	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	1800 gal	Max	10 <sup>10</sup> psi	5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative Kurt	Station Manager Kurt	Treater Mike
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Service Units	37520	77086	19960	19960	21016
Driver Names				EIST	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00 AM					ON 250 gal / 51 gal / 14 - 15
1:00					Run 5 7/8 15 # ... + 18
4:30					Tubing 2, 3, 4, 5, 6, 8, 17, 19
4:40					CASING ...
5:50	200		5	5	Run 5 unit water
5:57	200		12	5	Run 12 unit water
5:59	200		5	5	Run 5 unit water
6:02	200		62	5	Run 250 gal 60/40 r02
6:12	-		4	3	Water ...
6:10	-		-	-	Water ...
6:15	150		-	6.5	Water ...
6:26	250		73	6	Water ...
6:31	600		100	4	Water ...
6:34	110/1500		108	-	Water ...
6:45			7.9		Plug ...