



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228421
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
-----------------------------------	-----------------	---

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: _____



1228421

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
--	---

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: _____ _____
--	---	---



PAGE 1 of 1	INVOICE NO 1008764	INVOICE DATE 05/30/2014
INVOICE NUMBER 1718 - 91504234		

Pratt (620) 672-1201
 B TOTO ENERGY LLC
 I 25815 OAK RIDGE DRIVE
 L SPRING
 L TX US 77380
 T
 O **ATTN:** ACCOUNTS PAYABLE

J **LEASE NAME** Schnoebelen 33-1
 O **LOCATION**
 B **COUNTY** Edwards
 S **STATE** KS
 I **JOB DESCRIPTION** Cement-New Well Casing/Pi
 T **JOB CONTACT**
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40727494	20920		Net - 30 days	06/29/2014

For Service Dates: 05/24/2014 to 05/24/2014

0040727494

171810474A Cement-New Well Casing/Pi 05/24/2014
 Cement 8 5/8 Surface

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
60/40 POZ	300.00	EA	8.64	2,592.12 T
Celloflake	76.00	EA	2.66	202.47 T
Calcium Chloride	774.00	EA	0.76	585.17 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	115.21	115.21
"Unit Mileage Chg (PU, cars one way)"	38.00	MI	3.06	116.29
Heavy Equipment Mileage	76.00	MI	5.04	383.06
"Proppant & Bulk Del. Chgs., per ton mil	490.00	EA	1.58	776.20
Depth Charge; 0-500'	1.00	EA	720.04	720.04
Blending & Mixing Service Charge	300.00	BAG	1.01	302.42
Plug Container Util. Chg.	1.00	EA	180.01	180.01
"Service Supervisor, first 8 hrs on loc.	1.00	EA	126.01	126.01

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,099.00
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	241.65
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,340.65
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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 10474 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-24-14 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: TOTO Energy LLC		LEASE: Schaeffelen				WELL NO. 337				
ADDRESS:		COUNTY: EDWARDS		STATE: KS						
CITY: STATE:		SERVICE CREW: MATTAL, Egging, ERASI								
AUTHORIZED BY:		JOB TYPE: CAW SURFACE RIPP								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586	.5						5-24-14			1:00
						ARRIVED AT JOB				3:45
33708/20920	.5					START OPERATION				5:54
						FINISH OPERATION				6:18
19959/73768	.5					RELEASED				7:00
						MILES FROM STATION TO WELL				

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. Jay E. (Toto)
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 Puz	SK	300		3,600 00
CC 102	COLLIARE	LB	78		281 20
CC 109	CALCIUM CHLORIDE	LB	774		812 70
CF 153	WOODEN PLUG 5 5/8	EA	1		160 00
E 100	P. U. Miles	Mi	38		161 50
E 101	Heavy eq miles	Mi	76		532 00
E 113	PROP + BUICK DEL	GM	490		1,078 44
CE 200	DEPTH CHARGE 0-500'	4hr	1		1,000 00
CE 240	BLIND + MIX CHARGE	SK	300		420 00
CE 504	PLUG CONTAINER	TUB	1		250 00
5003	GENIE SUPERVISOR	EA	1		175 00

SUB TOTAL 16 6,099 00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Mike MATTAL</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X. Jay E. (Toto)</u> (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 10474 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-24-11	DISTRICT 1001	NEW WELL <input type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER 1001 Energy LLC	LEASE 5-4-11	WELL NO. 33							
ADDRESS	COUNTY Edwards	STATE <input checked="" type="checkbox"/>							
CITY	STATE	SERVICE CREW Mason Energy Co							
AUTHORIZED BY	JOB TYPE: C/W								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
						ARRIVED AT JOB		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
MILES FROM STATION TO WELL									

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
101	50/40 PVC	50	72		3,600.00
102	2-40 PVC	16	70		2,812.00
103	2-40 PVC	16	70		512.00
104	WAVE	8	20		160.00
105	2-40 PVC	16	25		161.50
106	2-40 PVC	16	70		532.00
107	1000' 1/2" 40 PVC	40	400		16,000.00
108	1000' 1/2" 40 PVC	40	1		1,000.00
109	1/2" 40 PVC	50	300		420.00
110	1/2" 40 PVC	20	1		20.00
					175.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE 1001 Energy LLC	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 1001 Energy LLC
---	--

