



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249188
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: _____



1249188

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 063880

Federal Tax I.D. # 20-8551475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
great Bend

DATE <u>12-1-19</u>	SEC <u>4</u>	TWP <u>8</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>7:00 pm</u>	JOB START <u>10:00 pm</u>	JOB FINISH <u>11:00 pm</u>
LEASE <u>Jordan</u>		WELL # <u>2-4</u>		LOCATION <u>near city w to rd N to 170</u>		COUNTY <u>Men</u>	STATE <u>TX</u>
OLD OR <u>NEW</u> (Circle one)				E			

CONTRACTOR Marvick 102 OWNER _____

TYPE OF JOB Pipe

HOLE SIZE 7 7/8 TD 4418 CEMENT _____

CASING SIZE 5 1/2 15.5" DEPTH 4418 AMOUNT ORDERED 116 cu fsc 21 gal 61-

TUBING SIZE _____ DEPTH _____ 850 101 unit 5% Kolsol

DRILL PIPE _____ DEPTH _____ 50 cu 60/40 47 gal 2 Ho

TOOL _____ DEPTH _____ COMMON _____ @ _____

PRES. MAX _____ MINIMUM _____ POZMIX _____ @ _____

MEAS. LINE _____ SHOE JOINT _____ GEL _____ @ _____

CEMENT LEFT IN CSG. _____ CHLORIDE _____ @ _____

PERFS. _____ ASC 114 @ 23.50 2,726.00

DISPLACEMENT H2O 105.14 DV1100 500 @ 1.35 675.00

EQUIPMENT

PUMP TRUCK CEMENTER Charles King HELPER Toussaint Allen

398 BULK TRUCK # 609-239 DRIVER Dan Cooper

BULK TRUCK # 366 DRIVER Brian Long

POZMIX	_____	@	_____
GEL	_____	@	_____
CHLORIDE	_____	@	_____
ASC 114	_____	@	<u>23.50</u> <u>2,726.00</u>
DV1100	<u>500</u>	@	<u>1.35</u> <u>675.00</u>
Kolsol	<u>580</u>	@	<u>1.98</u> <u>568.20</u>
50 cu 60/40 + 4%	_____	@	<u>18.92</u> <u>946.00</u>
40	<u>13</u>	@	<u>2.97</u> <u>38.61</u>
Materials total			<u>4,954.91</u>
Disc 20%			<u>990.98</u>
HANDLING <u>207.43</u>			@ <u>2.48</u> <u>514.43</u>
MILEAGE <u>8.744</u> <u>20</u>			@ <u>2.75</u> <u>480.70</u>

REMARKS:

Re Ran 4418' 5 1/2 cas Backe circ drop
ball pump through to 400# hook to
head pump 5BB1 H2O 10BB1 DV1100 5BB1
H2O plug set hole 3000 plug ~~rotor~~ lower
hook to head pump 116 cu shut down Release
plug displace 105.14 BB1 H2O plug shut head
float shut hole

DEPTH OF JOB	<u>4418</u>		
PUMP TRUCK CHARGE	<u>2765.75</u>		
EXTRA FOOTAGE	_____	@	_____
MILEAGE <u>Hum</u> <u>20</u>	_____	@	<u>7.70</u> <u>154.00</u>
MANIFOLD	_____	@	<u>275.00</u> <u>275.00</u>
<u>Hum</u> <u>20</u>	_____	@	<u>4.40</u> <u>88.00</u>

CHARGE TO: Tippie corner
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 4,277.88
Disc 20% 855.58

PLUG & FLOAT EQUIPMENT

Rubber plug	_____	@	<u>85.00</u>
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____

TOTAL 85.00
Disc 20% 17.00

Thank you!
To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (if Any) _____

TOTAL CHARGES 9,316.89

DISCOUNT 20% 1,863.38 IF PAID IN 30 DAYS

PRINTED NAME George Utley

SIGNATURE George Utley

7,453.51

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

067260

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Frank [Signature]

DATE <u>12-9-14</u>	SEC. <u>4</u>	TWP. <u>78</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB-START <u>9:30 AM</u>	JOB FINISH <u>10 AM</u>
LEASE <u>Jordan</u>	WELL # <u>7-4</u>	LOCATION <u>NESS CITY W to ALPINE HWY 170</u>	COUNTY <u>NESS</u>	STATE <u>TX</u>			
OLD OR NEW (Circle one)							

CONTRACTOR North Fork Well Serv

TYPE OF JOB Port collar

HOLE SIZE _____ TD. _____

CASING SIZE 5 7/8 DEPTH _____

TUBING SIZE 2 3/8 DEPTH 1354

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 4.24 H₂O

EQUIPMENT _____

PUMP TRUCK CEMENTER Just Isaac

366 HELPER Brian Long

BULK TRUCK _____

604-239 DRIVER Dean Casper

BULK TRUCK _____

_____ DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED 2.812 SK X 65/35

6 1/2 gal 151 Flt.

