



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228464
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: _____

1228464

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Coral Coast Petroleum, L.C.
Well Name	Harden 2
Doc ID	1228464

All Electric Logs Run

Compensated Neutron Density
Dual Induction
Micro
Sonic



DIAMOND TESTING, LLC
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (620) 653-7550 • (800) 542-7313
 harden2dst1

Company Coral Coast Petroleum, LC Lease & Well No. Harden No. 2
 Elevation 2026 GL Formation Morrow Sand Effective Pay Ft. Ticket No. K161
 Date 8-25-14 Sec. 9 Twp. 32S Range 21W County Clark State Kansas
 Test Approved By Keith Reavis Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 5,244 ft. to 5,271 ft. Total Depth 5,271 ft.
 Packer Depth 5,239 ft. Size 6 3/4 in. Packer Depth ft. Size in.
 Packer Depth 5,244 ft. Size 6 3/4 in. Packer Depth ft. Size in.
 Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 5,225 ft. Recorder Number 5513 Cap. 5,000 psi.
 Bottom Recorder Depth (Outside) 5,226 ft. Recorder Number 5588 Cap. 6,000 psi.
 Below Straddle Recorder Depth ft. Recorder Number Cap. psi.

Drilling Contractor Maverick Drilling, LLC - Rig 106 Drill Collar Length ft. I.D. in.
 Mud Type Chemical Viscosity 52 Weight Pipe Length ft. I.D. in.
 Weight 9.3 Water Loss 9.8 cc. Drill Pipe Length 5,212 ft. I.D. 3 1/2 in.
 Chlorides 6,000 P.P.M. Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
 Jars: Make Sterling Serial Number 6 Anchor Length 27 ft. Size 4 1/2-FH in.
 Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
 Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Strong blow increasing. Gas to surface in 1 min., 45 secs. Gauged gas. Weak, 2 1/2 in. blow back during shut-in.
 2nd Open: Gauged gas. Fair, 3 in. blow back during shut-in.

Recovered 1/2 ft. of free oil = .007115 bbls.
 Recovered ft. of
 Recovered ft. of
 Recovered ft. of
 Recovered ft. of
 Recovered ft. of

Remarks

Time Set Packer(s) 11:16 A.M. Time Started off Bottom 2:08 P.M. Maximum Temperature 118°
 Initial Hydrostatic Pressure.....(A) 2583 P.S.I.
 Initial Flow Period.....Minutes 10 (B) 991 P.S.I. to (C) 1087 P.S.I.
 Initial Closed In Period.....Minutes 60 (D) 1486 P.S.I.
 Final Flow Period.....Minutes 12 (E) 1000 P.S.I. to (F) 1090 P.S.I.
 Final Closed In Period.....Minutes 90 (G) 1474 P.S.I.
 Final Hydrostatic Pressure.....(H) 2581 P.S.I.



JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	Coral Coast Petroleum	Job Number	K161
Contact	Dan Reynolds	Representative	Jason McLemore
Well Name	Harden #2	Well Operator	Coral Coast Petroleum
Unique Well ID	DST #1 Morrow Sand 5244-5271	Prepared By	Jason McLemore
Surface Location	9-32s-21w-Clark	Qualified By	Keith Reavis
Field	Wildcat	Test Unit	6
Well Type	Vertical		

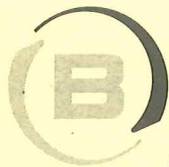
Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Morrow Sand	Well Operator	Coral Coast Petroleum
Well Fluid Type	01 Oil	Report Date	2014/08/25
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/08/25	Start Test Time	08:06:00
Final Test Date	2014/08/25	Final Test Time	16:51:00

Test Results

RECOVERED:

