



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1229361  
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: \_\_\_\_\_

1229361

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	100075	1718	09/25/2014
<b>INVOICE NUMBER</b>			
<b>91605227</b>			

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 Krehbiel Trust SWD 1  
 O LOCATION  
 B COUNTY Rice  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40769381	27463		Net - 30 days	10/25/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 09/24/2014 to 09/24/2014</b>				
0040769381				
171811147A Cement-New Well Casing/Pi 09/24/2014 Cement 5 1/2" Longstring				
AA2 Cement	170.00	EA	13.09	2,225.37 T
60/40 POZ	50.00	EA	9.24	462.01 T
C-41P	32.00	EA	3.08	98.56 T
Salt	854.00	EA	0.39	328.80 T
Cement Friction Reducer	48.00	EA	4.62	221.77 T
FLA-322	80.00	EA	5.78	462.01 T
Mud Flush	500.00	EA	1.16	577.52 T
Gilsonite	850.00	EA	0.52	438.53 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	308.01	308.01
"Cmt. Shoe Packer Type, 5 1/2" (Red)"	1.00	EA	2,849.08	2,849.08
"Turbolizer, 5 1/2" (Blue)"	10.00	EA	84.70	847.03
"5 1/2" Basket (Blue)"	1.00	EA	223.31	223.31
"Unit Mileage Chg (PU, cars one way)"	75.00	MI	3.27	245.45
Heavy Equipment Mileage	150.00	MI	5.39	808.53
"Proppant & Bulk Del. Chgs., per ton mil	761.00	EA	1.69	1,289.17
Depth Charge; 3001-4000'	1.00	EA	1,663.25	1,663.25
Blending & Mixing Service Charge	220.00	BAG	1.08	237.17
Plug Container Util. Chg.	1.00	EA	192.51	192.51
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.75	134.75

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>13,612.83</b>
<b>BASIC ENERGY SERVICES, LP</b>	<b>BASIC ENERGY SERVICES, LP</b>	<b>TAX</b>	<b>344.24</b>
<b>PO BOX 841903</b>	<b>801 CHERRY ST, STE 2100</b>	<b>INVOICE TOTAL</b>	<b>13,957.07</b>
<b>DALLAS, TX 75284-1903</b>	<b>FORT WORTH, TX 76102</b>		



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

1-21-6

**FIELD SERVICE TICKET**  
1718 11147 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 9-24-14		DISTRICT: 1		NEW WELL	OLD WELL	PROD	INJ	WDW	CUSTOMER ORDER NO.:	
CUSTOMER: CMX				LEASE			WELL NO.:			
ADDRESS				COUNTY: F			STATE			
CITY				STATE		SERVICE CREW				
AUTHORIZED BY				JOB TYPE: 16						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27467										
19913	337.5					ARRIVED AT JOB				
7827	113					START OPERATION				
						FINISH OPERATION				
						RELEASED				
						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
CF 105	442 Cement	SK	170		2,590 00
CF 103	14 1/2"	SK	50		600 00
CC 105	1/2" LF	lb	32		135 00
CC 111	1/2" T	lb	854		437 00
CC 112	Cement grout Beddown	lb	45		235 00
CC 124	FLA-322	lb	50		600 00
CC 301	GILSONITE	lb	550		509 50
CF 007	Latex 1000 1/2"	Bg	1		400 00
CF 1001	Cementing Pack 1/2"	Bg	1		2,700 00
CF 1151	Turb. L. 24"	Bg	10		1,100 00
CF 1901	24" F. A. T	Bg	1		290 00
CC 151	mlg flush	gal	500		750 00
E 100	lubricant	mi	75		315 75
E 101	Heavy material	mi	150		1,050 00
E 113	Bulk material	tm	701		1,074 75
CE 204	1/2" T. C. 1/2"	4h	1		2,100 00
CE 240	mixing chime	SK			205 00
CF 504	plug container	TAP	1		250 00
S 003	Supervisor	Bg	1		175 00

CHEMICAL / ACID DATA:			