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

2.80 SK 65/35 6V @ 19.74 5566.40

Flt 70 @ 7.97 20798

TOTAL 5774.30

REMARKS:

PTESUW Port collar 1000 psi

Open end - Pump 2.50 SK 65/35

Drp line 4.24 H₂O

Shut port collar

Wash casing tubing, pump tubing

Cementing did not

big down

DISCOUNT 20% 1154.86

SERVICE

HANDLING 309.03 @ 2.418 766.34

MILEAGE 12.95 x 15 x 2.75 534.18

DEPTH OF JOB 1354

PUMP TRUCK CHARGE 2249.84 2249.84

EXTRA FOOTAGE @ _____

HV MILEAGE 15 @ 7.70 115.50

LV MILEAGE 15 @ 4.40 66.00

TOTAL 3731.92

DISCOUNT 20% 746.38

CHARGE TO: Triple Crown

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

DISCOUNT 0% _____

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME George Utley

SIGNATURE George Utley

SALES TAX (if Any) _____

TOTAL CHARGES 9506.23

DISCOUNT 1901.24 IF PAID IN 30 DAYS

NET TOTAL 7604.98 IF PAID IN 30 DAYS



CHARGE TO
 ADDRESS Triple Crown Operations
 CITY, STATE, ZIP CODE

TICKET 26923

PAGE 1 OF 1

SERVICE LOCATION: 1. Ness City, KS

WELL/PROJECT NO: A-2-4

LEASE: Tordas

COUNTY/PARISH: Ness

STATE: KS

CITY: Location

DATE: 12-22-19

OWNER: same

TICKET TYPE: SERVICE SALES

CONTRACTOR: North Tech Well Service

RIG NAME/NO.

WELL TYPE: oil

WELL CATEGORY: Development

JOB PURPOSE: Acidize Perf

WELL PERMIT NO.

WELL LOCATION

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
500					MILEAGE # 114	10 gal				6.00	60.00
501					Acid Pump Charge	1 gal				650.00	650.00
303					MCA Acid	350 gal		20%		2.85	997.50
235					MH-1	1 gal				40.00	40.00
249					STR-1	1 gal				42.00	42.00
232					Musol	7 gal		2%		24.00	168.00
239					Clas Sta-1	1 gal				30.00	30.00
221					Acid	12 gal				25.00	300.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 2287

TAX 16.15

TOTAL 2287.50

DATE SIGNED: 12-22-19

TIME SIGNED: 1:45

SWIFT OPERATOR: [Signature]

APPROVAL: [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

SWIFT OPERATOR: [Signature]

APPROVAL: [Signature]

JOB LOG

SWIFT Services, Inc.

DATE 12-22-14 PAGE NO. 8

CUSTOMER Triple Crown Oper. WELL NO. # L-4 LEASE Jordan JOB TYPE Acidize Perfs TICKET NO. 26723

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1325							on loc set up Job
								5 1/2" x 17' #
								Perf 4310' - 36' 100.5 Flush
	1350	3.5	0					Start 350 gal Acid MCA 20%
	1352	3.5	8					Start flush
	1418		98					Kick out pump
	1420		100					Hole Loaded
	1425		100				200	Pressure to 200 psi
	1430		100.25				300	increase pressure stage
	1435						400	" " "
	1440		100.5				500	" " "
	1445		100.75				600	" " "
	1450		101				700	" " "
	1500		101.25				800	" " "
	1505		101.5				900	" " "
	1510		101.75				1000	" " "
	1515		102				1100	" " "
	1520		102.25				1200	" " "
	1522	1.25	102.5				1200	Feeding
	1525	1.5	103				800	Break back/increase rate
		1.5	105				600	
		1.5	108				400	Pressure Stabilized
		1.5	110				400	Acid over flushed 1.5 bbl
							400	15 IP
								Vacuum in 3 min

Thank you
Nick, Austin & Flint

Customer <i>Energy Services</i>		Lease No.		Date <i>1/15/15</i>	
Lease <i>Energy</i>		Well # <i>2-11</i>			
Field Order # <i>15109 A</i>	Station <i>P. 100 17</i>	Casing <i>2 1/4</i>	Depth	County <i>Moore</i>	State <i>KS</i>
Type Job <i>40 gallon Breakdown ACID</i>			Formation	Legal Description <i>4-15-201</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>2 1/4</i>				<i>40 gallon</i>				
Depth <i>11375</i>	Depth	From <i>4375</i>	To <i>25</i>	Pre Pad	Max <i>2.5</i>		<i>5 Min.</i>	
Volume <i>1000</i>	Volume	From	To	Pad	Min		<i>10 Min.</i>	
Max Press <i>4.5</i>	Max Press	From	To	Frac	Avg		<i>15 Min.</i>	
Well Connection <i>4 1/2</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>11380</i>	Packer Depth	From	To	Flush <i>1000</i>	Gas Volume		Total Load <i>1000</i>	

