



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220220
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: _____

1220220

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
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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	Hartman Oil Co., Inc.
Well Name	Keesling 1-1
Doc ID	1220220

All Electric Logs Run

Microlog
Spectral Density Neutron
Compensated Resistivity
Borehole Compensated Sonic

Form	ACO1 - Well Completion
Operator	Hartman Oil Co., Inc.
Well Name	Keesling 1-1
Doc ID	1220220

Tops

Name	Top	Datum
Lansing	3516	-1609
Mun Creek	3644	-1737
Hush	3746	-1839
B/KC	3779	-1872
Mississippian	3814	-1907
Viola	3871	-1964
Simpson Sh	3984	-2077
Simpson Sd	3996	-2089
Arbuckle	4040	-2133
RTD	4136	-2229



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1005261	1718	08/26/2014
INVOICE NUMBER			
91577657			

Pratt (620) 672-1201
 B HARTMAN OIL COMPANY INC
 I 6031 10TH STREET
 L GREAT BEND
 L KS US 67530
 T
 O ATTN: HAWKINS LINDA

J LEASE NAME Keesling 1-1
 O LOCATION
 B COUNTY Stafford 81709
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40758775	27463		Net - 30 days	09/25/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 08/23/2014 to 08/23/2014				
0040758775				
171811184A Cement-New Well Casing/Pi 08/23/2014 Cement PTA				
60/40 POZ	220.00	EA	9.24	2,032.46 T
Cement Gel	380.00	EA	0.19	73.14 T
"Unit Mileage Chg (PU, cars one way)"	25.00	MI	3.27	81.80
Heavy Equipment Mileage	50.00	MI	5.39	269.46
"Proppant & Bulk Del. Chgs., per ton mil	238.00	EA	1.69	403.11
Depth Charge; 4001'-5000'	1.00	EA	1,940.08	1,940.08
Blending & Mixing Service Charge	220.00	BAG	1.08	237.12
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.73	134.73

DJA
A. V. Mitchell
 9-2-14

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,171.90
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	150.55
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,322.45
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer HARRISON OIL COMPANY, INC	Lease No.	Date 8-23-14
Lease K-8 Keestling	Well # 1-1	
Field Order # 11184	Station Pratt	Casing
Type Job CAW Plug to Abandon	Depth 4050	County STAFFORD
	Formation	State KS
		Legal Description 7-24-13

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid 220 25 60/40	RATE	PRESS	ISIP	
Depth 4050	Depth 4050	From	To	Pre Pad				5 Min.
Volume 64.4	Volume 57.6	From	To	Pad				10 Min.
Max Press	Max Press 300	From	To	Frac				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	Station Manager	Treater
Service Units 37586	27463	19960 21010
Driver Names MATTIA	Mcgraw	913501

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:40					ON location
					1st plug @ 4050'
3:22		250	15	5	Pump 15 BBL WATER
3:26		250	12.7	5	Mix 50 SKS 60/40 PZ
3:29		100	5	5	Pump 5 WATER
3:30		100	49	5	Pump 49 mud
					2nd Plug @ 780'
6:03		150	5	5	Pump 5 WATER
6:05		100	12.7	5	Mix 50 SKS 60/40 PZ
6:08		100	7	5	Pump 7 mud
					3rd plug @ 370'
6:25		100	1	5	Pump 1 WATER
6:25		100	12.7	5	Mix 50 SKS 60/40 PZ
6:29		100	2	5	Pump 2 mud
					4th Plug @ 60'
6:45		50	5	5	Mix 20 SKS 60/40 PZ
					CMF TO SURFACE
6:50			7.5		Plug RAT + more hole
					JOB COMPLETE
					THANK YOU!
					M. K. MATTIA

FILE COPY



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 11184 A

1-24-13

DATE _____ TICKET NO. _____

DATE OF JOB: 8-23-14	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: HARTMAN OIL COMPANY, Inc		LEASE: Keeshing				WELL NO: 1				
ADDRESS:		COUNTY: STAFFORD		STATE: KS						
CITY:		STATE:		SERVICE CREW: MATTAR, MAGUIRE, GIBSON						
AUTHORIZED BY:		JOB TYPE: CNW Plug to Annular								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37580	3.5						8-23-14			9:00
						ARRIVED AT JOB				12:40
27461	3.5					START OPERATION				3:27
						FINISH OPERATION				6:50
19960/21010	3.5					RELEASED				7:45
						MILES FROM STATION TO WELL				25

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 103	60/40 P02	SK	220		2,640.00
CC 200	CMT 501	lb	380		95.00
E 100	P.V. Milt	mi	25		106.25
E 101	HEAVY eq. Milt	mi	50		380.00
E 113	prof. & Buik. Del.	TM	238		522.50
CE 205	D.P.M. charge 4001-5000'	4hr	1		2,520.00
CE 240	Blond + Milt	SK	220		308.00
5003	Supp. WDW	ea	1		175.00

SUB TOTAL *KG* 5,171.90

CHEMICAL / ACID DATA

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

FILE COPY

SERVICE REPRESENTATIVE: Mike Mattar	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.



