



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1267468
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: _____



1267468

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Prolific Resources LLC
Well Name	Roesler 3
Doc ID	1267468

Tops

Name	Top	Datum
Anhydrite	1106	+941
Heebner Shale	3525	-1478
Lansing Group	3619	-1572
LKC "J" Zone	3814	-1767
Stark Shale	3834	-1787
Base KC	3902	-1855
Pawnee LS	4001	-1954
Cherokee Shale	4039	-1992
Cherokee Sandstone	4052	-2005
Miss. Osage Chert	4107	-2060
Viola	4130	-2083
Simpson Shale	4203	-2156
Arbuckle	4250	-2203
Total Depth	4284	-2237

GENERAL INFORMATION

Client Information:

Company: PROLIFIC RES

Contact: DOUG PANNING

Phone: Fax: e-mail:

Site Information:

Contact: BOB STOLTZE

Phone: Fax: e-mail:

Well Information:

Name: ROESLER #3

Operator: PROLIFIC RES.

Location-Downhole:

Location-Surface: S2/22S/18W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: BOB STOLZLE

Test Type: CONVENTIONAL Job Number: J3334

Test Unit:

Start Date: 2014/03/18 Start Time:

End Date: 2014/03/18 End Time:

Report Date: 2014/03/18 Prepared By: JOHN RIEDL

Qualified By: BOB STOLZLE

Remarks:

RECOVERY: GAS TO SURFACE
850 GASSY OIL (50%GAS 50%OIL)
250' G+MCO (40 %GAS 20%MUD 40%OIL)
100' GW (20%GAS 80%WATER)
TOTAL FLUID RESCOVERY: 1200'



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

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

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

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

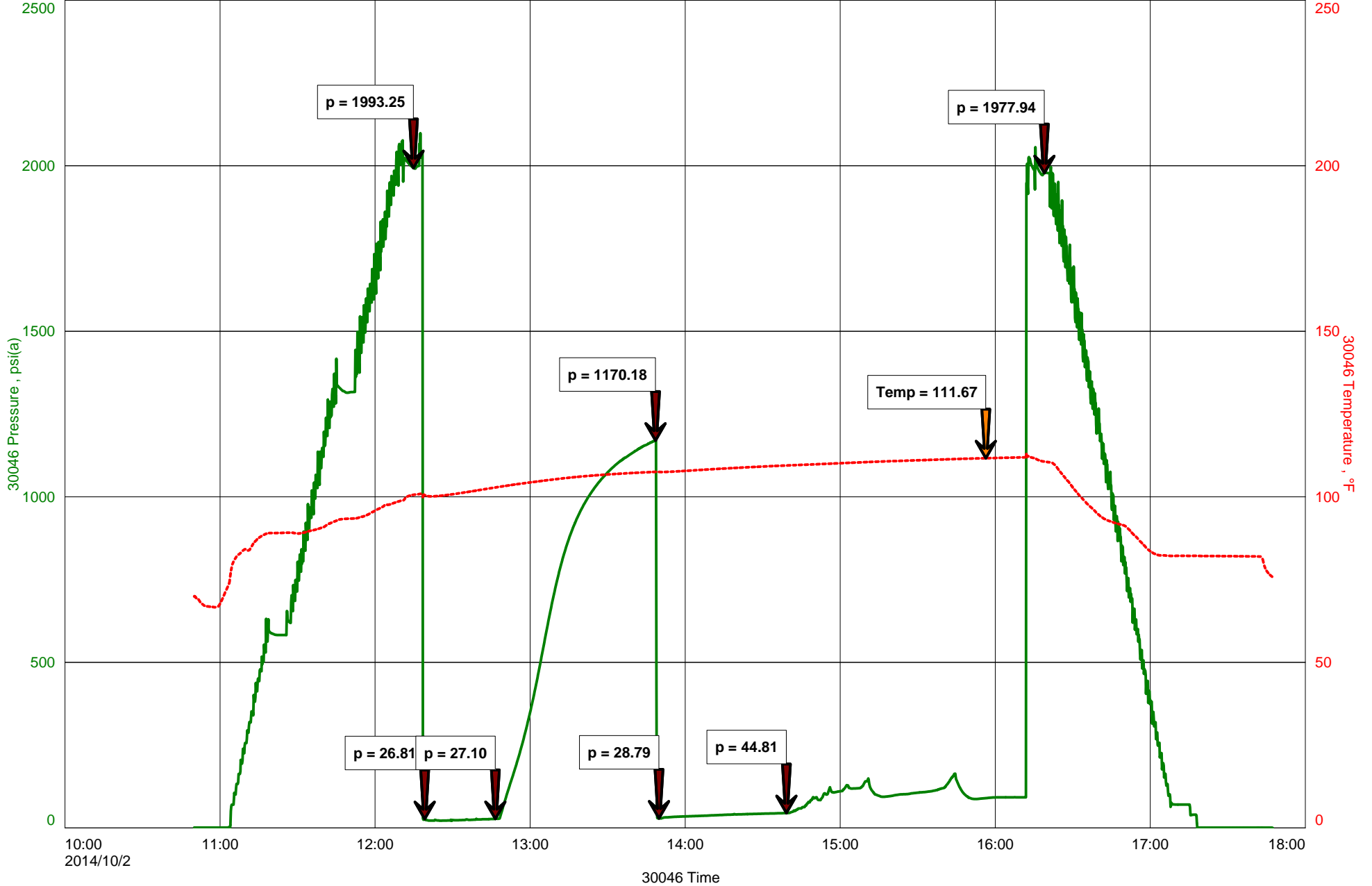
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. 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 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.