Customer Representative <i>Energy Services</i>	Station Manager <i>Kevin Goodwin</i>	Treater <i>Kevin Goodwin</i>
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Service Units <i>7577</i>	<i>7577</i>								
Driver Names <i>Kevin Goodwin</i>	<i>Kevin Goodwin</i>								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:15</i>					<i>No treatment yet, ready to begin</i>
<i>1:19</i>	<i>4.5</i>			<i>2.5</i>	<i>Flow 300 gpm 1000 ft</i>
<i>1:47</i>	<i>4.5</i>		<i>7</i>	<i>2.5</i>	<i>Flow 300 gpm</i>
<i>2:13</i>	<i>4.5</i>		<i>90.3</i>		<i>Flow 300 gpm</i>
<i>2:20</i>	<i>4.5</i>			<i>2.5</i>	<i>Flow 300 gpm</i>
<i>2:21</i>	<i>4.5</i>		<i>1.8</i>		
<i>2:22</i>	<i>4.5</i>			<i>0</i>	<i>Flow 300 gpm</i>
<i>2:23</i>	<i>4.5</i>			<i>0</i>	<i>Flow 300 gpm</i>
<i>2:26</i>	<i>4.5</i>			<i>0</i>	<i>Flow 300 gpm</i>
<i>2:28</i>	<i>4.5</i>			<i>0</i>	<i>Flow 300 gpm</i>
<i>2:40</i>	<i>4.5</i>			<i>0</i>	<i>Flow 300 gpm</i>
<i>2:49</i>	<i>4.5</i>			<i>0</i>	<i>Flow 300 gpm</i>
<i>2:50</i>	<i>4.5</i>		<i>7</i>	<i>2.5</i>	<i>Flow 300 gpm</i>
<i>2:52</i>	<i>4.5</i>				<i>Flow 300 gpm</i>
<i>2:53</i>	<i>4.5</i>				<i>Flow 300 gpm</i>



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 11749 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>11/20/15</u> DISTRICT <u>Pratt</u>		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>Triple Crown Oper LLC</u>		LEASE <u>Jordan</u>		WELL NO. <u>2-4</u>					
ADDRESS		COUNTY <u>Ness</u>		STATE <u>Ks</u>					
CITY		STATE		SERVICE CREW <u>MORTON TIM</u>					
AUTHORIZED BY		JOB TYPE: <u>ACNU Breakdown</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<u>81547</u>	<u>3</u>					ARRIVED AT JOB	<u>1/20/15</u>	AM	<u>0935</u>
<u>83353</u>	<u>3</u>					START OPERATION		AM	<u>1015</u>
						FINISH OPERATION		AM	<u>1154</u>
						RELEASED		AM	<u>1215</u>
						MILES FROM STATION TO WELL			<u>126</u>

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: Marge Utley
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>E100</u>	<u>UNIT Mi Charge PU OAC Vay</u>	<u>Mi</u>	<u>100</u>		<u>450 00</u>
<u>E101</u>	<u>Heavy Equipment</u>	<u>Mi</u>	<u>100</u>		<u>750 00</u>
<u>E300</u>	<u>Acid Pump Service 0-400 #HP up to 3000' Pressure</u>	<u>EA</u>	<u>1</u>		<u>900 00</u>
<u>S003</u>	<u>Service Supervisor</u>	<u>EA</u>	<u>1</u>		<u>175 00</u>
<u>AK325</u>	<u>15% HCL</u>	<u>gal</u>	<u>300</u>		<u>600 00</u>
<u>ASK340</u>	<u>MCA Acid Conv</u>	<u>gal</u>	<u>300</u>		<u>195 00</u>
<u>ASK341</u>	<u>NE Acid Conv</u>	<u>gal</u>	<u>300</u>		<u>36 00</u>
<u>C204</u>	<u>CAIEP hi Temp Acid Inhibitor</u>	<u>gal</u>	<u>1</u>		<u>75 00</u>
<u>C705</u>	<u>Clayplex 302 Clay Stabilizer</u>	<u>gal</u>	<u>1</u>		<u>38 00</u>
<u>C704</u>	<u>Claymax KCL Substitute</u>	<u>gal</u>	<u>6</u>		<u>210 00</u>

SUB TOTAL 3429 00

CHEMICAL / ACID DATA:			

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

Discount Price 2571 75

SERVICE REPRESENTATIVE: Martin Fleming
FIELD SERVICE ORDER NO. _____
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Marge Utley
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>Tribe Crown Oper</i>		Lease No.		Date <i>1/20/15</i>	
Lease <i>Tardac</i>		Well # <i>2-4</i>			
Field Order # <i>11199</i>	Station <i>Pratt</i>	Casing	Depth	County <i>Neos</i>	State <i>KS</i>
Type Job <i>ACNW Breakdown</i>			Formation <i>MISS</i>	Legal Description <i>15 24</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 7/8</i>	Tubing Size	Shots/Ft		Acid <i>300 gal 15% HCl</i>	RATE	PRESS	ISIP	<i>Var</i>
Depth	Depth	From <i>432</i>	To <i>14</i>	Pre Pad <i>MCA W/F</i>	Max <i>1.0</i>	<i>1100</i>	5 Min.	
Volume <i>100</i>	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 <i>101 BL</i>	Gas Volume		Total Load <i>105 BL</i>	

