



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1246738  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_



1246738

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 <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
--	---

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

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Omimex Petroleum Inc.
Well Name	FBC 11-15
Doc ID	1246738

All Electric Logs Run

Gamma Ray
Array Induction Resistivity (AT10, AT20, AT30, AT60, and AT90)
Density Porosity
Thermal Neutron Porosity
Spontaneous Potential
Caliper
Integrated Hole Volume
Integrated Cement Volume
Formation Photoelectric Factor
Synthetic Micro-Inverse Resistivity
Synthetic Micro-Normal Resistivity



**BASIC**<sup>SM</sup>  
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

15-29-14

0040782752  
FIELD SERVICE TICKET

1718 11440 A

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

DATE OF JOB <b>11-10-14</b>	DISTRICT <b>Pratt, KS</b>	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 <b>OMIMEX ENERGY, INC</b>	LEASE <b>FBC</b>	WELL NO. <b>11-15</b>							
ADDRESS	COUNTY <b>Pratt</b>	STATE <b>KS</b>							
CITY	STATE	SERVICE CREW <b>Derin, Ed, Beschey</b>							
AUTHORIZED BY	JOB TYPE: <b>CNW/PTA</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>27283</b>	<b>5</b>						<b>11-10</b>	<b>AM</b>	<b>5:00</b>
<b>84981</b>	<b>5</b>					ARRIVED AT JOB	<b>11-10</b>	<b>AM</b>	<b>9:00</b>
<b>19843</b>	<b>5</b>					START OPERATION	<b>11-10</b>	<b>AM</b>	<b>11:00</b>
<b>19889</b>	<b>5</b>					FINISH OPERATION	<b>11-11</b>	<b>AM</b>	<b>4:30</b>
<b>19862</b>	<b>5</b>					RELEASED	<b>11-11</b>	<b>AM</b>	<b>5:30</b>
						MILES FROM STATION TO WELL	<b>19</b>		

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: **Robert Hurst**  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 P02	SK	220		2,640 00
CC200	Cement + Gel	Lb	380		95 00
E100	Unit milesse Chsrse-pickups <sup>SMSH &amp; CSIS</sup>	Mi	15		67 50
E101	Heavy Equipment + Milesse	Mi	30		225 00
E113	Proppant and Bulk Delivery Chsrse <sup>per ton mile</sup>	Mi	143		356 25
CE205	Depron Chsrse; 4001-5000	4 hr	1		2,520 00
CE240	Blending & Mixing Service Chsrse	SK	220		308 00
SOO3	Service Chsrse Supervisor, First & Second Loc.	ES	1		175 00
SUB TOTAL					<b>6,386 75</b>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
D. SCOURING TOTAL		<b>3,512 71</b>

SERVICE REPRESENTATIVE **Terri Kulan**

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Robert Hurst**  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Customer <b>Omniex ENERGY, DUC</b>	Lease No.	Date <b>11-16-2014</b>
Lease <b>FBC</b>	Well # <b>11-15</b>	
Field Order # <b>11440</b>	Station <b>Prstt, KS</b>	Casing <b>DP4 1/2</b>
Type Job <b>CNW/PTA</b>	Depth <b>4677</b>	County <b>Prstt</b>
	Formation <b>J0-4710</b>	State <b>KS</b>
		Legal Description <b>15-25-14</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<b>2 1/2</b>								
Depth <b>4877</b>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <b>46</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

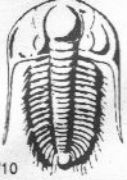
Customer Representative <b>Robert Hurst</b>	Station Manager <b>Kevin Goreley</b>	Treater <b>Darin Frsnick</b>
Service Units <b>27283 64581 19843 19889 19862</b>		
Driver Names <b>Darin E2 E2 Besch Besch</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>9:00pm</b>					<b>on location / safety meeting</b>
					<b>1st plus - 46771 - 50SK</b>
					<b>LOG2 hole</b>
<b>11:00pm</b>	<b>2100</b>		<b>13</b>	<b>5</b>	<b>mix 50SK cement</b>
	<b>400</b>		<b>10</b>	<b>5</b>	<b>Displace 10 muck</b>
	<b>400</b>		<b>50</b>	<b>5</b>	<b>50 muck</b>
					<b>2nd plus - 7200' - 50SK</b>
					<b>LOG2 hole</b>
	<b>200</b>		<b>13</b>	<b>5</b>	<b>mix 50SK cement</b>
	<b>200</b>		<b>10</b>	<b>5</b>	<b>Displace 10 muck</b>
					<b>3rd plus - 450' - 50SK</b>
					<b>LOG2 hole</b>
	<b>200</b>		<b>13</b>	<b>5</b>	<b>mix 50SK</b>
	<b>200</b>		<b>3</b>	<b>5</b>	<b>Displace 3 bbls mud</b>
	<b>100</b>		<b>5</b>	<b>3</b>	<b>60' circulate to surface - 20SK</b>
	<b>100</b>		<b>7</b>	<b>3</b>	<b>Rgt hole</b>
	<b>100</b>		<b>5</b>	<b>3</b>	<b>mouse hole</b>
<b>4:30pm</b>					<b>Job complete / Darin &amp; crew</b>
					<b>Thank you!!</b>









# TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

## Test Ticket

NO. 60396

Well Name & No. FBC # 11-15 Test No. 2 Date 11-9-2014  
 Company OMIMEX Petroleum Inc Elevation 2003 KB 1992 GL  
 Address 7950 John T. White Road Fort Worth Texas 76120-3570  
 Co. Rep / Geo. Tom Williams Rig H-2 Drilling R. #4  
 Location: Sec. 15 Twp. 29<sup>s</sup> Rge. -14<sup>w</sup> Co. Pratt State Kansas

Interval Tested 4576 - 4600 Zone Tested SIMPSON  
 Anchor Length 24 Drill Pipe Run 4225 Mud Wt. 9.3  
 Top Packer Depth 4571 Drill Collars Run 308 Vis 44  
 Bottom Packer Depth 4576 Wt. Pipe Run NONE WL 10.9  
 Total Depth 4600 Chlorides 7000 ppm System LCM 1

Blow Description 1<sup>st</sup> Strong blow BOB in 30 seconds  
2<sup>nd</sup> WEAK building Blow Built to Bob in 30 minutes

Rec	Feet of	%gas	%oil	%water	%mud
<u>120</u>	<u>SLIGHTY Gas cut muddy water</u>	<u>1/2</u>	<u>35</u>	<u>45</u>	
<u>120</u>	<u>Slightly Gas cut muddy water</u>	<u>10</u>	<u>TRACE</u>	<u>55</u>	
<u>2860</u>	<u>WATER</u>				
<u>120</u>	<u>Gas in the Pipe</u>				
<u>120</u>	<u>Feet of</u>				

Rec Total 3100 BHT 131 Gravity \_\_\_\_\_ API RW \_\_\_\_\_ @ \_\_\_\_\_ °F Chlorides 32,000 ppm

(A) Initial Hydrostatic <u>2293</u>	<input checked="" type="checkbox"/> Test	T-On Location <u>7:15</u>
(B) First Initial Flow <u>10:37</u>	<input checked="" type="checkbox"/> Jars	T-Started <u>8:30</u>
(C) First Final Flow <u>12:90</u>	<input checked="" type="checkbox"/> Safety Joint	T-Open <u>10:37</u>
(D) Initial Shut-In <u>1304</u>	<input checked="" type="checkbox"/> Circ Sub	T-Pulled <u>2:07</u>
(E) Second Initial Flow <u>1295</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>6:16</u>
(F) Second Final Flow <u>1305</u>	<input checked="" type="checkbox"/> Mileage <u>160</u>	Comments <u>CLOSED in the</u>
(G) Final Shut-In <u>1306</u>	<input type="checkbox"/> Sampler	<u>Blow out Preventer and</u>
(H) Final Hydrostatic <u>2289</u>	<input type="checkbox"/> Straddle	<u>REVERSED water to the</u>
Initial Open <u>10:37 - 11:07 - 30</u>	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Shale Packer
Initial Shut-In <u>11:07 - 12:07 60</u>	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Ruined Packer
Final Flow <u>12:07 - 12:37 30</u>	<input type="checkbox"/> Extra Recorder	Sub Total _____
Final Shut-In <u>12:37 - 2:07 90</u>	<input type="checkbox"/> Day Standby	Total _____
	<input checked="" type="checkbox"/> Accessibility <u>no Steps from</u>	MP/DST Disc't _____
		Sub Total <u>CATWALK</u>

Approved By \_\_\_\_\_ Our Representative Aene Budig

TriLOBITE TESTING INC. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole, shall be paid for at cost by the one for whom the test is made.





