



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238197
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: _____



1238197

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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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 11023 A

21-35-28

DATE _____ TICKET NO. _____

DATE OF JOB: 8-1-2014		DISTRICT: Postville, 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: Postville Water Service, Inc.		LEASE: Boreals		WELL NO.: 121					
ADDRESS:		COUNTY:		STATE: KS					
CITY:		STATE:		SERVICE CREW: Dorian, Paul E., Deric P.					
AUTHORIZED BY:		JOB TYPE: CNU/SURSER							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
27283	1/2						8-1	AM	4:00
33708	1/2						8-1	AM	6:00
20570	1/2						8-1	AM	8:30
19826	1/2						8-1	AM	9:00
19862	1/2						8-1	AM	10:00
						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	
CP103	60/40 PO2	SK	350		4,200.00	
CC102	Cellulose	Lb	88		375.60	
CC109	Calcium Chloride	Lb	903		948.15	
F100	Unit + M. Lasse Cheese Pickup	Mi	50		212.50	
F101	Heavy Equipment M. Lasse	Mi	230		1,616.00	
F113	Bulk Delivery	Tnlm	3462		7,615.30	
CF200	Depos. Cheese 10 SOW	4hrs	1		1,000.00	
CF210	Blending & mixing Service Cheese	SK	350		450.00	
5003	Service Supervisor, P. L. & Assistant	Es	1		175.00	
					SUB TOTAL	12,763.94

CHEMICAL / ACID DATA:			

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

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

ALLIED OIL & GAS SERVICES, LLC

064153

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

DATE 8-21-14	SEC. 21	TWP. 3	RANGE 28	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE B-45	WELL # 1-21	LOCATION 12W 5TH W 10				COUNTY De Witt	STATE TX
OLD OR NEW (Circle one)							

CONTRACTOR Williams Sch #101 OWNER Scine

TYPE OF JOB DV-25tag

HOLE SIZE 7 7/8 T.D. 4600'

CASING SIZE 5 1/2 DEPTH 3977

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DV DEPTH 2780

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20190

PERFS.

DISPLACEMENT

EQUIPMENT

522 PUMP TRUCK CEMENTER Kelly B
HELPER Wayne Mc

3734328 BULK TRUCK DRIVER Wayne Mc

5664595 BULK TRUCK DRIVER Chris (TWS)

REMARKS:

Dugged 4" P-24 in 2" size 1 1/2" in
in 1/2" 4" 30" released Plug disd
with 6000 water 754 bbl mud
dropped DV bomb on 2nd seal Plug
BH 4" MH mixed with cement
Plug disd placed with 6000 bbl water
1.5" 1900# Plug 1900-16 2200#
lost 1/2" 1/2" 1/2" 1/2" 1/2" 1/2"
5000# 1900# 1900# 1900# 1900#
cement did not circulate

CHARGE TO: Plat + well service

STREET _____

CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Kelly B Kelly

SIGNATURE Kelly B Kelly

CEMENT

AMOUNT ORDERED 1205k5 Asc

416 2k 21 lbs 416 500

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @ 23 25 5800

416 2k 21 lbs 416 500 @ 19 38 8747 38

613 2000 1000 @ 1 98 588 00

Delcomaf 25# @ 2 28 101 28

F4-160 68# @ 18 70 1285 30

F10-509 110# @ 2 97 324 78

340 2500 12.661 @ 25 08 310 00

HANDLING 654.3000 @ 2 38 1557 28

MILEAGE 261.3200 @ 15 22 4704 20

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 2765 75 3977

EXTRA FOOTAGE @

MILEAGE M.H.V. 65 @ 7 20 50 00

MANIFOLD Head @ 275 00

M.L.V. 65 @ 4 30 206 00

TOTAL _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

weatherford @ 545 00

AFU Float shoe @ 610 00

Basket @ 395 00

Centralizer 7 @ 515 00

DV Tool @ 530 00

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Pratt Well Service, Inc.

21-3s-28w Decatur, KS

PO Box 847
Pratt, KS 67129

Betts #1-21

Job Ticket: 55905

DST#: 2

ATTN: Austin Garner

Test Start: 2014.08.08 @ 06:43:00

GENERAL INFORMATION:

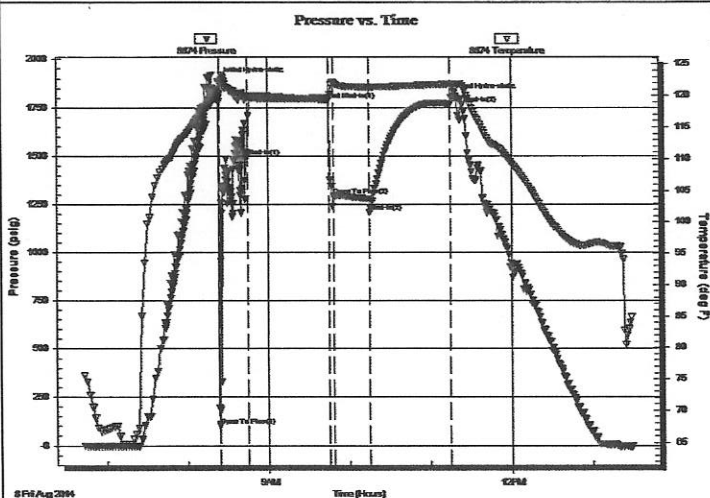
Formation: **LKC**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 08:24:00
 Time Test Ended: 13:28:30
 Interval: **3767.00 ft (KB) To 3795.00 ft (KB) (TVD)**
 Total Depth: 3795.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Donovan Baumann
 Unit No: 66
 Reference Elevations: 2704.00 ft (KB)
 2691.00 ft (CF)
 KB to GR/CF: 13.00 ft

Serial #: 8874

Inside

Press@RunDepth: 1208.74 psig @ 3768.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.08.08 End Date: 2014.08.08 Last Calib.: 2014.08.08
 Start Time: 06:44:00 End Time: 13:28:30 Time On Btm: 2014.08.08 @ 08:23:20
 Time Off Btm: 2014.08.08 @ 11:15:30

TEST COMMENT: 20 - IF - Surface blow built to BOB in 1 min.
 60 - ISI - No return
 30 - FF - Surface blow built to BOB in 1 min. dead in 23 min
 60 - FSI - No return



PRESSURE SUMMARY

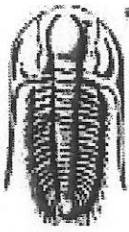
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1885.57	119.64	Initial Hydro-static
1	97.70	119.99	Open To Flow (1)
22	1495.99	119.63	Shut-In(1)
82	1788.30	119.77	End Shut-In(1)
85	1292.88	122.10	Open To Flow (2)
112	1208.74	121.29	Shut-In(2)
172	1767.27	121.84	End Shut-In(2)
173	1804.32	121.86	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2016.00	OSM-100M - oil spots	28.28

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Pratt Well Service, Inc.

21-3s-28w Decatur,KS

PO Box 847
Pratt, KS 67129

Betts #1-21

Job Ticket: 55905

DST#: 2

ATTN: Austin Garner

Test Start: 2014.08.08 @ 06:43:00

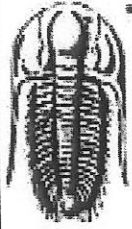
Tool Information

Drill Pipe:	Length: 3761.00 ft	Diameter: 3.80 inches	Volume: 52.76 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 64000.00 lb
			<u>Total Volume: 52.76 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	22.00 ft			String Weight: Initial 46000.00 lb
Depth to Top Packer:	3767.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	28.00 ft			
Tool Length:	56.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3740.00	
Shut In Tool	5.00			3745.00	
Hydraulic tool	5.00			3750.00	
Jars	5.00			3755.00	
Safety Joint	3.00			3758.00	
Packer	5.00			3763.00	28.00 Bottom Of Top Packer
Packer	4.00			3767.00	
Stubb	1.00			3768.00	
Recorder	0.00	8653	Outside	3768.00	
Recorder	0.00	8874	Inside	3768.00	
Perforations	22.00			3790.00	
Change Over Sub	0.00			3790.00	
Drill Pipe	0.00			3790.00	
Change Over Sub	0.00			3790.00	
Bullnose	5.00			3795.00	28.00 Bottom Packers & Anchor

Total Tool Length: 56.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Pratt Well Service, Inc.

21-3s-28w Decatur, KS

PO Box 847
Pratt, KS 67129

Betts #1-21

Job Ticket: 55904

DST#: 1

ATTN: Austin Garner

Test Start: 2014.08.07 @ 10:20:00

Tool Information

Drill Pipe:	Length: 3604.00 ft	Diameter: 3.80 inches	Volume: 50.55 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 56000.00 lb
			<u>Total Volume: 50.55 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	17.00 ft			String Weight: Initial 46000.00 lb
Depth to Top Packer:	3615.00 ft			Final 50000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	95.00 ft			
Tool Length:	123.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3588.00	
Shut In Tool	5.00			3593.00	
Hydraulic tool	5.00			3598.00	
Jars	5.00			3603.00	
Safety Joint	3.00			3606.00	
Packer	5.00			3611.00	28.00 Bottom Of Top Packer
Packer	4.00			3615.00	
Stubb	1.00			3616.00	
Recorder	0.00	8653	Outside	3616.00	
Recorder	0.00	8874	Inside	3616.00	
Perforations	24.00			3640.00	
Change Over Sub	1.00			3641.00	
Drill Pipe	63.00			3704.00	
Change Over Sub	1.00			3705.00	
Bullnose	5.00			3710.00	95.00 Bottom Packers & Anchor

Total Tool Length: 123.00