Customer Representative <i>George</i>		Station Manager			Treater <i>MCF</i>		
Service Units <i>81597</i>		<i>87353</i>					
Driver Names <i>T. A.</i>		<i>W. T. H.</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					<i>0935 GA Log</i>
					<i>Set up hold safety meeting</i>
<i>1015</i>					<i>Start Acid</i>
<i>1017</i>			<i>7</i>		<i>Acid in</i>
<i>1019</i>					<i>Start Flush</i>
<i>1047</i>			<i>102</i>		<i>Hole Loaded</i>
<i>1048</i>	<i>600</i>				<i>Press up</i>
<i>1058</i>	<i>700</i>				<i>In Press</i>
<i>1108</i>	<i>800</i>				<i>11 11</i>
<i>1118</i>	<i>900</i>				<i>11 11</i>
<i>1127</i>	<i>1000</i>				<i>11 11</i>
<i>1132</i>	<i>900</i>		<i>103.7</i>	<i>.4</i>	<i>Feeding</i>
<i>1139</i>	<i>0</i>		<i>108</i>	<i>.8</i>	<i>Flush in</i>
	<i>Var</i>				<i>ISIP</i>
					<i>Thank You!</i>



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 11749 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11/01/12	DISTRICT: Pratt	NEW WELL <input type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:			
CUSTOMER: Triple Crown Ops, LLC	LEASE: Jordan	WELL NO.:								
ADDRESS:	COUNTY: Ness	STATE: KS								
CITY:	STATE:	SERVICE CREW: Martin Tull								
AUTHORIZED BY:	JOB TYPE: Heavy Breakdown									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
81541	3					ARRIVED AT JOB	11/01/12	AM		0930
83358	3					START OPERATION		AM		1015
						FINISH OPERATION		AM		1124
						RELEASED		AM		1215
						MILES FROM STATION TO WELL				126

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
F105	Unit 11 Change out	hr	106		450 00
F101	Heavy Equipment	hr	106		750 00
F300	Acid Mfg Service Other	hr	1		700 00
S003	Service equipment	hr	1		175 00
H1325	15% HCl	gal	300		600 00
H3K340	Med Acid Conc	gal	300		195 00
H3K341	NE Acid Conc	gal	300		36 00
C1000	Clay Max 302	gal	1		75 00
C705	Clay Max 302	gal	1		35 00
C709	Clay Max 400	gal	6		210 00

SUB TOTAL 3427 00

CHEMICAL / ACID DATA:

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

TOTAL

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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 12005 A

DATE _____ TICKET NO. _____

DATE OF JOB 11/29/15 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 Triple Crown Oper LLC		LEASE Jordan		2-y WELL NO.					
ADDRESS		COUNTY Ness		STATE Ks					
CITY STATE		SERVICE CREW Martin Tim							
AUTHORIZED BY		JOB TYPE: ACW Breakdown							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
81547	2					ARRIVED AT JOB	11/29/15	AM PM	0740
						START OPERATION		AM PM	0810
						FINISH OPERATION		AM PM	1015
						RELEASED		AM PM	1100
						MILES FROM STATION TO WELL			124

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: George Utley
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E100	Unit Mi Charge Pu one way	Mi	100		450 00
E101	Heavy Equipment Mi	Mi	100		750 00
E300	Acid Pump Service 0-400 GPM TO 3000' FIRST 4 Hr	Pa	1		900 00
S003	Service Supervisor first 8 Hr on Loc	Ho	1		175 00
AK325	15% HCL Acid	gal	250		500 00
AS1C340	MCA Acid Conv	gal	250		162 50
AS1C341	NE Acid Conv	gal	250		30 00
C204	CiA IEP hi Temp Acid Inhibitor	gal	1		75 00
C704	Clayplex 302 Clay Stabilizer	gal	1		38 00
C2316	Surfactant 285	gal	1		40 00
C704	Claymax HCL Substitute	gal	0		210 00
SUB TOTAL					3330 50

CHEMICAL / ACID DATA:			

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

Discount Price 2497 85

SERVICE REPRESENTATIVE <u>Martin Fleming</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>George Utley</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
---	---

FIELD SERVICE ORDER NO. _____

Customer: Triple Crown		Lease No.		Date	
Lease: Jordan		Well # 2-4		1/29/15	
Field Order # 12095	Station Pratt	Casing	Depth	County Ness	State Ks
Type Job Acnw Breakdown	Formation Cherokee		Legal Description 4-18-24		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 250901540	RATE	PRESS	ISIP	950
Depth	Depth	From 4296	To 99	Pre Pad MCAINE	Max 3	1300	5 Min.	700
Volume 100	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 4308	Packer Depth	From	To	Flush 113 BL	Gas Volume		Total Load 119 BL	

