



KANSAS CORPORATION COMMISSION 1252363
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

Confidentiality Requested:

Yes No

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1252363

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 11880 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>4-23-15</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>LD DRILLING, INC</u>		LEASE <u>NICKELSON OWWO</u> WELL NO. <u>423</u>							
ADDRESS _____		COUNTY <u>LOGAN</u> STATE <u>KS.</u>							
CITY _____ STATE _____		SERVICE CREW <u>KE, PAT SCOTT, J.A.</u>							
AUTHORIZED BY _____		JOB TYPE: <u>CNW LOWCS TRWC</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>78982-86719</u>	<u>2 1/4</u>						<u>4-22</u>	PM	<u>1600</u>
						ARRIVED AT JOB	<u>4-28</u>	AM	<u>2000</u>
						START OPERATION	<u>4-23</u>	AM	<u>0100</u>
						FINISH OPERATION	<u>4-23</u>	AM	<u>0315</u>
						RELEASED	<u>4-23</u>	AM	<u>0400</u>
						MILES FROM STATION TO WELL			<u>160</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.

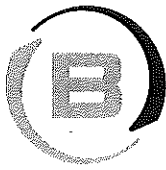
SIGNED: LD DAUBS BY: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP101	A-COW CEMENT	SK	25		450 00
CP105	A/A2 CEMENT	SK	175		2975 00
CP101	A-COW CEMENT	SK	440		7920 00
CP101	A-COW CEMENT	SK	30		540 00
CC102	CELLO FLAKE	lb.	168		621 60
CC109	CALCIUM CHLORIDE	lb.	1401		1471 05
CC111	SALT	lb.	954		477 00
CC113	GYP SUM	lb.	825		618 75
CC129	FLA-322	lb.	132		990 00
CC201	GILSONITE	lb.	1050		703 50
CF401	5 1/2 TWO STAGE CEMENT COLLAR	EA	1		6100 00
CF601	5 1/2 LATCH DOWN PLUG	EA	1		850 00
CF1251	5 1/2 AFD PLUG SHO	EA	1		360 00
CF1651	5 1/2 TURBOLIZER	EA	7		770 00
CF1901	5 1/2 BASKET	EA	2		580 00
CC151	MUDFLUSH	gal	1600		1500 00
SUB TOTAL					
CHEMICAL / ACID DATA:		SERVICE & EQUIPMENT		%TAX ON \$	
		MATERIALS		%TAX ON \$	
TOTAL					

SERVICE REPRESENTATIVE [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: LD DAUBS BY [Signature]
(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 11881 A~~
CONTINUATION

DATE TICKET NO. 1718 11880A

DATE OF JOB: <u>4-23-15</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>LD DRILLING, INC</u>		LEASE: <u>NICKELSON OWNED</u> WELL NO. <u>4-23</u>	
ADDRESS:		COUNTY: <u>LOGAN</u> STATE: <u>KC</u>	
CITY STATE:		SERVICE CREW:	
AUTHORIZED BY:		JOB TYPE: <u>CONV - SWAN G ST PONG</u>	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				AM
						START OPERATION				AM
						FINISH OPERATION				AM
						RELEASED				AM
						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: LD DAVIS BY [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E100	UNITS MILEAGE PICKUP	mi	100		450.00
E101	HEAVY EQUIPMENT MILEAGE	mi	300		2250.00
E113	BULK DELIVERY	TM	3160		7900.00
CE205	DEPTH CHARGE 4001-5000	EA	1		2520.00
CE240	BLENDING CHARGE	SK	670		938.00
CE504	PLUG CONTAINER	EA	1		250.00
5003	SERVICE SUPERUBOR	EA	1		175.00

SUB TOTAL 41,409.90

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

Discounts TOTAL 26,916.44
PRICE

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: LD DAVIS BY [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer	LD DRILLING INC			Lease No.		Date	4-23-15	
Lease	NICKELSON OILWELL 4-23			Well #				
Field Order #	Station	Casing	Depth	County	State			
11880	PRATT, KS	5 1/2"	4395'	LOGAN	KS			
Type Job	ENW-LOWESTRONG			Formation	TD-4400'	Legal Description	23-11-23	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
5 1/2"								
4395'	Depth	From	To	Pre Pad		Max		5 Min.
Volume	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
4381'								

