



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226329
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: _____



1226329

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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PAGE 1 of 1	CUST NO 1001414	INVOICE DATE 03/04/2013
INVOICE NUMBER 1717 - 91132827		

Liberal (620) 624-2277
 B BENGALIA LAND AND CATTLE CO
 I PO Box: 521008
 L TULSA
 L OK US 74152
 T
 O **ATTN:** CALVIN HULLUIM FR

J LEASE NAME XPO #1-19
O LOCATION
B COUNTY Gray
S STATE KS
I JOB DESCRIPTION Cement-New Well Casing/Pi
T JOB CONTACT
E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40570611	37726		Net - 30 days	04/03/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/01/2013 to 03/01/2013				
0040570611				
171703389A Cement-New Well Casing/Pi 03/01/2013 8 5/8" Surface				
A-Con' Blend	440.00	EA	11.90	5,236.76 T
Premium Plus Cement	150.00	EA	10.43	1,564.50 T
Calcium Chloride	1,524.00	EA	0.67	1,023.93 T
Celloflake	148.00	EA	2.37	350.40 T
C-51	83.00	EA	16.00	1,327.75 T
"Guide Shoe - Regular, 8 5/8" (Blue)"	1.00	EA	243.15	243.15
"Flapper Ins. Ft. Vlv., 8 5/8" (Blue)	1.00	EA	179.17	179.17
Antelope Strd Bow Cent. 8 5/8 X 12 1/4	4.00	EA	92.78	371.13
"Cmt Basket, Canvas 8 5/8"	1.00	EA	671.87	671.87
"Top Rubber Cmt Plug, 8 5/8" ""	1.00	EA	143.97	143.97
Heavy Equipment Mileage	180.00	MI	4.48	806.25
Blending & Mixing Service Charge	590.00	BAG	0.90	528.54
"Proppant & Bulk Del. Chgs., per ton mil	1,665.00	EA	1.02	1,704.63
Depth Charge: 1001'-2000'	1.00	EA	959.82	959.82
Plug Container Util. Chg.	1.00	EA	159.97	159.97
"Unit Mileage Chg (PU, cars one way)"	60.00	MI	2.72	163.17
"Service Supervisor, first 8 hrs on loc.	1.00	EA	111.98	111.98
Cement Data Acquisition Monitor	1.00	EA	351.93	351.93

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	15,898.92
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	708.00
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	16,606.92
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET

1717 03389 A

DATE _____ TICKET NO. _____

DATE OF JOB 3/1/13	DISTRICT	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 Bengalia Land + Cattle		LEASE XPO 1-19		WELL NO.			
ADDRESS		COUNTY Gray		STATE Ks			
CITY		STATE		SERVICE CREW Royce, Hector, R, Cesar			
AUTHORIZED BY Tyce JRB		JOB TYPE: 242 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 2/29 TIME 10:00 AM
74939	5					ARRIVED AT JOB	11:30 AM
3922337726	5					START OPERATION	4:27 AM
1982719566	9					FINISH OPERATION	5:58 AM
3302114284	5					RELEASED	6:30 AM
						MILES FROM STATION TO WELL	60

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: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Blend	SK	440		8184 00
CL110	Premium Plus	SK	150		2445 00
CC109	Calcium Chloride	Lb	1524		1600 20
CC107	Celloflake	Lb	148		547 60
CC130	C-51	Lb	53		2075 00
CF253	Guide Shoe	EA	1		380 00
CF1453	Flapper Float Valve	EA	1		280 00
CF4405	Centralizer	EA	4		580 00
CF4556	Basket	EA	1		1050 00
CF105	TOP PLUG	EA	1		225 00
E101	Heavy Equip Mileage	Mi	180		1260 00
CE240	Blending + Mixing Charge	SK	590		826 00
E113	Bulk Delivery	TPM	1665		2664 00
CE207	Depth Charge 100' to 2000'	4hr	1		1500 00
E100	Pickup Mileage	Mi	60		255 00
CE504	Plug Container	EA	1		250 00
5003	Service Supervisor	EA	1		175 00
T105	Cement Data Acquisition	EA	1		550 00
SUB TOTAL					15,498 92

