

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1239877  
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: \_\_\_\_\_

1239877

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 _____

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Eagle Oil & Gas Co.
Well Name	O'SLASH CATTLE 11 1
Doc ID	1239877

All Electric Logs Run

Sonic
Porosity
Micro
Induction





PAGE 1 of 1	CUST NO 1001161	YARD # 1718	INVOICE DATE 11/24/2014
INVOICE NUMBER <b>91658927</b>			

Pratt (620) 672-1201  
 B EAGLE OIL & GAS CO  
 I 2525 KELL BLVD STE 510  
 L WICHITA FALLS  
 L TX US 76308  
 T  
 O ATTN: LINDA SHANKS

J LEASE NAME O'Slash Cattle 11-1  
 O LOCATION  
 B COUNTY Ford  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

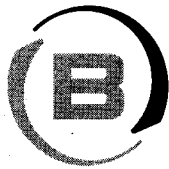
JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40790073	19843		Net - 30 days	12/24/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 11/21/2014 to 11/21/2014</b>				
<div style="border: 1px solid green; padding: 5px; display: inline-block;"> <b>APPROVED</b>            By Scott Wright at 9:00 am, Dec 16, 2014         </div>				
0040790073				
171811836A Cement-New Well Casing/Pi 11/21/2014				
Cement 8 5/8 Surface				
A-Con Blend Common	175.00	EA	14.04	2,456.79 T
Common Cement	175.00	EA	12.48	2,183.83 T
Celloflake	88.00	EA	2.89	253.95 T
Calcium Chloride	825.00	EA	0.82	675.62 T
"Top Rubber Cmt Plug, 8 5/8""	1.00	EA	175.49	175.49
"8 5/8"" Guide Shoe (Red)"	1.00	EA	428.97	428.97
"8 5/8"" Stop Ring"	1.00	EA	34.32	34.32
Centralizer 8 5/8 x 12 1/4	6.00	EA	113.09	678.55
Industrial Rubber Thread Lock Kit	1.00	EA	26.52	26.52
Flapper Type Insrt Float Vlave 8 5/8(Blu	1.00	EA	218.38	218.38
"Unit Mileage Chg (PU, cars one way)"	75.00	MI	3.51	263.23
Heavy Equipment Mileage	150.00	MI	5.85	877.43
"Proppant & Bulk Del. Chgs., per ton mil	1,238.00	EA	1.95	2,413.91
Depth Charge; 501'-1000'	1.00	EA	935.93	935.93
Blending & Mixing Service Charge	350.00	BAG	1.09	382.17
Plug Container Util. Chg.	1.00	EA	194.98	194.98
"Service Supervisor, first 8 hrs on loc.	1.00	EA	136.49	136.49

DESC Acct. 1001161  
 VOUCHER \_\_\_\_\_  
 TOTAL 12,771.03  
 INVOICE \_\_\_\_\_  
 VENDOR 15794  
 DATE \_\_\_\_\_  
 ACCT 760 SUB 17  
 WELL 184203 DK L

*Cement Surface CS9*  
*AFS: 84203*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	12,336.56
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	434.47
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	12,771.03
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



**BASIC**<sup>SM</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 11836 A

11-285-236

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>11/21/14</u>		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 <u>Eagle Oil and Gas Corp</u>		LEASE <u>O'Skash Cattle</u>		WELL NO. <u>11/1</u>					
ADDRESS _____		COUNTY <u>Ford</u>		STATE <u>KS</u>					
CITY _____		STATE _____		SERVICE CREW <u>Scott, Shawn, Dale</u>					
AUTHORIZED BY <u>Donald Johnson</u>		JOB TYPE: <u>8 3/8 Surface pipe</u> <u>CNW</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<u>35470</u>	<u>.5</u>								
<u>51481 14823</u>	<u>.5</u>								
<u>14960 14860</u>	<u>.5</u>								
						ARRIVED AT JOB	<u>11/21/14</u>	<u>AM</u>	<u>4:00</u>
						START OPERATION	<u>11/21/14</u>	<u>AM</u>	<u>6:55</u>
						FINISH OPERATION	<u>11/21/14</u>	<u>AM</u>	<u>7:30</u>
						RELEASED	<u>11/21/14</u>	<u>AM</u>	<u>8:00</u>
						MILES FROM STATION TO WELL			

