



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229322
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: _____

1229322

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> _____
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	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	09/07/2014
INVOICE NUMBER			
91587311			

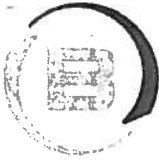
Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Bartender 3
 O
 B LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40762727	19905		Net - 30 days	10/07/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 09/05/2014 to 09/05/2014				
0040762727				
171811240A Cement-New Well Casing/Pi 09/05/2014 Cement 8 5/8 Surface				
A-Con Blend Common	245.00	EA	12.24	2,998.89-T
Common Cement	200.00	EA	10.88	2,176.07 T
Celloflake	112.00	EA	2.52	281.80 T
Calcium Chloride	1,069.00	EA	0.71	763.29 T
"Top Rubber Cmt Plug, 8 5/8""	1.00	EA	153.00	153.00
Centralizer 8 5/8 x 12 1/4	3.00	EA	98.60	295.81
"8 5/8"" Basket (Blue)"	1.00	EA	214.21	214.21
Flapper Type Insrt Float Valve 8 5/8(Blu	1.00	EA	190.41	190.41
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	2.89	158.96
Heavy Equipment Mileage	165.00	MI	4.76	785.43
"Proppant & Bulk Del. Chgs., per ton mil	1,152.00	EA	1.50	1,723.45
Depth Charge; 1001'-2000'	1.00	EA	1,020.03	1,020.03
Blending & Mixing Service Charge	445.00	BAG	0.95	423.65
Plug Container Util. Chg.	1.00	EA	170.01	170.01
"Service Supervisor, first 8 hrs on loc.	1.00	EA	119.00	119.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,474.01
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	444.73
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	11,918.74
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 11240 A

DATE _____ TICKET NO. _____

DATE OF JOB 09-05-14 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 CNIX INC		LEASE PARTENOCK 3 WELL NO.							
ADDRESS		COUNTY LINCOLN STATE KS							
CITY STATE		SERVICE CREW Sullivan & Sons L.P.							
AUTHORIZED BY		JOB TYPE: CNW 8 3/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
77686-11905							9-5-14	PM	4:11
19559-73768	45					ARRIVED AT JOB		AM	6:20
17965-21010	45					START OPERATION		AM	8:40
37900						FINISH OPERATION		AM	9:30
						RELEASED		AM	10:10
						MILES FROM STATION TO WELL			50

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 101	A-Cow cont	SK	245		4410 00
CP 100 C	Cont. cont	SK	200		3200 00
CC 102	Call Pipe	lb	112		414 40
CC 109	CALORUM Chloride	lb	11.67		1.127 40
CF 105	TOP Linch Pin Plug 8 3/8	SA	1		225 00
CF 1453	INSORT HOIST 1	SA	1		280 00
CF 1723	Cont.	SA	3		435 00
CF 1903	BASKET	SA	1		315 00
E 101	HRAV Cont	mi	1605		1.155 00
CE 240	bleed down mixing	SK	445		623 00
E 113	Bulk Acetone	mi	1152		2.531 75
PE 202	Depth Chd 10	SA	1		1.500 00
PE 304	Plug Constant Nested	SA	1		250 00
S 003	Service Supervision	SA	1		175 00
E 100	Partly rd	mi	55		723 75

SUB TOTAL 11,474.01

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

TOTAL [Signature]

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>CMX INC</i>	Lease No.	Date <i>09-05-14</i>
Lease <i>BARTENDER</i>	Well # <i>3</i>	
Field Order # <i>11240</i>	Station <i>P21H KS</i>	Casing <i>8 5/8</i>
Type Job <i>CNW 8 5/8 Surface</i>	Depth	County <i>BARTER</i>
	Formation	State <i>KS</i>
		Legal Description <i>18-35-11</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>1013</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>43</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>520</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>P.C</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>1128</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE SMITH</i>	Treater <i>Robert Johnson</i>
Service Units <i>27900 77686 19905 19957 23768 19760 21010</i>		
Driver Names <i>Gallagher Egan Brachy</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>6:20</i>					<i>on loc</i>
					<i>run 8 5/8 csg.</i>
<i>8:30</i>					<i>CASING and Bottom</i>
<i>8:40</i>			<i>3</i>	<i>2.5</i>	<i>Hook 14 circ csg.</i>
			<i>107</i>	<i>5</i>	<i>1st spacer</i>
			<i>42</i>		<i>mix A-COD cont 245 sk 3%acc 1/4cf</i>
					<i>mix Tail cont 205 sk 2%acc 1/4cf</i>
					<i>cont mixed shut down</i>
					<i>Release Plug</i>
<i>9:30</i>			<i>43</i>	<i>4.5</i>	<i>1st Plug</i>
					<i>plug down</i>
					<i>1 circ 15 BBL cont Pit</i>
					<i>JOB Complete</i>
					<i>Thank you</i>



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	09/16/2014
INVOICE NUMBER			
91595445			

