

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6236
Name: MTM PETROLEUM, INC.
Address 1: PO Box 391
Address 2: _____
City: Kingman State: KS Zip: 67209 + 0391
Contact Person: Nick Miller
Phone: (620) 955-6014
CONTRACTOR: License # 33902
Name: Hardt Drilling, LLC
Wellsite Geologist: Jerry A. Smith
Purchaser: _____
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
_____ Oil _____ SWD SIOW
_____ Gas _____ ENHR SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enh. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enh.?) _____ Docket No.: _____
6/2/09 6/9/09 9/17/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 095-22188-00-00
Spot Description: _____
_____ NW SW SE Sec. 14 Twp. 28 S. R. 8 East West
1095 Feet from North / South Line of Section
2195 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Simons Well #: 1
Field Name: Garlish
Producing Formation: Hertha
Elevation: Ground: 1597 Kelly Bushing: 1607
Total Depth: 4120 Plug Back Total Depth: 4078
Amount of Surface Pipe Set and Cemented at: 223 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/ _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Hauled Offsite
Location of fluid disposal if hauled offsite: _____
Operator Name: Messenger Petroleum
Lease Name: Arensdorf #1 License No.: 4706
Quarter _____ Sec. 14 Twp. 29S S. R. 9 East West
County: Kingman Docket No.: API#15-095-01292

AIK1 - Dfg - 10/6/09

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____
Title: President Date: 10/01/2009
Subscribed and sworn to before me this 1st day of October,
2009.
Notary Public: Nicholas D Miller
Date Commission Expires: 6-14-2011

NICHOLAS D. MILLER
Notary Public, State of Kansas
My Appointment Expires
6-14-2011

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
_____ UIC Distribution

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Operator Name: MTM PETROLEUM, INC. Lease Name: Simons Well #: 1
 Sec. 14 Twp. 28 S. R. 8 East West County: Kingman

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: CNL DIL Sonic Bond Micro	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>HEEBNER SHALE</td> <td>3170</td> <td>-1563</td> </tr> <tr> <td>BROWN LIME</td> <td>3352</td> <td>-1745</td> </tr> <tr> <td>LANSING</td> <td>3368</td> <td>-1761</td> </tr> <tr> <td>STARK SHALE</td> <td>3704</td> <td>-2097</td> </tr> <tr> <td>B/KANSAS CITY</td> <td>3832</td> <td>-2225</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4042</td> <td>-2435</td> </tr> </table>	Name	Top	Datum	HEEBNER SHALE	3170	-1563	BROWN LIME	3352	-1745	LANSING	3368	-1761	STARK SHALE	3704	-2097	B/KANSAS CITY	3832	-2225	MISSISSIPPIAN	4042	-2435
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MISSISSIPPIAN	4042	-2435																				

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
SURFACE	12-1/4	8-5/8	24	223	60/40poz	190	2%gel1%cc
PRODUCTIN	7-7/8	4-1/2	10-1/2	4107	AA2	125	5#GIL/SK

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	3756-3757	300 GAL 15%FE	3756-57

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8 3720	3690	
Date of First, Resumed Production, SWD or Enhr. SHUT IN		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 0275 A

DATE _____ TICKET NO. _____

DATE OF JOB 06-02-09 DISTRICT PH111		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 M.T.M. Patrickoml.		LEASE Simon 1 WELL NO.							
ADDRESS _____		COUNTY Kingman STATE KS							
CITY _____ STATE KS		SERVICE CREW Sullivan, Shultz, Physo							
AUTHORIZED BY _____		JOB TYPE: CWU 8 3/4 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 6-2-09	DATE	AM	TIME
19989/20920	25					ARRIVED AT JOB	6-2-09	AM	5:00
19966/19908	25					START OPERATION		AM	7:20
						FINISH OPERATION		PM	2:45
						RELEASED	6-7-09	AM	2:20
						MILES FROM STATION TO WELL			37

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
CE 103	60/40 Port Coat	SK	100		2,280.00
CE 102	Chalk	LB	45		116.50
CE 109	Calcium chloride	LB	492		516.60
CF 153	wooden coat stop 8/16	EA	1		160.00
CE 101	Heavy Duty Polishing	MM	20		490.00
CE 113	Bulk Water	TM	287		459.50
CE 110	Pickle solution	MM	35		148.75
S003	Sand	EA	1		175.00
CE 500	Dress Chain 0.500 4 hr	EA	1		1,000.00
CE 504	Plus Custom Rental	EA	1		250.00
CE 240	BLENDED CEMENT	SIL	190		266.00

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CHEMICAL / ACID DATA:			

SUB TOTAL		
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		2660.42

SERVICE REPRESENTATIVE: <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

KIN, 1144N S 2 2 1/2 W N 24 70

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>M T M Petroleum</i>	Lease No.	Date <i>06-02-09</i>	
Lease <i>Simon</i>	Well # <i>1</i>		
Field Order # <i>0225</i>	Station <i>PRATT</i>	Casing <i>8 5/8</i>	Depth <i>227</i>
Type Job <i>CDW 8 5/8 Surface</i>	Formation <i>1</i>	County <i>Kingman</i>	State <i>KS</i>
Legal Description			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>227</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>3</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>300</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>207</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative: _____ Station Manager: *DAVE SCOTT* Treater: *Robert J. Johnson*

