



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234944
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: _____

1234944

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: _____ _____
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Form	ACO1 - Well Completion
Operator	Coral Coast Petroleum, L.C.
Well Name	Loesch 1
Doc ID	1234944

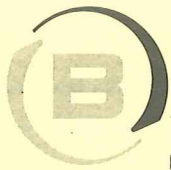
All Electric Logs Run

CDN
DI
Sonic
Micro

Form	ACO1 - Well Completion
Operator	Coral Coast Petroleum, L.C.
Well Name	Loesch 1
Doc ID	1234944

Tops

Name	Top	Datum
Lansing	4462	-2475
BKC	4942	-2951
Marmaton	4856	-2955
Cherokee	5098	-3111
Morrow	5202	-3205
Mississippi	5234	-3247
Viola	6356	-4369
Simpson	6536	-4549
Arbuckle	6642	-4655



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 11223 A

23-325-21w

DATE _____ TICKET NO. _____

DATE OF JOB 10-25-14 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 COAL COAST Petroleum, LC		LEASE L-O-TSCH WELL NO. 1								
ADDRESS		COUNTY Clark STATE Ks								
CITY STATE		SERVICE CREW Mattal, Hanson, Sibson								
AUTHORIZED BY		JOB TYPE: CAW 8 5/8 SURFACE								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37580	11					ARRIVED AT JOB	10-25-14	AM	PM	7:00
27463	11					START OPERATION		AM	PM	12:10
						FINISH OPERATION		AM	PM	1:00
19889/19862	1					RELEASED		AM	PM	1:30
						MILES FROM STATION TO WELL				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
CP 101	A-con blend	SK	200		3,600 00
CP 100C	COMMON CMT	SK	200		3,200 00
CC 102	CELLORIAN	lb	101		373 70
CC 109	Calcium chloride	lb	940		987 00
CF 105	TOP RUBBER PLUG 8 5/8	ea	1		225 00
CF 1773	centralizer 8 5/8	ea	3		435 00
CF 1903	BASKET 8 5/8	ea	1		315 00
E 100	P.U. mix	Mi	75		337 50
E 101	Heavy eq. mix	Mi	150		1,125 00
E 113	Pix + Bulk Oil	TA	1410		3,525 00
CC 201	DEPTH charge 501-1000'	4hr	1		1,200 00
CC 240	Bleed + Mix charge	SK	400		560 00
CC 504	Plug container	job	1		250 00
S 003	Supervisor	ea	1		175 00
SUB TOTAL					16,308 20

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		16 12,557 31

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

23-325-21w

FIELD SERVICE TICKET
1718 11437 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-7-2014	DISTRICT: Pratt, KS	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: Corsi Cosst Petroleum, LLC	LEASE: Loetsh	WELL NO. 1							
ADDRESS:	COUNTY: Clark	STATE: KS							
CITY:	STATE:	SERVICE CREW: DeLong, Ed, Beschey, Felix							
AUTHORIZED BY:	JOB TYPE: CNW 5 1/2 Constring								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
27283	1						11-6	AM	10:00
84981	1						11-7	AM	3:30
19843	1						11-7	AM	11:45
19889	1						11-7	AM	12:45
19862	1						11-7	AM	1:45
						MILES FROM STATION TO WELL	84		

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	
CP105	AP2 Cement+	SK	300		5100 00	
CP105	AP2 Cement+	SK	50		850 00	
CC105	C-41P	Lb	83		332 00	
CC111	SS1+	Lb	1749		874 50	
CC112	Cement Friction Reducer	Lb	99		594 00	
CC129	FLA-322	Lb	264		1980 00	
CC201	Gilsonite	Lb	1748		1171 76	
CF607	Latch Down Plug + BSSIC, 5 1/2 (Blue)	ES	1		400 00	
CF1251	Auto Fill Flost Shoe, 5 1/2 (Blue)	ES	1		360 00	
CF1651	Turbolizer, 5 1/2 (Blue)	ES	12		1370 00	
CF1901	5 1/2 BSSIC+ (Blue)	ES	3		870 00	
CF704	Claymax KCL Substitute	GSI	7		245 00	
CC151	Mud Flush	GSI	500		750 00	
F100	Unit milled chaise - pickup, 5000 USGS + 15.0 (corr w/c)	M.	75		337 50	
E101	Heavy Equipment M, lesse	M.	150		1125 00	
E113	Prepsn + soil Bulk Delivery Chaise - Provision	In/M	1234		3,084 38	
CF107	Depth chaise 600 - 100	Lhr	1		3240 00	
CF240	Bleeders & Mixing Service Chaise	SK	350		450 00	
CF504	Plus container Util, 2 station chaise	Job	1		250 00	
S003	Service Supervisor, first shift on well	ES	1		175 00	
					SUB TOTAL	23,548 54
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT %TAX ON \$						
MATERIALS %TAX ON \$						
Discounted TOTAL					18,132 37	

