



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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: _____

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Wheelock 4
Doc ID	1243386

All Electric Logs Run

DIL
MEL
BHCS
CNL/CDL



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 144350
Invoice Date: Jul 12, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Wheelock # 1-3 (AFE# 14139)

Bill To:
Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093 Garden City, KS 67846

Customer ID	Field Ticket #	Payment Terms	
Lario	62840	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jul 12, 2014	8/11/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Wheelock #4	17.90	3,759.00
210.00	CEMENT MATERIALS	Class A Common	1.10	651.20
592.00	CEMENT MATERIALS	Chloride	2.48	535.68
216.00	CEMENT SERVICE	Cubic Feet Charge	2.75	139.78
50.83	CEMENT SERVICE	Ton Mileage Charge	1,512.25	1,512.25
1.00	CEMENT SERVICE	Surface	7.70	38.50
5.00	CEMENT SERVICE	Pump Truck Mileage	4.40	22.00
5.00	CEMENT SERVICE	Light Vehicle Mileage		
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	CEMENT SUPERVISOR	Ron Gilley		
1.00	OPERATOR ASSISTANT	Robert Johnson		

Handwritten initials and signature

Subtotal	6,658.41
Sales Tax	315.33
Total Invoice Amount	6,973.74
Payment/Credit Applied	
TOTAL	6,973.74

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1,997.52

ONLY IF PAID ON OR BEFORE

Aug 11, 2014

BS
7-21-14



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002301	1718	07/22/2014
INVOICE NUMBER			
91547550			

Pratt (620) 672-1201
 B LARIO OIL & GAS
 I P O BOX 84
 L MURDOCK
 L KS US 67111
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Wheellock 4 (AFE # 4139)
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40746214	20920		Net - 30 days	08/21/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 07/18/2014 to 07/18/2014</i>				
0040746214				
171810853A Cement-New Well Casing/Pi 07/18/2014 Cement 5 1/2" Longstring				
AA2 Cement	255.00	EA	12.72	3,244.55 T
C-41P	48.00	EA	2.99	143.70 T
Salt	1,264.00	EA	0.37	473.02 T
Cement Friction Reducer	72.00	EA	4.49	323.33 T
C-44	240.00	EA	3.85	925.09 T
FLA-322	120.00	EA	5.61	673.61 T
Super Flush	500.00	EA	1.83	916.85 T
Gilsonite	1,275.00	EA	0.50	639.37 T
Claymax KCL Substitute	5.00	EA	26.20	130.98 T
"Top Rubber Cmt Plug, 5 1/2""	1.00	EA	78.59	78.59
"Guide Shoe - Regular, 5 1/2"" (Blue)"	1.00	EA	187.11	187.11
"Turbolizer, 5 1/2"" (Blue)"	8.00	EA	82.33	658.64
"5 1/2"" Basket (Blue)"	1.00	EA	217.05	217.05
Flapper Type Insrt Float Valve 5 1/2"(Bl	1.00	EA	160.92	160.92
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.18	111.33
Heavy Equipment Mileage	70.00	MI	5.24	366.74
"Proppant & Bulk Del. Chgs., per ton mil	420.00	EA	1.65	691.57
Depth Charge; 4001'-5000'	1.00	EA	1,886.10	1,886.10
Plug Container Util. Chg.	1.00	EA	187.11	187.11
"Service Supervisor, first 8 hrs on loc.	1.00	EA	130.98	130.98
Blending & Mixing Service Charge	255.00	BAG	1.05	267.20

JUL 28 2014

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	12,413.84
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	534.14
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	12,947.98
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

