



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1258729
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: _____



1258729

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	Prolific Resources LLC
Well Name	Roesler 5
Doc ID	1258729

Tops

Name	Top	Datum
Heebner Shale	3540'	-1491
Lansing	3634	-1585
Stark Shale	3852	-1803
KC	3922	-1873
Pawnee	4017	-1968
Cherokee Shale	4055	-2006
Cherokee Sandstone	4070	-2021
Mississippian	4137	-2088
Viola	4182	-2133
Simpson Shale	4252	-2203
Arbuckle	4297	-2248

OPERATOR: **Rollific Resources LLC**
LEASER: **Rollific Resources LLC**
FIELD: **Eddy North West**
LOCATION: **N 1/4 NE 1/4 Sec 16 T22S R18W**
COUNTY: **Rawlins**
APN NO.: **15-1455-21005-00-00**
DATE: **July 7, 2015**

WELL NO.: **30046**
DATE: **2015**
DEVIATIONS:
NO 2049
NO 2045

LOGGING RECORD
LOGGING COMPANY: **Rollific Resources LLC**
LOGGING DATE: **7/16/15**
LOGGING TIME: **11:15 AM**

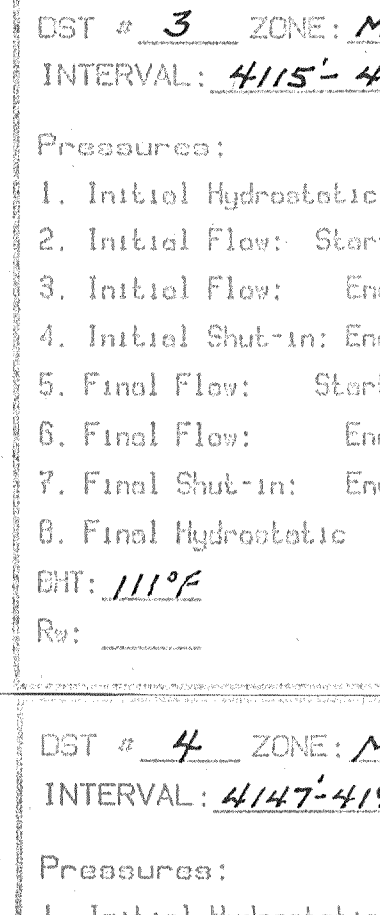
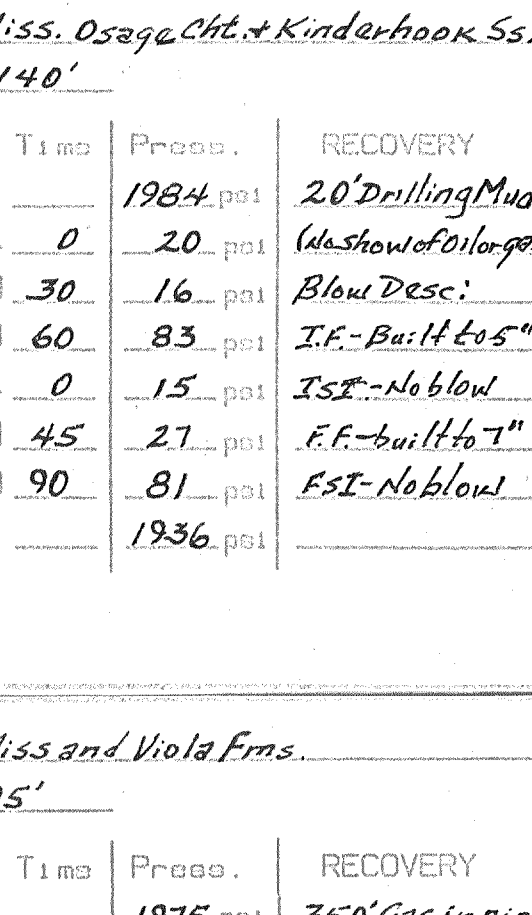
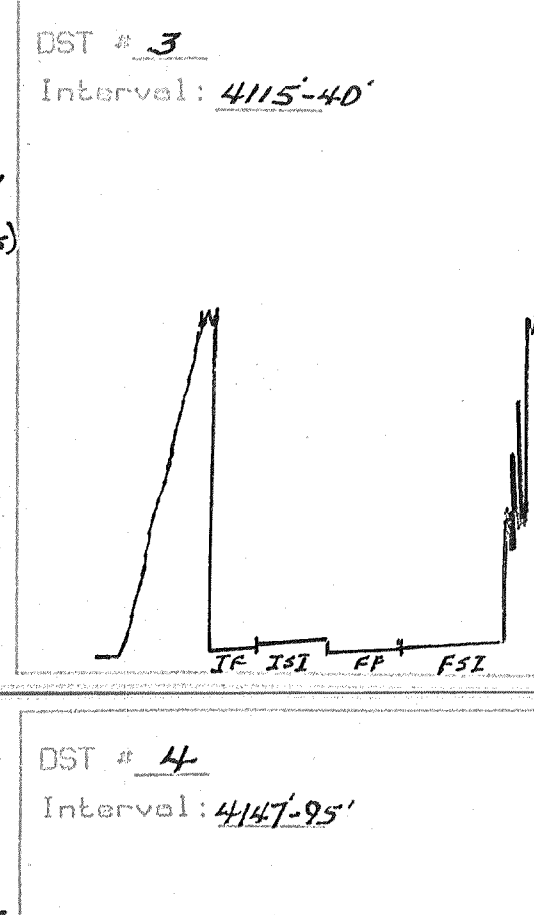
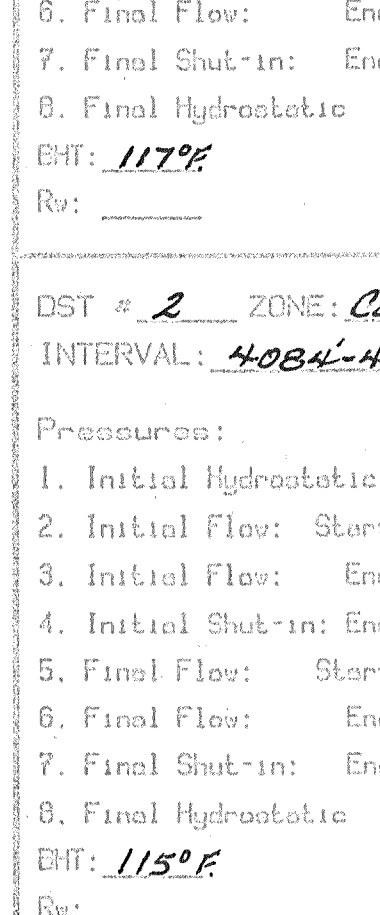
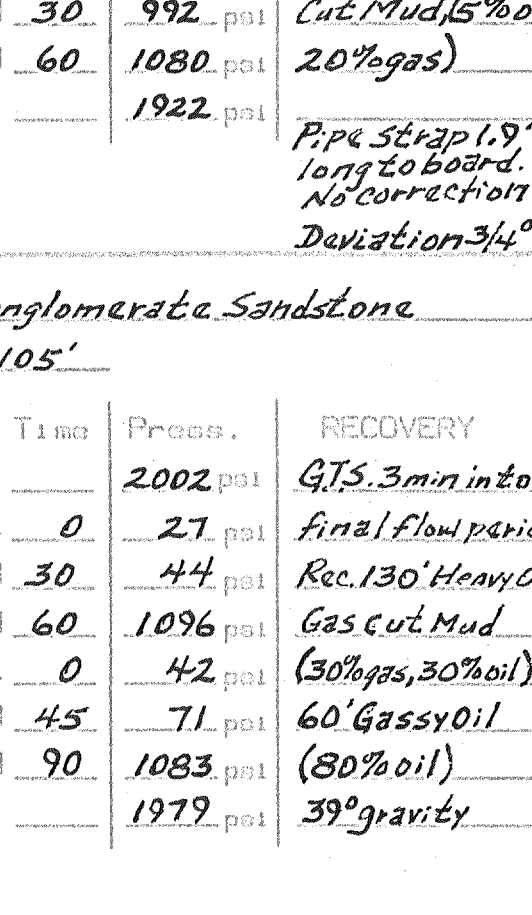
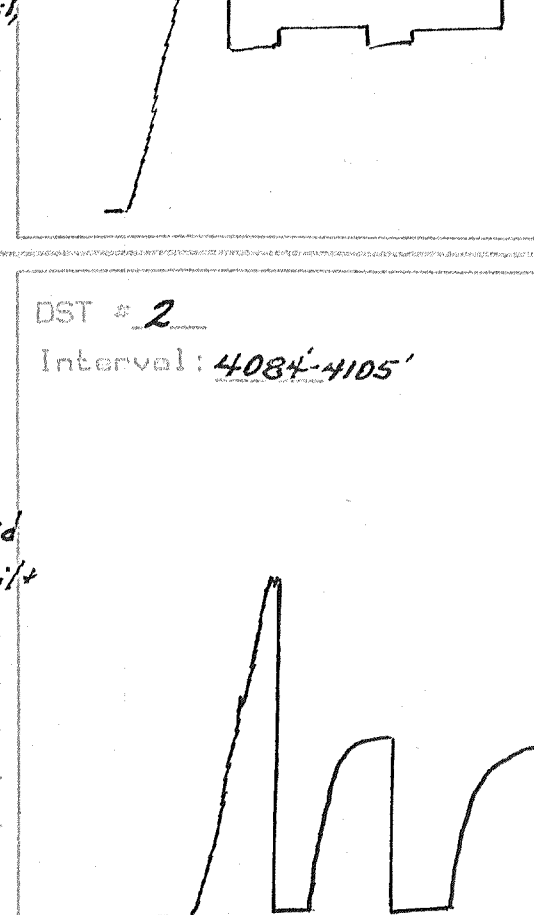
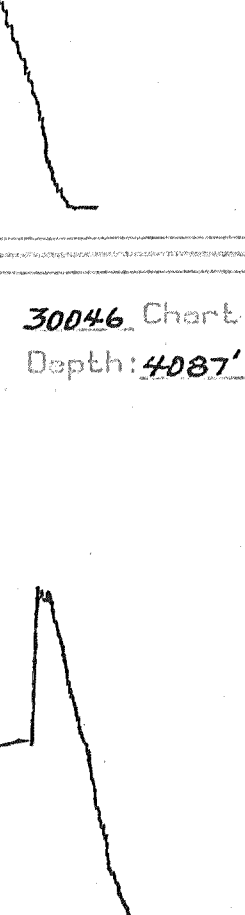
WELL DATA
WELL DEPTH: **4367'**
WELL TYPE: **Oil**
WELL STATUS: **Active**
WELL ID: **30046**

