



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254297
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: _____



1254297

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> _____
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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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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 ~~12410~~ A

COWT

DATE _____ TICKET NO. 12409

DATE OF JOB <u>4-11-15</u> DISTRICT <u>Pratt/KC</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>L.O. Orthing</u>		LEASE <u>Limited access 1-31</u> WELL NO.:							
ADDRESS		COUNTY <u>DOUG</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW							
AUTHORIZED BY		JOB TYPE: <u>COWT longstay</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
						ARRIVED AT JOB		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	pumps and	mi	100		450 00
E 101	Heavy grade air	mi	300		2,250 00
E 113	Bulk delivery time	mi	2600		6,500 00
CE 205	Depth charge 4,000-5,000	SL	1		2,520 00
CE 240	Blowdown mixing	SL	555		777 00
CE 504	plug container Nitel	SL	1		250 00
9003	Sodium Cyanide	SL	1		175 00
SUB TOTAL					37,135.10

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		24,137.82

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>L. D. Drilling</i>	Lease No. <i>Limited</i>	Date <i>04-11-15</i>
Field Order # <i>12409</i>	Station <i>PRATT KS</i>	Well # <i>1-31</i>
Type Job <i>CNW 5" Loring</i>	Casing <i>5 1/2</i>	Depth <i>4396'</i>
Formation <i>TD-4399'</i>	County <i>GOVE</i>	State <i>KS</i>
Legal Description <i>31-14-29</i>		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>4396</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>704</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>2,500</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>4358'</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
Service Units <i>37900 33702 20920 19960 19862 19923 19860</i>	Driver Names <i>Sullivan Springs GRAVES Gibson</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:45</i>					<i>on loc.</i>
					<i>cont. 1, 2, 3, 5, 7, 9, 58. Select 59-10"</i>
					<i>Run 5" 155 gpc w/ DL TOOL @ 2059'</i>
					<i>111 5# DL TO 59 38' shoe str.</i>
					<i>CASING ON BOTTOM @ 4396'</i>
<i>1:50</i>					<i>HOOK UP CIRC. Csg.</i>
<i>2:45</i>			<i>2F</i>	<i>3.5</i>	<i>St mud stat</i>
			<i>4</i>		<i>St SPACER</i>
					<i>mix 175 sk AA-2. cont @ 14.6 gpg</i>
	<i>200</i>		<i>50</i>	<i>5</i>	<i>cont mix @ shot down with Loring pump</i>
			<i>60</i>	<i>6</i>	<i>Release Plug</i>
			<i>44</i>		<i>St Disp w/ 4"</i>
				<i>4</i>	<i>St mud</i>
<i>3:30</i>	<i>1600</i>		<i>104</i>		<i>Slow Rate</i>
					<i>Plug down</i>
					<i>Release Pl. Check float.</i>
					<i>DRIP P.V. OPEN TOOL</i>
	<i>900</i>		<i>6</i>		<i>OPEN O.V. TOOL</i>
<i>3:40</i>					<i>Hook Rig circ.</i>
					<i>Bottom Stage Complete</i>
					<i>THANK</i>

BASIC

energy services, L.P.

TREATMENT REPORT

TOP STAGE 2 of 2

Customer <i>L.O. O'Neill</i>	Lease No.	Date <i>04-11-15</i>
Lease <i>limited O.W.W.U</i>	Well # <i>1-31</i>	
Field Order # <i>12409</i>	Station <i>Pratt KS</i>	Casing <i>5 1/2</i>
Type Job <i>CDW Andy St...</i>	Depth	County <i>GOVE</i>
	Formation	State <i>KS</i>
		Legal Description <i>31-14-29</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>				Pre Pad	Max		5 Min.	
Depth <i>2059'</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>49</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>2,500</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>PC</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative	Station Manager <i>NAME Scott</i>	Treater <i>Robert Lull...</i>
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Service Units	Driver Names	Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					TOP STAGE c 2059
<i>3:45</i>	<i>200</i>		<i>172</i>	<i>4.5</i>	<i>St mixing cont 350 sk A-cw @ 11.6 PPg</i>
					<i>cont mixed shut down wash pump lift</i>
					<i>Balance Plug</i>
	<i>250</i>			<i>6</i>	<i>St Dip</i>
					<i>Lift</i>
<i>4:30</i>	<i>1600</i>		<i>49</i>	<i>3.5</i>	<i>slow rate</i>
<i>4:40</i>	<i>1450</i>				<i>plug down</i>
					<i>Close DV. Tool and check close</i>
					<i>circ 25 BBL cont P.t</i>
					<i>Plug RH w/ 3.14</i>
					<i>plug 114 w/ 2.0 sk</i>
					<i>Jobs complete</i>
					<i>Frank J</i>