ROESLER #3



GENERAL INFORMATION

Client Information:

Company: PROLIFIC RESOURCES LLC.

Contact: DOUG PANNING

Phone: Fax: e-mail:

Site Information:

Contact: BOB STOLZLE

Phone: Fax: e-mail:

Well Information:

Name: ROESLER \$3

Operator: PROLIFIC RESOURCES LLC.

Location-Downhole:

Location-Surface: S2/22S/18W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: BOB STOLZLE

Test Type: Job Number: J3336

Test Unit:

Start Date: 2014/03/19 Start Time: 11:10:00

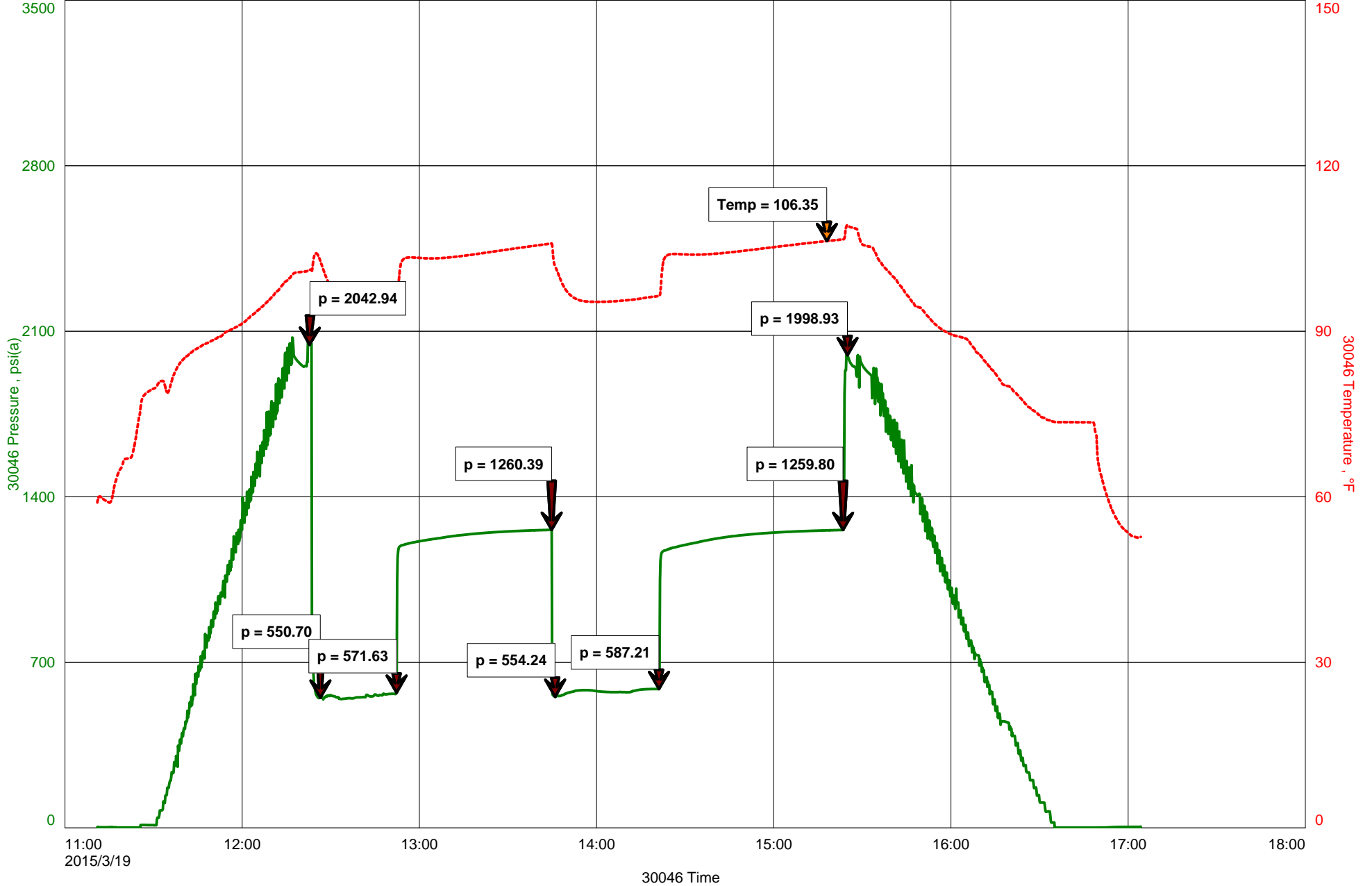
End Date: 2014/03/19 End Time: 17:00:00

Report Date: 2014/03/19 Prepared By: JOHN RIEDL

Remarks: Qualified By: BOB STOLZLE

REMARKS: GAS TO SURFACE THROUGHOUT FLOWS; STABILIZED @ 3 MILLION 200,000 CF/D\tab
RECOVERY: 40' GAS CUT MUD\par

ROESLER \$3





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

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

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

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

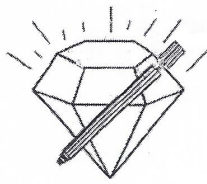
Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. 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 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.



DIAMOND TESTING, LLC

P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
STC/Roesler3dst3

Company Prolific Resources, LLC Lease & Well No. Roesler No. 3
