



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1301091
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: _____

1301091

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 12932 A

DATE _____ TICKET NO. _____

DATE OF JOB 02-15-16 DISTRICT PRA-TT KS				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 L.D. Davids				LEASE Stipe Family Trust 1-30 WELL NO.:			
ADDRESS _____				COUNTY NESS STATE K			
CITY _____ STATE _____				SERVICE CREW Sullivan, Meprau, Anotky, Nystron			
AUTHORIZED BY _____				JOB TYPE: CNW 5 1/2 log set			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 2-14-15 DATE	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> TIME 7:00
						ARRIVED AT JOB 2-14-15	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME 10:30
20920	7.45 hrs					START OPERATION 2-15-16	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME 3:05
21010	45 hrs					FINISH OPERATION	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME 5:00
19918	30 hrs					RELEASED	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> TIME 5:30
						MILES FROM STATION TO WELL	100

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: **LD DAVIDS BY: KEVON GONDLEY**
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cmt	SK	150		2,550 00
CP 101	A-COW cmt	SK	260		4,680 00
CP 103	60/40 por cmt	SK	30		360 00
CC 102	Cellfakc	lb	103		381 10
CC 109	Colowid chloride	lb	735		771 75
CC 111	SALT	lb	816		408 00
CC 113	By Psum	lb	705		525 75
CC 129	FLA-322	lb	113		847 50
CC 201	Dilute	lb	900		603 00
CF 401	Two Stage Cmt Colowid 5 1/2	SK	1		6,100 00
CF 601	Intol down Plug & Baffle	SK	1		850 00
CF 1251	Nite Zill Plant Ho-e	SK	1		360 00
CF 1651	Turbolm-e	SK	7		770 00
CF 1901	BASKET	SK	2		580 00
CC 151	MOR Flak	ML	4,000		1,500 00

SUB TOTAL

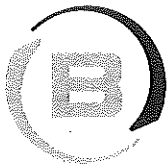
CHEMICAL / ACID DATA:			

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

Handwritten signature

SERVICE REPRESENTATIVE: **Robert [Signature]**
FIELD SERVICE ORDER NO. _____

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **LD DAVIDS BY: KEVON GONDLEY**
(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 ~~12933~~ A
12932

DATE TICKET NO. cont.

DATE OF JOB <u>02-15-16</u> DISTRICT <u>Pratt</u>		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>L.O. Daily</u>		LEASE <u>Slope Family Tract 1-30</u> WELL NO.:							
ADDRESS		COUNTY <u>NESS</u> STATE <u>Ks</u>							
CITY STATE		SERVICE CREW							
AUTHORIZED BY		JOB TYPE: <u>CNW 5 1/2 log 544</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: LD DAVIS BY: KEVIN GOWDLEY
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	Picked m	m	100		450 00
E 101	Heavy Sgnt	m	300		2,250 00
E 113	Bull Pump	tm	2060		5,150 00
CE 205	Depth charge 4000-5000	JA	1		3,520 00
CE 240	Blow-Dag - mixer	SK	440		616 00
S 003	Serum Separator	SR	1		175 00
CE 504	Play Convey Rental	SR	1		250 00

SUB TOTAL 32,701 10

CHEMICAL / ACID DATA:			

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

TOTAL Thank KG 17,985 61

SERVICE REPRESENTATIVE Robert Jellison

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: LD DAVIS BY: KEVIN GOWDLEY
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

