

KANSAS CORPORATION COMMISSION 1058256
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 # 6039
 Name: L. D. Drilling, Inc.
 Address 1: 7 SW 26TH AVE
 Address 2: _____
 City: GREAT BEND State: KS Zip: 67530 + 6525
 Contact Person: L. D. DAVIS
 Phone: (620) 793-3051
 CONTRACTOR: License # 6039
 Name: L. D. Drilling, Inc.
 Wellsite Geologist: NA
 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: DONALD C. SLAWSON
 Well Name: #1 SNIDER "F"
 Original Comp. Date: 07/10/1983 Original Total Depth: 4625
☐ 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>05/13/2011</u>	<u>05/15/2011</u>	<u>05/26/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-20816-00-01
 Spot Description: _____
SW NW NE SW Sec. 8 Twp. 17 S. R. 29 ☐ East ☒ West
2285 Feet from ☐ North / ☒ South Line of Section
1585 Feet from ☐ East / ☒ West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☒ SW
 County: Lane
 Lease Name: SNIDER O.W.W.O Well #: 1-8
 Field Name: UNNAMED
 Producing Formation: NA
 Elevation: Ground: 2821 Kelly Bushing: 2826
 Total Depth: 4625 Plug Back Total Depth: 4573
 Amount of Surface Pipe Set and Cemented at: 472 Feet
 Multiple Stage Cementing Collar Used? ☒ Yes ☐ No
 If yes, show depth set: 2242 Feet
 If Alternate II completion, cement circulated from: 2242
 feet depth to: 0 w/ 200 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

- ☐ Letter of Confidentiality Received
 Date: _____
☐ Confidential Release Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
 ALT ☐ I ☒ II ☐ III Approved by: Deanna Gerrits Date: 06/29/2011



1058256

Operator Name: L. D. Drilling, Inc. Lease Name: SNIDER O.W.W.O Well #: 1-8
 Sec. 8 Twp. 17 S. R. 29 ☐ East ☒ West County: Lane

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 <i>(Attach Additional Sheets)</i> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> Samples Sent to Geological Survey <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> Cores Taken <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> Electric Log Run <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> Electric Log Submitted Electronically <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <i>(If no, Submit Copy)</i> List All E. Logs Run:	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between;"> Name Top Datum </div> NA
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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	4.5	11.6	4622	60/40 POZMIX	200	18%Salt..75%Foam Reducer
Production - 2nd Stage	7.875	4.5	11.6	4622	A-CON BLENC	425	3%CC

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
4	4442 - 4445'	1000 gal 28% NE Acid	

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 (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> <i>(Submit ACO-4)</i> <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 34354 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>5-15-11</u> DISTRICT <u>PRATT 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>L.D. Dilling</u>		LEASE <u>Land, Dr. 2</u> WELL NO. <u>1-5</u>				
ADDRESS _____		COUNTY <u>LANE</u> STATE <u>KS</u>				
CITY _____ STATE _____		SERVICE CREW <u>Gallagher, Williams, Phyllis, Hunter</u>				
AUTHORIZED BY _____		JOB TYPE: <u>NEW 4" FOR CAFE</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>5-15-11</u> DATE <u>5-15-11</u> TIME <u>6:30</u>
<u>33208-20920</u>	<u>7.5</u>					ARRIVED AT JOB <u>7:16:25</u>
<u>15960-19918</u>	<u>7.5</u>					START OPERATION <u>8:45</u>
<u>15931-21010</u>						FINISH OPERATION <u>1:10</u>
<u>32900</u>						RELEASED <u>1:45</u>
						MILES FROM STATION TO WELL <u>100</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
CP 103	Gallagher 202 CMT	SK	200		2,400.00
CP 101	4" LWD CMT	SK	425		7,650.00
CC 102	Cal. Fabr.	lb	150		555.00
CC 105	Ductance	lb	43		177.00
CC 111	Sol. S	lb	1727		888.50
CC 112	CMT Test. Rods	lb	129		724.00
CC 201	Cil. S	lb	996		1,673.32
CC 109	Cal. Fabr.	lb	1700		1,260.00
CF 350	Wash Spool 4 1/2"	SA	1		340.00
CF 400	Flow Stop Tool	SA	1		4,500.00
CF 600	Lat. Iron Plug Baffle	SA	1		720.00
CF 1270	CMT	SA	7		770.00
CF 1500	Blanket	SA	1		270.00
C 204	HCL Sol.	CAL	1		35.00
CP 151	Iron Rods	CAL	500		430.00
E 100	Prods. CMT	SA	100		475.00
P 101	Prods. CMT	SA	300		2,100.00

CHEMICAL / ACID DATA:

SUB TOTAL

DL5

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

TOTAL

Thank you

SERVICE REPRESENTATIVE

Robert J. H.