DIAMOND TESTING GENERAL REPORT

Jake Fahrenbruch, Tester

Cell: (620) 282-8977 / Office: (800) 542-7313



TEST INFORMATION

Well Name	Limited #1-31
Company Name	LD Drilling, Inc.
Formation	Cherokee - Mississippi 4183'-4300'
Test Type	Bottom-Hole w/J&J
Surface Location	Sec 31-14s-29w-Gove Co-KS
KB Elevation (SL)	2624.000
Gauge Name	5951
Start Test Date	2015/04/10
Start Test Time	01:32:00
Final Test Date	2015/04/10
Final Test Time	10:18:00
Job Number	F383
Contact	LD Davis
Site Contact	Kim Shoemaker

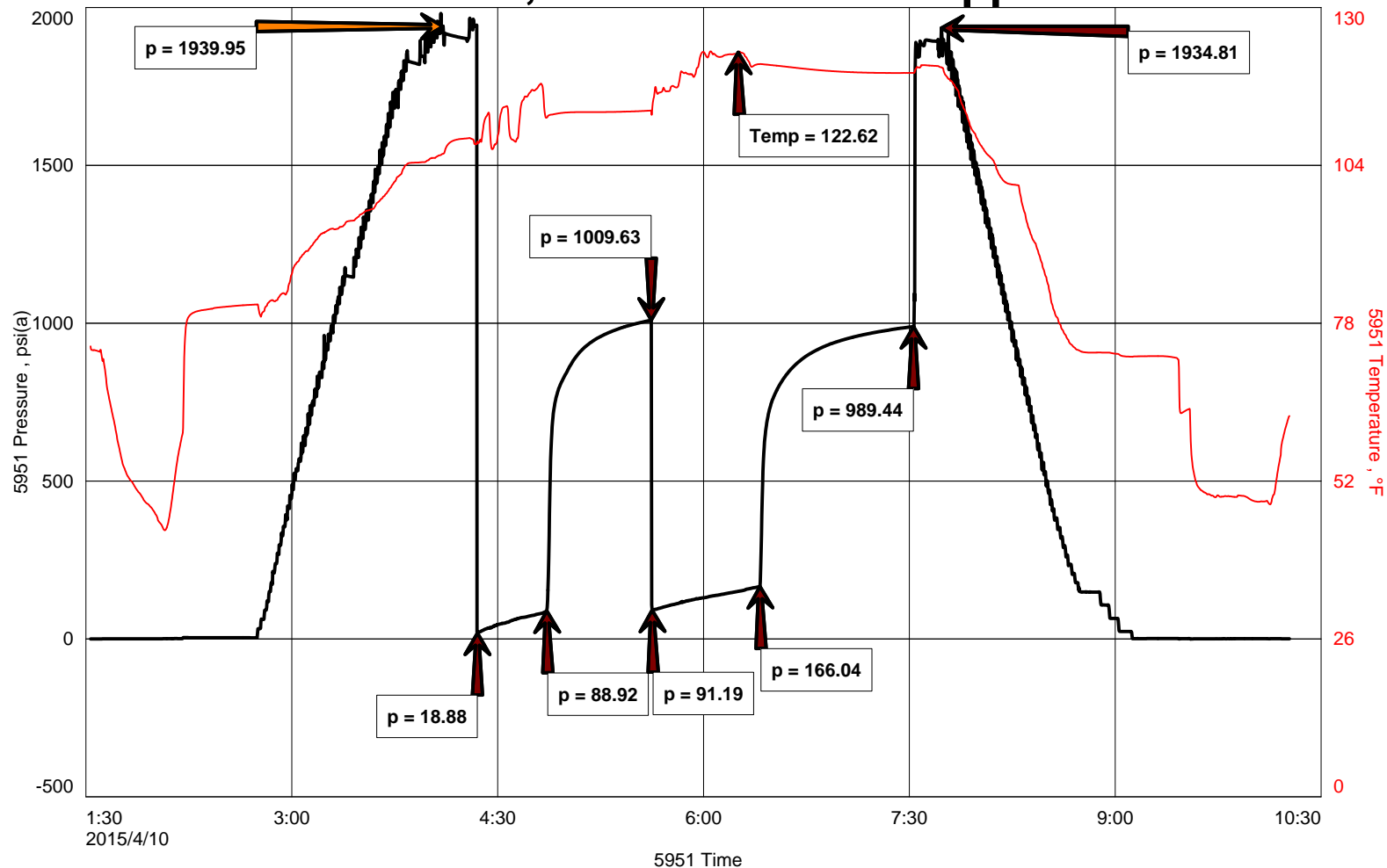
TEST RESULTS

Initial flow, blow increased to B.O.B. in 15 minutes. No blowback.
 Final flow, blow increased to B.O.B. in 23 minutes. No blowback.