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.

Coral Coast Petroleum, LC.
8100 E. 22nd. St. N. , # 600-R
Wichita, KS 67226

Losch # 1 API # 15-025-21580-0000
1815' FSL & 1,815' FEL Sec. 23-32S-21W
Clark County, Kansas

WELL DATA:

RTD: 6710'
LTD: 6713'
ZERO: 1987' KB (10' AGL)
COND:
S.CSG: 612' 8-5/8" 24#
LOGS: CDN,DI,Sonic,Micro,sonic

COMPLETION DATA:

PBTD: 6607'
P.CSG: jts.5-1/2,15.5#, J-55, 6748.79'
PORT COLLAR: None
PERFS: Morrow 5209'-5215', 4 spf
TBG: 156 2-3/8" J-55
RODS:

Production Casing

11-7-14 Run 12 jts. of 5-1/2" 15.5# new J55 LTC, Rg. 3 new casing as follows:

KB to top of csg.	+ 10.00	<u>Depth</u>
159 Jts. 5-1/2"	6647.78	
Latch down baffle	0.00	6647.78 PBTD
Shoe Jt.	42.15	
Float Shoe	1.00	6690.93 (22' off TD)

12 centralizers: 6650,6566,6481, 6397,6313,6229,5808,5428,5344,5260,5175,
3 baskets: 6523',5892,5302. Break circulation at 3,400' circulate 30".Ciculate
1.0 hour on bottom. Pump desco flush. 5 out one bad pin.
Rotate casing through out job.

Cement Production Casing

11-7-14

Basic cement with 500 gal mud flush, 300 sx. AA2. Mix @ 15.0 ppg., pump at 6 BPM.
Displace with 158 bbls. 2% KCL. Plug down @ 12:45 AM 11-8-14 with 1,500 psi. Good
lift psi of 900 psi. Good circulation throughout. Plug rat & mouse hole w/ 50 sx. Set slips
release rig.

Completion Report

11-28-14 Nabors Wire Line run CBL, good bond. PBTB = 6607', TC= 4468'.

12-1-14 Alliance WS MIRU, DTD. Unload 159 jts. 2-3/8", 4.7# J-55 tbg. Swab down casing to 3,300' SION.

12-2-14 TIH w/ 156 jts of tbg. and tbg conveyed gun as follows:

KB to top of tbg: +	11.50		
			<u>Depth</u>
		1- Jt 2-3/8"	31.78
		1-2-3/8" sub	6.15
		153 jts. 2-3/8"	5041.99
		1-2-3/8" RAsub	4.10
		1- Jt2-7/8"	33.05
		1-ASIX packer	7.21
		1-2-3/8" jt.	33.06
SN @	5168.56'	Seat Nipple	1.10
		Debris Sub	.52
		1-Jt. 2-7/8"	33.06
		Firing Head sub	4.10
		Firing head	.81
Spot gun with superior wire line.		3-3/8" blank gun	.85
	Morrow perf. @	5209' to 5215'	3-3/8" gun 4 SPF 6.00
	Total Tbg.	5215.88'	3-3/8" Bull plug .88

Swab down tubing to 4,500'. Set packer. Check with wire line. Drop bar immediate blow. Fluid to surface in 20 seconds. SI to tighten connections. Flow for 45 minutes. Well stabilized on 21/64 choke at 1,124 MCFD with 1,355 psi. flowing tubing pressure. No fluid after first 2 minutes of flow. SI Wait on pipeline to 4 pt. and 1 pt. test. RDMO