



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215396 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: _____

1215396

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

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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ALLIED OIL & GAS SERVICES, LLC 062765

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93992
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

25/25
4-11-12 Medicine Lodge Ks

DATE <u>4-11-12</u>	SEC. <u>27</u>	TWP. <u>33S</u>	RANGE <u>15W</u>	CALLED OUT	ON LOCATION <u>11:15 PM</u>	JOB START <u>1:00 AM</u>	JOB FINISH <u>1:40 AM</u>
LEASE <u>Z-BAR</u>		WELL # <u>27-9</u>		LOCATION <u>Deerhead Estma, Rd south to Cottage Creek Rd exit @ telephone then 3rd</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Hardt
 TYPE OF JOB Surface
 HOLE SIZE 17 1/2 T.D. 286
 CASING SIZE 13 3/8 DEPTH 281
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1000 MINIMUM
 MEAS. LINE SHOE JOINT 20'
 CEMENT LEFT IN CSG. 20'
 PERFS.
 DISPLACEMENT 42 bbl
 EQUIPMENT
 PUMP TRUCK CEMENTER Jake Heard
 # 894/302 HELPER Ron Gilley
 BULK TRUCK
 # 364 DRIVER Roy TWS
 BULK TRUCK
 # DRIVER

OWNER M+M Exploration
 CEMENT
 AMOUNT ORDERED 150sx 65:35 6% Gell + 3% CC + 1/4 # Floseal
100sx Class A + 3% CC
 COMMON A 100 sx @ 17.90 1790.00
 POZMIX @
 GEL @
 CHLORIDE 9 sx @ 64.00 576.00
 ASC @
ALW 150 sx @ 16.50 2475.00
Floseal 38# @ 2.97 112.86
 @
 @
 @
 @
 @
 @
 HANDLING 278 @ 2.48 689.44
 MILEAGE 299.30 / 25 / 260 778.18
 TOT. 6421.48

REMARKS:

On Location 11:15 PM Conditioning hole. Run casing 13 3/8 198# Land w 16' 8 5/8 Rigs up. Break Circ w Truck, Pump spacer, Mix + pump lead cmt. Mix + pump Tail cmt. Wash up + Displace. Shut in. Release pressure. Cmt d.c Circ.

SERVICE

DEPTH OF JOB 281
 PUMP TRUCK CHARGE 1512.75
 EXTRA FOOTAGE @
 MILEAGE 25 @ 7.70 192.50
 MANIFOLD Swedge 8 5/8 @
40 25 @ 4.40 110.00
 @

TOTAL 1815.25

PLUG & FLOAT EQUIPMENT

@
 @
 @
 @
 @

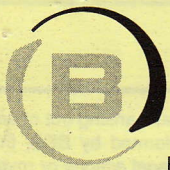
TOTAL _____

CHARGE TO: M+M Exploration
 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
 SIGNATURE X Scott Adendor

SALES TAX (If Any) _____
 TOTAL CHARGES 8236.73
 DISCOUNT _____ IF PAID IN 30 DAYS
Net 6177.54



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 10402 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4-19-2014		DISTRICT: Prstt, 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: Mem Exploitation				LEASE: 2 Bcr				WELL NO. 27			
ADDRESS:				COUNTY: Bgrbor			STATE: ks				
CITY:				STATE:				SERVICE CREW: Darrin, Ed, Josh			
AUTHORIZED BY:				JOB TYPE: CNW/LongString							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME	
27283	1						4-19			2:30	
19889	1						4-19			8:30	
19843	1						4-19			11:00	
19955	1						4-19			12:00	
73768	1						4-19			1:00	
						MILES FROM STATION TO WELL: 80					

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	AA2Cemen-	SK	200		3400 00	
CP105	AA2Cemen-	SK	30		510 00	
CC102	Celloflicke	Lb	58		214 60	
CC111	SS1+	Lb	1255		627 50	
CC113	Gypsum	Lb	1085		813 75	
CC129	FLA-322	Lb	174		1305 00	
CC201	Gilsonite	Lb	1380		924 60	
CF606	Leach Down Plug & Baffle, 4 1/2 Blue	Eg	1		370 00	
CF1250	Auto Fill Plug Shear 4 1/2 Blue	Eg	1		330 60	
CF1650	Turbolizer 4 1/2 Blue	Eg	8		680 00	
CF1900	4 1/2 Basket Blue	Eg	1		270 00	
C704	Cloymax KCL Substitute	Gal	5		175 00	
E100	Unit mileage charge - Pickup	Mi.	65		276 75	
E101	Hesuy Equipment + Mileage	Mi.	130		910 00	
E113	Bulk Delivery	Ton	705		1,551 35	
CE206	Depth Charge 5001-6000	4hrs	1		2,880 00	
CE240	Blenders & mixing Service Charge	SK	230		322 00	
CE504	Plug container Utilization Charge	Job	1		250 00	
S003	Service Supervisory first 8 hrs on loc.	ES	1		175 00	
					SUB TOTAL	11,189 68

CHEMICAL / ACID DATA:			

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

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

Customer <i>Mom Exploration</i>	Lease No.	Date <i>4-15-2014</i>
Lease <i>Z Bar</i>	Well # <i>27-9</i>	
Field Order # <i>10402</i>	Station <i>Picturis</i>	Casing <i>4 1/2</i>
Type Job <i>CNW/Longstring</i>	Formation <i>TD-5150</i>	Depth <i>5142</i>
	County <i>BGibor</i>	State <i>KS</i>
		Legal Description <i>27-33-15</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>4 1/2</i>								
Depth <i>5142</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>8 1/2</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1,000</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>5121</i>	Packer Depth	From	To	Flush <i>Fresh water</i>	Gas Volume		Total Load	

Customer Representative <i>Alvin Vright</i>	Station Manager <i>Kevin Gaidley</i>	Treater <i>Darin Franklin</i>
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Service Units <i>27283</i>	<i>19889</i>	<i>19843</i>	<i>19959</i>	<i>73768</i>				
Driver Names <i>Darin Ed Ed Josh Josh</i>								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:30 pm</i>					<i>on location / set up machines</i>
<i>11:00</i>	<i>100</i>		<i>8</i>	<i>3</i>	<i>Plug RC+ Hole</i>
	<i>400</i>		<i>49</i>	<i>6</i>	<i>Pump 200 sy AA cement +</i>
					<i>Shut down / wssh lines</i>
<i>11:37</i>	<i>200</i>		<i>0</i>	<i>6</i>	<i>Displace Fresh water</i>
	<i>800</i>		<i>50</i>	<i>6</i>	<i>Lift pressure</i>
	<i>800</i>		<i>70</i>	<i>3</i>	<i>Slow rate</i>
<i>12:00</i>	<i>1700</i>		<i>8 1/2</i>	<i>3</i>	<i>Bump Plug</i>
					<i>Flow Held</i>
					<i>Job Complete / Darin & crew</i>
					<i>Thank you!!!</i>