PERMITTING
PERMIT NO.: **15-1455-21005-00-00**
ISSUE DATE: **7/16/15**
ISSUE BY: **Rollific Resources LLC**

FORMATION
FORMATION: **Cherokee Sandstone**
FORMATION: **Arbuckle Fm.**
FORMATION: **Miss. Osage Chk. & Kinderhook Ss.**

STRATIGRAPHY
STRA. UNIT: **Cherokee Sandstone**
STRA. UNIT: **Arbuckle Fm.**
STRA. UNIT: **Miss. Osage Chk. & Kinderhook Ss.**

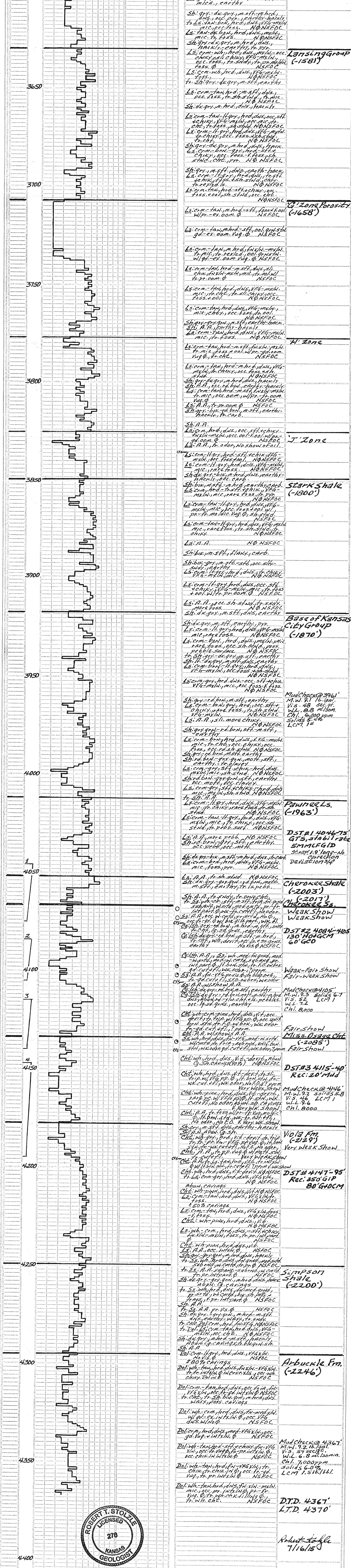
LOGGING TIME: **11:15 AM**
LOGGING DATE: **7/16/15**
LOGGING COMPANY: **Rollific Resources LLC**



Pressure	Time	Process	RECOVERY
1. Initial Hydrostatic	0	1975 psi	350' Gas in pipe
2. Initial Flow: Start	0	21 psi	80% Gas Oil cut
3. Initial Flow: End	30	32 psi	Mud (25% gas, 20% oil)
4. Initial Shut-in: End	60	38 psi	Blow Desc.
5. Final Flow: Start	0	76 psi	I.F. - BOB 5' min
6. Final Flow: End	30	49 psi	I.S.I. - No blow
7. Final Shut-in: End	60	616 psi	F.E. - BOB 1' min
8. Final Hydrostatic		1976 psi	F.S.I. - No blow

ABBREVIATIONS USED

ROCK TYPES:	FAERIC:	MODIFIERS:
lg - limestone	Fr. gr. - fine grained	gd - good
sl - shale	Vfg - very fine grained	pr - poor
sd - sandstone	Med - medium	vl - very illent
st - siltstone	Co. - coarse	v - very
cl - conglomerate	Op - oolitic	tr - trace
ch - chert	Cop - concretionary	oc - occasional
qt - quartzite	Cr - crystalline	vt - variable
do - dolomite	Co. - crystalline	pr - granular
chik - chert	Co. - crystalline	int - intergranular
	Co. - crystalline	gd - good
	Co. - crystalline	ex - excellent



Rate of Penetration in Minutes per Foot
1 2 3 4 5 6 7 8 9 10

Mud check @ 3466'
M.W. 9.16 lb/gal
V.S. 66 sec/qt
W.L. 7.2 mils/cm
Chl. 2600 ppm
Solids 5.7%
LCM 2.165 lbs/l

Note: Sample/Drilling Time Log Tops

Heebner shale (1487')

Douglas shale (1512')

Lansing group (1581')

Arizona Porosity (1658')

H Zone

J Zone

Stark shale (1800')

Base of Kansas City group (1870')

Mud check @ 3961'
M.W. 9.16 lb/gal
V.S. 68 sec/qt
W.L. 8.8 mils/cm
Chl. 6000 ppm
Solids 5.4%
LCM 1.4

Pawnee ls. (1963')

DST #1 4046-75'
GTS, 51461 rate
5MMCFG/D
Pipe 1.9' long - No correction
Deviation 10794'

Cherokee shale (2003')

Cherokee ss.
Weak show
Weak show

DST #2 4084-4095'
130' HOV GCM
60' GCO

Weak-Fair show
Fair-Fair show
Fair-Fair show

Mud check @ 4105'
M.W. 9.22 lb/gal
V.S. 52 sec/qt
W.L. 7.2 mils/cm
Chl. 8000

Fair show
Miss. Osage Chk.
Fair show

DST #3 4115-40'
Rec. 20' Mud

Mud check @ 4146'
M.W. 9.22 lb/gal
V.S. 54 sec/qt
W.L. 9.6 mils/cm
Chl. 8000

Viola fm.
(2129')
Very weak show

DST #4 4147-4195'
Rec. 80' GCM

Mud check @ 4367'
M.W. 9.22 lb/gal
V.S. 52 sec/qt
W.L. 7.0 mils/cm
Chl. 7000 ppm
Solids 6.0%
LCM 1.5 lbs/l