Service Units	<i>15267</i>	<i>15959</i>	<i>20920</i>	<i>19960</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>Shidde</i>		<i>Phila</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2000</i>	<i>in</i>				<i>ON PAC. Safety meeting</i>
					<i>Ran to 5:45 8 5/8 24 CS9</i>
<i>0915</i>					<i>CS9 ON BOTTOM</i>
<i>0920</i>					<i>Hook Up Break Circ</i>
<i>0925</i>	<i>150</i>		<i>5</i>	<i>4</i>	<i>Start H₂O Spical</i>
			<i>42</i>	<i>5</i>	<i>Mix cont 190sk 140p2</i>
<i>0940</i>				<i>4</i>	<i>Start down a Release Plug</i>
<i>0945</i>	<i>300</i>		<i>13</i>		<i>Plug down</i>
					<i>Cancelled 8 ABC to PDS</i>
					<i>Job complete</i>
					<i>Thank you</i>

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BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 0175 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6-10-09</u> DISTRICT <u>Pratt</u>		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 <u>MTM Petroleum</u>		LEASE <u>Simons</u> WELL NO. <u>1</u>							
ADDRESS _____		COUNTY <u>Kingman</u> STATE <u>KS</u>							
CITY _____ STATE _____		SERVICE CREW <u>Orlando, Lesley, M. McGraw</u>							
AUTHORIZED BY _____		JOB TYPE: <u>CNW-4 1/2 K.S.</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>27283</u>	<u>1</u>						<u>6-10-09</u>		<u>1:00</u>
<u>27463</u>	<u>1</u>					ARRIVED AT JOB			<u>3:00</u>
<u>19831/19862</u>	<u>1</u>					START OPERATION			<u>9:00</u>
						FINISH OPERATION			<u>9:30</u>
						RELEASED			<u>10:00</u>
						MILES FROM STATION TO WELL	<u>35</u>		

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	
P CP105	AA2 Cement		12534		2125 00	
P CP103	60/40 P02		302K		360 00	
P CC105	Deformer		30Lb		120 00	
P CC111	Salt		589Lb		294 50	
P CC115	Gas Blok		89Lb		458 35	
P CC129	FLA-322		59Lb		442 50	
P CC201	Gilsonite		625Lb		412 75	
P C704	CSIL KCL Substitute		4 gal		140 00	
P CC155	Superflush II		1000gal		1530 00	
P CF102	TOP Rubber Plug 4 1/2		1ea		80 00	
P CF250	Guide Shoe - Regular 4 1/2		1ea		225 00	
P CF1450	Slapper Type Insert Float Valve 4 1/2		1ea		200 00	
P CF1650	Turbulizer 4 1/2		5ea		425 00	
P E101	Heavy Equipment		70 miles		490 00	
P E113	Bulk Delivery		250 tn		1403 20	
P E101	Pickup Mileage		35 mi		148 75	
P S003	Service Supervisor		1ea		175 00	
P CE205	Depth Charge 4001-5000		1ea		2520 00	
P CE504	Plus Container		1ea		250 00	
P CE240	Cement Service Charge		15534			
					SUB TOTAL	217 00
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT %TAX ON \$						
MATERIALS %TAX ON \$						
					TOTAL	6062 68

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SERVICE REPRESENTATIVE <u>Steve Orlando</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)

Customer M.T.M. PETROLEUM INC.	Lease No.	Date 6-10-09			
Lease MAYNIS	Well # 1				
Field Order # 1752 LSA	Station V...	Casing 1/2	Depth	County KINGMAN	State KS.
Type Job ENH - 1 1/2 L.S.	Formation			Legal Description 14-31-23	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size	Shots/Ft	15 - 1/2" AA	Acid 7.36 cu/ft	RATE	PRESS	ISIP	
Depth 7	Depth	From	To 3000	Pre Pad 60/40 ft	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection L.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 7	Packer Depth	From	To	Flush 100.9	Gas Volume		Total Load	

Customer Representative	Station Manager DAVE SCOTT	Treater STEVE CRANDON
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Service Units	700.5	2700.5	191.51	172.62					
Driver Names	PLANNED	ERLEY	M. MCGRAW						

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
6:00 AM					ON LOCATION - SAFETY MEETING
					REINFORC. CONF. 1.2.5 (0.9 4/40) 11.5"
					CSG. ON TUBING
					PREPARE FOR 1.1/214
7:00	150		24	5	ENTER FLUSH II
7:05	250		5	5	1/20
7:06	350		10	5	175SK - 1/20 @ 15.4/100
					SHUT DOWN - CLEAR FLUID - RELEASE TUG
9:18	0		0	6	START H2O DISP @ 1/10 MIN MAX
7:26	20		50	5	LIFT PRESSURE
9:37	100		55	11	SLOW RATE
7:30	1500		1.5	4	TUG DOWN & HELD
					JOB COMPLETE
9:45 AM			1.5		PLUG P.H. 6 1/2 SKS
					THANKS,
					STEVE CRANDON

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