



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1245015
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: _____



1245015

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"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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1 of 1	CUST NO 1001032	YARD # 1718	INVOICE DATE 10/29/2014
INVOICE NUMBER 91635506			

Pratt (620) 672-1201
 B DEUTSCH OIL COMPANY
 I 8100 E 22ND ST N STE 600
 L WICHITA
 L KS US 67226
 T
 O ATTN: KENT DEUTSCH

J LEASE NAME Shumway 9-33
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40781456	19905		Net - 30 days	11/28/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/28/2014 to 10/28/2014				
0040781456				
171811224A Cement-New Well Casing/Pi 10/28/2014 Cement 8 5/8 Surface				
Common Cement	325.00	EA	12.80	4,160.00 T
Celloflake	44.00	EA	2.96	130.24 T
Calcium Chloride	495.00	EA	0.84	415.80 T
Cement Gel	330.00	EA	0.20	66.00 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	128.00	128.00
"Unit Mileage Chg (PU, cars one way)"	20.00	MI	3.60	72.00
Heavy Equipment Mileage	60.00	MI	6.00	360.00
"Proppant & Bulk Del. Chgs., per ton mil	306.00	EA	2.00	612.00
Depth Charge; 0-500'	1.00	EA	800.00	800.00
Blending & Mixing Service Charge	325.00	BAG	1.12	364.00
Plug Container Util. Chg.	1.00	EA	200.00	200.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	140.00	140.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,448.04
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	341.20
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,789.24
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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

FIELD SERVICE TICKET
1718 11224 A

33-25-11W

DATE _____ TICKET NO. _____

DATE OF JOB 10-28-14 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 Deutsch Oil Company		LEASE Shurway WELL NO. 9-3								
ADDRESS		COUNTY STAFFORD STATE KS								
CITY STATE		SERVICE CREW MATTAL, MCGRAW, COBB								
AUTHORIZED BY		JOB TYPE: CNW 8 5/8 SURFACE								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	10-28-14	DATE	AM	TIME
37586	5					ARRIVED AT JOB	10-28-14		PM	12:00
77686/19905	5					START OPERATION			AM	1:58
						FINISH OPERATION			AM	6:45
19889/19862	5					RELEASED			AM	7:30
						MILES FROM STATION TO WELL	20			

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: *X Mike Kern*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	COMMON CRT	SK	175		2,800.00
CP 100	COMMON CRT	SK	150		2,400.00
CC 102	CELLOFIAK	lb	44		162.80
CC 109	Calcium Chloride	lb	495		519.75
CC 200	CMT Gel	lb	330		82.50
CF 153	WOODEN Plug 8 3/8	ea	1		160.00
E 100	P.V. MILS	MI	20		90.00
E 101	HEAVY EQ MILS	MI	60		450.00
E 113	PUMP & BULK Del.	FM	306		765.00
CC 200	DEPTH Charge 0-500'	4h.	1		1,000.00
CC 240	Bleed + mix charge	SK	325		755.00
CC 504	PLUS CONTAIN	JOB	1		250.00
S 003	SUPERVISOR	ea	1		175.00

SUB TOTAL \$9310.05

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
DISC. PRICE		TOTAL \$7448.04

SERVICE REPRESENTATIVE *Mike Mattal* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *X Mike Kern*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



1 of 1	JOB NO 1001032	YARD # 1718	INVOICE DATE 11/04/2014
INVOICE NUMBER 91641397			

Pratt (620) 672-1201
 B DEUTSCH OIL COMPANY
 I 8100 E 22ND ST N STE 600
 L WICHITA
 L KS US 67226
 T
 O ATTN: KENT DEUTSCH