DT.D. 4367'
L.T.D. 4370'

Robert Stolzle
7/16/15



Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RESOURCES, LLC	Job Number	J3346
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER #5	Well Operator	PROLIFIC RESOURCES, LLC
Unique Well ID	DST #1 CHEROKEE SAND 4046-4075	Report Date	2015/07/13
Surface Location	S3/22S/18W PAWNEE CO., KS	Prepared By	JOHN RIEDL
Field	EDDY NORTHWEST	Qualified By	BOB STOLZLE

Test Information

Test Type	DST #1 CONVENTIONAL
Formation	CHEROKEE SAND
Well Fluid Type	
Test Purpose	

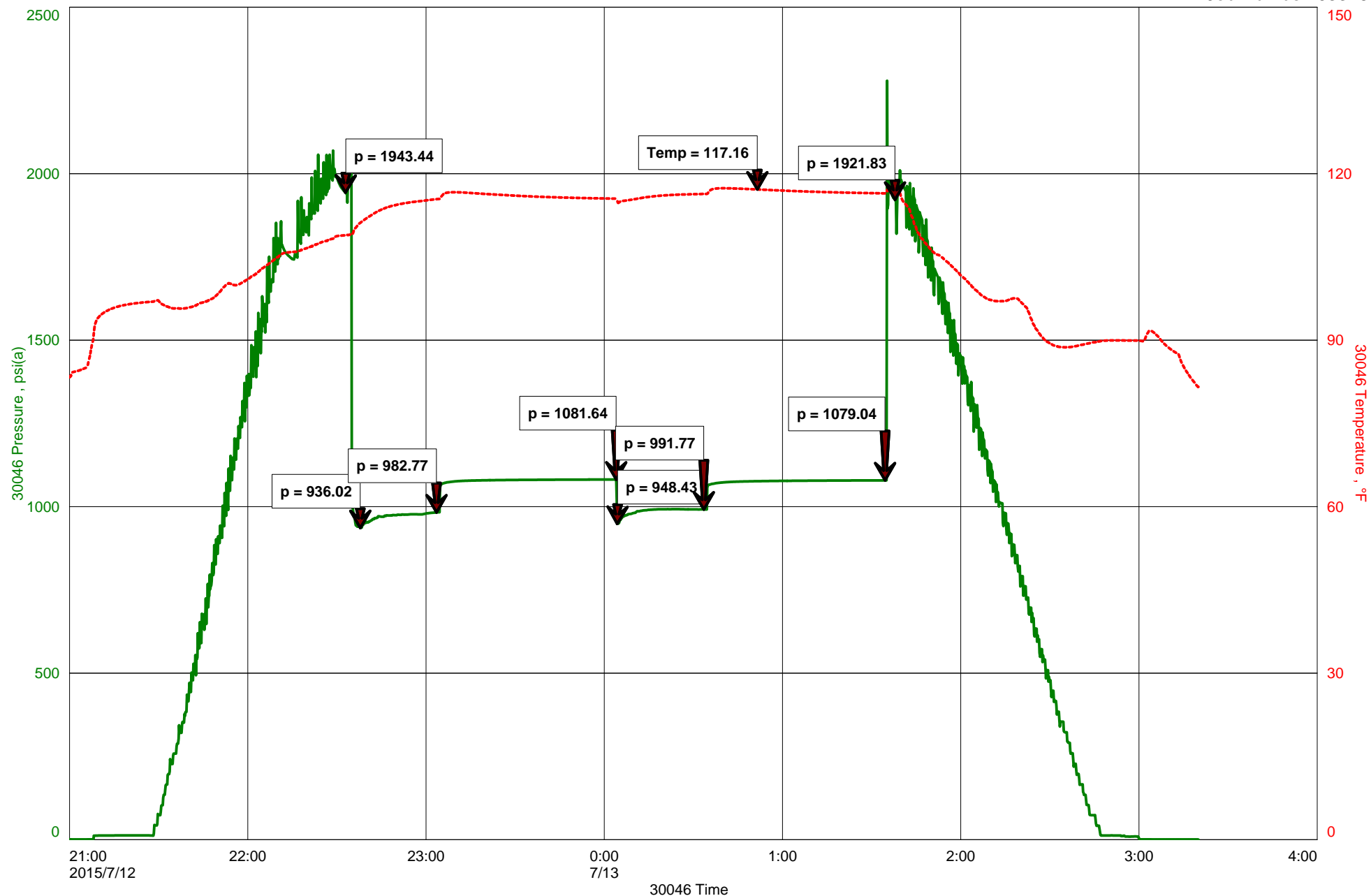
Start Test Date	2015/07/12	Start Test Time	21:00:00
Final Test Date	2015/07/13	Final Test Time	03:00:00

Test Recovery

RECOVERY: GAS TO SURFACE. GAUGING STABILIZED AT 5,006 MCF/D
15' SLOGGM 20% GAS, 5% OIL, 75% MUD

TOOL SAMPLE: 50% GAS, 50% OIL

ROESLER #5





Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RESOURCES, LLC	Job Number	J3347
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER #5	Well Operator	PROLIFIC RESOURCES, LLC
Unique Well ID	DST #2 CONGLOMERATE SAND 4084-4105	Report Date	2015/07/13
Surface Location	S3/22S/18W PAWNEE CO., KS	Prepared By	JOHN RIEDL
Field	EDDY NORTHWEST	Qualified By	BOB STOLZLE