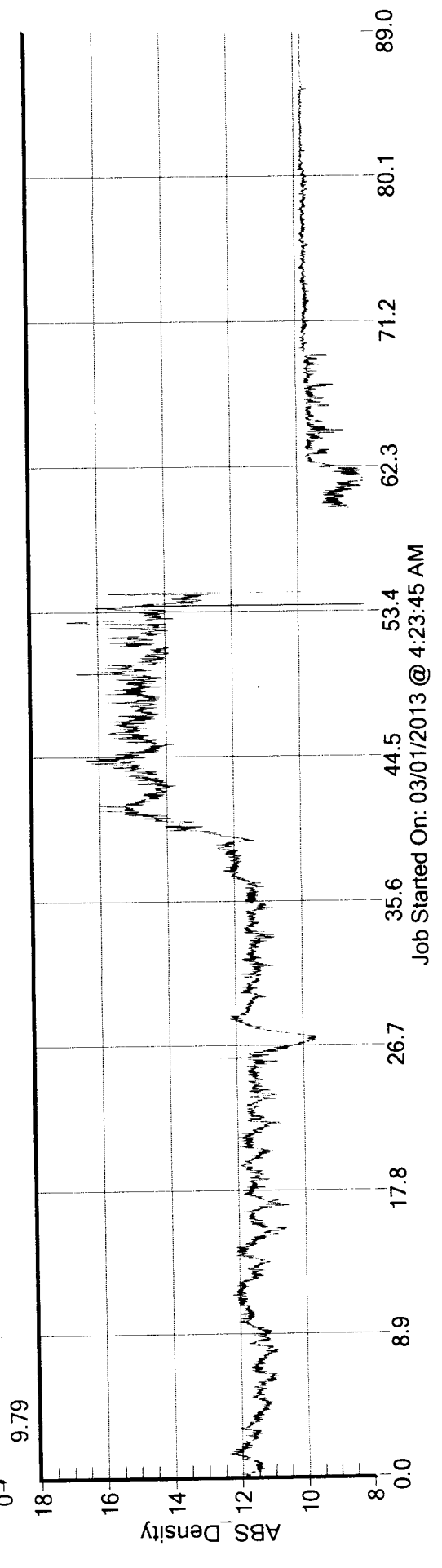
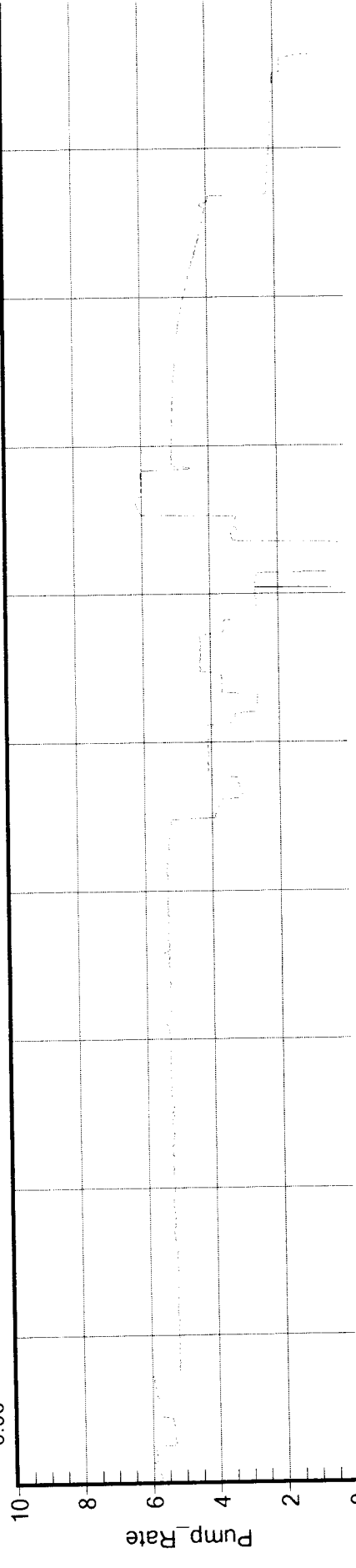
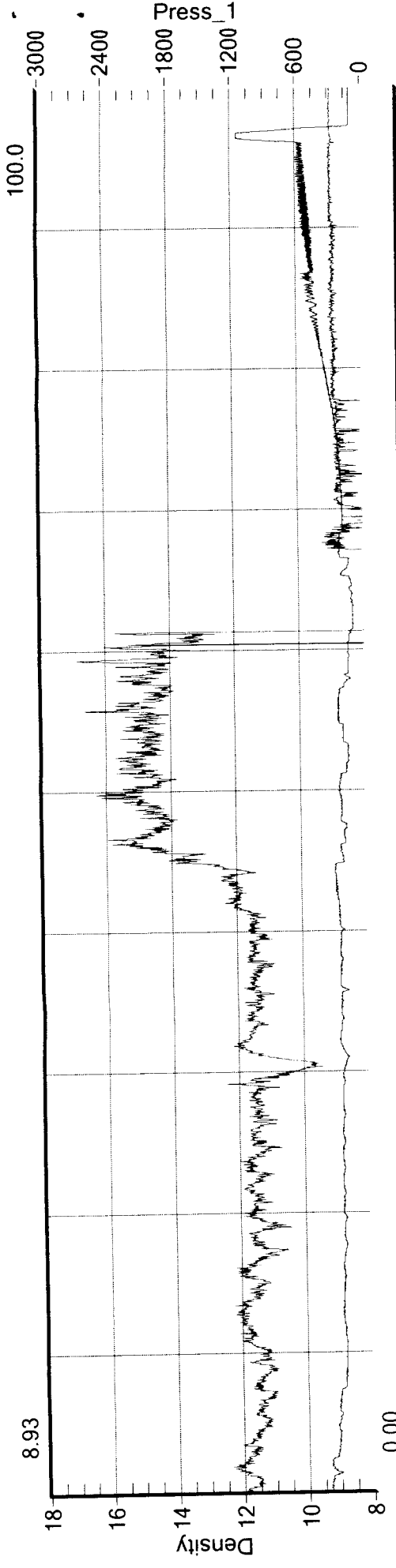
CHEMICAL / ACID DATA:			

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

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

BENGALIA LAND & CATTLE

XPO 1-19



Job Started On: 03/01/2013 @ 4:23:45 AM