

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1251240  
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: \_\_\_\_\_

1251240

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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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	04/19/2015
<b>INVOICE NUMBER</b>			
<b>91786029</b>			

Pratt (620) 672-1201  
 B CMX INC  
 I 1700 N WATERFRONT PKWY BLDG 300 STE B  
 L WICHITA  
 L KS US 67206  
 T  
 O **ATTN:** ACCOUNTS PAYABLE

**J** LEASE NAME Steiner 1-25  
**O** LOCATION  
**B** COUNTY Barton  
**S** STATE KS  
**I** JOB DESCRIPTION Cement-New Well Casing/Pi  
**T** JOB CONTACT  
**E**

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40833503	19905		Net - 30 days	05/19/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 04/16/2015 to 04/16/2015</b>				
0040833503				
171811953A Cement-New Well Casing/Pi 04/16/2015				
Cement 8 5/8 Surface				
A-Con Blend Common	175.00	EA	7.56	1,322.88 T
Common Cement	150.00	EA	6.72	1,007.90 T
Celloflake	82.00	EA	1.55	127.42 T
Calcium Chloride	777.00	EA	0.44	342.62 T
"Top Rubber Cmt Plug, 8 5/8""	1.00	EA	94.49	94.49
"Baffle Plate Alum., 8 5/8"" (Blue)"	1.00	EA	71.39	71.39
"Unit Mileage Chg (PU, cars one way)"	65.00	MI	1.89	122.84
Heavy Equipment Mileage	130.00	MI	3.15	409.46
"Proppant & Bulk Del. Chgs., per ton mil	995.00	EA	1.05	1,044.65
Depth Charge; 501'-1000'	1.00	EA	503.95	503.95
Blending & Mixing Service Charge	325.00	BAG	0.59	191.08
Plug Container Util. Chg.	1.00	EA	104.99	104.99
"Service Supervisor, first 8 hrs on loc.	1.00	EA	73.49	73.49

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>5,417.16</b>
<b>BASIC ENERGY SERVICES, LP</b>	<b>BASIC ENERGY SERVICES, LP</b>	<b>TAX</b>	<b>200.26</b>
<b>PO BOX 841903</b>	<b>801 CHERRY ST, STE 2100</b>	<b>INVOICE TOTAL</b>	<b>5,617.42</b>
<b>DALLAS, TX 75284-1903</b>	<b>FORT WORTH, TX 76102</b>		



**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 11953 A

25-165-13w

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

DATE OF JOB <b>4-16-15</b> DISTRICT <b>Pratt</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>CMX, inc</b>		LEASE <b>Steiner</b> WELL NO. <b>1-2</b>							
ADDRESS		COUNTY <b>Butler</b> STATE <b>Ks</b>							
CITY STATE		SERVICE CREW <b>MATTAI, McGraw, Gibsco</b>							
AUTHORIZED BY		JOB TYPE: <b>CMW 8 5/8 SURV</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19907	1						4-16-15	PM	5:00
						ARRIVED AT JOB		AM	7:20
19918	.5					START OPERATION		AM	9:32
						FINISH OPERATION		PM	10:13
						RELEASED		AM	11:00
						MILES FROM STATION TO WELL			65

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
CP 101	A-con Blend	SK	175		3,150 00
CP 100r	Commercial cement	SK	150		2,400 00
CC 102	cellofin	lb	82		303 40
CC 109	Aluminum chloride	lb	777		815 85
CF 105	TOP RUBBER Plug 8 5/8	ea	1		225 00
CF 753	RAFFIA PLATE ALUMINUM 8 5/8	ea	1		170 00
E 100	P. U. Mill	mi	65		292 50
E 101	HEAVY OR MILES	mi	130		975 00
EL 13	Pipe + Bulk Pnl	mi	995		2,486 25
CE 201	DEPTH charge 501-1000'	4hr	1		1,200 00
CE 200	Blend + mix charge	SK	325		455 00
CE 504	Plug container	ea	1		250 00
5003	Supervisor	hr	1		175 00
SUB TOTAL					12,898.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		5,417.88

Discounted TOTAL \$

SERVICE REPRESENTATIVE <b>Mike Mattai</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

## TREATMENT REPORT

Customer CMX, INC	Lease No.	Date 4-16-15
Lease STEINER	Well # 1-25	
Field Order # 11953	Station PRATT	Casing 8 5/8
Type Job CNW 8 5/8 SURFACE	Formation	Depth
		County BARTON
		State KS
		Legal Description 25-16S-13W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 8 5/8	Tubing Size	Shots/Ft		Acid 2MT 175 SWS	A-CON 3%	RATE 3%	PRESS 290 CC
Depth 854	Depth	From	To	Pre Pad 150 SWS	Max COMMON 290 CC		ISIP .25 CR
Volume 54.3	Volume	From	To	Pad	Min		10 Min.
Max Press 500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 817	Packer Depth	From	To	Flush 51.6	Gas Volume		Total Load

Customer Representative *Leah Korman* Station Manager *Kevin Golding* Treater *Mike Mattal*