**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Onimex Petroleum Inc.  
 7950 John T. Road  
 Fort Worth, Texas 76120-3570  
 ATTN: Tom Williams

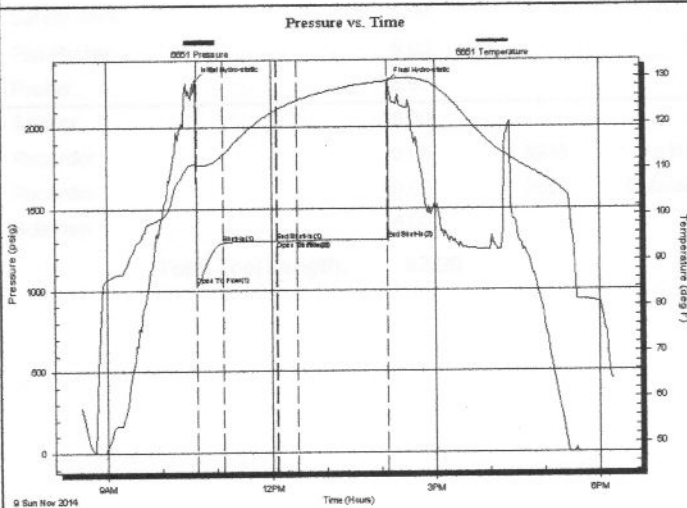
**15-29s-14w Pratt**  
**FBC #11-15**  
 Job Ticket: 2 **DST#: 2**  
 Test Start: 2014.11.09 @ 00:00:00

## GENERAL INFORMATION:

Formation: **Simpson**  
 Deviated: **No** Whipstock: **ft (KB)**  
 Time Tool Opened: 00:00:00  
 Time Test Ended: 00:00:00  
 Interval: **4576.00 ft (KB) To 4600.00 ft (KB) (TVD)**  
 Total Depth: **4600.00 ft (KB) (TVD)**  
 Hole Diameter: **7.88 inches** Hole Condition: **Fair**  
 Test Type: **Conventional Bottom Hole (Initial)**  
 Tester: **Gene Budig**  
 Unit No: **S4 160**  
 Reference Elevations: **2003.00 ft (KB)**  
**1992.00 ft (CF)**  
**KB to GR/CF: 11.00 ft**

**Serial #: 6651** **Outside**  
 Press@RunDepth: **1307.27 psig @ 4595.00 ft (KB)** Capacity: **8000.00 psig**  
 Start Date: **2014.11.09** End Date: **2014.11.09** Last Calib.: **2014.11.09**  
 Start Time: **08:30:00** End Time: **18:15:30** Time On Btm: **2014.11.09 @ 10:37:00**  
 Time Off Btm: **2014.11.09 @ 14:08:30**

**TEST COMMENT:** 1st Opening 30 Minutes-Strong blow bottom of the bucket in 30 seconds  
 1st Shut-In 60 Minutes-Good blow back  
 2nd Opening 30 Minutes-Weak building blow bob in 30 minutes  
 2nd Shut-In 90 Minutes-Fair blow back



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2288.83	111.12	Initial Hydro-static
1	1037.33	110.75	Open To Flow (1)
30	1291.80	113.24	Shut-In(1)
89	1305.54	122.88	End Shut-In(1)
90	1305.53	122.94	Open To Flow (2)
112	1305.99	124.91	Shut-In(2)
211	1307.27	129.08	End Shut-In(2)
212	2279.21	129.50	Final Hydro-static