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: keesling1-1DST1

TIME ON: 14:20
TIME OFF: 23:11

Company Hartman Oil Co Inc. Lease & Well No. Keesling #1-1
Contractor H2 Drilling RIG 4 Charge to Hartman Oil Co Inc.
Elevation 1907 KB Formation LKC "L" Effective Pay -- Ft. Ticket No. S0484
Date 8-20-14 Sec. 1 Twp. 24 S Range 13 W County Stafford State KANSAS
Test Approved By Kitt Noah Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 3746 ft. to 3775 ft. Total Depth 3775 ft.

Packer Depth 3741 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Packer Depth 3746 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3727 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 3749 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 53 Drill Collar Length 249 ft. I.D. 2 1/4 in.

Weight 9.4 Water Loss 10.2 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in

Chlorides 7,800 P.P.M. Drill Pipe Length 3464 ft. I.D. 3 1/2 in

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in

Did Well Flow? NO Reversed Out No Anchor Length 29 ft. Size 4 1/2-FH in

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in

Blow: 1st Open: 2 1/2" Blow- No Build (slid 5' to bottom) NOBB

2nd Open: WSB- Built to 2 1/2" in 60 min NOBB

Recovered 93 ft. of GIP

Recovered 93 ft. of Mud 100% M

Recovered 93 ft. of TOTAL FLUID

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: 5% O 95% M

Time Set Packer(s) 5:32 PM ^{A.M.}/_{P.M.} Time Started Off Bottom 8:47 PM ^{A.M.}/_{P.M.} Maximum Temperature 117

Initial Hydrostatic Pressure..... (A) 1794 P.S.I.

Initial Flow Period..... Minutes 30 (B) 51 P.S.I. to (C) 57 P.S.I.

Initial Closed In Period..... Minutes 45 (D) 138 P.S.I.

Final Flow Period..... Minutes 60 (E) 58 P.S.I. to (F) 60 P.S.I.

Final Closed In Period..... Minutes 60 (G) 148 P.S.I.

Final Hydrostatic Pressure..... (H) 1785 P.S.I.