Test Information

Test Type	DST #2 CONVENTIONAL
Formation	CONGLOMERATE SAND
Well Fluid Type	
Test Purpose	

Start Test Date	2015/07/13	Start Test Time	09:30:00
Final Test Date	2015/07/13	Final Test Time	17:00:00

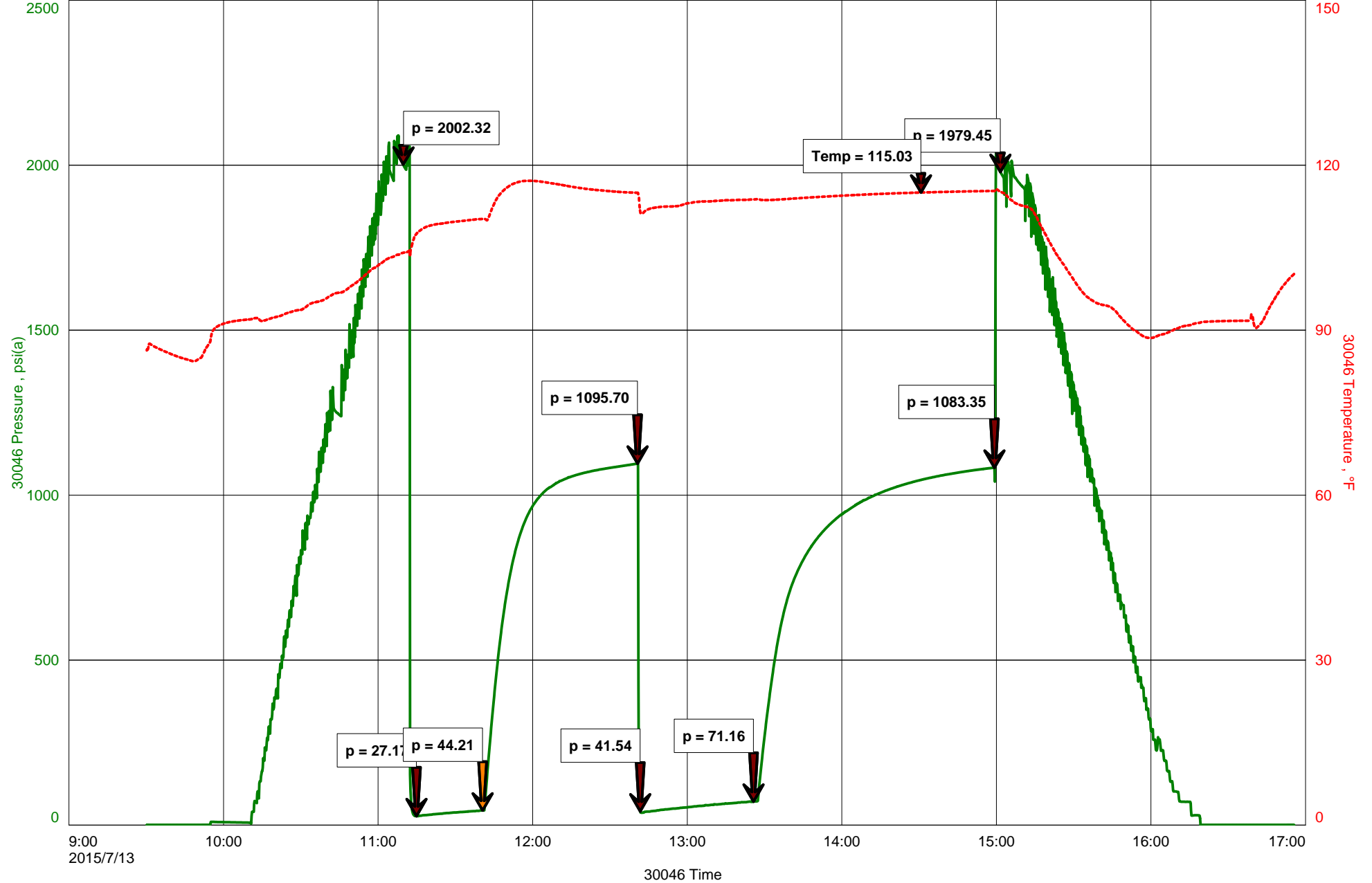
Test Recovery

RECOVERY: GAS TO SURFACE 2ND FLOW. GAUGED 8 MCF/D

130' GAS & OIL CUT MUD 30% GAS, 30% OIL, 40% MUD
60' GASSY OIL 20% GAS, 80% OIL GRAVITY: 39 @ 60
190' TOTAL FLUID

TOOL SAMPLE: 30% GAS, 70% OIL

ROESLER #5





Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RESOURCES, LLC	Job Number	J3348
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER #5	Well Operator	PROLIFIC RESOURCES LLC
Unique Well ID	DST #3 MISS CHERT, KINDERHOOK SAND 4115-4140	Report Date	2015/07/14
Surface Location	S3/22S/18W PAWNEE CO., KS	Prepared By	JOHN RIEDL
Field	EDDY NORTHWEST	Qualified By	BOB STOLZLE

Test Information

Test Type	DST #3 CONVENTIONAL
Formation	MISS CHERT, KINDERHOOK SAND
Well Fluid Type	
Test Purpose	