BS 7-24-14



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 ~~10854~~ A

Continuation

DATE _____ TICKET NO. 10853 A

DATE OF JOB <u>7-18-14</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>LARD OIL GAS</u>		LEASE <u>Wheelock</u> # WELL NO. _____							
ADDRESS _____		COUNTY <u>BARBER</u> STATE <u>KS</u>							
CITY _____ STATE _____		SERVICE CREW <u>Sullivan, Gray, Phys</u>							
AUTHORIZED BY _____		JOB TYPE: <u>new 5" ES</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
						ARRIVED AT JOB		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 101	Lead Acid	ea	20		490 ea
PE 840	Headline Mixing	SK	255		357 ea
E 113	Bulk Water	TM	420		924 00
PE 205	Orbit Charge	SA	1		2520 00
PE 504	Plus Lowdown Water	SA	1		250 ea
S 003	Splice Services	SA	1		175 ea
E 100	Drilling rig	ea	35		148 75

SUB TOTAL KE 17,413 84

CHEMICAL / ACID DATA:			

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

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

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <u>LARIO-oil MS</u>		Lease No.		Date	
Lease <u>Whacklock</u>		Well # <u>4</u>		<u>7-18-14</u>	
Field Order # <u>10857</u>	Station <u>Pratt KS</u>	Casing <u>3 1/2</u>	Depth <u>4388</u>	County <u>BARBER</u>	State <u>KS</u>
Type Job <u>CNW 5 1/2" Long Strip</u>			Formation	Legal Description <u>3-22-12</u>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<u>5 1/2</u>				Pre Pad	Max		5 Min.
Depth <u>4388</u>	Depth	From	To	Pad	Min		10 Min.
Volume <u>103</u>	Volume	From	To	Frac	Avg		15 Min.
Max Press <u>1200</u>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection <u>P-C</u>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth <u>4343</u>	Packer Depth	From	To				

Customer Representative			Station Manager <u>DAVE C. H</u>			Treater <u>W. Lee Hill</u>		
Service Units	<u>27900</u>	<u>33708</u>	<u>25920</u>	<u>70959</u>	<u>19918</u>			
Driver Names	<u>William</u>	<u>Ernie</u>	<u>Phyll</u>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>6:30 AM</u>					<u>on loc</u>
					<u>RUN 5 1/2" 15.5 csg.</u>
<u>9:20</u>					<u>CASING ON BOTTOM</u>
<u>9:30</u>					<u>HOOK 12' CIRC CSG.</u>
<u>11:00</u>			<u>1</u>	<u>3</u>	<u>14 SPACER</u>
			<u>17</u>		<u>11 Super Flush</u>
			<u>5</u>		<u>2 PACER</u>
			<u>4.5</u>		<u>mix cont 205 SK AA 2 @ 15. PP9</u>
			<u>52</u>		<u>cont mixed shut down. wash lining, pump</u>
					<u>Release Plug</u>
				<u>5.5</u>	<u>St Disp</u>
	<u>200</u>				<u>1st PS</u>
	<u>800</u>			<u>3.5</u>	<u>Flow Rate</u>
<u>12:00</u>	<u>1,500</u>		<u>103</u>		<u>Plu, down</u>
			<u>7</u>		<u>Plu RH w/ 30 SK</u>
			<u>5</u>		<u>Plu with w/ 20 SK</u>
					<u>JOB COMPLETE</u>
					<u>THANK YOU</u>

LARI0 a/d, PAC
wheelock #4
5/4 L-S .