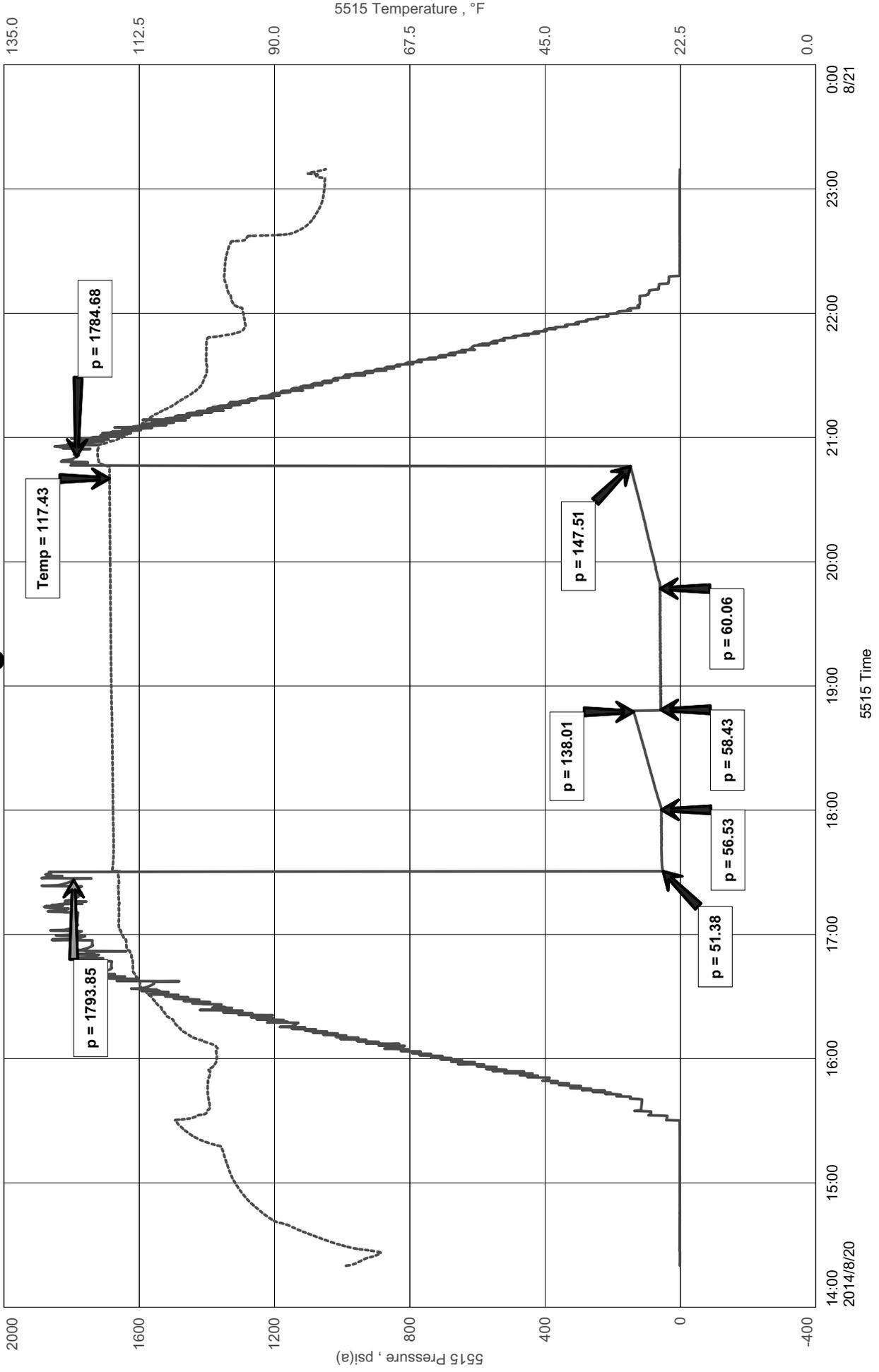
Price Job
Other Charges
Insurance
Total

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Hartman Oil Co Inc.
DST #1 LKC "L" 3746-3775'
Start Test Date: 2014/08/20
Final Test Date: 2014/08/20

Keesling #1-1
Formation: DST #1 LKC "L" 3746-3775'
Pool: WC
Job Number: S0484

Keesling #1-1



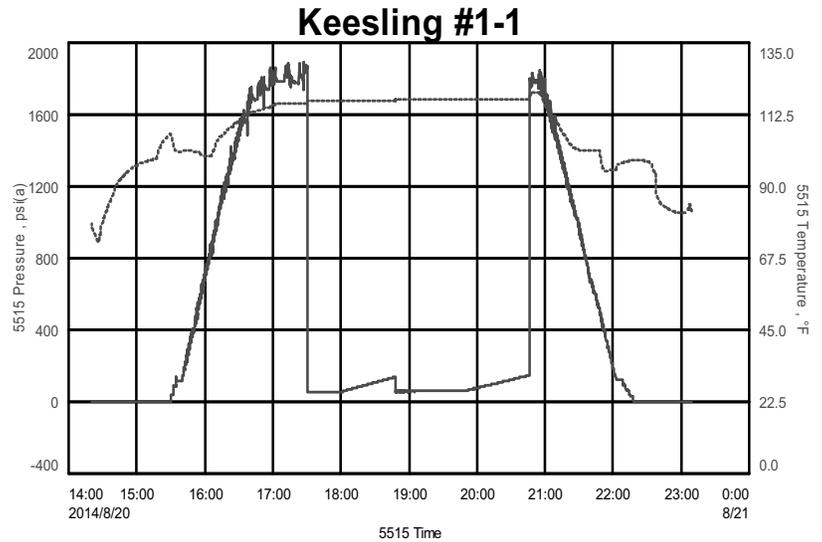
Diamond Testing LLC

General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Hartman Oil Co Inc.
Contact Stan Mitchell
Well Name Keesling #1-1
Unique Well ID DST #1 LKC "L" 3746-3775'
Surface Location SEC 1-24S-13W Stafford County
Field Gray
Well Type Vertical
Test Type Drill Stem Test
Formation DST #1 LKC "L" 3746-3775'
Well Fluid Type 01 Oil
Start Test Date 2014/08/20
Start Test Time 14:20:00
Final Test Date 2014/08/20
Final Test Time 23:11:00
Job Number S0484
Representative Jacob McCallie
Report Date 2014/08/20
Qualified By Kitt Noah