TOTAL RECOVERED FLUID: 355'

40' HMCO	60% oil, 40% mud
315' Gssy HOCM	15% gas, 35% oil, 50% mud

DST #1, Cherokee-Mississippi





DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: LIMITED 1 DST1

ON LOCATION:	<u>00:30</u>
START RECORDERS:	<u>01:32</u>
STOP RECORDERS:	<u>10:18</u>

Company LD DRUG. INC. Lease & Well No. LIMITED #1-31
 Contractor LD DRUG. INC. Charge to LD DRUG. INC.
 Elevation 2624' NB Formation CHER - MISS Effective Pay _____ Ft. Ticket No. F383
 Date 4-10-15 Sec. 31 Twp. 14S Range 29W County GOVE State KS
 Test Approved By KDM SHOEMAKER Diamond Representative JAKE FAHRENBRUCH

Formation Test No. 1 Interval Tested from 4183 ft. to 4300 ft. Total Depth 4300 ft.
 Packer Depth 4178 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4183 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4161 ft. Recorder Number 5951 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 4186 ft. Recorder Number 5584 Cap. 5000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 64 (2nd GM) Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight 8.8 Water Loss 8.0 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides 1500 P.P.M. Drill Pipe Length 4150 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number #5 555 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length 117 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 x 1 1/4 in. Surface Choke Size 20' PERF IN ANCHOR in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BLOW INCREASED TO B.O.B. IN 15 MEN. NO B.O.B.
 2nd Open: BLOW INCREASED TO B.O.B. IN 23 MEN. NO B.O.B.

Recovered 40 ft. of HMCO 60" OEL, 40" MUD
 Recovered 315 ft. of GSSY HOLM 15" GAS, 35" OEL, 50" MUD
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

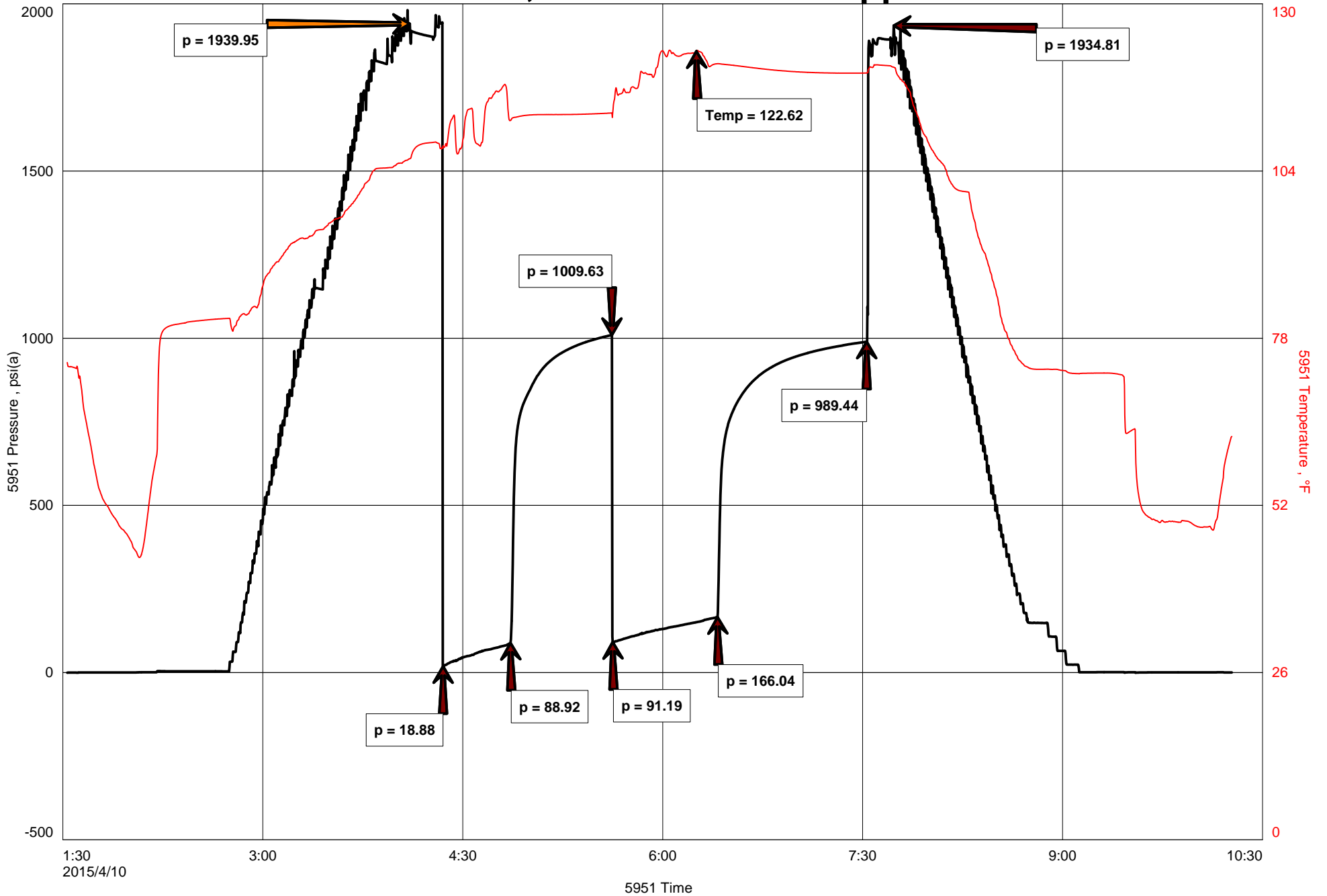
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>TOTAL RECOVERED FLUID: 355'</u>	<u>JARS & JOINT</u>
	<u>374 MRT (PRNT)</u>
	Total