Elevation 2047 KB Formation Mississippi Chert Effective Pay _____ Ft. Ticket No. J3337
Date 3-20-15 Sec. 2 Twp. 22S Range 18W County Pawnee State Kansas
Test Approved By Robert T. (Bob) Stolzle Diamond Representative John C. Riedl

Formation Test No. 3 Interval Tested from 4,083 ft. to 4,120 ft. Total Depth 4,120 ft.
Packer Depth 4,078 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 4,083 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 4,086 ft. Recorder Number 30046 Cap. 6,000 psi.
Bottom Recorder Depth (Outside) 4,117 ft. Recorder Number 13498 Cap. 6,000 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor Royal Drilling, Inc. - Rig 1 Drill Collar Length _____ ft I.D. _____ in.
Mud Type Chemical Viscosity 60 Weight Pipe Length _____ ft I.D. _____ in.
Weight 8.8 Water Loss 7.2 cc. Drill Pipe Length 4,057 ft I.D. 3 1/2 in.
Chlorides 6,000 P.P.M. Test Tool Length 26 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 1 Anchor Length 37 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Strong blow increasing. Off bottom of bucket in 5 mins. Good blow back during shut-in.
2nd Open: Strong blow increasing. Gas to surface in 5 mins. Gauged 2 MCF/D. Weak blow back during shut-in.

Recovered 290 ft. of gas cut mud = 4.126700 bbls. (Grind out: 30%-gas; 70%-mud)
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks Tool Sample Grind Out: 30%-gas; 70%-mud
Gas was lit & it burned efficiently.