Test Results

RECOVERY:

93' GIP
93' MUD 100% M
93' TOTAL FLUID

TOOL SAMPLE:

5% O 95% M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: keesling1-1DST2

TIME ON: 14:02
TIME OFF: 22:20

Company Hartman Oil Co Inc. Lease & Well No. Keesling #1-1
Contractor H2 Drilling RIG 4 Charge to Hartman Oil Co Inc.
Elevation 1907 KB Formation Viola Effective Pay -- Ft. Ticket No. S0485
Date 8-21-14 Sec. 1 Twp. 24 S Range 13 W County Stafford State KANSAS
Test Approved By Kitt Noah Diamond Representative Jacob McCallie

Formation Test No. 2 Interval Tested from 3877 ft. to 3891 ft. Total Depth 3891 ft.

Packer Depth 3872 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Packer Depth 3877 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3858 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 3880 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 52 Drill Collar Length 249 ft. I.D. 2 1/4 in.

Weight 9.5 Water Loss 12.6 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in

Chlorides 9500 P.P.M. Drill Pipe Length 3595 ft. I.D. 3 1/2 in

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in

Did Well Flow? NO Reversed Out No Anchor Length 14 ft. Size 4 1/2-FH in

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in

Blow: 1st Open: 1/2" Blow- Built to BB in 19 3/4 min NOBB

2nd Open: 2 1/2" Blow- Built to 7" in 60 min NOBB

Recovered 494 ft. of GIP

Recovered 7 ft. of MUD 100% M

Recovered 7 ft. of TOTAL FLUID

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: No Fluid Present

Time Set Packer(s) 4:30 PM ^{A.M.}/_{P.M.} Time Started Off Bottom 7:45 PM ^{A.M.}/_{P.M.} Maximum Temperature 121

Initial Hydrostatic Pressure..... (A) 1852 P.S.I.

Initial Flow Period..... Minutes 30 (B) 18 P.S.I. to (C) 27 P.S.I.

Initial Closed In Period..... Minutes 45 (D) 85 P.S.I.

Final Flow Period..... Minutes 60 (E) 23 P.S.I. to (F) 24 P.S.I.

Final Closed In Period..... Minutes 60 (G) 73 P.S.I.

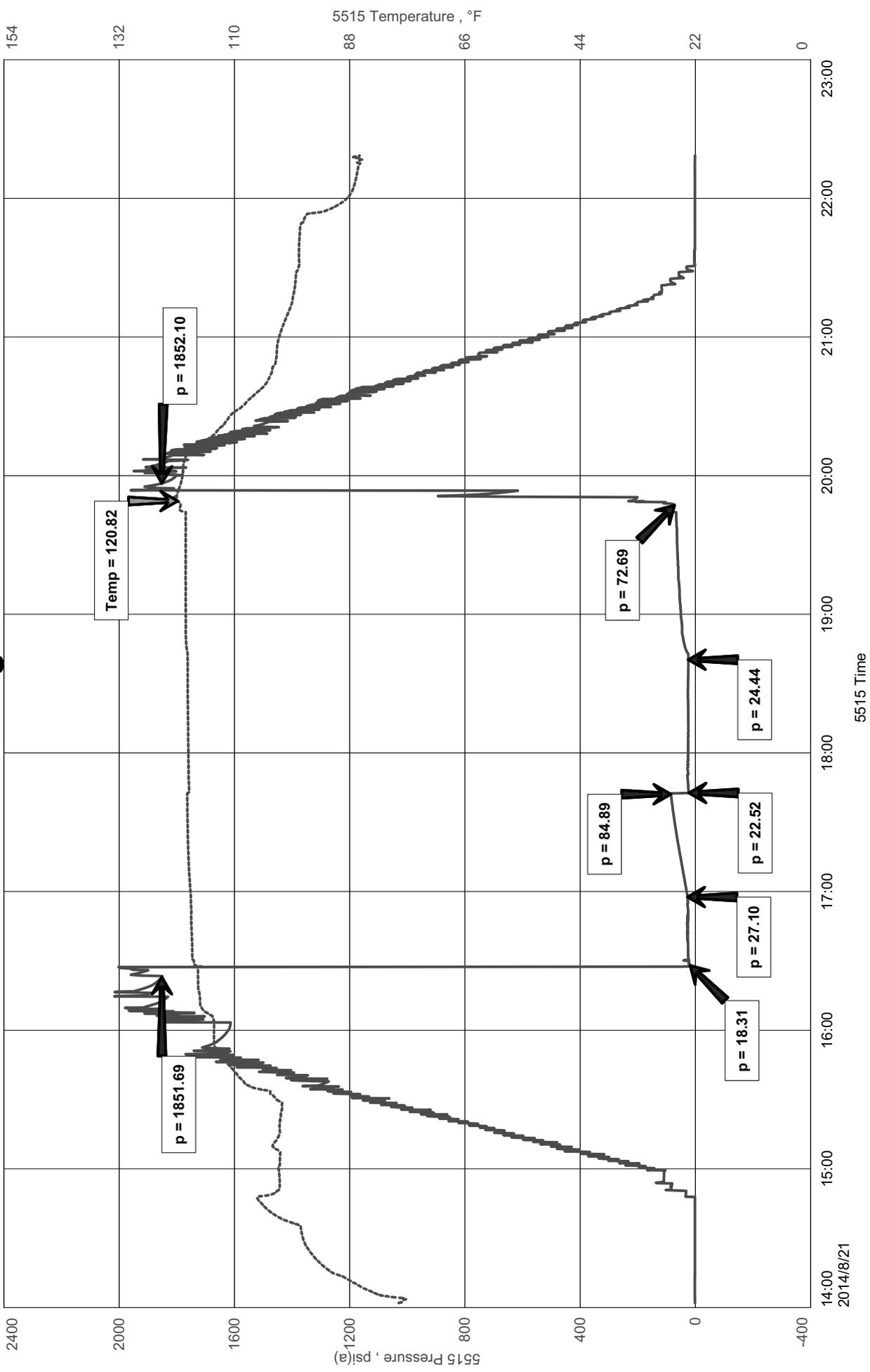
Final Hydrostatic Pressure..... (H) 1852 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Hartman Oil Co Inc.
DST #2 Viola 3877-3891'
Start Test Date: 2014/08/21
Final Test Date: 2014/08/21

