



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1269542
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: _____



1269542

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> _____ <i>(Submit ACO-4)</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

Westpak A=I

FIELD SERVICE TICKET
1718 12253 A

19-245-4W

DATE _____ TICKET NO. _____

DATE OF JOB: 4-13-2015	DISTRICT: Pratt, KS	NEW WELL <input type="checkbox"/>	OLD WELL <input checked="" type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER: Allsm Production, Inc	LEASE: Westpak A	WELL NO. 1							
ADDRESS:	COUNTY: Reno	STATE: KS							
CITY:	STATE:	SERVICE CREW: D. Clark, Ed, Boscov							
AUTHORIZED BY:	JOB TYPE: CCSPU / SQUAD								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
19843	5 1/2						4-13	PM	7:00
19918	1/2						4-13	PM	9:00
							4-13	PM	10:30
							4-13	AM	9:00
							4-13	AM	5:00
						MILES FROM STATION TO WELL	68		

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	
CP100C	Common Cement	SK	300		4,800 00	
CC109	Calcium Chloride	lb	200		210 00	
E100	Unit mileage chaise pickups, services & cars	M	65		292 50	
E101	Heavy Equipment Mileage	M	130		975 00	
E113	Proddsnt and Bulk Delivery Chaises	Tn/Tn	917		2,291 25	
CE200	Depth Chaise	4hr	1		1,000 00	
CE240	Blending & mixing Service Chaise	SK	300		420 00	
CF500	Cement SQUAD MAN	ES	1			
S003	Service Supervisor, 1 hr 8 hrs on loc	ES	1		175 00	
					SUB TOTAL	10,163 75

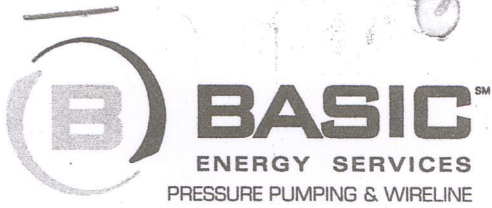
CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
D. scanning TOTAL		10 5390.100

SERVICE REPRESENTATIVE: <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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

FIELD SERVICE TICKET
 1718 12312 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>4/17/15</u> DISTRICT _____		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:								
CUSTOMER <u>Allam Production, Inc.</u>		LEASE <u>Westfall A</u> WELL NO. <u>1</u>								
ADDRESS _____		COUNTY <u>Renov</u> STATE <u>KS</u>								
CITY _____ STATE _____		SERVICE CREW <u>Scott, Kevin, Sherrin, Flint</u>								
AUTHORIZED BY <u>Mark Gillespie</u>		JOB TYPE: <u>Squeeze</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19905</u>	<u>1.5</u>					ARRIVED AT JOB	<u>4/17/15</u>			<u>3:00</u>
<u>21010</u>	<u>.5</u>					START OPERATION	<u>4/17/15</u>			<u>3:15</u>
						FINISH OPERATION	<u>4/17/15</u>			<u>7:00</u>
						RELEASED	<u>4/17/15</u>			<u>7:15</u>
						MILES FROM STATION TO WELL _____				

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CP100C</u>	<u>Common Cement</u>	<u>SK</u>	<u>200</u>		<u>3200.00</u>
<u>CC109</u>	<u>Calcium Chloride</u>	<u>lb</u>	<u>200</u>		<u>210.00</u>
<u>E100</u>	<u>Unit Mileage Charge Pumps</u>	<u>M1</u>	<u>65</u>		<u>292.50</u>
<u>E101</u>	<u>Heavy Equipment Mileage</u>	<u>M1</u>	<u>130</u>		<u>975.00</u>
<u>E113</u>	<u>Prop + Bulk Delivery Charges</u>	<u>TM</u>	<u>611</u>		<u>1527.50</u>
<u>CE200</u>	<u>Depth Charge 0-500'</u>	<u>4hrs</u>	<u>1</u>		<u>1000.00</u>
<u>CE240</u>	<u>Blending + Mixing service charge</u>	<u>SK</u>	<u>200</u>		<u>290.00</u>
<u>5005</u>	<u>Service Supervisor first 8 hrs @ 175</u>	<u>EA</u>	<u>1</u>		<u>175.00</u>
					SUB TOTAL <u>7660.00</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>4,213.00</u>
Discounted Total		<u>4,213.00</u>

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
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FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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 11882 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-23-15 DISTRICT _____

CUSTOMER ALLIANT PRODUCTION, INC LEASE WESTFAHL A WELL NO. 1

ADDRESS _____ COUNTY RENO STATE KS

CITY _____ STATE _____ SERVICE CREW K.G. ROB, CLARENCE

AUTHORIZED BY _____ JOB TYPE: UCSPW - LOWER

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>2709-20920</u>	<u>4 1/2</u>						<u>4-23</u>			<u>0900</u>
						ARRIVED AT JOB				<u>1200</u>
<u>19862</u>	<u>1 1/2</u>					START OPERATION				<u>1500</u>
						FINISH OPERATION				<u>1930</u>
						RELEASED				<u>2030</u>
						MILES FROM STATION TO WELL				<u>65</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).
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SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>101</u>	<u>A-CON Cement</u>	<u>SK</u>	<u>125</u>		<u>7250.00</u>
<u>109</u>	<u>Calcium Chloride</u>	<u>lb.</u>	<u>236</u>		<u>247.80</u>
<u>112</u>	<u>CEMENT FILTRATION REDUCER</u>	<u>lb.</u>	<u>89</u>		<u>534.00</u>
<u>130</u>	<u>C-51</u>	<u>lb.</u>	<u>24</u>		<u>600.00</u>
<u>103</u>	<u>5/2 TOP RUBBER PLUG</u>	<u>EA</u>	<u>1</u>		<u>105.00</u>
<u>100</u>	<u>PICKUP MILEAGE</u>	<u>mi.</u>	<u>65</u>		<u>792.50</u>
<u>101</u>	<u>HEAVY EQUIPMENT MILEAGE</u>	<u>mi.</u>	<u>130</u>		<u>975.00</u>
<u>113</u>	<u>BULK DELIVERY</u>	<u>TM</u>	<u>600</u>		<u>1249.38</u>
<u>204</u>	<u>DEPTH MATH 12 3001-400'</u>	<u>EA</u>	<u>1</u>		<u>2160.00</u>
<u>240</u>	<u>BLENDING PLUG</u>	<u>SK</u>	<u>215</u>		<u>301.00</u>
<u>564</u>	<u>PLUG CONTAINER</u>	<u>EA</u>	<u>1</u>		<u>250.00</u>
<u>003</u>	<u>SKINOTE SUPPLY FOR</u>	<u>EA</u>	<u>1</u>		<u>175.00</u>
<u>100</u>	<u>CEMENT CEMENT</u>	<u>SK</u>	<u>90</u>		<u>1440.00</u>

CHEMICAL / ACID DATA:		

SUB TOTAL		<u>10,979.68</u>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>5489.84</u>

DISC. PRICE - DLS

DATE OF SERVICE ORDER _____

REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)