



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214475 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: _____

1214475

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)*

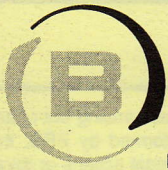
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 10366 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>03-30-14</i> DISTRICT <i>PRATT KS</i>		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>M.M. EXPLORATION</i>		LEASE <i>2-BAR #11 5-9</i>		WELL NO.						
ADDRESS		COUNTY <i>BARBER</i>		STATE <i>KS</i>						
CITY STATE		SERVICE CREW <i>Sullivan, Kuenen, Phye</i>								
AUTHORIZED BY		JOB TYPE: <i>CNW 4 1/2 length</i>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<i>27463</i>	<i>45</i>						<i>3-30-14</i>			<i>9:00</i>
<i>T0959-19918</i>	<i>45</i>					ARRIVED AT JOB				<i>12:15</i>
<i>37900</i>						START OPERATION				<i>4:45</i>
						FINISH OPERATION				<i>5:30</i>
						RELEASED				<i>6:15</i>
						MILES FROM STATION TO WELL				<i>65</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
CP 105	AA-2 cmt	SK	225		3,825 00
CP 105	AA-2 cmt	SK	30		510 00
CC 102	CollFate	lb	64		236 80
CC 111	SALT	lb	1394		697 00
CC 113	Gypsam	lb	1205		903 75
CC 129	FLA-322	lb	193		1,447 50
CC 201	g/sante	lb	1530		1,025 10
CF 606	Latch down Plys. BAFFLE 4 1/2	SA	1		370 00
CF 1250	Auto fill shoe	SA	1		330 00
CF 1650	Coat	SA	1		680 00
CF 1900	Basket	SA	2		340 00
C 704	CLAY MAX	gal	3		175 00
C 100	pick mix	m	65		276 25
C 101	Grady Seal	m	130		910 00
CE 113	Bulk Delivery	TN	783		1,723 15
CE 206	Depth change spool. Good	SA	1		2820 00
CE 240	Bleeding mixer	SK	255		357 00
S003	Sealant	SA	1		175 00
CE 504	Ply Contain Water	SA	1		250 00

SUB TOTAL *169 12,118 09*

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<i>Thank</i>

SERVICE REPRESENTATIVE *Robert Sullivan* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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 10366 A

DATE _____ TICKET NO. _____

DATE OF JOB: 03-30-14		DISTRICT: Pratt KS		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: M.M. [unclear]				LEASE: 2-BAR [unclear] 5-9				WELL NO.:							
ADDRESS:				COUNTY: Pratt				STATE: KS							
CITY:				STATE:				SERVICE CREW:							
AUTHORIZED BY:				JOB TYPE: [unclear]											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
2746	4						03-30-14								
1051-2712	4														
3790										4:15					
										5:30					
										6:15					
															65

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
CP 105	40' 2" pipe	SK	22		9,825 00
CP 105	40' 2" pipe	SK	20		510 00
CE 102	5/8" dia	lb	64		236 80
CE 111	SAFT	lb	1290		697 00
CE 113	3/4" dia	lb	1205		903 75
CE 129	7/8" dia	lb	193		1,447 50
CE 101	1/2" dia	lb	1530		1,025 10
CF 606	1 1/2" dia. [unclear] 4'	SA	1		370 00
CF 1150	1/2" dia. [unclear]	SA	1		330 00
CF 1650	1/2" dia. [unclear]	SA	1		690 00
CF 1600	1/2" dia. [unclear]	SA	2		540 00
CF 708	1/2" dia. [unclear]	SA	3		175 00
CF 1000	1/2" dia. [unclear]	m	65		276 25
CF 101	1/2" dia. [unclear]	m	130		910 00
CF 113	1/2" dia. [unclear]	TM	787		1,723 15
CE 206	0.5" dia. [unclear]	SA	1		2,830 00
CE 240	1/2" dia. [unclear]	SK	255		357 00
CE 504	1/2" dia. [unclear]	SA	1		175 00
		SK	1		230 00