Pratt (620) 672-1201
 B CMX INC
 I 1700 N WATERFRONT PKWY BLDG 300 STE B
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Bartender 3
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40765805	19905		Net - 30 days	10/16/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 09/12/2014 to 09/12/2014				
0040765805				
171811193A Cement-New Well Casing/Pi 09/12/2014				
Cement 5 1/2" Longstring				
AA2 Cement	275.00	EA	12.92	3,553.10 T
Salt	1,382.00	EA	0.38	525.18 T
Gilsonite	1,375.00	EA	0.51	700.17 T
C-41P	52.00	EA	3.04	158.09 T
FLA-322	130.00	EA	5.70	741.02 T
Cement Friction Reducer	78.00	EA	4.56	355.69 T
Mud Flush	500.00	EA	1.14	570.02 T
Claymax KCL Substitute	5.00	EA	26.60	133.00 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)	1.00	EA	304.01	304.01
"5 1/2" Basket (Blue)"	1.00	EA	220.41	220.41
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	273.61	273.61
"Turbolizer, 5 1/2" (Blue)"	8.00	EA	83.60	668.82
Heavy Equipment Mileage	110.00	MI	5.32	585.22
Blending & Mixing Service Charge	275.00	BAG	1.06	292.61
"Proppant & Bulk Del. Chgs., per ton mil	712.00	EA	1.67	1,190.50
Depth Charge; 5001-6000'	1.00	EA	2,188.87	2,188.87
High Head Charge (Over 6')	1.00	EA	228.01	228.01
Plug Container Util. Chg.	1.00	EA	190.01	190.01
"Service Supervisor, first 8 hrs on loc.	1.00	EA	133.00	133.00
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	3.23	177.66

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	13,189.00
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	481.64
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	13,670.64
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 11193 A

18-355-11W

DATE _____ TICKET NO. _____

DATE OF JOB 9-12-14 DISTRICT Prati		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 CMX inc		LEASE BA Barber WELL NO. 3				
ADDRESS		COUNTY BA Barber STATE KS				
CITY STATE		SERVICE CREW Matt Tol, Morgan B...				
AUTHORIZED BY		JOB TYPE: COW Long string				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 912 DATE AM PM TIME
37580	1					ARRIVED AT JOB AM PM 3:20
77686/1990	1					START OPERATION PM (PM) 8:20
19531/11862	1					FINISH OPERATION AM PM 9:25
						RELEASED AM PM 10:15
						MILES FROM STATION TO WELL 5

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 [Signature]
OWNER, OPERATOR, CONTRACTOR OR AGENT

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA 2 CMT	SK	225		3,825 00
CP 105	AA-2 CMT	SK	50		850 00
CC 111	SALT	lb	1382		691 00
CC 201	SUBSALT	lb	1375		921 25
CC 105	C-411	lb	52		208 00
CC 129	FIN 323	lb	130		975 00
CC 112	C-411 F. 1000 Rev 01	lb	78		468 00
CF 607	ATCH DOWN Plug + Baffle 5/2	EA	1		400 20
CF 1904	Baffle 5/2	EA	1		290 00
CF 1251	ANCHOR PLUG 5/2	EA	1		360 00
CF 1651	ANCHOR PLUG 5/2	EA	8		880 00
CC 151	ANCHOR PLUG	GAL	500		750 00
C 704	CINCH	GAL	5		175 00
E 100	PUMP	HR	55		233 75
E 101	Heavy eq pump	HR	110		770 00
E 113	PUMP	HR	712		1566 95
CC 200	DEPTH CHANGE 1000-6000	Lb	1		2880 00
CC 240	PLUG CMT	SK	275		385 00
CC 500	PLUG CMT	SK	1		250 00
5003	5400 V 000	EA	1		
SUB TOTAL					13,189 20
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT %TAX ON \$					
MATERIALS %TAX ON \$					
TOTAL					

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X [Signature]</u>
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FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer	CMK inc.	Lease No.		Date	9-12-14
Lease	BARB...	Well #			
Field Order #	Station	Casing	Depth	County	State
11793	Pratt	5 1/2	5270	BARB...	KS
Type Job	Formation	Legal Description			
CNW long string		18-355-11W			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2				275 SWA AA-2	5.5	10%	2 nd Deriv
Depth	Depth	From	To	Pre Pad	Max	CR	5 Min.
5270					3.5		
Volume	Volume	From	To	Pad	Min		10 Min.
125.4							
Max Press	Max Press	From	To	Frac	Avg		15 Min.
1500							
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load
5270.18				124.9			

Customer Representative	Keith	Station Manager	Kevin Guiray	Treater	Mike Matta
Service Units	37586	77686	19905	19831	19862
Driver Names	Matta	Mcgraw		Beachly	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30					ON LOCATION / SAFETY MEETING
3:50					RUN 5 1/2 15.5# casing, BUSH OUT #1
					THROUS ON 1, 3, 5, 7, 9, 11, 13, 15
6:05					CASING ON BOTTOM HIGH HEAD CONNECTION
7:15					HOOK TO Casing/Break Circ w. Rig
8:20	300		5	5	PUMP 3 BBL H ₂ O
8:22	300		12	5	PUMP 16 BBL mag FLUSH
8:25	300		3	5	PUMP 3 BBL H ₂ O
8:27	250		57	6	Mix 225 SWA AA-2 CMF
8:38			4	3	WASH PUMP + LINES, release plug
8:45	200			6.5	START 2% HCl Displacement
9:00	300		85	6	LIFT PRESSURE
9:05	650		115	3	SLOW RATE
9:10	900, 1500		124.9		Plug down, RELEASED + HOLD
9:20			7.5		Plug RAT + mouse hole
					JOB COMPLETE
					THANK YOU!
					MIKE MATTI
					MIKE + AA101