

Confidentiality Requested:  
 Yes  No

KANSAS CORPORATION COMMISSION 1238835  
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 Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

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: \_\_\_\_\_



1238835

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](mailto: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 (Attach Additional Sheets)	<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:				

<b>CASING RECORD</b> <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:  <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run:  Yes  No

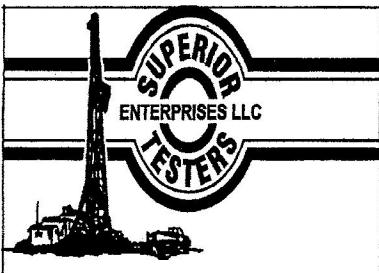
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio		Gravity	

DISPOSITION OF GAS:  <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____				PRODUCTION INTERVAL:  <hr/> <hr/>	
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Form	ACO1 - Well Completion
Operator	Bird Dog Oil, LLC
Well Name	Lakin-Sieker 2-23
Doc ID	1238835

All Electric Logs Run

DIL
DUCP
MEL
BHCS



## DRILL STEM TEST REPORT

Bird Dog Oil LLC

23-19s-11w Barton

1801 Broadway Suite 450  
Denver, Colorado 80202

Lakin-Sieker #2-23

ATTN: Adam Nighswonger

Job Ticket: 19250 DST#:1

Test Start: 2014.06.21 @ 00:00:00

### GENERAL INFORMATION:

Formation: Kansas City "J-K & L"

Deviated: No Whipstock: ft (KB)

Test Type: Inflate Bottom Hole (Initial)

Time Tool Opened: 00:00:00

Tester: Gene Budig

Time Test Ended: 00:00:00

Unit No: 3335-

Interval: 3240.00 ft (KB) To 3308.00 ft (KB) (TVD)

Reference Elevations: 1785.00 ft (KB)

Total Depth: 3308.00 ft (KB) (TVD)

1777.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8938 Inside

Press@RunDepth: 172.67 psig @ 3303.79 ft (KB)

Capacity: 5000.00 psig

Start Date: 2014.06.21

End Date: 2014.06.21

Last Calib.: 2014.06.21

Start Time: 01:00:00

End Time: 05:35:30

Time On Btm: 2014.06.21 @ 03:04:30

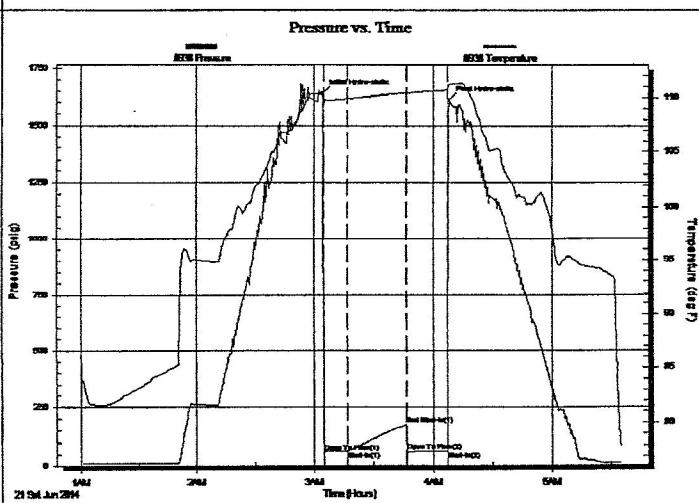
Time Off Btm: 2014.06.21 @ 04:08:00

TEST COMMENT: 1st Opening 10 Minutes weak to very weak surface blow

1st Shut-In 30 Minutes-No blow back

2nd Opening 15 Minutes-No blow

No 2nd shut-in taken pulled tool after being open 15 minutes on the 2nd opening



### PRESSURE SUMMARY

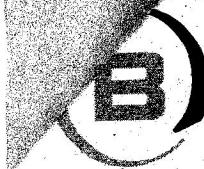
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1641.73	110.21	Initial Hydro-static
1	58.45	109.27	Open To Flow (1)
12	62.33	109.86	Shut-In(1)
42	172.67	110.44	End Shut-In(1)
43	60.60	110.41	Open To Flow (2)
63	62.42	110.73	Shut-In(2)
64	1611.36	111.21	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
10.00	Drilling mud with a good show of free oil	0.14

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcfd)



**BASIC<sup>®</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 10440 A

DATE      TICKET NO.

DATE OF JOB 6-17-14 DISTRICT PLATT		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 BRIAN DOG DIL WCC		LEASE 1AKR1-54K- WELL NO. 22							
ADDRESS		COUNTY 13A1104 STATE US							
CITY	STATE	SERVICE CREW MATT, CRAIG, COBB.							
AUTHORIZED BY		JOB TYPE: C/W SURVEY							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 6-16-14	AM PM	TIME 9:30
37586	.5					ARRIVED AT JOB	6-17-14	AM PM	12:00
274103						START OPERATION		AM PM	12:42
274103	.5					FINISH OPERATION		AM PM	1:05
19826/19860	.5					RELEASED		AM PM	1:45
						MILES FROM STATION TO WELL			70

**RENTAL AGREEMENT CONDITIONS:** (This contract must be signed before the job is commenced or merchandise is delivered).

**CONTRACT CONDITIONS:** (This contract must be signed before the job begins.)  
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)

CHEMICAL / ACID DATA:			

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

**SERVICE  
REPRESENTATIVE**

Mike Matt

THE ABOVE MATERIAL AND SERVICE  
ORDERED BY CUSTOMER AND RECEIVED BY

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



## ENERGY SERVICES

## PRESSURE PUMPING & WIRELINE

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

## FIELD SERVICE TICKET

1718 10890 A

DATE TICKET NO.

DATE OF JOB 6-22-14	DISTRICT	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 Bird Dog Oil LLC		LEASE Larin S100+							
ADDRESS	WELL NO. 2-23 COUNTY Barton STATE KS								
CITY	STATE	SERVICE CREW Pratt Custer-1							
AUTHORIZED BY Kelly Brumnum		JOB TYPE: Plug well CNEW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37400	4.3					ARRIVED AT JOB	6-22-14	AM 8:00	1:25
70890 21010	4.3					START OPERATION	6-22-14	AM 8:00	1:52
19889 148413	4.3					FINISH OPERATION	6-22-14	AM 8:00	5:00
						RELEASED	6-22-14	AM 8:00	5:45
						MILES FROM STATION TO WELL			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

**CONTRACT CONDITIONS:** (This contract must be signed before the job begins.)  
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:

(WEI OWNER, OPERATOR, CONTRACTOR OR AGENT)

**CHEMICAL / ACID DATA:**

**CHEMICAL / ACID DATA:**

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
	TOTAL	5,418

THE ABOVE MATERIAL AND SERVICE  
ORDERED BY CUSTOMER AND RECE

(WELL OWNER/OPERATOR/CONTRACTOR OR AGENT)

**FIELD SERVICE ORDER NO.**