



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238915
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: _____



1238915

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> _____
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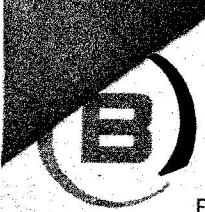
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bird Dog Oil, LLC
Well Name	Lakin-Wendel 1-18
Doc ID	1238915

All Electric Logs Run

DIL
DUCP
MEL
BHCS



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 10794 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-25-14 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 BIRD DOG oil LLC		LEASE LAKIN-WENDEL WELL NO. (-)	
ADDRESS		COUNTY Rice STATE KS	
CITY STATE		SERVICE CREW MATTI, MARY WEL, ELLIS	
AUTHORIZED BY		JOB TYPE: CON Suckler	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	.5						7-25-14	PM	6:00
						ARRIVED AT JOB		PM	8:20
27463	.5					START OPERATION		PM	9:40
						FINISH OPERATION		PM	10:15
19526/19860	.5					RELEASED		PM	11:00
						MILES FROM STATION TO WELL	70		

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)

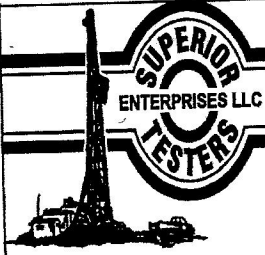
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	COMMON CRT	SK	325		5,200.00
CC 102	CEMENT	lb	82		303.40
CC 109	CALCIUM CHLORIDE	lb	918		963.90
CC 200	CMT G-1	lb	512		153.00
CF 153	WOODEN PILING 3 1/2"	PI	1		160.00
E 100	P.U. MILS	MI	70		297.50
E 101	heavy eq MILS	MI	140		980.00
E 113	PROP + GULF P-01	TM	1071		2,390.20
E 220	D-PTA CHANGE 0-500'	440	1		1000.00
E 240	BLOD + MIX CMT	SK	322		455.00
E 500	PILING CONTAM	Tub	1		250.00
S 003	SUPPLY V-20	OR	1		175.00
SUB TOTAL					7,130.52

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE M. KE MATTA	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.



DRILL STEM TEST REPORT

Bird Dog Oil L.L.C
 1801 Broadway Ste # Denver CO 80202
 ATTN: Adam Nighthwanger

18-19-10w Rice
Lakin-Wendel #1-18
 Job Ticket: 19327 DST#: 1
 Test Start: 2014.07.29 @ 05:30:00

GENERAL INFORMATION:

Formation: **Lansing "A-B"**
 Deviated: **No Whipstock** ft (KB)
 Time Tool Opened: 06:59:30
 Time Test Ended: 11:17:00
 Interval: **3022.00 ft (KB) To 3074.00 ft (KB) (TVD)**
 Total Depth: **3074.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: Fair

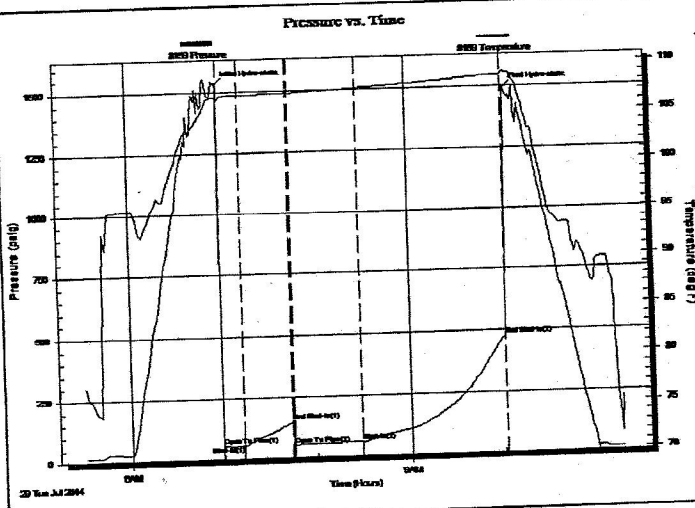
Test Type: **Conventional Bottom Hole (Initial)**
 Tester: **Jared Scheck**
 Unit No: **3330-**
 Reference Elevations: **1780.00 ft (KB)**
 1772.00 ft (CF)
 KB to GR/CF: **8.00 ft**

