

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255011
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: _____

1255011



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: 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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Form	ACO1 - Well Completion
Operator	Younger Energy Company
Well Name	Johnston 3 OWWO
Doc ID	1255011

All Electric Logs Run

Dual Induction Log
Compensated Density/Neutron PE Log
Sonic Log
Micro Log
Cement Bond Log
Tracer Survey
Computer Processed Interpretation
LAS

Form	ACO1 - Well Completion
Operator	Younger Energy Company
Well Name	Johnston 3 OWWO
Doc ID	1255011

Tops

Name	Top	Datum
Elmont	2853	-885
Howard	2926	-958
Topeka	2995	-1027
Heebner	3362	-1394
Toronto	3380	-1412
Douglas	3394	-1426
Brown Lime	3470	-1502
Lansing	3480	-1512
B/KC	3718	-1750
Viola	3824	-1856
Simpson Sh	3851	-1883
Simpson Sand U	3874	-1904
Arbuckle	3904	-1934



RECEIVED FEB 27 2015

PAGE 1 of 1	CUST # 1005972	YARD # 1718	INVOICE DATE 02/25/2015
INVOICE NUMBER 91739509			

Pratt (620) 672-1201
 B YOUNGER ENERGY COMPANY
 I 9415 E HARRY ST SUITE 403
 L WICHITA
 L KS US 67207-5083
 T
 O ATTN: DIANE

J LEASE NAME Johnston 3
 O LOCATION
 B COUNTY Pawnee
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40818448	27463		Net - 30 days	03/27/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 02/20/2015 to 02/20/2015				
0040818448				
171812165A Cement-New Well Casing/Pi 02/20/2015 Cement 5 1/2" Longstring				
A Serv Lite	145.00	EA	7.80	1,131.00 T
AA2 Cement	150.00	EA	10.20	1,530.00 T
Celloflake	74.00	EA	2.22	164.28 T
C-41P	29.00	EA	2.40	69.60 T
Salt	751.00	EA	0.30	225.30 T
Cement Friction Reducer	43.00	EA	3.60	154.80 T
FLA-322	71.00	EA	4.50	319.50 T
Mud Flush	500.00	EA	0.90	450.00 T
Gilsonite	750.00	EA	0.40	301.50 T
Flow-Seal21 (Sod Sil) 12% Solution	250.00	EA	3.60	900.00
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	240.00	240.00
"Cmt. Shoe Packer Type, 5 1/2" (Red)"	1.00	EA	2,220.00	2,220.00
"Turbolizer, 5 1/2" (Blue)"	10.00	EA	66.00	660.00
"5 1/2" Basket (Blue)"	2.00	EA	174.00	348.00
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	2.70	135.00
Heavy Equipment Mileage	100.00	MI	4.50	450.00
"Proppant & Bulk Del. Chgs., per ton mil	670.00	EA	1.50	1,005.00
Depth Charge; 3001-4000'	1.00	EA	1,296.00	1,296.00
Blending & Mixing Service Charge	295.00	BAG	0.84	247.80
Plug Container Util. Chg.	1.00	EA	150.00	150.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	105.00	105.00
<i>Cement 5 1/2" Production csg w/95 SXS A SERV LITE + 150 SXS AA2 BLEND. PLUGGED RAT HOLE + MOUSE HOLE w/50 SXS (2-20-15) / #3</i>				

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	12,102.78
BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903	BASIC ENERGY SERVICES, LP 801 CHERRY ST, STE 2100 FORT WORTH, TX 76102	TAX	354.20
		INVOICE TOTAL	12,456.98

DR SW

DA

DAWSON #3
318



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

34-21-15

FIELD SERVICE TICKET
1718 12165 A

DATE _____ TICKET NO. _____

DATE OF JOB 2-20-15 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 Younger Energy CU		LEASE Johnston 3 WELL NO.							
ADDRESS		COUNTY Pawnee STATE KS							
CITY STATE		SERVICE CREW Josh Shawn Joe							
AUTHORIZED BY		JOB TYPE: CW 5/2 long string							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 2-20-15	AM	TIME 3:57
27463	5 1/2 hrs					ARRIVED AT JOB	2-20-15	AM	17:30
19959-19918	1 1/2 hrs					START OPERATION		AM	23:00
						FINISH OPERATION		AM	23:59
						RELEASED		AM	04:00
						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: Don Brown
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 106	AServ Lite	SB	95		1,235 00	
CP 105	AA2	SB	150		2,550 00	
CP 106	AServ Lite	SB	50		650 00	
CC 102	Cello Flase	lb	74		273 80	
CC 105	C-41 P	lb	29		116 00	
CC 111	SALT	lb	751		375 50	
CC 112	Cement Friction Reducer	lb	43		258 00	
CC 129	FLA -372	lb	71		532 50	
CC 201	GILSONITE	lb	750		502 50	
CF 007	Latch Down Plug	ea	1		400 00	
CF 1001	Packet shoe	ea	1		3,700 00	
CF 1651	Turbolizer	ea	10		1,100 00	
CF 1901	5/2 Basket	ea	2		580 00	
CC 151	mud flush	gal	500		750 00	
CC 159	Flow Seal	gal	250		1,500 00	
					SUB TOTAL	

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		16

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

Customer Younger Energy Co	Lease No.	Date 2-20-15
Lease Johnston	Well # 3	
Field Order # 12165	Station Pratt	Casing 5 1/2
Type Job CNW 5 1/2 long string	Formation	Depth LS
		County Pawnee
		State KS
		Legal Description 34-21-15

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2								
Depth 4100	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 93	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 4100	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Kevin Dan	Station Manager Kevin	Treater Joe
Service Units 199163 19959 19918 19911		
Driver Names Josh Shawn Joe		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
17:30					on loc / safety meeting
					Run 104 JTS
					cen. 1-2-3-5-7-9-11-13-15-17
					Back collar 1-10
1915					START Running csg
2200					csg on Bottom 1cirl with Big
					Hookup to Pump
2300			5	2	H2O space
			12	2	Mud flush
			5	2	H2O space
			6	2	Flow seal
			5	2	H2O space
			38	4	Mix 95 SK of serv Lite @ 13#
	200		95	4	Mix 150 SK of AA2 @ 15#
2330			0	0	Shut Down Clean Pump & Line
	1		6	4-75	Release Plug Start H2O Disp
			61	4-75	Lift PST
			80	2.5	Slow Rate
H59239/1500			90	0	Plug Down
					Plug BH 1MH
					JOB COMPLETE Thank you Joe