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: Don Johnson  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 101	A-Cen blend Common	SK	175		3150.00
CP 100C	Common Cement	SK	175		2800.00
CC 107	Cellulose	lb	88		325.00
CC 109	Calcium Chloride	lb	825		506.25
CI 105	Top Rubber Cement, Plug 5 3/8	EA	1		275.00
CI 203	8 3/8 Guide Shoe Red	EA	1		550.00
CI 303	8 3/8 Slip Ring	EA	1		44.00
CI 1453	Waper Type 11/4" Flange Valve 8 3/8	EA	1		250.00
CI 1773	Centralizer 2.5 8 3/8 x 12 1/4	EA	6		370.00
CI 3000	Industrial Rubber Thread Locking	EA	1		34.00
E 100	Weld 20 Gauge Pockets, 3/4" x 1/2"	MI	75		337.50
E 101	Heavy Equipment Mileage	MI	150		1125.00
L 113	Prof'l Bulk Delivery Charges	JM	1738		3043.75
CL 201	Depth Charge 501-1000'	4hrs	1		1200.00
CL 240	Blender's Mixing Service Charge	SK	350		490.00
CR 504	Plus Container Dilution Charge	Job	1		250.00
5003	Service Supervisor's Disposal	EA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		15,816.10
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		12336.36
Discounted Total		12336.36

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

Customer <i>Eagle Oil &amp; Gas Comp</i>	Lease No.	Date <i>11/21/14</i>	
Lease <i>O'Slash Unit</i>	Well # <i>11-1</i>		
Field Order # <i>11836A</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>	Depth <i>606</i>
Type Job <i>8 5/8 Surface Pipe</i>	Formation <i>CNW</i>	County <i>Ford</i>	State <i>KS</i>
		Legal Description <i>11-285-284</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>								
Depth <i>606</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>38.54</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1800</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>Donald Johnson</i>	Station Manager <i>Kevin Guidley</i>	Treater <i>Scott Graves</i>
Service Units <i>38970</i>	<i>84981</i>	<i>14960</i>
Driver Names <i>Scott Shaver</i>	<i>Dele</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>4:10</i>					<i>On location Safety Meeting Required</i>
<i>4:45</i>					<i>Run casing</i>
<i>6:55</i>	<i>0</i>		<i>5</i>	<i>4.5</i>	<i>Pump 430 Spms</i>
<i>6:56</i>	<i>150</i>			<i>5.9</i>	<i>Mix 175 sks A-ten bleed 12 1/2 gal</i>
<i>7:09</i>	<i>300</i>		<i>76.98</i>	<i>5.7</i>	<i>Mix 175 sks Common Cont 15.6 1/2 gal</i>
<i>7:18</i>	<i>0</i>		<i>37.40</i>		<i>Shut down</i>
<i>7:19</i>					<i>Release Plug</i>
<i>7:20</i>	<i>150</i>			<i>5.6</i>	<i>Start Displacement</i>
<i>7:26</i>	<i>300</i>		<i>30</i>	<i>3.5</i>	<i>Reduce Rate</i>
<i>7:28</i>	<i>300</i>		<i>6</i>	<i>3.5</i>	<i>Plug landed</i>
<i>7:29</i>	<i>300</i>				<i>Release Pressure up on plug</i>
<i>7:30</i>					<i>Release Pressure - NO Returns</i>
					<i>Job Complete</i>
					<i>Circulated 17.5 bbls Cement to surface</i>