SUB TO AL		13,612	53
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Kim [Signature]</u>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 11147 A

DATE: 1-21-66 TICKET NO.:

DATE OF JOB: 9-24-74 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: CMX, INC.		LEASE: Krophiel Tract 5000						WELL NO. 1					
ADDRESS:		COUNTY: Rice						STATE: 155					
CITY:		STATE:		SERVICE CREW: Josh Dale JOR									
AUTHORIZED BY:		JOB TYPE: MW CONCRETING											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	AM	PM	TIME		
2413	4							9-24			7:15		
<del>1113 2715</del>	<del>4</del>	<del>1113 2715</del>	<del>4</del>	<del>1113 2715</del>	<del>4</del>								
<del>257 2517</del>													
											75		

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
CF 105	AA7 cement	SK	170		2,890 00
CF 103	C-41 P	SK	50		600 00
CC 105	C-41 P	lb	32		128 00
CC 111	SALT	lb	554		427 00
CC 112	CEMENT FUNCTION Reducer	lb	45		288 00
CC 139	FLA-322	lb	800		600 00
CC 201	GILSONITE	lb	550		569 50
CF 107	Latch Down Line	Rg	1		400 00
CF 1001	Concrete Pack Shot	Rg	1		3,700 00
CF 1151	Turbidizer	Rg	105		1,100 00
CF 1971	Sp Bucket	Rg	1		290 00
CF 151	mud flush	yd	500		750 00
E 106	1/2 gal mil-oil	ml	75		318 75
E 101	HEAVY mil-oil	ml	150		1,050 00
E 113	Bulk Delolite	tm	701		1,674 75
CE 214	Dirt Charge	ch	1		2,160 00
CE 240	MIXING Charge	ch	220		308 00
CE 514	Plug Container	TUB	1		250 00
S 003	Supervisor	Rg	1		175 00

SUB TOTAL: \$13,612.53

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: [Signature]  
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.:



Customer <b>CMX, INC</b>		Lease No.		Date <b>9-24-14</b>	
Lease <b>Krehbiel Trust SWD</b>		Well # <b>1</b>			
Field Order # <b>1147</b>	Station <b>Pratt</b>	Casing <b>5 1/2</b>	Depth <b>3545</b>	County <b>Wich</b>	State <b>KS</b>
Type Job <b>CNW Long String</b>			Formation	Legal Description <b>1-21-6</b>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth <b>3545</b>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <b>91</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <b>KRITH</b>	Station Manager <b>Kevin</b>	Treater <b>JL</b>
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Service Units	<b>1147</b>	<b>1147</b>	<b>7375</b>	<b>3543</b>				
Driver Names	<b>Jah</b>	<b>Dal</b>		<b>JL</b>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>1430</b>					CHL C / SOI-TV MC T-19
					1740 E 2 CS T 3545' 10-5-1
					TH: BO'SON 1-3-5-7-9-11-13-15-17-19
					Basin 1
<b>1545</b>					ST: 7 Runnin. use
<b>17:30</b>					Can on Bottom / Call with Dig
<b>18:30</b>					HIGH 1540 TO PUMP TRK T: ST47 JB
<b>19:00</b>	<b>300</b>		<b>5</b>	<b>5</b>	HIGH SIGN
			<b>12</b>	<b>5</b>	MIX 12 BBL MUD FLUSH
			<b>5</b>	<b>5</b>	MIX SIGN
	<b>300</b>		<b>47</b>	<b>5</b>	MIX 170 SIG AS AT COMENT
			<b>4</b>	<b>6</b>	SHUT DOWN PUMP / LIFT
<b>18:55</b>	<b>300</b>		<b>4</b>	<b>6</b>	DEL. - FLY START MUD
	<b>400</b>		<b>17</b>	<b>6</b>	LIFT ISF
	<b>450</b>		<b>31</b>	<b>4</b>	LOW RATE
<b>19:15</b>	<b>1500</b>		<b>91</b>	<b>4</b>	FLY DOWN
					1147 MUD
					JB COMENT
					THAT
					JL