Serial #: 8159

Press@RunDepth: **59.88 psig @** ft (KB)
 Start Date: **2014.07.29** End Date: **2014.07.29**
 Start Time: **05:30:00** End Time: **11:17:00**

Capacity: **5000.00 psig**
 Last Calib.: **2014.07.29**
 Time On Btm: **2014.07.29 @ 06:58:30**
 Time Off Btm: **2014.07.29 @ 10:03:00**

TEST COMMENT: 1st Open 15 Minutes-Weak but building blow built 4 inches into water in 15 minutes
 1st Shut-in 30 Minutes-No blow back
 2nd Opening 45 Minutes-Weak blow built 10 inches into water in 45 minutes
 2nd Shut-in 90 Minutes-No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1531.57	106.93	Initial Hydro-static
1	56.46	106.59	Open To Flow (1)
15	55.66	107.14	Shut-In(1)
46	148.80	107.29	End Shut-In(1)
47	53.00	107.26	Open To Flow (2)
90	59.88	107.64	Shut-In(2)
183	477.50	108.70	End Shut-In(2)
185	1492.78	108.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	spot oil mud 1%oil 99%mud	0.28

Gas Rates

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



DRILL STEM TEST REPORT

Bird Dog Oil L.L.C
 1801 Broadway Ste # Denver CO 80202
 ATTN: Adam Nighthswanger

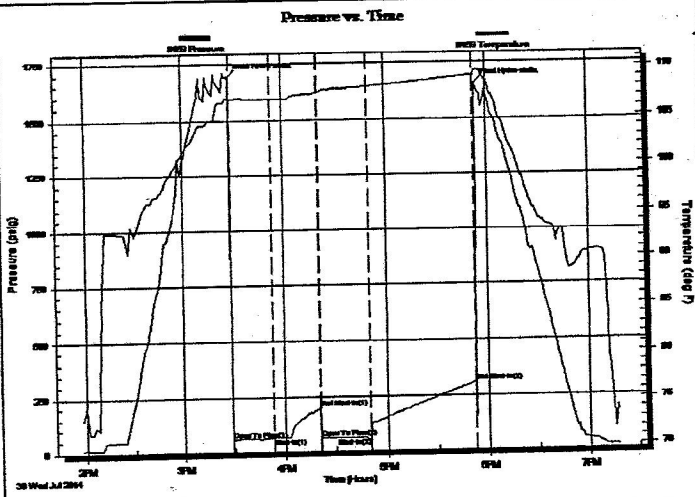
18-19-10w Rice
Lakin-Wendel #1-18
 Job Ticket: 19328 DST#: 2
 Test Start: 2014.07.30 @ 13:57:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 15:29:00
 Time Test Ended: 19:17:30
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jared Scheck
 Unit No: 3330-Great Bend-40
 Interval: 3290.00 ft (KB) To 3343.00 ft (KB) (TVD)
 Total Depth: 3343.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Reference Elevations: 1780.00 ft (KB)
 1772.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8159
 Press@RunDepth: 52.30 psig @ ft (KB) Capacity: 5000.00 psig
 Start Date: 2014.07.30 End Date: 2014.07.30 Last Calib.: 2014.07.30
 Start Time: 13:57:00 End Time: 19:17:30 Time On Btm: 2014.07.30 @ 15:28:00
 Time Off Btm: 2014.07.30 @ 17:53:30

TEST COMMENT: 1st Opening 15 Minutes-Weak blow built 14 inch into water
 1st Shut-in 30 Minutes-No blow back
 2nd Opening 30 Minutes-Very weak surface blow built 1/8 inch died off
 2nd Shut-in 60 Minutes-No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1689.10	107.01	Initial Hydro-static
1	55.02	106.86	Open To Flow (1)
25	58.75	106.83	Shut-In(1)
53	196.59	107.42	End Shut-In(1)
54	56.69	107.49	Open To Flow (2)
82	52.30	108.02	Shut-In(2)
144	307.74	109.15	End Shut-In(2)
146	1651.49	109.62	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
3.00	Slightley oil spot mud 1%oil 99%mud	0.04

Gas Rates

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