SUB TOTAL 16,118 00

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]
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>MOM EXPLORATION</i>		Lease No.	Date		
Lease <i>2-BAR</i>		Well # <i>5-9</i>	<i>03-30-14</i>		
Field Order # <i>10366</i>	Station <i>PRATT KS</i>	Casing <i>4 1/2</i>	Depth	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>#CDW 4 1/2 longstrip</i>		Formation		Legal Description <i>18-34-14</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>4 1/2</i>							5 Min.	
Depth <i>5185</i>	Depth	From	To	Pre Pad	Max			
Volume <i>82</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>2000</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>51164</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert L...</i>
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Service Units	<i>37900</i>	<i>27463</i>	<i>20959</i>	<i>19918</i>					
Driver Names	<i>Sullivan</i>	<i>Kvenius</i>	<i>Phye</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:15</i>					<i>on loc soft, med g</i>
					<i>Run 4 1/2 csg.</i>
<i>350</i>					<i>CASING ON BOTTOM</i>
<i>4:00</i>					<i>Hook 14 circ csg.</i>
<i>445</i>			<i>6</i>	<i>3.5</i>	<i>Mix 25 sk SCAVENGER cont</i>
			<i>54</i>	<i>5</i>	<i>Mix 200 sk AA-2 cont</i>
					<i>cont mixed shut down wash pump, lower</i>
					<i>Release Plug</i>
				<i>6</i>	<i>St Deep w/ 2% KCL 1, 20</i>
	<i>350</i>		<i>46</i>		<i>Lift PSI</i>
	<i>600</i>			<i>4</i>	<i>Slow Rate</i>
<i>530</i>	<i>1800</i>		<i>82</i>		<i>Plug down float 4-10.</i>
			<i>7</i>		<i>plug RH w/ 30 ct</i>
					<i>JOB Complete</i>
					<i>Thank you</i>

ALLIED OIL & GAS SERVICES, LLC 062776

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge, KS

DATE <i>3-22-2014</i>	SEC <i>5</i>	TWP <i>34</i>	RANGE <i>14</i>	CALLED OUT <i>3:30 PM</i>	ON LOCATION <i>4:30 PM</i>	JOB START <i>5:30 PM</i>	JOB FINISH <i>6:30 PM</i>
LEASE <i>Z-Bar</i>	WELL # <i>5-9</i>	LOCATION <i>Deadhead + Astma Rd south to Potlatch Creek East to Telephone 1/2 Mi East Past Compressor to To Top of Hill North to Rig</i>			COUNTY <i>Barber</i>	STATE <i>Kansas</i>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR *Hardt #1*

TYPE OF JOB *Surface*

HOLE SIZE *17 1/2"* T.D. *301'*

CASING SIZE *13 3/8"* DEPTH *286'*

TUBING SIZE *8 3/8" LT* DEPTH *16'*

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT *42 Bbls Water*

EQUIPMENT

PUMP TRUCK CEMENTER *Carl Balding*

471-265 HELPER *Ren Gilley*

BULK TRUCK

421-252 DRIVER *Robert Johnson*

BULK TRUCK

DRIVER

OWNER *M+M Exploration*

CEMENT AMOUNT ORDERED

150 sx 65:35-616-c 37cc + 1/4 Floreal

100 sx Class A + 37cc

COMMON <i>A</i>	<i>100 sx @ 17.90</i>	<i>1790.00</i>
POZMIX	@	
GEL	@	
CHLORIDE	<i>9 sx @ 64.00</i>	<i>576.00</i>
ASC	@	
<i>Alw</i>	<i>150 sx @ 16.50</i>	<i>2475.00</i>
<i>Floreal</i>	<i>38 @ 2.97</i>	<i>112.86</i>
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <i>278</i>	@ <i>2.48</i>	<i>689.44</i>
MILEAGE <i>299.30/25</i>	@ <i>2.60</i>	<i>778.18</i>
TOTAL		<i>6421.48</i>

REMARKS:

Run 286' 13 3/8 casing w/ 16' 8 3/8 landing joint

Break circulation

Mix 150 sx Alw + 100 sx A + 37cc

Displace with 42 Bbls water

Leave 20' cement in casing + shut in.

SERVICE

DEPTH OF JOB <i>286'</i>		
PUMP TRUCK CHARGE	<i>1512.25</i>	
EXTRA FOOTAGE	@	
MILEAGE <i>25</i>	@ <i>7.70</i>	<i>192.50</i>
MANIFOLD	@	
<i>LV 25</i>	@ <i>4.40</i>	<i>110.00</i>
	@	

TOTAL *1814.75*

CHARGE TO: *M+M Exploration*

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.

SALES TAX (If Any) _____

TOTAL CHARGES *8236.23*

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE *Scott C. Decker*

(NET) 6177.13

250/6