Keesling #1-1
Formation: DST #2 Viola 3877-3891'
Pool: WC
Job Number: S0485

Keesling #1-1



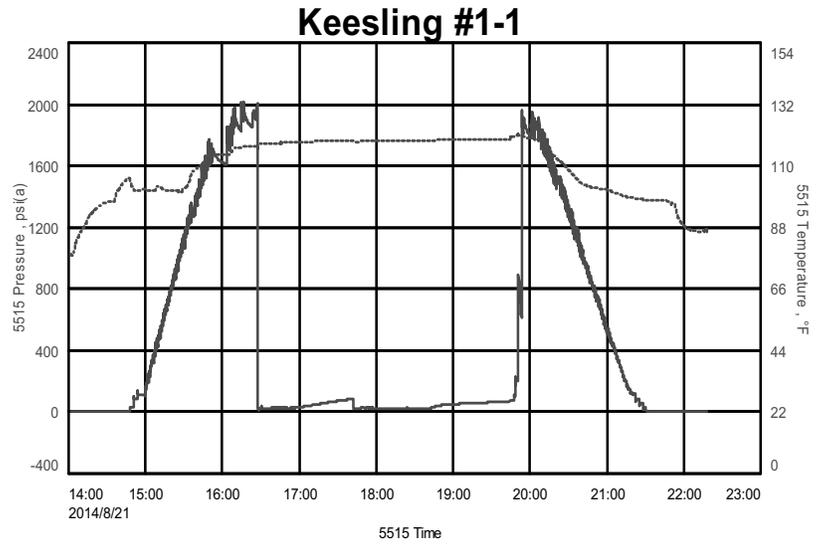
Diamond Testing LLC

General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Hartman Oil Co Inc.
Contact Stan Mitchell
Well Name Keesling #1-1
Unique Well ID DST #2 Viola 3877-3891'
Surface Location SEC 1-24S-13W Stafford County
Field Gray
Well Type Vertical
Test Type Drill Stem Test
Formation DST #2 Viola 3877-3891'
Well Fluid Type 02 Gas
Start Test Date 2014/08/21
Start Test Time 14:02:00
Final Test Date 2014/08/21
Final Test Time 22:20:00
Job Number S0485
Representative Jacob McCallie
Report Date 2014/08/21
Qualified By Kitt Noah



Test Results

RECOVERY:

494' GIP
7' Mud 100% M
7' TOTAL FLUID

TOOL SAMPLE:

No Fluid Present