1 HR.
30 M.

15 M.

45 M.

1 HR.
30 M.

15 M.

45 M.

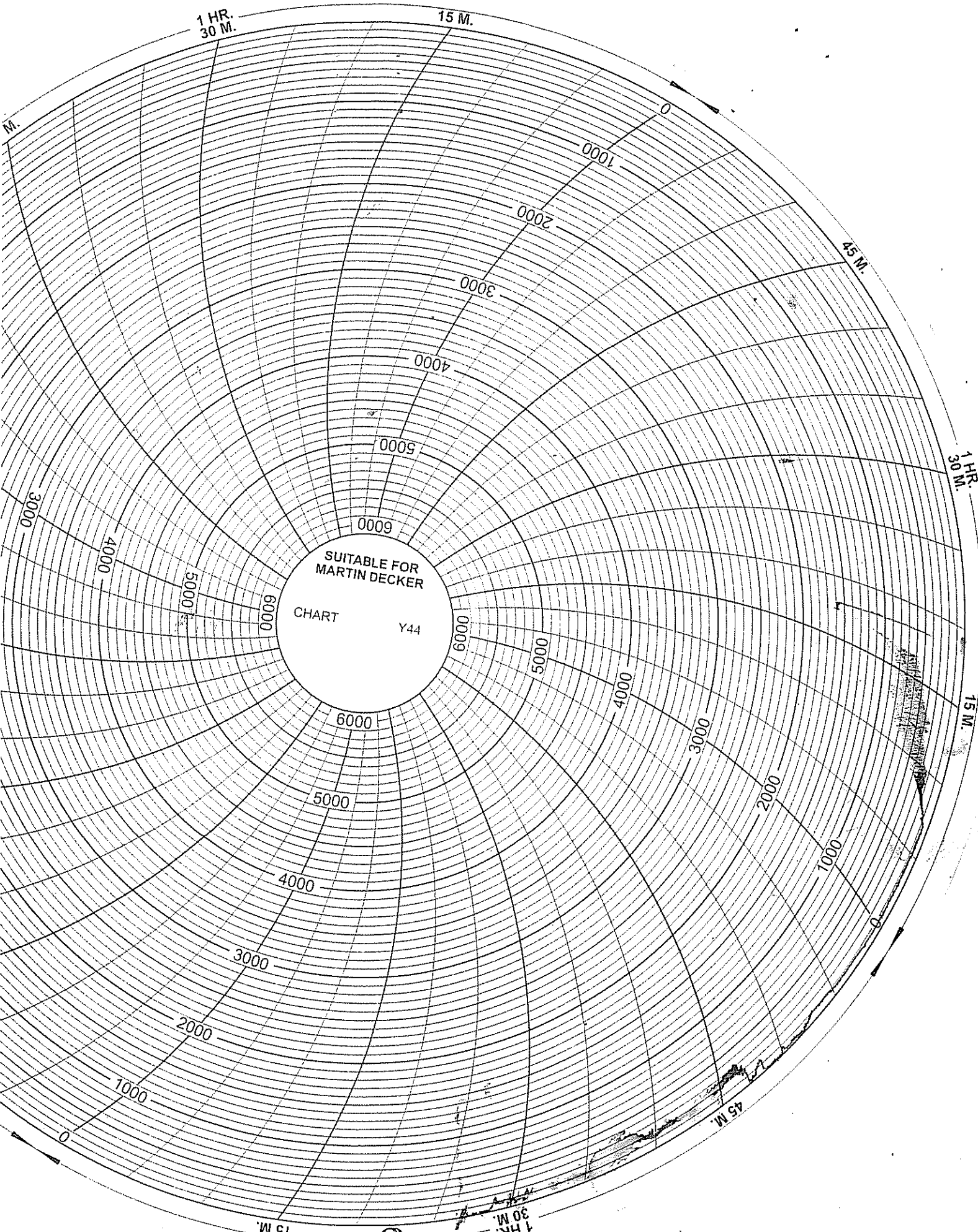
1 HR.
30 M.