Customer Representative George	Station Manager	Treater MCI
Service Units 81547	83353	
Driver Names TIM	Martin	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					0740 on Loc
					set up Hold Safety Meeting
0810					START Acid
0812	0		6		START Flush
0832	0		100		Acid on Bottom
0837	500		106 105.5		Hole Loaded
0840	600				Inc Press
0854	700				
0904	800				
0914	900				
0924	1000				
0934	1100				
0943	1200				
0955	1300				
1004	1300		107.5	1.4	Feeding
1012	1300			3	Inc Rate
1015	1300		119	3	Flush in
	950				
					Thank You!



Services, Inc.

TICKET 28278

CHARGE TO: **TRIPLE CROWN**
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

SERVICE LOCATIONS: 1. **Ness City, KS** WELLS/PROJECT NO. **TORONTO A2** COUNTY/PARISH **Ness** STATE **KS** CITY **Ness City, KS** DATE **30 JAN 15** OWNER **30 JAN 15**

2. _____ TICKET TYPE SERVICE SALES CONTRACTOR **NORTH FORK WELL SERV** RIG NAME/NO. _____ SHIPPED VIA _____ ORDER NO. _____

3. _____ WELLS TYPE **OIL** WELLS CATEGORY **DEVELOPMENT** JOB PURPOSE **ACIDIZE** WELLS PERMIT NO. _____ WELLS LOCATION **4474N 14E, N15T10**

4. REFERRAL LOCATION: _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT								
500					115	15	mi.			6.00	90.00
501				PUMP CHARGE		1	hr.			65.00	65.00
302				DISE ACID		500	gal.		15%	2.50	125.00
226				XYLENE		50	gal.			12.00	600.00
222				XYLENE EMULSIFIER		2	gal.			30.00	60.00
230				SURF-3		1	gal.			25.00	25.00
232				MUSOL		1	gal.			24.00	24.00
235				TOURB-1		2	gal.			40.00	80.00
237				CLA-STA		2	gal.			30.00	60.00
221				LIDUID KOL		11	gal.			25.00	275.00
218				ACETIC ACID		1	gal.			30.00	30.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **30 JAN 15** TIME SIGNED: **12:50** A.M. P.M.

DATE SIGNED: _____ TIME SIGNED: _____ A.M. P.M.

SWIFT OPERATOR: *[Signature]* APPROVAL: _____

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: **3630.00**

TOTAL: **3630.00**

TAX: **6.15%**

NET: **70.55**

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 30 JUN 15 PAGE NO.

CUSTOMER TRIPLE CROWN WELL NO. LEASE JORDAN # 2 JOB TYPE ACIDIZE TICKET NO. 28278

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							ON LOCATION
	1055	6			✓			START ACID DOWN WELL
		6	12		✓			START FLUSH
	1114	8	104		✓			CASING LOADED SOAK 2 Bbl.
		1 1/2	106		✓		1200	TREAT
		3	111		✓		1400	
		3	113		✓		1200	
	1130	8	116		✓		1100	LESS
					✓		900	5 MIN SHUT IN
					✓		850	10 MIN SHUT IN
					✓		800	15 MIN SHUT IN
	1145							SHUT WELL IN
	1150							JOB COMPLETE
								TREAT W/ 500 gal 15% DSFE
								THANKS B115
								JASON DAVE MOLE