Customer Representative	LD	Station Manager	KEVIN	Treater	CORDLEY
Service Units	83353	78982-86779	19903-19860	19828-19918	
Driver Names	KG	PAT	JA	SCOTT	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2000					ON LOCATION 4-22-15 RUN 11 JTS 5 1/2 15.5" CSG - 4391' RUN FRONT STAGE, LATCH BAFFLE DN 14' STAGE J7. CENT-2-3-5-7-9-11-41 RUN BASKET - 12, 42 DU. TOOL - TOP OF 42 AT 2680'
2400					TRAC BOTTOM - DROP BAIL - CIRC SET 5 1/2 IN AT 4395' W/L
					BOTTOM STAGE
0100			24	6	24 bbl MUD FLUSH
			5	6	5 bbl H ₂ O
			8	6	25 SK A-COM CEMENT - 13.0 #
			48	6	125 K AAZ CEMENT - 14.8 #
					STOP - WASH LOWE - DROP PLUG
	0		0	6	START DESP. W/ H ₂ O
	200		44.3	6	START MUD DESP
	400		75	6	LEFT CEMENT
	800		100	3	SLOW RATE
0145	1800		104.3	3	PLUG DOWN - HOLD
					DROP DV OPEN PLUG
	800				OPEN DV TOOL

PAGE 2

Customer LA DRILLING, INC	Lease No.	Date 4-23-15
Lease NICKELSON OWNED	Well # 4-23	
Field/Order # 11880	Station PRATT, KS	Casing 5 1/2
		Depth 4395'
		County LOGAN
		State KS
Type Job CNW - LOW STRONG	Formation TD-4400	Legal Description 23-11-23

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth 4395	Depth	From	To	Pre Pad	Max			5 Min.
Volume	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 7381	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative **LA** Station Manager **KEVIN** Treater **CORVLEY**

Service Units								
Driver Names								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0200	300		217	6	TOP STAGE - DU AT 2680' 440 SK A - CON CEMENT - 11.6 # WASH LOWE CLEAN DROP PLUG
	0		0	6	START DISP. W/ H ₂ O
	600		60	3	SLOW RATE
0315	1100		63.7	3	PLUG DOWN - DU CLOSED
					CORE. 30 bbl CEMENT TO PBT
					PLUG RAT HOLE - 30 SK A - CON CEMENT
0400					JOB COMPLETE - KEVIN

7 SW 26th Avenue
 GREAT BEND, KS 67530

Customer _____ Order _____

Lease Nickelson OWWO Date 4-23

Description of Pipe 5 1/2 New

Amount _____

Jts.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.
1	40	74	38	42	40	05	40	71		
2	39	85	40	70	40	12	40	11		
3	40	58	39	87	40	74	40	71		
4	39	89	40	62	40	75	40	72		
5	40	57	40	79	40	73	40	10		
6	40	72	39	91	40	72	40	07		
7	40	59	40	75	40	13	40	54		
8	39	78	40	79	40	05	40	72		
9	40	71	40	78	40	71	40	11		
10	40	72	40	77	40	70	40	73		
11	40	48	40	79	40	11	40	71		
12	40	77	39	89	40	73	40	72		
13	38	70	40	28	40	72	40	08		
14	40	63	40	77	40	11	40	72		
15	40	74	40	78	40	74	40	74		
16	40	56	40	77	40	73	40	07		
17	40	80	40	29	40	72	40	11		
18	40	54	40	74	40	73	40	72		
19	40	78	40	77	40	09	40	71	out	
20	40	57	40	77	40	70	40	72	out	
21	40	76	40	57	40	08	40	71	out	
22	37	09	37	72	40	74	40	73	out	
23	40	76	37	48	40	72	40	72	out	
24	40	79	37	60	40	73	40	73	out	
25	40	51	37	85	40	27	37	52	out	
26	40	78	40	71	40	14				
27	40	76	40	10	40	10				
28	40	78	40	71	40	71			9	76 IN
29	40	79	40	09	37	37			10	26 IN
30	39	89	40	07	40	13			14	80 IN
Total	1311	63	1202	19	1311	07	1010	23	39	82

TOTAL PIECES 118 LENGTH _____ FEET 4669 INCHES 94

RECEIVED BY _____ TALLIED BY _____