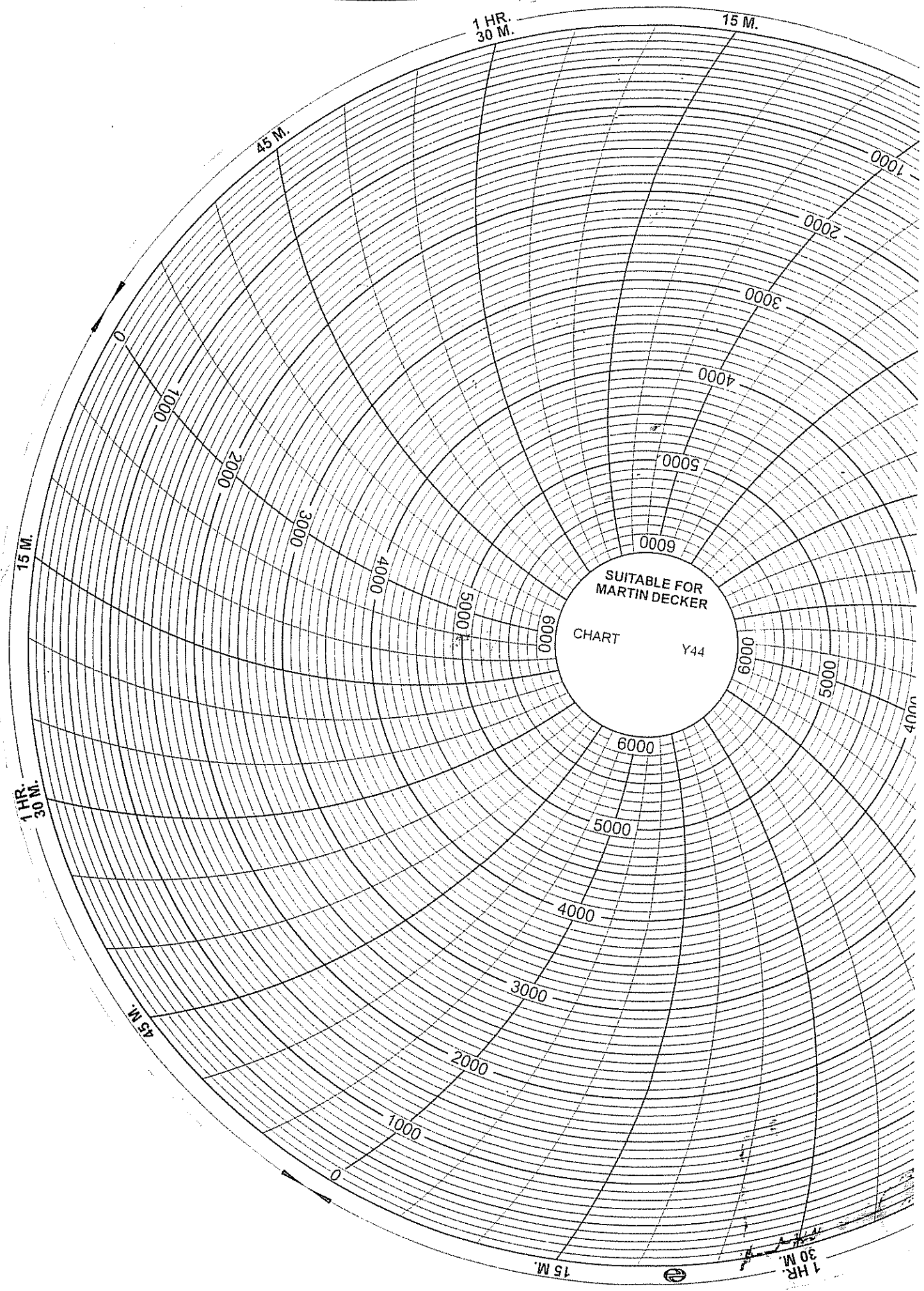
15 M.

SUITABLE FOR
MARTIN DECKER

CHART

Y44





Summary of Changes

Lease Name and Number: Wheelock 4

API/Permit #: 15-007-24194-00-00

Doc ID: 1243386

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/26/2014	02/20/2015
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 14190	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 43386
Well Type	GAS	OIL

Summary of Attachments

Lease Name and Number: Wheelock 4

API: 15-007-24194-00-00

Doc ID: 1243386

Correction Number: 1

Attachment Name

Wheelock #4 Attach