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 12041 A

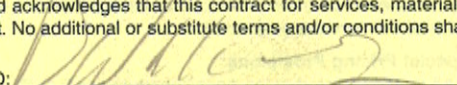
2-12-15 DATE

TICKET NO. _____

DATE OF JOB 2-12-15	DISTRICT Pratt Kansas	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 TRECIE Crown OPERATING		LEASE JORDAN				WELL NO. 2-4			
ADDRESS		COUNTY NESS		STATE KANSAS					
CITY - STATE		SERVICE CREW MARK - JAW							
AUTHORIZED BY DOYLE WILLIAMS		JOB TYPE: PROFAC LG 2500 FRAC 1STAGE NEW WELL							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
19844	.5					ARRIVED AT JOB	2-12-15	AM	8:00
84625	.5					START OPERATION	2-12-15	AM	2:14
09082	.5					FINISH OPERATION	2-12-15	AM	2:49
14848	.5					RELEASED	2-12-15	AM	4:00
19900-19853	.5					MILES FROM STATION TO WELL	120		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
51161	PROFAC LG 200	GAL	4300		1204 00
51141	PROFAC LG 2000	GAL	12000		4320 00
C1806	NE150L (NONTOXIC)	GAL	9		378 00
C704	CLAYMAX KCL SUBSTITUTE	GAL	17		595 00
C607	BED 7L LIQUID BIOCID	GAL	1		120 00
C507	BREAKER 10L	GAL	1		175 00
C2315-	580 ME SURFACTANT	GAL	17		714 00
PK 211	20/40 MESH NORTHERN WHITE SAND KANSAS	CWT	100		2800 00
E101	HEAVY EQUIPMENT MESSAGE	ME	720		5400 00
E100	UNIT MESSAGE CHARGE- PICKUPS SMALL VANS & CARS	ME	120		540 00
E113	PROPANT AND BULK DELIVERY CHARGES, PER TEN MILE	TM	600		1500 00
E435	1800 HP TRECIE FRAC PUMP CHARGE	EA	1		6500 00
B201	BLENDER 11-20 BPM FIRST 4 HRS	EA	1		3500 00
E712	COMPUTERIZED LIQUID CHEMICAL ADDITIVE UNIT (LCU UNIT)	JOB	1		1800 00
E606	CAMISULT SAND LIZARD	EA	1		1000 00
P800	20/40 MESH OR SMALLER PROP PUMP CHARGE	CWT	100		40 00
E729	DENSOMETER PER JOB	EA	1		1250 00
E706	3" FRAC VALVE RENTAL	JOB	1		500 00
P900	1 TO 4 PPM PROPANT CONCENTRATION CHARGE	GAL	8000		160 00

SUB TOTAL

DLS

CHEMICAL / ACID DATA:

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

TOTAL

SERVICE REPRESENTATIVE
MARK BARBER

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer TRIPLE CROWN		Lease No.		Date	
Lease JORDAN		Well # 2-4		2-12-15	
Field Order # 12041A	Station PRATT	Casing 5 1/2	Depth	County WISS	State KS
Type Job PROFAC LG 2500 1 STAGE 2/1W			Formation CHALKIES	Legal Description 4-KS-2/1W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 1/2	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP 1838
Depth	Depth	From 4741	To 4299	Pre Pad		Max 16	2404	5 Min. 1050
Volume 99.7	Volume	From	To	Pad 6300 GALLON PROFAC LG 2500		Min 15.5	1785	10 Min. 861
Max Press 3000	Max Press	From	To	Frac 3000 GALLON PROFAC LG 2500		Avg 15.8	1875	15 Min. 760
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush 4410 GALLON PROFAC LG 2500		Gas Volume		Total Load 456 FTL

Customer Representative BOYLE WENIGS			Station Manager KEVIN GORDLEY				Treater MARTIN - JAWC		
Service Units	78868	29950	89480	84621	19910	12083	11900	19992	75725
Driver Names	JAWC	MARL	ADAM	MARL	SCSS	ARROW	TOD	MART	FB

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00					ON LOCATION - SAFETY MEETING - SET UP
2:14	2465				PREPARE UP - PRESSURE TEST
2:18	11			13.3	START 6300 GALLON PAD
2:25	6.77		103	4	HOLE LOADED
2:26	1990		107	8.2	ESTABLISH RATE
2:27	1980		122	14.3	INCREASE RATE
2:28	1930		134	15.5	INCREASE RATE
2:30	1922		150	15.8	START 2000 GALLON 1/2" 20/40
2:32	1880		199	15.8	START 3000 GALLON 1" 20/40
2:36	1830		248	16	START 3000 GALLON 1 1/2" 20/40
2:36	1830		250	16	1/2" 20/40 ON BOTTOM
2:39	1785		298	15.8	1" 20/40 ON BOTTOM
2:39	1785		299	15.8	START 3000 GALLON 2" 20/40
2:42	1842		348	15.7	1 1/2" 20/40 ON BOTTOM
2:42	1854		351	15.6	START 4410 GALLON FLUSH
2:45	2150		399	15.7	2" 20/40 ON BOTTOM
2:49	2404		456		SHUT DOWN JOB COMPLETED
	1838				ISIP

16 (low)
PRATT



Date: 12-Feb-15

Well Name:	Location:	Customer Rep:	Field Order #
Jordan 2-4		Doyle Williams	12041A
Stage:	Formation:	Treat Via:	Allowable Pressure Tbg Csg Well Type:
	Cherokee Sand		3,000
County:	State:	Well Age:	PackerType: PackerDepth: Csg Size:
Ness	KS	NEW	
Type Of Service:	Profrac LG2500	Csg Depth	Tbg Size: Tbg Depth: Liner Size:
Customer Name:	Triple Crown Operating	Liner Depth:	Liner Top: Liner Bot: Total Depth:
Address:		Open Hole:	Csg Vol: BHT:
			99.7
Remarks:		Perf Depths:	Perfs: TotalPerfs:
		4296	4299 12