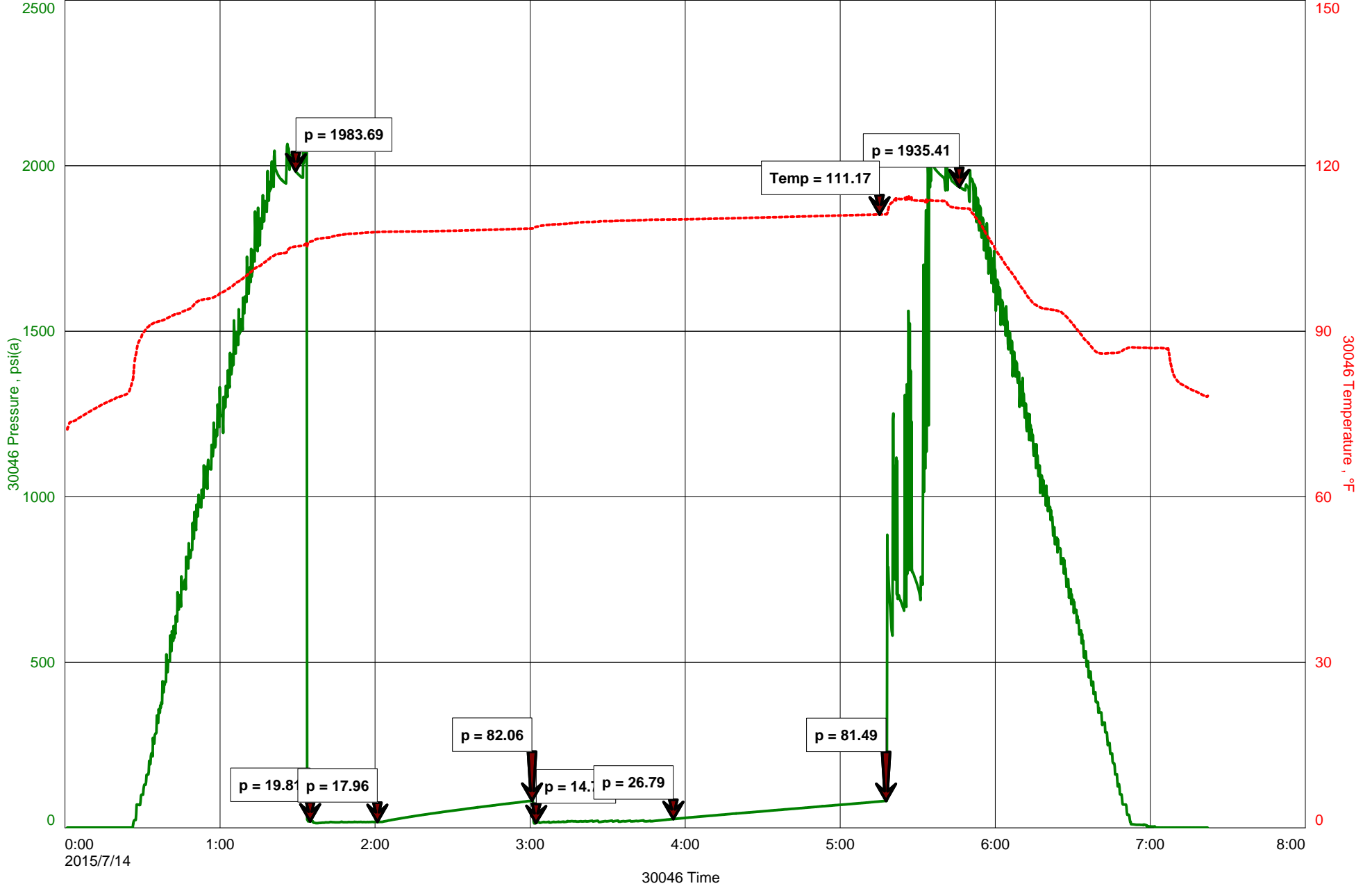
Start Test Date	2015/07/14	Start Test Time	00:00:00
Final Test Date	2015/07/14	Final Test Time	07:20:00

Test Recovery

RECOVERY: 20' DRILLING MUD

TOOL SAMPLE: 100% MUD

ROESLER #5





Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RESOURCES, LLC	Job Number	J3349
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER #5	Well Operator	PROLIFIC RESOURCES, LLC
Unique Well ID	DST #4 VIOLA 4147-4195	Report Date	2015/07/14
Surface Location	S3/22S/18W PAWNEE CO., KS	Prepared By	JOHN RIEDL
Field	EDDY NORTHWEST	Qualified By	BOB STOLZLE

