



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230521
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: _____

1230521

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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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 11493 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10-21-14</u> DISTRICT <u>PRATT KS</u>		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>EDISON OPERATING CO.</u>		LEASE <u>CAROL DUNRUH 1-15</u> WELL NO.						
ADDRESS		COUNTY <u>KIOWA</u> STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>Sullivan, Egging, Physc</u>						
AUTHORIZED BY		JOB TYPE: <u>CNW 5 1/2 Comp</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>10-21-14</u> DATE	AM	TIME
<u>33708-20920</u>	<u>1 hr</u>						PM	<u>9:00</u>
<u>70959-19918</u>	<u>1 hr</u>					ARRIVED AT JOB	AM	<u>5:30</u>
<u>37900</u>						START OPERATION	AM	<u>8:30</u>
						FINISH OPERATION	AM	<u>9:30</u>
						RELEASED	AM	<u>9:50</u>
						MILES FROM STATION TO WELL		<u>15</u>

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: Ruby Ryp
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cement	sk	200		3,400.00
CP 105	AA-2 cement	sk	50		850.00
CC 105	C-41P	lb	59		236.00
CC 111	SALT	lb	724		670.50
CC 115	C-44	lb	235		1,210.25
CC 129	FLA-32L	lb	118		885.00
CC 201	Gilsonite	lb	1250		837.50
CF 607	Latch down Phosphate 5'0"	SA	1		400.00
CF 1251	Auto Fill Fluid Spool	SA	1		360.00
CF 1651	Tudor	SA	10		1,100.00
CC 151	road fluid	gal	500		750.00
C 204	Claymax KCl Subs	gal	7		245.00
C 100	pudding mix	mi	45		202.50
E 101	Heavy Graft mix	mi	90		675.00
C 113	Bulk Soling	TM	529		1,371.88
CF 206	Depth change 5000'-6000'	SA	1		2,480.00
PE 240	Blending - mix	sk	250		350.00
CE 504	Plus Lubricant Metal	gal	1		250.00
S 003	Service Supervision	sk	1		175.00

SUB TOTAL 16,748.63

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Discour & Am. TOTAL		<u>12,896.44</u>

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



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

FIELD SERVICE TICKET
1718 11212 A

15-305-18W

DATE _____ TICKET NO. _____

DATE OF JOB 10-9-14		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 Edison Operating Company Inc				LEASE Carol unruh				WELL NO 1-15							
ADDRESS				COUNTY Kiowa				STATE KS							
CITY				STATE				SERVICE CREW Mattal, McGraw, Beachy							
AUTHORIZED BY				JOB TYPE: CNW Conductor											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
37586	1						10-9-14			5:30					
						ARRIVED AT JOB				8:15					
						START OPERATION				12:33					
77686/19905	1					FINISH OPERATION				1:20					
19905/19860	1					RELEASED				2:00					
						MILES FROM STATION TO WELL	45								

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 Ruby Papp*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 101	A con blend	SK	200		3,600 00
CP 100 C	Common con	SK	200		3,200 00
CC 102	Celloxide	lb	100		370 00
CC 109	Calcium chloride	lb	940		987 00
CF 157	WOODEN Plug 1 3/4	EA	1		280 00
E 100	p.u. miles	Mi.	45		191 25
E 101	heavy eq. miles	Mi.	90		630 00
E 113	Prof + Bulk Del	FM	846		1,861 20
CE 201	Duffin charge 5-4-1000	4b'	1		1,200 00
CE 240	Blend + mix charge	SK	400		560 00
CE 504	Plug container	JOB	1		250 00
5003	Supervisor	EA	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		10,244 43
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE Mike Mattal	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>X Ruby Papp</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Edison Operating Company
8100 E 22nd St N Bldg 1900
Wichita, KS 67226
ATTN: Derek Patterson

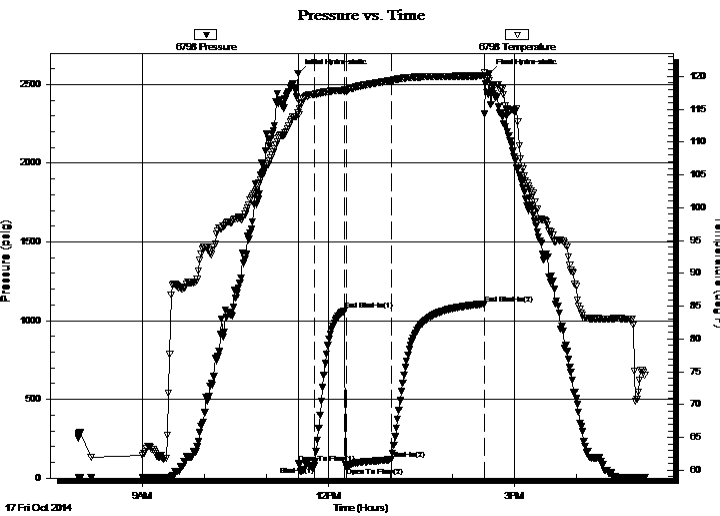
15-30S-18W Kiowa
Carol Unruh 1-15
Job Ticket: 57772 **DST#: 1**
Test Start: 2014.10.17 @ 07:58:33

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 11:31:18
Time Test Ended: 17:06:18
Interval: **5024.00 ft (KB) To 5052.00 ft (KB) (TVD)**
Total Depth: 5052.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Leal Cason
Unit No: 74
Reference Elevations: 2205.00 ft (KB)
2200.00 ft (CF)
KB to GR/CF: 5.00 ft

Serial #: 6798 Inside
Press @ Run Depth: 118.76 psig @ 5025.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.10.17 End Date: 2014.10.17 Last Calib.: 2014.10.17
Start Time: 07:58:34 End Time: 17:06:18 Time On Btm: 2014.10.17 @ 11:30:33
Time Off Btm: 2014.10.17 @ 14:35:33

TEST COMMENT: IF: Strong Blow , BOB in 90 seconds
IS: No Blow Back
FF: Strong Blow , BOB in 45 seconds
FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2570.67	114.48	Initial Hydro-static
1	91.93	114.22	Open To Flow (1)
16	77.87	117.18	Shut-In(1)
46	1064.58	117.89	End Shut-In(1)
47	66.73	117.92	Open To Flow (2)
91	118.76	119.35	Shut-In(2)
180	1106.65	120.09	End Shut-In(2)
185	2567.73	119.32	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	2542 GIP	0.00
124.00	GOMCW 12%G 18%O 20%M 50%W	0.61
159.00	GOCM 20%G 20%O 60%M	1.10

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating Company
8100 E 22nd St N Bldg 1900
Wichita, KS 67226
ATTN: Derek Patterson

15-30S-18W Kiowa
Carol Unruh 1-15
Job Ticket: 57772 **DST#: 1**
Test Start: 2014.10.17 @ 07:58:33

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	85000 ppm
Viscosity: 56.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.59 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 6000.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	2542 GIP	0.000
124.00	GOMCW 12%G 18%O 20%M 50%W	0.610
159.00	GOCM 20%G 20%O 60%M	1.101

Total Length: 283.00 ft Total Volume: 1.711 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: RW w as .09 @ 73 degrees

Pressure vs. Time