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	FOAM/FLD (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
14:13	0.0		300		PSI TEST	0	0	0.0
14:18	3.0		38		ST PAD	0	6,300	150.0
14:25	3.8		286		HOLE LOADED	0	0	0.0
14:26	5.8		1353		ESTABLISH RATE	0	0	0.0
14:27	8.2		1817		INCREASE RATE	0	0	0.0
14:28	10.9		1624		INCREASE RATE	0	0	0.0
14:30	15.8		1920		ST .5#	1,000	2,000	48.7
14:33	16.0		1887		ST 1#	2,000	2,000	49.8
14:36	15.6		1822		ST 1.5#	3,000	2,000	50.9
14:36	16.0		1822		ON BOTTOM	0	0	0.0
14:39	15.6		1788		ON BOTTOM	0	0	0.0
14:39	15.6		1781		ST 2#	4,000	2,000	52.0
14:42	15.7		1832		ON BOTTOM	0	0	0.0
14:42	15.9		1846		ST FLUSH	0	4,410	105.0
14:45	15.9		2142		ON BOTTOM	0	0	0.0
14:49	0.9		1993		SHUT DOWN JOB COMPLETE	0	0	0.0
14:54	0.0		1050		5 MIN	0	0	0.0
14:59	0.0		861		10 MIN	0	0	0.0
15:04	0.0		760		15 MIN	0	0	0.0
Total:						10,000	18,710	456.4

