



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219612
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: _____

1219612

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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Form	ACO1 - Well Completion
Operator	Fossil Resources LLC
Well Name	Peterson 1
Doc ID	1219612

Tops

Name	Top	Datum
Topeka	3022	-1091
Hebner	3303	-1372
Toronto	3321	-1390
Douglas	3340	-1409
Brown Lime	3433	-1502
Lansing Kc	3448	-1517
BKC	3668	-1773
Viola	3728	-1797
Simpson	3762	-1831
Arbuckle	3809	-1878



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 10470 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-21-14	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 Fossil Resources LLC	LEASE Retro 2011	WELL NO. 1								
ADDRESS	COUNTY STAFFORD	STATE KS								
CITY	STATE	SERVICE CREW MATTAI, MURPHY, HARRISON								
AUTHORIZED BY	JOB TYPE: Crew Logg string									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586						5-21-14				7:00
						ARRIVED AT JOB				9:50
19889/19843	1/2					START OPERATION				3:00
						FINISH OPERATION				3:30
19826/1986	1/2					RELEASED				4:00
						MILES FROM STATION TO WELL				3.0

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: X
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 CRT	SK	150		2,550 00
CP 103	60/40 P02	SK	50		600 00
CC 111	SAIT	LB	861		430 50
CC 200	CMT. gel	LB	282		70 50
CF 607	LATCH DOWN Plug + diffuser 5/8	TR	1		400 00
CF 1251	Air. Fil. Filter 5/8	EA	1		360 00
CF 1651	Turboliner 5/8	EA	6		660 00
CE 151	Mud Plug	SAI	500		750 00
E 100	P.U. mill	Mi	30		127 50
E 101	heavy eq. mill	Mi	60		420 00
E 113	Pipe + bulk delivery	TR	276		607 20
CE 204	Depth change 300' - 400'	4hrs	1		2160 00
CE 240	Blend + mix change	SK	200		280 00
CE 504	plug container	JOB	1		250 00
S 003	Service Supervisor	EA	1		175 00

SUB TOTAL
KG 7,183 71

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE
Mike Mattai

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X Bob Rife

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

GLOBAL CEMENTING, L.L.C.

1328

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell KS

DATE <u>5-14-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>6:00am</u>	JOB FINISH <u>7:00am</u>
LEASE <u>Peterson</u>	WELL #. <u>1</u>	LOCATION			COUNTY <u>Stettin</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR Mallard

TYPE OF JOB Long Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 500psi MINIMUM 100psi

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 145+

PERFS

DISPLACEMENT 5134 bbl

EQUIPMENT

OWNER

CEMENT AMOUNT ORDERED 300sr 60/40 6% gel 3% cc

14 1/2" x 10

150sr com 3% cc 2% gel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

PUMP TRUCK CEMENTER Heath

01 HELPER Cody - Brand

BULK TRUCK

03 DRIVER Eric

BULK TRUCK

DRIVER

REMARKS:

Ran 1/2 of 8 5/8 casing and landing +
est circulation with mud pump

Hook up and mix 300sr 60/40 6% gel 3% cc
14 1/2" x 10 and fill in with 150sr com 3% cc
1% gel - released plug and disp 5134 bbl
of H2O - plug landed @ 500psi.
Cement did circulate i.

CHARGE TO: Fossil Resources

STREET _____

CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
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 Ben R Per

SIGNATURE _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD 18yd _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

2-8 5/8 baskets @ _____

1- 8 5/8 hole plug @ _____

1- Rubber Plug @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

Fossil Resources, L.L.C.
A Licensed Kansas Corporation

Peterson #1
E2-SW-SE-NE
Elev. 1926 G.L.
1931 K.B.

Stafford County
26-22S-14W
8-5/8 @ 825'
5-1/2 @ 3894'

Drilling Contr. Mallard J.V. Drilling Rig #1

Comparison Well
Dakota Resources
Spencer #1
SW-SE-NE
KB: 1929'

May 30, 2014

Formation	Log Top	Datum	Reference Log Top	Datum	Difference
Anhydrite	819'	+1111			NA
Base	842'	+1090			NA
Topeka	3019'	-1091	3022'	-1093	+2
Heebner	3302'	-1371	3304'	-1375	+4
Toronto	3322'	-1391	3326'	-1397	+6
Douglas	3340'	-1409	3341'	-1412	+3
Brown Lm	3433'	-1502	3435'	-1506	+4
LKC	3446'	-1515	3447'	-1518	+3
BKC	3682'	-1751	3685'	-1756	+5
Viola	3728'	-1797	3732'	-1803	+6
Simpson	3762'	-1831	3768'	-1839	+8
Arbuckle	3809'	-1878	3814'	-1885	+7

Porosity descriptions

LKC

3522'-26

L.s. wht - tan crs xlyn foss mstly gd ool. por. gd inxlyn por. few vug slt odor fr sct stn fr SFO

3608'-16'

L.s. wht-gry ool. foss. Crs xlyn gd ool. por. fr infoss por. vgd inxlyn por. fr ptchy stn few pcs sat stn fr vug por. fr odor gd SFO

Arbuckle

3810'-20'

Dol. Wht -gry ool. crs xlyn vg inxlyn por. vg ool por. gd SFO fr ptchy stn vry strong odor

Remarks:

Due to structural position and good shows in samples along with DST results it was decided by all parties to set production casing to further test the well for potential production.

Respectfully Submitted,

Lyle Herrman