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(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**

1718 ~~SECRET~~ A

CCP7

DATE _____ TICKET NO. _____

DATE OF JOB 5-15-11 DISTRICT PRATT 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. Drake				LEASE Sundance 1-E WELL NO.					
ADDRESS				COUNTY LANE STATE KS					
CITY STATE				SERVICE CREW Sullivan, Mark W. Phyllis, Linda					
AUTHORIZED BY				JOB TYPE: COW 4 1/2" Tub string					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
3324-2002						ARRIVED AT JOB		AM PM	
1996-1998						START OPERATION		AM PM	
14831-2010						FINISH OPERATION		AM PM	
37000						RELEASED		AM PM	
						MILES FROM STATION TO WELL			

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)

[illegible]

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
<i>Thank you</i>		TOTAL	
		US	24,911.67

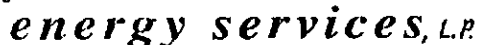
SERVICE REPRESENTATIVE <i>Robert J. Gilman</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO.	(WE'LL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <u>L.D. Dallas</u>		Lease No.		Date	
Lease <u>SNIOBL</u>		Well # <u>1-8</u>		<u>5-15-11</u>	
Field Order # <u>4054</u>	Station <u>PRATT KS</u>	Casing <u>4 1/2</u>	Depth <u>4622'</u>	County <u>LANE</u>	State <u>KS</u>
Type Job <u>CNW 4 1/2 Long Stair</u>			Formation	Legal Description <u>8-17-29</u>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/El.		Acid	RATE	PRESS	ISIP
<u>4 1/2</u>	<u>DV</u>	<u>Tool 2248'</u>					
Depth	Depth	From	To	Pre Pad	Max		5 Min.
<u>4622'</u>							
Volume	Volume	From	To	Pad	Min		10 Min.
<u>11.6</u>							
Max Press	Max Press	From	To	Frac	Avg		15 Min.
<u>2,000</u>							
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
<u>PC</u>							
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load
<u>4608</u>							

Customer Representative				Station Manager <u>DAVE Scott</u>				Treater <u>Robert Sullivan</u>			
Service Units	<u>37900</u>	<u>33705</u>	<u>20970</u>	<u>19960</u>	<u>19918</u>	<u>19831</u>	<u>21010</u>				
Driver Names	<u>Sullivan</u>	<u>Melton</u>	<u>Phyllis</u>	<u>Hunter</u>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>1045 am</u>					<u>and loc. Soft, mostly</u>
					<u>Run 107 JTS 4 1/2 11.6 CST.</u>
					<u>DV. Tool "SS - 2248" cont. 1,35,79,11,13</u>
					<u>Back w/ DV Tool "SS - 2242. 18"</u>
<u>0230</u>					<u>CASING ON BOTTOM</u>
<u>0240</u>					<u>Hook Rig To Circ.</u>
<u>0345</u>	<u>150</u>		<u>32</u>	<u>4</u>	<u>St mud flush AND 22.136 KCL H²O</u>
<u>(</u>				<u>5</u>	<u>mix cont 200 & 60/40 P.O. 15 PPS</u>
<u>)</u>			<u>44</u>		<u>cont mix. Shut down wash pump, LWDs</u>
					<u>Release Plug</u>
<u>0405</u>				<u>6</u>	<u>St Disp. 1 7/8 4 1/2 H²O 2nd mud</u>
<u>(</u>	<u>250</u>		<u>55</u>		<u>let R.</u>
<u>)</u>	<u>500</u>			<u>4</u>	<u>Slow Rate</u>
<u>0418</u>	<u>1500</u>		<u>71 1/2</u>		<u>plug down</u>
<u>0420</u>					<u>DROP DV BUMP</u>
<u>0433</u>	<u>850</u>				<u>OPEN DV TOOL w/ TRUCK</u>
<u>0440</u>					<u>Hook Rig Circ.</u>
					<u>Bottom Stop Complete</u>



PAGE 2 of 2

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth 8248	Depth	From	To	Pre Pad	Max		5 Min.
Volume 25	Volume	From	To	Pad	Min		10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 345	Packer Depth	From	To	Flush	Gas Volume		Total Load

[illegible]

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0530			113	6	St Spacer
	200			6.5	St mix cont 425 sk A-CON cont
					cont TO Surface
			220		cont mix at shut down
					wash, Pump, Lides
					Release Plug
	300			3	St Disg.
	450				Let Ps.
	500			3.5	Slow Rate
0610			35		plug down 40 sk rino to Pit
0600	1800		6		Ps. up AND close D.V. Tool
					plug Rite
					SOB Complete
					Thank you!