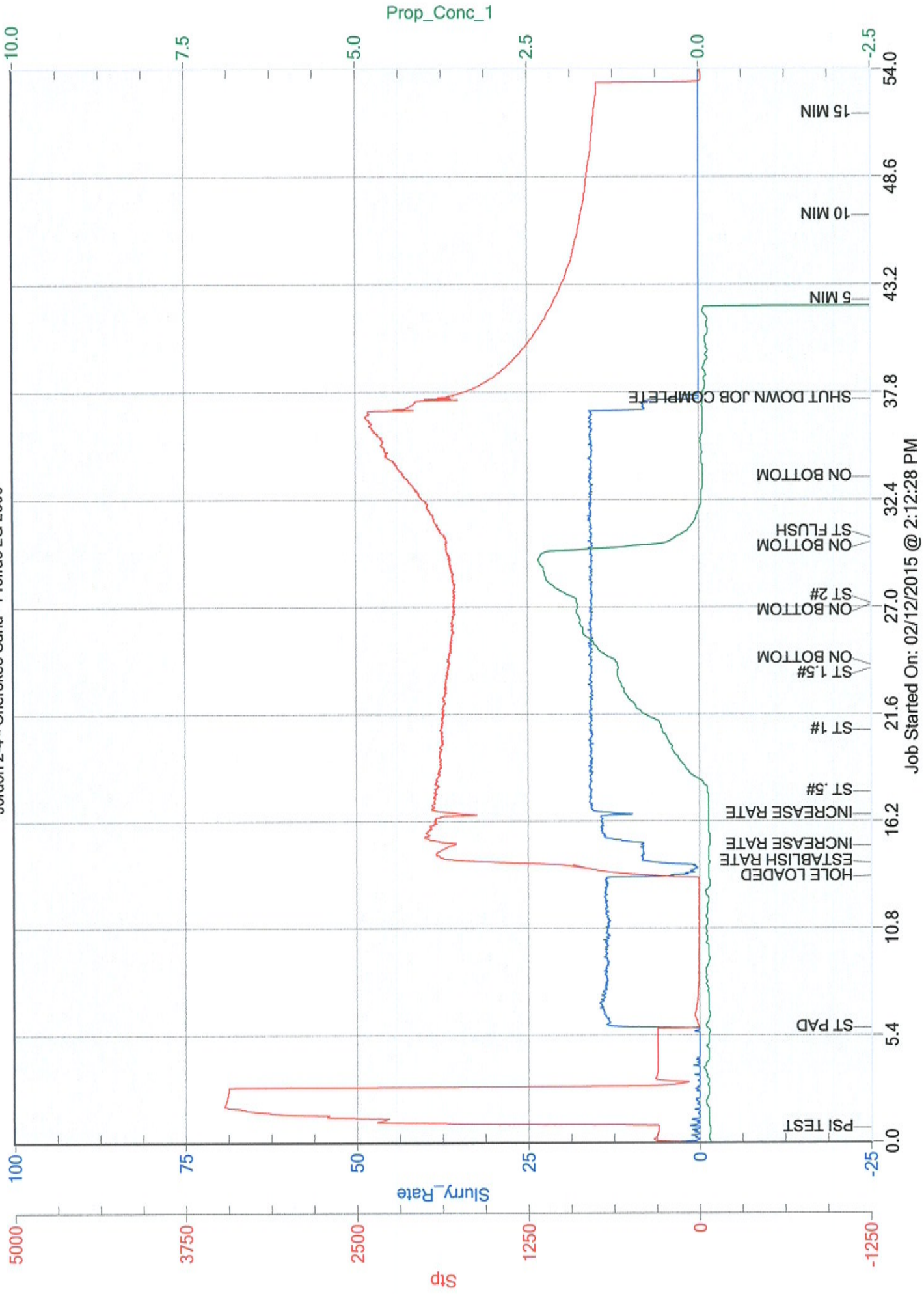
Summary

Max Fl. Rate	Avg Fl. Rate	Max Psi	Avg Psi
16.0	14.4	3,469	1,447

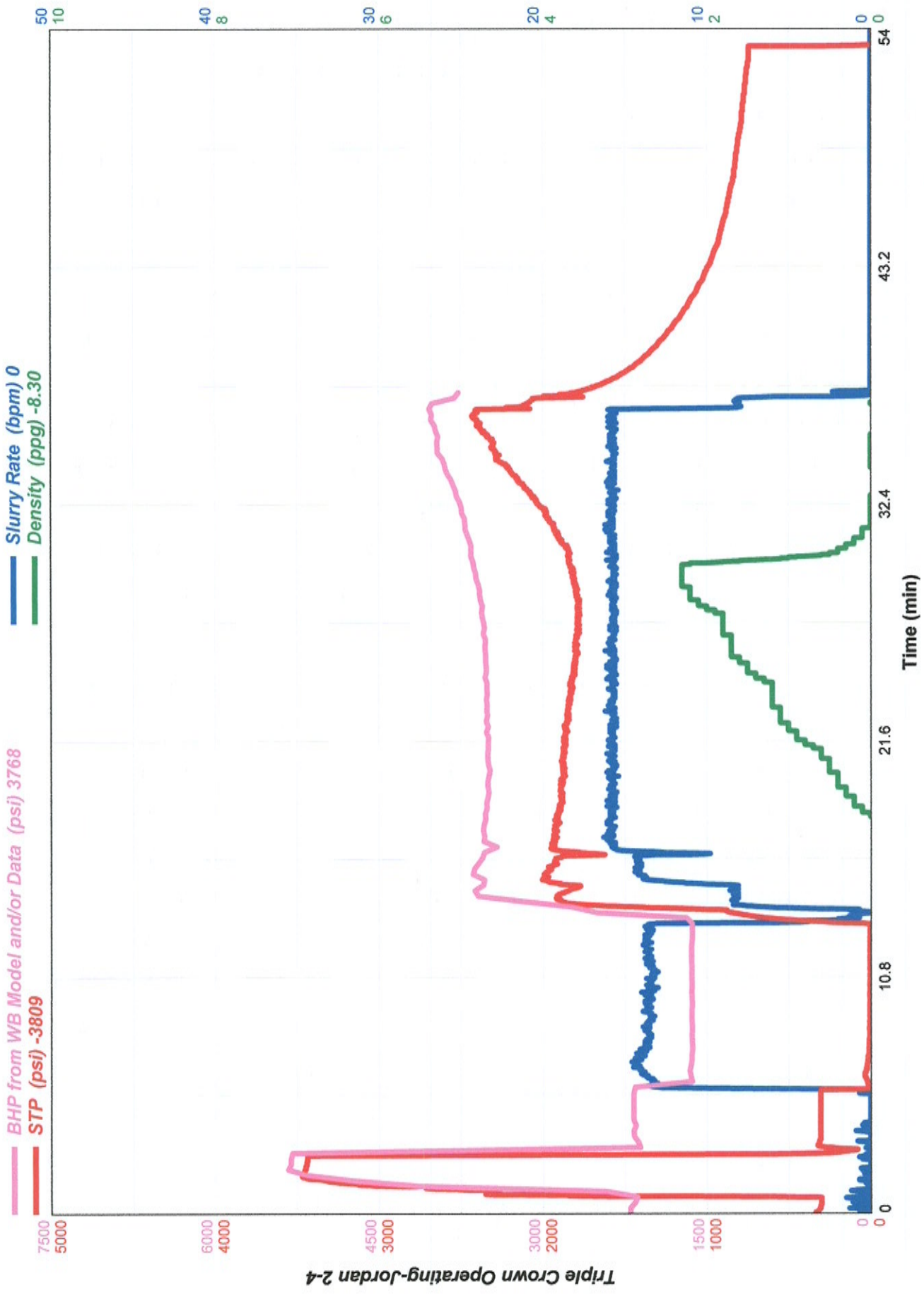
Customer Acknowledgement:	Service Rating:	Treater:	PRODUCTS USED
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Mark Barber	

Triple Crown Operating

Jordon 2-4 - Cherokee Sand - Profrac LG 2000



Job Started On: 02/12/2015 @ 2:12:28 PM



February 12, 2015

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 15, 2015

Doyle Williams
Triple Crown Operating LLC
2201 S. UTICA PL STE 100
TULSA, OK 74114-7099

Re: ACO-1
API 15-135-25816-00-00
Jordan 2-4
SE/4 Sec.04-18S-24W
Ness County, Kansas

Dear Doyle Williams:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/24/2014 and the ACO-1 was received on April 14, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department