1/2 Foot Free Oil
1/2 Foot TOTAL FLUID



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 11125 A

DATE _____ TICKET NO. _____

9 37 21

DATE OF JOB <u>8-19-14</u> 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 <u>Coral Coast Prod LC</u>		LEASE <u>Harden</u> WELL NO. <u>2</u>	
ADDRESS _____		COUNTY <u>Clark</u> STATE <u>KS</u>	
CITY _____ STATE _____		SERVICE CREW <u>Scott, Josh, Houston</u>	
AUTHORIZED BY _____		JOB TYPE: <u>8 5/8 Surface Pipe CNU</u>	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>38970</u>	<u>5.75</u>					ARRIVED AT JOB	<u>8-19-14</u>			<u>2:00</u>
<u>27463</u>	<u>5.75</u>					START OPERATION	<u>8-19-14</u>			<u>7:15</u>
<u>19903 19860</u>	<u>5.75</u>					FINISH OPERATION	<u>8-19-14</u>			<u>1:00</u>
						RELEASED	<u>8-19-14</u>			<u>1:30</u>
						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: Paul E. Janner
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP101	A-Con Blend Cement	SK	175		3150.00
CP100C	Common Cement	SK	300		4800.00
CC102	Celloflake	lb	88		325.60
CC109	Calcium Chloride	lb	875		918.75
CF105	Top Rubber Cement Plug 8 5/8	EA	1		225.00
CF1453	Flapper Type Insert Float Valve	EA	1		280.00
CF1773	Centralizer 8 5/8 x 17 1/4	EA	3		435.00
CF1903	8 5/8 Bucket	EA	2		630.00
E100	Unit Mileage Pickups	MI	75		318.75
E101	Heavy Equipment Mileage	MI	225		1575.00
E113	Prof + Bulk Delivery	TM	1676		3687.75
CE201	Depth Charge 501"-1000'	Wb	1		1200.00
CE240	Blending + Mixing Charge	SK	475		665.00
CE504	Plug Container	Job	1		250.00
S003	Service Super 4150'	EA	1		175.00

SUB TOTAL 14,349.60

CHEMICAL / ACID DATA:			

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

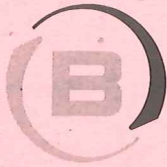
TOTAL

SERVICE REPRESENTATIVE Scott

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Paul E. Janner

(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 11308 A

DATE _____ TICKET NO. _____

9 325 2114

DATE OF JOB 8-25-14	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 Coastal Coast Prod Co.		LEASE Händler	WELL NO. 2							
ADDRESS		COUNTY Clarke	STATE KS							
CITY	STATE	SERVICE CREW Scott, Paul								
AUTHORIZED BY Paul Vandenberg		JOB TYPE: 5 1/2" long string CNU								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
58970	1.25					ARRIVED AT JOB	8-27-14	AM	PM	9:00
19826 20926	1.25					START OPERATION	8-28-14	AM	PM	4:10
19531 19966	1.25					FINISH OPERATION	8-28-14	AM	PM	5:25
						RELEASED	8-28-14	AM	PM	6:30
						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: W. Valt
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 cement	SK	175		
CP103	60140 P02	SP	50		
CC107	cellulose	lb	44		
CC105	C 410	lb	42		
CC111	Sol	lb	795		
CC115	C 411	lb	165		
CC129	FLA-322	lb	165		
CC201	Carbonite	lb	575		
CE602	lock down plug 1 1/2" dia 5 1/2"	pc	1		
CE1251	Auto Fill & Seal Spce 5 1/2"	pc	1		
CE1783	Sprayed Grease 5 1/2"	pc	20		
CE151	Mud Flask	Gal	500		
E100	Hour Mileage Pickups	MI	75		
E101	Hour Equipment Mileage	MI	150		
E113	Perk Bulk Delivery	TM	780		
CE706	Depth change 500' 600'	4hrs	1		
CE710	Blending & Mixing Charge	SK	225		
CE501	Plug Cement	Job	1		
6403	Service Supervisor	pc	1		

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		14969.41

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>W. Valt</u>
--	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.