J LEASE NAME Shumway 9-33
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40783916	27463			Net - 30 days	12/04/2014
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/03/2014 to 11/03/2014</i>					
0040783916					
171811475A Cement-New Well Casing/Pi 11/03/2014					
Cement 5 1/2" Longstring					
AA2 Cement		125.00	EA	13.60	1,700.00 T
30/40 POZ		30.00	EA	9.60	288.00 T
C-41P		24.00	EA	3.20	76.80 T
Salt		571.00	EA	0.40	228.40 T
Cement Friction Reducer		36.00	EA	4.80	172.80 T
C-44		118.00	EA	4.12	486.16 T
FLA-322		59.00	EA	6.00	354.00 T
Mud Flush		500.00	EA	1.20	600.00 T
Gilsonite		625.00	EA	0.54	335.00 T
"Top Rubber Cmt Plug, 5 1/2" "		1.00	EA	84.00	84.00
"Guide Shoe - Regular. 5 1/2" (Blue)"		1.00	EA	200.00	200.00
"Turbolizer, 5 1/2" (Blue)"		8.00	EA	88.00	704.00
"5 1/2" Basket (Blue)"		1.00	EA	232.00	232.00
Flapper Type Insrt Float Valve 5 1/2" (Bl		1.00	EA	172.00	172.00
"Unit Mileage Chg (PU, cars one way)"		15.00	MI	3.60	54.00
Heavy Equipment Mileage		30.00	MI	6.00	180.00
"Proppant & Bulk Del. Chgs., per ton mil		108.00	EA	2.00	216.00
Depth Charge; 4001'-5000'		1.00	EA	2,016.00	2,016.00
Blending & Mixing Service Charge		155.00	BAG	1.12	173.60
Plug Container Util. Chg.		1.00	EA	200.00	200.00
"Service Supervisor, first 8 hrs on loc.		1.00	EA	140.00	140.00
PLEASE REMIT TO:				SUB TOTAL	8,612.76
BASIC ENERGY SERVICES, LP				TAX	303.24
PO BOX 841903				INVOICE TOTAL	8,916.00
DALLAS, TX 75284-1903					
SEND OTHER CORRESPONDENCE TO:					
BASIC ENERGY SERVICES, LP					
801 CHERRY ST, STE 2100					
FORT WORTH, TX 76102					

BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1624 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 11475 A

DATE 11 25 11 TICKET NO. _____

DATE OF JOB <u>11-3-14</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>Deutsch Oil</u>	LEASE <u>Shumway</u>		WELL NO. <u>9-33</u>						
ADDRESS	COUNTY <u>Stafford</u>	STATE <u>Ks</u>							
CITY	STATE	SERVICE CREW <u>Scott, Shuman, Cole</u>							
AUTHORIZED BY <u>Kent Deutsch</u>	JOB TYPE: <u>5 1/2 Long String</u> <u>CNEW</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<u>38970</u>	<u>.4</u>					ARRIVED AT JOB	<u>11/3/14</u>	<u>AM</u>	<u>2:30</u>
<u>27463</u>	<u>.4</u>					START OPERATION	<u>11/3/14</u>	<u>AM</u>	<u>12:10</u>
<u>19960, 19860</u>	<u>.4</u>					FINISH OPERATION	<u>11/3/14</u>	<u>AM</u>	<u>12:50</u>
						RELEASED	<u>11/3/14</u>	<u>AM</u>	<u>1:30</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: Mike Kern
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	125		2150 00
CP103	60/40 P07	SK	30		360 00
CC105	C-41P	lb	24		96 00
CC111	S&H	lb	571		285 50
CC112	Cement Friction Reducer	lb	36		216 00
CC115	C-44	lb	118		607 70
CC129	FLA-322	lb	59		447 50
CC201	Gilsonite	lb	625		418 75
CF103	Top Rubber cement Plug 5 1/2	EA	1		105 00
CF251	Guide Shoe Regular 5 1/2	EA	1		250 00
CF1451	Flapper Type Insert Float Valve 5 1/2	EA	1		715 00
CF1651	Trilateralis 5 1/2	EA	8		880 00
CF1901	Basket 5 1/2	EA	1		240 00
CC151	Mud Flush	Gal	500		750 00
E101	Heavy Equipment Maintenance	MI	30		275 60
CF240	Blend + Mixing Service Charge	SK	155		217 70
F113	Pup + Bulk Delivery Charge Top Mile	TM	108		270 00
CP504	Plug container Utilization	Job	1		250 00
S003	Service Supervisor first 8hrs	CA	1		175 00
E100	Unit in load Picking Small Vans	MI	15		67 50
CE205	CHEMICAL / ACID DATA: <u>CUTALICE 400-500</u>	EA	1		2570 00
				SUB-TOTAL	67 50
				SERVICE & EQUIPMENT	%TAX ON \$
				MATERIALS	%TAX ON \$
				TOTAL	8612 76

