



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226103
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: _____

1226103

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	Molitor Oil, Inc.
Well Name	Bohrer 4
Doc ID	1226103

All Electric Logs Run

Microresistivity Log
Dual Compensated Porosity Log
Dual Induction Log
Cement Bond Log

Pratt (620) 672-1201
 MOLITOR OIL INC
 9517 SW 80TH AVE
 SPIVEY
 KS US 67143
 ATTN: ACCOUNTS PAYABLE

LEASE NAME Bohrer 4
 LOCATION
 COUNTY Kingman
 STATE KS
 JOB DESCRIPTION Cement-New Well Casing/Pi
 JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40762702	19905		Net - 30 days	10/06/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/02/2014 to 09/02/2014</i>				
0040762702				
171811095A Cement-New Well Casing/Pi 09/02/2014				
Cement 8 5/8 Surface				
6040 P02	175.00	EA	8.40	1,470.15
Collorolite	44.00	EA	2.59	113.97
Calcium Chloride	459.00	EA	0.74	332.98
Unit Mileage Chg (PU, one way)	35.00	MI	3.08	104.14
Heavy Equipment Mileage	70.00	MI	4.90	343.04
*Proppant & Bulk Del. Chgs., per ton mil	284.00	EA	1.54	406.60
Depth Charge: 0-800'	1.00	EA	700.07	700.07
Banding & Mixing Service Charge	175.00	BAQ	0.98	171.52
*Service Supervisor, first 8 hrs on loc.	1.00	EA	122.51	122.51

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,764.99
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	132.28
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,897.27
DALLAS, TX 75284-1903	POST WORTH, TX 76102		

THE ABOVE MATERIAL AND SERVICE PROVIDED BY CUSTOMER AGREEMENT ONLY



1 of 1
1002808
1718
09/16/2014

INVOICE NUMBER

91595447

Pratt (820) 672-1201
 * MOLITOR OIL INC
 9517 SW 80TH AVE
 SPIVEY
 KS US 67142
 ATTN: ACCOUNTS PAYABLE

LEASE NAME Bohrer 4
 LOCATION
 COUNTY Kingman
 STATE KS
 JOB DESCRIPTION Cement-New Well Casing/Pi
 JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40765807	20920		Net - 30 days	10/16/2014
For Service Dates: 09/12/2014 to 09/12/2014				
0040765807				
171811343A Cement-New Well Casing/Pi 09/12/2014				
Cement 5 1/2' Longstring				
AA2 Cement		150.00 EA	11.80	1,770.00 T
6040 P02		30.00 EA	8.40	252.01 T
C-41P		29.00 EA	2.80	81.20 T
Salt		742.00 EA	0.35	259.71 T
C-46		141.00 EA	3.81	536.33 T
FLA-322		113.00 EA	6.28	692.28 T
Gleanite		750.00 EA	0.47	351.77 T
Claymax KCL Substitute		6.00 EA	24.50	122.61 T
Mud Flush		500.00 EA	1.06	525.02 T
*Latch Down Plug & Bottle, 5 1/2" (Blu)		1.00 EA	280.01	280.01 T
*Auto Fill Floor Shoe 5 1/2" (Blue)		1.00 EA	262.01	262.01 T
*Turboless, 5 1/2" (Blue)		6.00 EA	77.00	462.00 T
*Unit Mileage Chg (PU, one way)		35.00 MI	2.98	104.13 T
Heavy Equipment Mileage		70.00 MI	4.90	343.00 T
*Prepment & Bulk Del. Chgs., per ton mil		292.00 EA	1.54	448.70 T
Depth Charge: 4001'-5000'		1.00 EA	1,764.08	1,764.08 T
Blending & Mixing Service Charge		180.00 BAG	0.98	176.41 T
Plug Container Util. Chg.		1.00 EA	175.01	175.01 T
*Service Supervisor, Sat 8 hrs on loc.		1.00 EA	122.61	122.61 T

PLEASE REMIT TO: BASIC ENERGY SERVICES, LP
 PO BOX 841903
 DALLAS, TX 75284-1903

SEND OTHER CORRESPONDENCE TO:
 BASIC ENERGY SERVICES, LP
 801 CHERRY ST, STE 2100
 PORT WORTH, TX 76162

SUB TOTAL 8,761.80
 TAX 309.04
 INVOICE TOTAL 9,070.84