



KANSAS CORPORATION COMMISSION 1053627
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 8061
Name: Oil Producers Inc. of Kansas
Address 1: 1710 WATERFRONT PKWY
Address 2: _____
City: WICHITA State: KS Zip: 67206 + 6603
Contact Person: Lori Zehr
Phone: (316) 681-0231
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: N/a
Purchaser: N/A

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: Professional Petroleum, Inc.
Well Name: Albert Bouziden #18-3

Original Comp. Date: 12/08/1981 Original Total Depth: 5800

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW

- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>10/26/2010</u>	<u>11/01/2010</u>	<u>1/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-21343-00-01

Spot Description: _____
SW NE NE SE Sec. 18 Twp. 34 S. R. 13 East West
2,127 Feet from North / South Line of Section
390 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: Albert Bouziden Well #: 18-3 SWD

Field Name: Aetna Gas Areal-All

Producing Formation: Aruckle

Elevation: Ground: 1660 Kelly Bushing: 1664

Total Depth: 6080 Plug Back Total Depth: 6080

Amount of Surface Pipe Set and Cemented at: 322 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 crmt.

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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanne Garrison Date: 04/18/2011



1053627

Operator Name: Oil Producers Inc. of Kansas Lease Name: Albert Bouziden Well #: 18-3 SWD
 Sec. 18 Twp. 34 S. R. 13 East West County: Barber

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Dual Receiver Cement Bond Log	<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>Arbuckle</td> <td>5408</td> <td>-3744</td> </tr> </table>	Name	Top	Datum	Arbuckle	5408	-3744
Name	Top	Datum					
Arbuckle	5408	-3744					

CASING RECORD <input checked="" 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
Production	7.875	5.5	15.5	5408	AA2	100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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
0	Arbuckle 5408-6080	6000 gals 15% MCA Acid	5408-6080

TUBING RECORD: Size: <u>2.875</u>	Set At: _____	Packer At: <u>5383</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 (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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET

1717 01466 A

DATE _____ TICKET NO. 1466

DATE OF JOB <u>11-11-10</u>	DISTRICT <u>1717 Liberal Ks</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>Oil producers INC of Ks</u>		LEASE <u>Albert Bouziden</u>					WELL NO. <u>18-E</u>		
ADDRESS		COUNTY <u>Barber</u>			STATE <u>Ks</u>				
CITY		STATE		SERVICE CREW <u>R Con D Canada</u>					
AUTHORIZED BY <u>Jerry Bennett JKB</u>		JOB TYPE: <u>2-42 5.5 Long string</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>27462</u>	<u>6</u>						<u>11-11-10</u>		<u>10:00</u>
<u>19959</u>	<u>6</u>					ARRIVED AT JOB		<u>AM</u>	<u>2:00</u>
<u>21010</u>	<u>6</u>					START OPERATION		<u>AM</u>	<u>8:45</u>
						FINISH OPERATION		<u>AM</u>	<u>9:00</u>
						RELEASED		<u>AM</u>	<u>9:30</u>
						MILES FROM STATION TO WELL			<u>157</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: Bob Kasper
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA7 cmt	SK	100		1700 00
CP103	LAND 002 cmt	SK	50		600 00
CC102	Call of plate	lb	25		92 50
CC105	De-foamer	lb	19		176 00
CC111	Salt	lb	454		927 00
CC112	Cement Friction Reducer	lb	29		174 00
CC115	gas blocks	lb	94		484 10
CC129	F/A-322	lb	47		352 50
CC201	Milbank	lb	500		335 00
CE607	Loch down Plug & Raffle	EA	1		400 00
CE1001	Cementing Shoe Packer Type	EA	1		3750 00
CE1651	Trichloride 5 1/2 x 7 1/8	EA	5		550 00
CE1901	5 1/2 basket	EA	1		350 00
CE3000	Thread Lock Kit	EA	1		30 00
CC15K	Super Flush II	gal	500		715 00
E100	Truck Mileage	mi	75		210 75
E101	Heavy Equipment Mileage	mi	150		1050 00
E113	Prohibit of Well Completion Mileage	TM	514		822 00
CE306	Depth checker 5000' to 10000'	4hrs	1		3000 00
SUB TOTAL					<u>10846 00</u>

CHEMICAL / ACID DATA:		

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

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

FIELD SERVICE ORDER NO. _____