Test Information

Test Type	DST #4 CONVENTIONAL
Formation	VIOLA
Well Fluid Type	
Test Purpose	

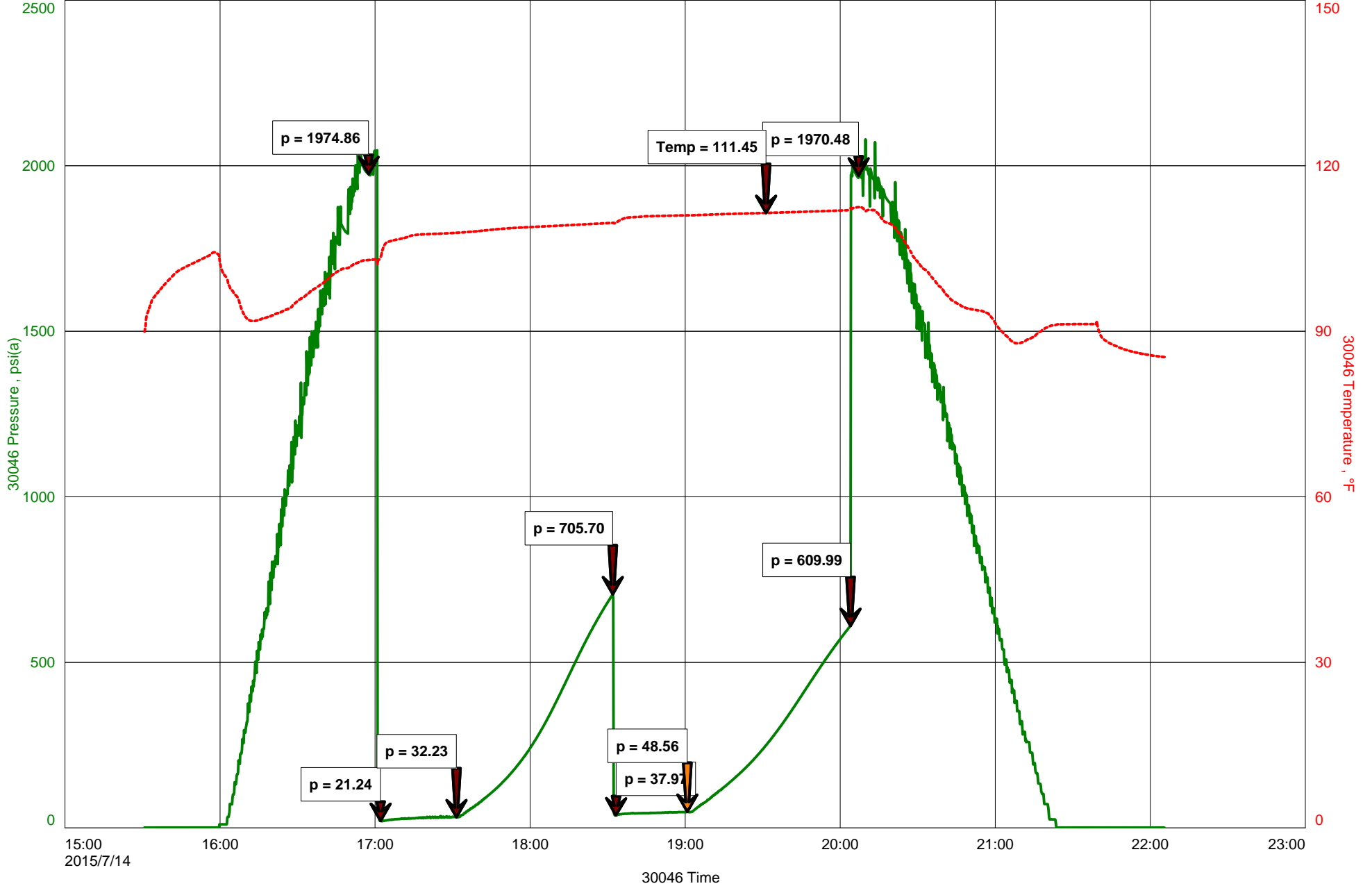
Start Test Date	2015/07/14	Start Test Time	15:30:00
Final Test Date	2015/07/14	Final Test Time	22:00:00

Test Recovery

RECOVERY: 350' GAS IN PIPE
80' GAS & OIL CUT MUD 25% GAS, 20% OIL, 55% MUD
80' TOTAL FLUID

TOOL SAMPLE: 20% GAS, 40% OIL, 40% MUD

ROESLER #5



Cement Report

Customer <i>Prolific Resources LLC</i>	Lease No.	Date <i>7-8-15</i>
Lease <i>Roesler</i>	Well # <i>5</i>	Service Receipt <i>1717 05458A</i>
Casing <i>8 5/8" 23#</i>	Depth <i>1114'</i>	County <i>Pawnee</i>
Job Type <i>242 surface</i>	Formation	State <i>Ks.</i>
		Legal Description <i>3 225 18W</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>8 5/8" 23#</i>	Tubing Size	Shots/Ft		Lead <i>A-Con Blend 200sk</i>
Depth <i>1114'</i>	Depth	From	To	
Volume <i>67.97 bbl</i>	Volume	From	To	<i>2.47^{ft³/sk} 14.49^{gal}/sk</i>
Max Press <i>1800</i>	Max Press	From	To	Tail in <i>Premium Plus Cement 200sk</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth <i>1068.78'</i>	Packer Depth	From	To	<i>1.34^{ft³/sk} 6.30^{gal}/sk</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>23:30</i>					<i>Call Out</i>
<i>4:00</i>					<i>On Location</i>
<i>4:15</i>					<i>Safety Meeting w/ BES Personnel</i>
<i>4:30</i>					<i>Rig Up</i>
<i>5:00</i>					<i>Wait on rig</i>
<i>8:00</i>					<i>Rig Up Head</i>
<i>8:15</i>					<i>Safety Meeting w/ Rig Crew</i>
<i>8:30</i>					<i>Pressure Test to 1800</i>
<i>8:35</i>					<i>Pump Lead + Tail</i>
<i>9:00</i>					<i>Shutdown / Wash Pump / Drop Plug</i>
<i>9:05</i>					<i>Displace</i>
	<i>50</i>		<i>10</i>	<i>5.5</i>	
	<i>50</i>		<i>20</i>	<i>5.5</i>	
	<i>100</i>		<i>30</i>	<i>5.5</i>	
	<i>200</i>		<i>40</i>	<i>5.4</i>	
	<i>300</i>		<i>50</i>	<i>5.0</i>	
	<i>250</i>		<i>55</i>	<i>1.8</i>	
	<i>300</i>		<i>60</i>	<i>1.7</i>	
	<i>350</i>		<i>67</i>	<i>1.7</i>	
	<i>900</i>			<i>0</i>	
<i>9:30</i>					<i>Close in Head</i>
					<i>Job Complete</i>
Service Units	<i>78938</i>	<i>38117/19919</i>	<i>14354/19578</i>		
Driver Names	<i>Daniel</i>	<i>Carlos</i>	<i>Santiago</i>		