Time Set Packer(s) 2:05 A.M. Time Started off Bottom 6:05 A.M. Maximum Temperature 108°
Initial Hydrostatic Pressure.....(A) 2068 P.S.I.
Initial Flow Period.....Minutes 30 (B) 17 P.S.I. to (C) 72 P.S.I.
Initial Closed In Period.....Minutes 60 (D) 1147 P.S.I.
Final Flow Period.....Minutes 60 (E) 74 P.S.I. to (F) 132 P.S.I.
Final Closed In Period.....Minutes 90 (G) 1534 P.S.I.
Final Hydrostatic Pressure.....(H) 2036 P.S.I.





PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1003327	1718	03/27/2015
INVOICE NUMBER			
91767635			

Pratt (620) 672-1201

B PROLIFIC RESOURCES LLC
 I 2725 DRY CREEK RD
 L GREAT BEND
 L KS US 67530
 T
 O ATTN: DARRELL WILLINGER

J LEASE NAME Roesler 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
40827428	19905		Net - 30 days	04/26/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/21/2015 to 03/21/2015				
0040827428				
171812306A Cement-New Well Casing/Pi 03/21/2015				
Cement 5 1/2" Longstring				
AA2 Cement	260.00	EA	9.35	2,430.99 T
Celloflake	65.00	EA	2.04	132.28 T
C-41P	62.00	EA	2.20	136.40 T
Salt	1,182.00	EA	0.28	325.05 T
Cement Friction Reducer	74.00	EA	3.30	244.20 T
C-44	307.00	EA	2.83	869.58 T
FLA-322	123.00	EA	4.13	507.38 T
Gilsonite	1,300.00	EA	0.37	479.05 T
Claymax KCL Substitute	7.00	EA	19.25	134.75 T
Mud Flush	500.00	EA	0.83	412.50 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)	1.00	EA	220.00	220.00
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	198.00	198.00
"Turbolizer, 5 1/2" (Blue)"	8.00	EA	60.50	484.00
"5 1/2" Basket (Blue)"	1.00	EA	159.50	159.50
Cement Scratchers Rotating Type	24.00	EA	27.50	660.00
"Unit Mileage Chg (PU, cars one way)"	80.00	MI	2.48	198.00
Heavy Equipment Mileage	160.00	MI	4.13	660.00
"Proppant & Bulk Del. Chgs., per ton mil	980.00	EA	1.38	1,347.50
Depth Charge; 4001'-5000'	1.00	EA	1,386.00	1,386.00
Blending & Mixing Service Charge	260.00	BAG	0.77	200.20
Casing Swivel Rental	1.00	EA	110.00	110.00
Plug Container Util. Chg.	1.00	EA	137.50	137.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	96.25	96.25

PAID
 4-13-15
 ck# 5922

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,529.13
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	462.28
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	11,991.41
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1003327	1718	03/17/2015
INVOICE NUMBER			
91756480			

Pratt (620) 672-1201
 B PROLIFIC RESOURCES LLC
 I 2725 DRY CREEK RD
 L GREAT BEND
 L KS US 67530
 T
 O ATTN: DARRELL WILLINGER

J LEASE NAME Roesler 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
40824136	19905		Net - 30 days	04/16/2015

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 03/14/2015 to 03/14/2015</i>				
0040824136				
171811933A Cement-New Well Casing/Pi 03/14/2015				
Cement 8 5/8" Surface				
A-Con Blend Common	200.00	EA	10.26	2,052.00 T
Common Cement	200.00	EA	9.12	1,824.00 T
Celloflake	100.00	EA	2.11	210.90 T
Calcium Chloride	940.00	EA	0.60	562.59 T
"Top Rubber Cmt Plug, 8 5/8""	1.00	EA	128.25	128.25
"Baffle Plate Alum., 8 5/8"" (Blue)"	1.00	EA	96.90	96.90
"Centralizer, 8 5/8"" (Blue)"	1.00	EA	51.30	51.30
"Unit Mileage Chg (PU, cars one way)"	60.00	MI	2.57	153.90
Heavy Equipment Mileage	120.00	MI	4.28	513.00
"Proppant & Bulk Del. Chgs., per ton mil	1,128.00	EA	1.43	1,607.40
Depth Charge; 501'-1000'	1.00	EA	684.00	684.00
Blending & Mixing Service Charge	400.00	BAG	0.80	319.20
Plug Container Util. Chg.	1.00	EA	142.50	142.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	99.75	99.75

PAID

3-23-15

ck# 583L

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,445.69
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	378.93
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	8,824.62
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		