PAGE 1-OF 2

TREATMENT REPORT

Customer <i>L.D. Drilling</i>		Lease No.		Date	
Lease <i>Single Family Trust</i>		Well # <i>OW WO 130</i>		<i>02-15-16</i>	
Field Order # <i>12932</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2</i>	Depth <i>4536'</i>	County <i>NESS</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 long string</i>	Formation			Legal Description <i>30-20-25</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>5 1/2</i>	<i>DV TOOL</i>							
Depth <i>4536</i>	Depth <i>1656</i>	From	To	Pre Pad		Max		5 Min.
Volume <i>110.4</i>	Volume <i>40 1/2</i>	From	To	Pad		Min		10 Min.
Max Press <i>1600</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <i>4524</i>	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SOFT</i>	Treater <i>Robert Sullivan</i>
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Service Units	<i>37900</i>	<i>33708</i>	<i>20920</i>	<i>19959</i>	<i>21010</i>	<i>77086</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>M. G. ...</i>	<i>J. ...</i>	<i>Nystrom</i>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:30 am</i>					<i>on loc</i>
<i>2:00</i>					<i>Run 5 1/2 14" csg w/ DV TOOL @ 1656'</i>
<i>2:10</i>					<i>CASING ON BOTTOM</i>
<i>3:05</i>	<i>350</i>		<i>24</i>	<i>3.5</i>	<i>400K Pig circ csg.</i>
			<i>5</i>		<i>St MUD Hook</i>
					<i>SPACER</i>
			<i>41</i>	<i>4.5</i>	<i>mid cont 150 sk AA-2 @ 14.8 PPG</i>
					<i>cont mixed shut down. wash, line, pump</i>
			<i>70</i>	<i>5.5</i>	<i>Release Plug</i>
			<i>40 1/2</i>		<i>St Drop w/ 4" w</i>
	<i>400</i>			<i>3.5</i>	<i>St MOD</i>
<i>3:50</i>	<i>1600</i>		<i>110.4</i>		<i>Let 4 PSI</i>
					<i>plug down</i>
					<i>Release PSI</i>
<i>4:10</i>	<i>700</i>				<i>DROP DV TOOL OPENING TOOL</i>
					<i>OPEN DV. TOOL (1656')</i>
			<i>15</i>		<i>circ w/ Fly Tank</i>
			<i>7</i>	<i>2</i>	<i>plug RH w/ 20 sk 60/40 per</i>

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energy services, L.P.

2 of 2

TREATMENT REPORT

Customer <i>H.O. Drilling</i>		Lease No.		Date <i>02 15 16</i>	
Lease <i>Single Family Tank</i>		Well # <i>1-30 owmc</i>			
Field Order # <i>12932</i>	Station <i>DRATT KI</i>	Casing	Depth	County <i>NESS</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 long seg</i>			Formation	Legal Description	

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	Depth	From	To	Pad	Min		10 Min.
Volume	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To				

Customer Representative			Station Manager			Treater <i>Robert J. Miller</i>		
Service Units								
Driver Names								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>4:20</i>				<i>4</i>	<i>St mixing cmt 260sk A-COD</i>
	<i>300</i>		<i>128</i>		<i>mix of 11.6 ppv</i>
					<i>cmt mixed</i>
					<i>shot down wash line, port</i>
					<i>Reverse Plug</i>
<i>5:00</i>	<i>1850</i>		<i>40 1/2</i>	<i>5</i> <i>3.0</i>	<i>St Deep w/ H²O</i>
					<i>plug down AND CLOSE DV TOOL</i>
					<i>Plumb 15' DV, CLOSED</i>
					<i>CMT IN cellar</i>
					<i>JOB complete</i>
					<i>Thank you</i>

L. D. DRILLING, INC.

7 SW 26th Avenue
GREAT BEND, KS 67530

4538-TD

Customer _____ Order _____

Lease _____ Date _____

Description of Pipe 115 into Used 5 1/2

Amount _____

Jts.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.	Ft.	Ins.
1	33	05	42	54	43	19	43	06		
2	31	75	42	58	43	27	42	99		
3	31	98	42	15	43	21	42	30		
4	32	39	42	64	43	47	42	64		
5	32	91	42	57	43	21	42	99		
6	32	69	42	08	39	17	42	56		
7	31	83	42	64	43	19	41	40		
8	32	18	42	63	43	23	43	23		
9	33	03	42	61	43	46	43	24		
10	32	59	42	71	43	14	43	08		
11	32	98	42	09	43	20	42	69		
12	33	75	42	02	43	22	42	71		
13	42	59	42	73	40	30	43	21		
14	42	60	42	61	43	16	43	21		
15	42	61	42	71	41	59	42	71		
16	42	62	42	58	43	30	42	71		
17	42	60	42	51	43	21	43	21		
18	42	25	42	76	43	25	43	02	- out	
19	42	29	42	57	43	18	42	83	- out	
20	43	13	42	55	43	27	42	67	- out	
21	42	43	43	29	40	43	37	38		
22	42	70	43	23	43	10	43	22	- out	
23	42	64	43	24	43	17	39	28		
24	38	79	43	20	43	22	12	00	- short Ft.	
25	42	63	43	24	42	20	12	05	- out	
26	42	23	40	20	43	17				
27	40	60	43	21	43	04				
28	42	70	43	01	39	73				
29	42	72	42	24	42	60				
30	41	53	43	25	43	24				
Total	1150	78	1279	39	1280	62	1000	39		

TOTAL PIECES _____ LENGTH _____ FEET _____ INCHES _____

RECEIVED BY 4711.18-115 JTB DELIVERED BY _____