



KANSAS CORPORATION COMMISSION 1075370
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 # 32198
Name: PetroSantander (USA) Inc.
Address 1: 6363 WOODWAY DR STE350
Address 2: _____
City: HOUSTON State: TX Zip: 77057 + 1798
Contact Person: LILIANA HERNANDEZ
Phone: (713) 784-8700
CONTRACTOR: License # 32198
Name: PetroSantander (USA) Inc.
Wellsite Geologist: TERRY McCANCE
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
05/04/2011 05/06/2011 05/06/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-119-21288-00-00
Spot Description: _____
E2_E2_NW_NW Sec. 11 Twp. 33 S. R. 30 East West
660 Feet from North / South Line of Section
1000 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Meade
Lease Name: HUSH Well #: 2-11
Field Name: _____
Producing Formation: MORROW
Elevation: Ground: 2720 Kelly Bushing: 2732
Total Depth: 5925 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1695 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: 3100 ppm Fluid volume: 500 bbls
Dewatering method used: Evaporated
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 Garrisor Date: 03/07/2012



1075370

Operator Name: PetroSantander (USA) Inc. Lease Name: HUSH Well #: 2-11
 Sec. 11 Twp. 33 S. R. 30 East West County: Meade

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: COMPUTER PROCESSED INTERPRETATION	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>HUTCHINSON SALT</td> <td>2200</td> <td></td> </tr> <tr> <td>KRIDER</td> <td>2790</td> <td></td> </tr> <tr> <td>TOPEKA</td> <td>4160</td> <td></td> </tr> <tr> <td>LANSING</td> <td>4825</td> <td></td> </tr> <tr> <td>MORROW CLASITCS</td> <td>5710</td> <td></td> </tr> <tr> <td>MORROW SANDSTONE</td> <td>5755</td> <td></td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>5780</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	HUTCHINSON SALT	2200		KRIDER	2790		TOPEKA	4160		LANSING	4825		MORROW CLASITCS	5710		MORROW SANDSTONE	5755		MISSISSIPPIAN	5780	
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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
SURFACE	12.25	8.625	24	1695	A-Con/ Prem Plus	590	3% CC Cellflake

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 <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	
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
Liberal, Kansas

Cement Report

Customer <i>Petrostamander</i>	Lease No.	Date <i>5-5-11</i>
Lease <i>4</i>	Well # <i>2-11</i>	Service Receipt <i>1717 01670</i>
Casing <i>2 7/8</i>	Depth <i>1728</i>	County <i>Meade</i> State <i>Ks</i>
Job Type <i>Z 42 7/8 2000</i>	Formation	Legal Description <i>11-33-30</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>2 7/8 2 1/4</i>	Tubing Size	Shots/Ft		Lead <i>1405k A-100 11.9#</i>
Depth <i>1728</i>	Depth	From	To	<i>37.00 - 4 1/2 11.9#</i>
Volume	Volume	From	To	<i>27.00 - 1 1/2 11.9#</i>
Max Press	Max Press	From	To	<i>18.10 11.9# @ 11.9#</i>
Well Connection	Annulus Vol.	From	To	Tail in <i>1505k P-100 14.8#</i>
Plug Depth <i>1686</i>	Packer Depth	From	To	<i>27.00 - 1/2 14.8#</i>
				<i>1.31 14.8# @ 14.8#</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:45</i>					<i>on loc. Well Safety 11:45</i>
<i>11:50</i>					<i>put rig up</i>
<i>11:55</i>					<i>run on bottom pump/rig</i>
<i>12:00</i>					<i>run plug</i>
					<i>hook up to P/A & Pressure</i>
					<i>run on 11 plugged down plug</i>
					<i>kill on up to 11.9#</i>
<i>15:37</i>	<i>2700</i>				<i>Test Pump & down</i>
<i>15:41</i>	<i>300</i>		<i>231</i>	<i>4.2</i>	<i>Start lead cont 1405k @ 11.9#</i>
<i>16:41</i>	<i>350</i>		<i>36</i>	<i>4.5</i>	<i>Start Tail cont 1505k @ 14.8#</i>
<i>16:45</i>					<i>Shutdown + Draw Plug</i>
<i>16:49</i>	<i>300</i>		<i>6</i>	<i>5</i>	<i>Start Disp. w/ 11.9# H₂O</i>
<i>17:04</i>	<i>450</i>		<i>71</i>	<i>3</i>	<i>Slow Rate</i>
<i>17:14</i>	<i>1200</i>		<i>106.3</i>	<i>2</i>	<i>Run Plug</i>
<i>17:18</i>	<i>6</i>				<i>Release / Start Hold</i>
<i>17:20</i>					<i>End Job</i>
	<i>600</i>				<i>Pressure before plug landed</i>
					<i>circulated cement to the bit</i>

Service Units	<i>21155</i>	<i>278081755</i>	<i>14254175</i>	<i>1780517808</i>
Driver Names				

Wardell Customer Representative *J. Bennett* Station Manager *M. Beckwith* Cementer

1000/0000 PEIKUSANIANDEH 8882927079 FAX 8202/9288 Taylor Precision, Inc. 03/09/2012 3:38PM



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 01695 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-17-11		DISTRICT: 1717		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: Petro-Service				LEASE: Hunt				WELL NO.: 11							
ADDRESS:				COUNTY: Wash				STATE: KS							
CITY:				STATE:				SERVICE CREW: [unclear]							
AUTHORIZED BY: Jerry Bennett TRB				JOB TYPE: 794 P/A											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
11111	1.5						5/17			11:00					
11112	1.5						5/17			11:00					
11113	1.5						5/17			11:00					
11114	1.5						5/17			11:00					
11115	1.5						5/17			11:00					
						ARRIVED AT JOB	5/17			11:00					
						START OPERATION	5/17			11:00					
						FINISH OPERATION	5/17			11:00					
						RELEASED	5/17			11:00					
						MILES FROM STATION TO WELL	28								

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	
11111	11111 Per	7K	140		1440.00	
11112	11112 Per	14	208		52.00	
11113	11113 Equip	100	4.0		420.00	
11114	11114 Equip	7K	18		168.00	
11115	11115 Delivery	7.11	1.1		249.60	
11116	11116 Equip	4.00	1		1500.00	
11117	11117 Equip	1.41	50		127.50	
11118	11118 Equip	1.41	1		175.00	
					SUB TOTAL	4132.10
					SERVICE & EQUIPMENT	%TAX ON \$
					MATERIALS	%TAX ON \$
					TOTAL	

CHEMICAL / ACID DATA:			

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

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