Service Units 37580		77680	19905		19826	19918			
Driver Names MATTAL		McGraw			GIBSON				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:20					ON LOCATION, SAFETY MEETING
-					RUN 8 5/8 24" CSNG
8:30					CSNG ON BOTTOM
8:45					HOOK TO CSNG / BREAK CIRCUIT W. P. 4
9:32	200		3	5	PUMP 3 BBI WATER
9:33	200		86	6	MIX 175 SWS A-CON @ 11.6 PP
9:50	200		32	5.5	MIX 150 SWS COMMON @ 15.6 PP
10:00	-		-	-	RELEASE PLUG
10:03	200		-	5	START DISPLACEMENT
10:13	400		51.6		PLUG DOWN / SHUT IN WELL 20 bbls TO PIT
					JOB COMPLETE
					Thank You!
					Mike Mattal
					Mike + Aaron



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000793	1718	04/23/2015
<b>INVOICE NUMBER</b>			
<b>91790534</b>			

Pratt (620) 672-1201  
 B CMX INC  
 I 1700 N WATERFRONT PKWY BLDG 300 STE B  
 L WICHITA  
 L KS US 67206  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Steiner 1-25  
 O LOCATION  
 B COUNTY Barton  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40834777	19905		Net - 30 days	05/23/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 04/22/2015 to 04/22/2015</b>				
0040834777				
171811955A Cement-New Well Casing/Pi 04/22/2015 Cement P.T.A.				
60/40 POZ	255.00	EA	5.04	1,285.20 T
Celloflake	59.00	EA	1.55	91.69 T
Cement Gel	440.00	EA	0.11	46.20 T
"Wooden Cmt Plug, 8 5/8" ""	1.00	EA	67.20	67.20
"Unit Mileage Chg (PU, cars one way)"	65.00	MI	1.89	122.85
Heavy Equipment Mileage	130.00	MI	3.15	409.50
"Proppant & Bulk Del. Chgs., per ton mil	715.00	EA	1.05	750.75
Depth Charge; 3001-4000'	1.00	EA	907.20	907.20
Blending & Mixing Service Charge	255.00	BAG	0.59	149.94
"Service Supervisor, first 8 hrs on loc.	1.00	EA	73.50	73.50

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,904.03
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	101.75
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,005.78
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

25-165-13w

FIELD SERVICE TICKET

1718 11955 A

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

DATE OF JOB <b>4-22-15</b> DISTRICT <b>Pratt</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>CMX, inc.</b>		LEASE <b>Steiner</b> WELL NO. <b>1-C</b>								
ADDRESS		COUNTY <b>BAITON</b> STATE <b>KS</b>								
CITY STATE		SERVICE CREW <b>MATTAL, EINST, HANSON</b>								
AUTHORIZED BY		JOB TYPE: <b>CNW plug to abandon</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19905	1						4-22-15			4:00
						ARRIVED AT JOB				7:45
19960	0.5					START OPERATION				8:13
						FINISH OPERATION				2:00
						RELEASED				2:45
						MILES FROM STATION TO WELL				65

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 Charles D. Rank  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02	SK	255		3060 00
CC 102	COLLOIDAL	lb	59		218 30
CC 200	CMT 9-1	lb	440		110 00
CF 153	WOODEN PLUG	EA	1		160 00
E 100	P.U. MISC	m.	65		292 50
E 101	HEAVY EQ. MISC	m.	130		975 00
E 113	PROP + BULK SOL.	TM	715		1,787 50
CE 200	D-PTH CHRG. 3000-4000	4h	1		2,160 00
CE 240	BLIND + MIX CHRG	SK	255		357 00
S 003	SUPERVISOR	EA	1		175 00

SUB TOTAL 9,235 30

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

TOTAL 3,904 03

Discounted TOTAL

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE Mike Mattal THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X Charles D. Rank

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Customer <b>CMX INC</b>	Lease No.	Date <b>4-22-15</b>
Lease <b>Steiner</b>	Well # <b>1-25</b>	
Field Order # <b>11955</b>	Station <b>Pratt</b>	Casing
		Depth <b>3361</b>
Type Job <b>CNW Plug to abandon</b>	Formation	County <b>Barton</b>
		State <b>KS</b>
		Legal Description <b>25-165-13W</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid <b>255 SK</b>	<b>60/40 POZ</b>	RATE	PRESS	ISIP
Depth <b>3361</b>	Depth	From	To	Pre Pad	<b>490</b>	Max <b>9.1</b>	<b>25 LB C.F.</b>	5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press <b>300</b>	Max Press	From	To	Frac		Avg		15 Min.
Wall Connection <b>0.5-8</b>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <b>3361</b>	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative <b>Leah Hyster</b>	Station Manager <b>Kevin Goidley</b>	Treater
---	---	---------

Service Units	<b>37580</b>	<b>77686</b>	<b>19905</b>	<b>19862</b>	<b>19960</b>				
Driver Names	<b>MATT</b>	<b>ERNEST</b>		<b>Hanson</b>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:45					On location / 5 Y
8:13	250		15	5	Aug.
8:17	250		10.5	5	
8:24	100		5	5	
8:21	100		45	5	
-	-		-	-	Plug
11:35	100		10	5	Pump
11:37	200		10.5	5.5	Mix 50 SKS 60/
11:40	100		3	5.5	Pump
11:41	100		3	5.5	Pump
-	-		-	-	Plug
12:04	100		5	5	Pump
12:05	200		21	5	Mix 5 /
12:10	100		2	5	Pump
-	-		-	-	Plug 4 40
1:58	-		2	-	Mix 10 SKS 60/40 POZ, 5
2:00			7.5		Plug rat + house hole
2					
					JOB COMPLETE
					THANK YOU
					M. H. MATT
					Shawn + Jos