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



PAGE 1 of 1	INVOICE NO 1008764	INVOICE DATE 05/30/2014
INVOICE NUMBER 1718 - 91504226		

Pratt (620) 672-1201
 B TOTO ENERGY LLC
 I 25815 OAK RIDGE DRIVE
 L SPRING
 L TX US 77380
 T
 O **ATTN:** ACCOUNTS PAYABLE

J **LEASE NAME** Schnoebelen 33-1
 O **LOCATION**
 B **COUNTY** Edwards
 S **STATE** KS
 I **JOB DESCRIPTION** Cement-New Well Casing/Pi
 T **JOB CONTACT**
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40727420	20920		Net - 30 days	06/29/2014

For Service Dates: 05/23/2014 to 05/23/2014

0040727420

171810473A Cement-New Well Casing/Pi 05/23/2014
 Cement 13 3/8 Conductor

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
Common Cement	100.00	EA	11.52	1,151.77 T
Celloflake	26.00	EA	2.66	69.25 T
Calcium Chloride	282.00	EA	0.76	213.15 T
"Unit Mileage Chg (PU, cars one way)"	38.00	MI	3.06	116.26
Heavy Equipment Mileage	76.00	MI	5.04	382.96
"Proppant & Bulk Del. Chgs., per ton mil	179.00	EA	1.58	283.48
Depth Charge; 0-500'	1.00	EA	719.86	719.86
Blending & Mixing Service Charge	100.00	BAG	1.01	100.78
"Service Supervisor, first 8 hrs on loc.	1.00	EA	125.97	125.97

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,163.48
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	102.54
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,266.02
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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 10473 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-23-14	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: TOTO Energy LLC	LEASE: SCHNOEBELER SCHNOEBELER	WELL NO. 337							
ADDRESS:	COUNTY: EDWARDS	STATE: KS							
CITY:	STATE:	SERVICE CREW: MATTAR, Eggery, Phys							
AUTHORIZED BY:	JOB TYPE: CNW CONDUITS								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37580	1.5						5-23-14	PM	2:00
						ARRIVED AT JOB		PM	3:45
33708/20920	.5					START OPERATION		PM	5:30
						FINISH OPERATION		PM	5:45
70959/19918	.5					RELEASED		PM	6:00
						MILES FROM STATION TO WELL			38

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 100C	COMMON CNT	SA	100		1600 00
CC 109	CALCIUM CHLORIDE	LB	282		296 10
CC 102	CELLULOSE	LB	26		96 20
E 100	P.H. Miles	Mi	38		161 50
E 101	Heavy eq. Miles	Mi	76		532 00
E 113	PROP + Bulk Mat.	FM	179		392 92
CC 200	Depth charge 0-900'	4hr	1		1,000 00
CC 240	Blend + Mix charge	SA	100		140 00
S 003	Service Supervisor	EA	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL	3,163 48
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE: Mike Mattar
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X [Signature] (Toto)
(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 10473 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		NEW WELL <input type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER		LEASE		COUNTY		STATE		SERVICE CREW		JOB TYPE:		WELL NO.			
ADDRESS		CITY		STATE		TRUCK CALLED		DATE		AM		PM		TIME	
EQUIPMENT#		HRS		EQUIPMENT#		HRS		EQUIPMENT#		HRS		ARRIVED AT JOB		AM	
70954/19718												START OPERATION		AM	
												FINISH OPERATION		AM	
												RELEASED		AM	
												MILES FROM STATION TO WELL			

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
1003	CONCRETE	yd	100		1600 00
1004	CALCIUM CHLORIDE	lb	282		296 10
1005	CALCIUM CHLORIDE	lb	26		96 20
1006	HEAVY PG. MUD	AM	38		161 50
1007	HEAVY PG. MUD	AM	76		532 00
1008	HEAVY PG. MUD	AM	179		392 92
1009	HEAVY PG. MUD	AM	464		1000 00
1010	HEAVY PG. MUD	AM	100		140 00
1011	SAND SUPPLY	yd	1		175 00

SUB TOTAL **3,162 42**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
------------------------	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