SERVICE REPRESENTATIVE [Signature]
FIELD SERVICE ORDER NO. _____

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mike Kern
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED*

Franchise Start Date/Time	1/25/24 10:43
Franchise End Date/Time	1/25/24 12:58
County	Sanford
API Number	15-118-239104000
Operator Name	DELICIOUS OIL COMPANY
Well Name	Summer 233
Federal Well	
Longitude	-96.63027709
Latitude	37.82328006
Longitude Projection	NAD83
True Vertical Depth (TVD)	0
Total Clean Fluid Volume (gall)	381,234

Page: XX-323-XXXX-0009

additive	Specific Gravity	additive Quantity	Mass (lbs)
Water	1.00	381,234	311,139
Sand (Proppant)	2.65	241,900	241,800
Preced 977	1.33	20	222
Preced Breaker XPA	1.05	63	222
Preced 730	0.90	103	542
Preced 580 MP	0.85	59	774
Preced 580 MP	0.85	59	774
Preced 957	1.11	624	237
Chlorox	1.69	185	2,455
Preced 9071-1B	1.64	261	2,465
Preced 9071-1B	1.64	261	2,465
Preced 9071-1B	1.64	261	2,465
Preced Breaker 101	1.10	3	28
Total Slurry Mass (Lbs)			1,427,66

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive %**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid % by mass	Comments
Water	Operator	Carrier/Phase Fluid	Water	7732-18-5	100.000%	381,234	97.2100%	Non-MSDS Component
Sand (Proppant)	Chempack	Proppant	Crystalline Silica in the form of Quartz	14805467, 738-878-4	99.976%	241,538	0.021%	Non-MSDS Component
Preced 977	Chempack	Biocide	Sodium Hydroxide	1310-73-2	4.99%	0	0.0000%	Non-MSDS Component
Preced Breaker XPA	Chempack	Blocker	Aluminum Bromide Salts (anti-azeotropes)	NA	2.00%	0	0.00110%	Non-MSDS Component
Preced 730	Chempack	Stick-water Breaker	Hydrogen Peroxide	7722-84-1	67.56%	387	0.0112%	Non-MSDS Component
Preced 580 MP	Chempack	Aerivator	Methanol	67-56-1	50.00%	464	0.0154%	Non-MSDS Component
Preced 580 MP	Chempack	Product Stabilizer	Alcohol Ethoxylates	Mixture	50.00%	369	0.0021%	Non-MSDS Component
Preced 957	Chempack	Product Stabilizer	2-Butoxyethanol	67-56-1	10.00%	614	0.0178%	Non-MSDS Component
Preced 9071-1B	Chempack	Injection Breaker	Petroleum Hydrocarbon Light Distillate	111-76-2	23.00%	0	0.0000%	Non-MSDS Component
Preced 9071-1B	Chempack	Clay Stabilizer	No Hazardous Ingredient	64782-47-8	0.00%	1,133	0.0013%	Non-MSDS Component
Preced 9071-1B	Chempack	Gelling Agent	Oryzanol	NA	2.00%	1	0.0004%	Non-MSDS Component
Preced 9071-1B	Chempack	Gelling Agent	Alcohol Ethoxylates	14808-62-7	1.00%	23	0.0006%	Non-MSDS Component
Preced 9071-1B	Chempack	Gelling Agent	Alcohol Ethoxylates	14808-62-7	1.00%	23	0.0006%	Non-MSDS Component
Preced Breaker 101	Chempack	Breaker Gel	Iron Oxide	9000-30-0	50.00%	1,133	0.00320%	Non-MSDS Component
Preced Breaker 101	Chempack	Breaker Gel	No Hazardous Ingredient	NA	0.00%	0	0.0000%	Non-MSDS Component

** Total Water Volume sources may include fresh water, produced water, and/or recycled water

** Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "Proprietary", "Trade Secret", and "Confidential Business Information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.