Time Set Packer(s) 04:25 A.M. P.M. Time Started Off Bottom 07:25 A.M. P.M. Maximum Temperature 123 F

Initial Hydrostatic Pressure..... (A) 1940 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 19 P.S.I. to (C) 89 P.S.I.
 Initial Closed In Period..... Minutes 45 (D) 1010 P.S.I.
 Final Flow Period..... Minutes 45 (E) 91 P.S.I. to (F) 106 P.S.I.
 Final Closed In Period..... Minutes 60 (G) 989 P.S.I. THANK YOU!
 Final Hydrostatic Pressure..... (H) 1935 P.S.I. probe failure

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DST #1, Cherokee-Mississippi





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: LIMITED1DST1

TIME ON: 01:32
TIME OFF: 10:18

Company LD Drilling, Inc. Lease & Well No. Limited #1-31
Contractor LD Drilling, Inc. Charge to LD Drilling, Inc.
Elevation 2624' KB Formation Cher. - Miss. Effective Pay _____ Ft. Ticket No. F383
Date 4-10-15 Sec. 31 Twp. _____ 14s S Range _____ 29w W County Gove State KANSAS
Test Approved By Kim Shoemaker Diamond Representative Jake Fahrenbruch

Formation Test No. 1 Interval Tested from 4183 ft. to 4300 ft. Total Depth 4300 ft.
Packer Depth 4178 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4183 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4161 ft. Recorder Number 5951 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 4186 ft. Recorder Number 5584 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 64 (2# LCM) Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 8.8 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 1,500 P.P.M. Drill Pipe Length 4,150 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number #5 J&J Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 117 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 20' PERF IN ANCHOR Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Blow increased to B.O.B. in 15 minutes. No blowback.
2nd Open: Blow increased to B.O.B. in 23 minutes. No blowback.

Recovered 40 ft. of HMCO 60% oil, 40% mud
Recovered 315 ft. of Gssy HOcm 15% gas, 35% oil, 50% mud
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Remarks: <u>TOTAL RECOVERED FLUID: 355'</u>	Other Charges
_____	Insurance
_____	Total

Time Set Packer(s) 04:25 A.M. P.M. Time Started Off Bottom 07:25 A.M. P.M. Maximum Temperature 123 F

Initial Hydrostatic Pressure..... (A) 1940 P.S.I.
Initial Flow Period..... Minutes 30 (B) 19 P.S.I. to (C) 89 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1010 P.S.I.
Final Flow Period..... Minutes 45 (E) 91 P.S.I. to (F) 166 P.S.I.
Final Closed In Period..... Minutes 60 (G) 989 P.S.I.
Final Hydrostatic Pressure..... (H) 1935 P.S.I.

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.