Darrell Willinger
Customer Representative

Tyce Davis
Station Manager

David Gerk
Cementer

M. MINIMUM TORQUE SERVICES, C.

2274

785-324-2648

P.O. BOX 132
RUSSELL, KANSAS 67665

Date 7-16-15 20

Company Prolific Resources Called By Doug

Address _____

Lease Rooster Well No. 5 County Lawrence

Drilling Co. Royal Rig No. 1

SERVICE REPORT

Casing Lay down + run 5 1/2 to 4367 Amount: _____

Tool Rental Slips Elev T.R.'s Amount: _____

Hourly Work Amount: _____

Transportation Charge Miles @ Per Mile Amount: _____

Waiting Time Hours @ Amount: _____

Misc. Amount: _____

Tong Operator Ben

Helpers Al Curtis Levi Amount: _____

TOTAL SERVICE CHARGE

Remarks: Truck No. arrived @ completed @

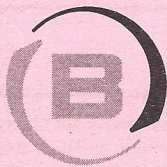
Responsible Party: _____

Date Work Commenced Date Work Completed

By: _____



Doug Buey



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

2-225-18W

FIELD SERVICE TICKET

1718 12205 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-16-2015		DISTRICT: P18411KS		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: Perot Co Resources, LLC				LEASE: Roesler				WELL NO. 5							
ADDRESS:				COUNTY: Pawnee				STATE: KS							
CITY:				STATE:				SERVICE CREW: Dson, Ed, McGraw							
AUTHORIZED BY:				JOB TYPE: CNW/ 5 1/2 Logging											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
19843	1						7:15			5:00					
73768	1/2					ARRIVED AT JOB	7:15	AM	PM	5:30					
						START OPERATION	7:16	AM	PM	4:00					
						FINISH OPERATION	7:14	AM	PM	3:00					
						RELEASED	7:16	AM	PM	6:00					
						MILES FROM STATION TO WELL				73					

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AR2 Cement	SK	175		
CP103	60/40 POZ	SK	75		
CC102	Celloflock	Lb	411		
CC105	C 41 P	Lb	42		
CC111	SS1+	Lb	794		
CC112	Cement Friction Reducer	Lb	50		
CC115	C 414	Lb	207		
CC129	FLA-322	Lb	83		
CC201	Gilsonite	Lb	875		
CF607	Latch Down Plug + BSSIC 5/2 (Blue)	ES	1		
CF1251	Auto Fill Plug Shoe 5/2 (Blue)	ES	1		
CF1651	Turbolizer, 5/2 (Blue)	ES	7		
CF1501	5/2 BSSIC (Blue)	ES	7		
CF2002	Cement SCSICs Resins Type	ES	25		
C704	CISYMER KCL Substrate	Gal	7		
CC151	Mud Flush	Gal	500		
F100	unit miles chassis Pumps	m	80		
F101	unit miles chassis Pumps	m	160		
F113	Pumps and Bulk Delivery Chassis Pumps	unit	970		

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
--	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer Pro-Tic Resources, LLC	Lease No.	Date 7-16-2015
Lease Roesler	Well # 5	
Field Order # 12205	Station PR981103	Casing 5 1/2
Type Job CNW/S&L Long Slings	Depth	County Powder
	Formation TD	State KS
		Legal Description 2-225-18W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
5 1/2		From	To	Pre Pad		Max		5 Min.
Depth 4367	Depth	From	To	Pad		Min		10 Min.
Volume 104	Volume	From	To	Frac		Avg		15 Min.
Max Press	Max Press	From	To	Flush 2% KCL WSIC		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To			Gas Volume		Total Load
Plug Depth 4351	Packer Depth	From	To					

Customer Representative	Station Manager Kevin Gaudin	Treater Darin Franklin
Service Units 92911 84981 19843 70955 73768		
Driver Names Darin Ed Ed Megan Megan		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30pm					On location / SSPAC meetings C - 2, 5, 6, 8, 11, 14, 17 B - 4 175 SIC ADZ cement - Burke Blend 15.3 PPS, 1.36 yield, 5.43 WSIC
4:00pm	200		20	5	Pump 20 bbls 2% KCL WSIC
	200		12	5	Pump 12 bbls mud flush
	200		5	5	Pump 5 bbls WSIC
	200		6	5	mix 25 SIC SCCGuansey cement
	200		42	5	mix 175 SIC + 9.1 cement
					Shut down
					WSSN Pump & lines
					Reverse Plug
	100		0	6	Start displacement
	400		70	6	lift pressure
	600		93	3	slow Rate
5:00pm	1500		101	3	Bump plus
					Flag - Hold
	100		7	3	plus. Res hold
	100		5	3	plus. mouse hole