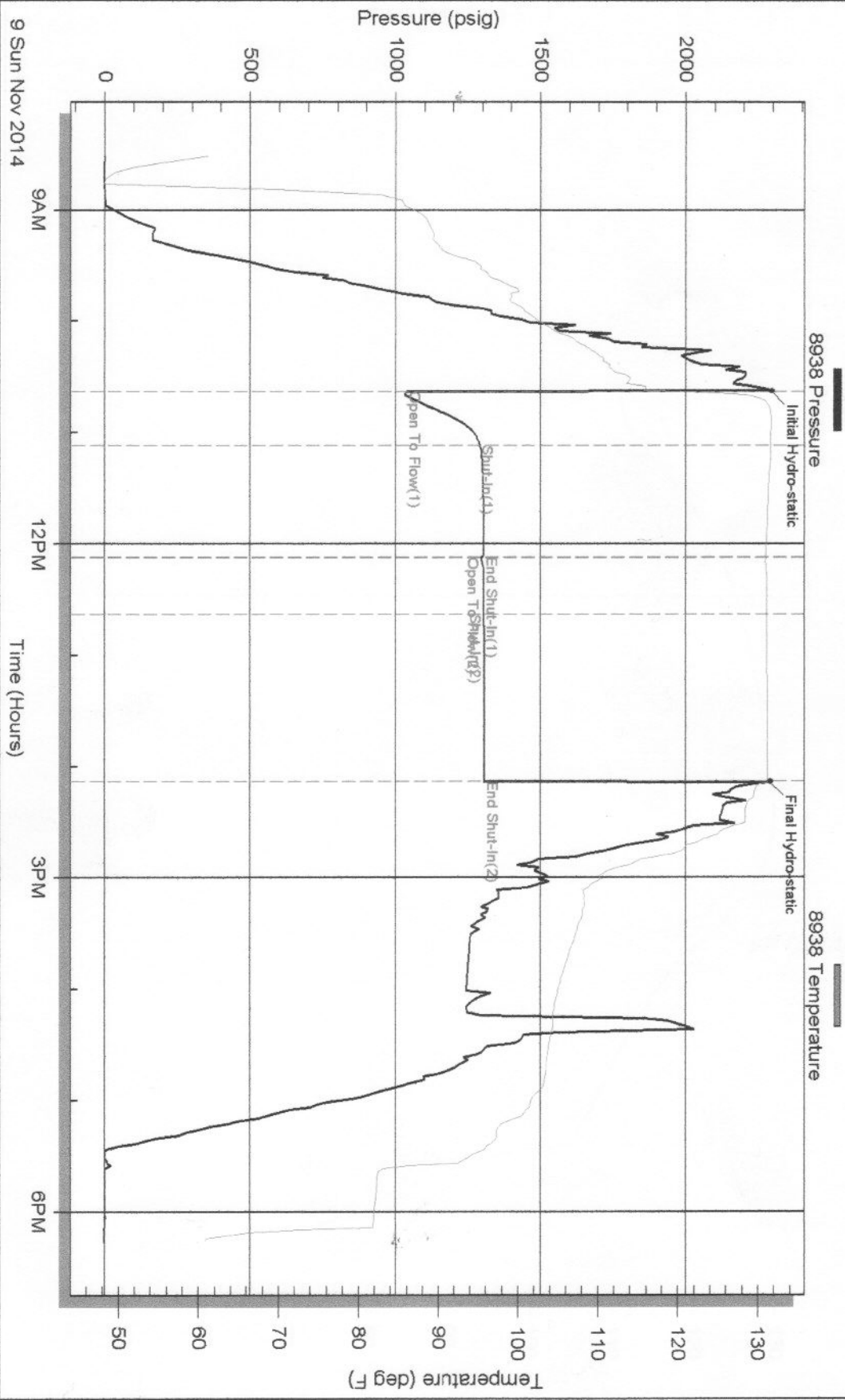
## Recovery

Length (ft)	Description	Volume (bbl)
2860.00	Water 100% Chlorides 32,000	37.31
120.00	Slightly gas cut muddy water	1.68
0.00	10% Gas Trace Oil 55% Water 35% Mud	0.00
120.00	Slight gas w/trace oil cut muddy water	1.68
0.00	19 1/2 % Gas 1/2% Oil 35% Water 45% Mud	0.00
0.00	120 feet of gas in the pipe	0.00

## Gas Rates

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

# Pressure vs. Time





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Omimex Petroleum Inc.  
7950 John T. Road  
Fort Worth, Texas 76120-3570  
  
ATTN: Tom Williams

**15-29s-14w Pratt**  
**FBC #11-15**  
Job Ticket: 2                      **DST#: 2**  
Test Start: 2014.11.09 @ 00:00:00

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	32000 ppm
Viscosity: 44.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.99 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 7000.00 ppm			
Filter Cake: 1.00 inches			

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2860.00	Water 100% Chlorides 32,000	37.313
120.00	Slightly gas cut muddy w ater	1.683
0.00	10%Gas Trace Oil 55%Water 35% Mud	0.000
120.00	Slight gas w /trace oil cut muddy water	1.683
0.00	19 1/2 %Gas 1/2%Oil 35%Water 45%Mud	0.000
0.00	120 feet of gas in the pipe	0.000

Total Length: 3100.00 ft      Total Volume: 40.679 bbl

Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:

Laboratory Name:      Laboratory Location:

Recovery Comments: Closed in the blow out preventer and reversed w ater to the reserve pit