

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

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

7/26/10

OPERATOR: License # 31885
Name: M & M Exploration, Inc.
Address 1: 60 Garden Center, Suite 102
Address 2: _____
City: Broomfield State: CO Zip: 80020 + _____
Contact Person: Mike Austin
Phone: (303) 438-1991
CONTRACTOR: License # 33350
Name: Southwind Drilling LLC
Wellsite Geologist: Mike Pollok
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 #: _____
April 13, 2010 April 25, 2010 May 17, 2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - ⁰⁷⁷~~007~~-21675-00-00
Spot Description: _____
NE NW NW SE Sec. 5 Twp. 35 S. R. 5 East West
2,565 Feet from North / South Line of Section
2,205 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Harper
Lease Name: Ferda Well #: 1-5
Field Name: _____
Producing Formation: _____
Elevation: Ground: 1241' Kelly Bushing: 1250'
Total Depth: 5300' Plug Back Total Depth: 5020'
Amount of Surface Pipe Set and Cemented at: 346' 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: 355 bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: Kerri Ann SWD License #: _____
Quarter _____ Sec. 5 Twp. 28N S. R. 5 East West
County: Grant Co., OK Permit #: _____

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.

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.
Signature: [Signature]
Title: President Date: July 26, 2010

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 7/26/10 - 7/26/11
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: 10 Date: 8-10

Operator Name: M & M Exploration, Inc. Lease Name: Ferda Well #: 1-5
 Sec. 5 Twp. 35 S. R. 5 East West County: Harper

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no. Submit Copy)</i> List All E. Logs Run: Induction, Density-Neutron, Microlog, Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>3236</td> <td>-1986</td> </tr> <tr> <td>Cherokee Shale</td> <td>4432</td> <td>-3182</td> </tr> <tr> <td>Mississippian</td> <td>4660</td> <td>-3410</td> </tr> <tr> <td>Woodford</td> <td>5144</td> <td>-3894</td> </tr> <tr> <td>Simpson</td> <td>5212</td> <td>-3962</td> </tr> </table>	Name	Top	Datum	Heebner Shale	3236	-1986	Cherokee Shale	4432	-3182	Mississippian	4660	-3410	Woodford	5144	-3894	Simpson	5212	-3962
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Mississippian	4660	-3410																	
Woodford	5144	-3894																	
Simpson	5212	-3962																	

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 1/4"	8 5/8"	23#	346'	Class A	225	3% cc, 2% gel
Production	7 7/8"	5 1/2"	17#	5270	AA2	300	10% gyp, 10% salt
							1/4# cell flake, .8% FL-160

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	5190-5204'	750 gal 15% acid, CIBP @ 5180'	
1	5050-5106'	2750 gal 15% MCA, CIBP @ 5020'	
4	4574-4579'	750 gal 7.5% NEFE	

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>4580'</u> Packer At: <u>None</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR: July 13, 2010	Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u> Gas Mcf <u>250</u> Water Bbls. <u>0</u> Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4574-4579'</u>
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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

RECEIVED
JUL 28 2010

FIELD SERVICE TICKET
1718 1799 A

KCC WICHITA DATE _____ TICKET NO. _____

DATE OF JOB 4-28-10 DISTRICT Pratt		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&M EXPLORATION INC		LEASE Fred g		WELL NO. 1-5					
ADDRESS		COUNTY Harper		STATE KS					
CITY STATE		SERVICE CREW SULLIVAN Melson DALL							
AUTHORIZED BY		JOB TYPE: CNW : 16.500							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19867				KCC			4-26-10	PM	6:00
19959 20920	45	man				ARRIVED AT JOB	4-26-10	AM	4:30
19832 201010	45	man				START OPERATION	4-26-10	AM	11:50
						FINISH OPERATION	4-27-10	AM	12:30
						RELEASED	4-27-10	AM	01:00
						MILES FROM STATION TO WELL			35

JUL 28 2010
CONFIDENTIAL

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 105	AA2 cement	SK	330		5610 00
CC 102	cello-Flake	Lb	83		307 10
CC 111	Salt	Lb	1558		779 00
CC 113	col-set	Lb	1555		1166 25
CC 129	FLA-322	Lb	249		1867 50
CC 201	Gilsonite	Lb	1980		1326 60
CF 607	Latch Down Plug & Baffle 5/2	ea	1		400 00
CF 1251	Auto Fill Float Shoe 5/2	ea	1		360 00
CF 1651	Turbolizer	ea	8		880 00
CF 1901	5/2 Basket	ea	1		290 00
L 704	CS-1L KCL substitute	gal	6		210 00
E 100	UNIT Mileage Charge - Pickups, small Van	Mi	55		361 25
E 101	Heavy Equipment Mileage	Mi	170		1190 00
E 113	Proppant and Bulk Delivery Charges Per Ton	TM	1322		2114 80
CE 206	Depth Charge 5001-6000'	Yhr	1		2880 00
CE 240	Blending & Mixing Service Charge	SK	330		462 00
CE 504	Plug Container Utilization Charge	Job	1		250 00
S 003	Service Supervisor First 8 hrs on loc	ea	1		175 00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

Thank you

TOTAL **10,841 75**

DLS

SERVICE REPRESENTATIVE _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO. _____	

Customer <i>111. Exploration</i>	Lease No.	Date <i>04-27-10</i>	
Lease <i>FLUDA</i>	Well # <i>1-5</i>		
Field Order # <i>7799</i>	Station <i>PRATT</i>	Casing <i>5 1/2</i>	Depth <i>3270</i>
		County <i>HARTEN</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 Long string</i>	Formation	Legal Description <i>3 3.5 5</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>3 1/2</i>								
Depth <i>3270</i>	Depth	From	To	Pre Pad				5 Min.
Volume <i>722</i>	Volume	From	To	Pad	<i>JUL 7.8</i>	Max		10 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac	<i>CONCENTRATED</i>	Min		15 Min.
Well Connection <i>1.0</i>	Annulus Vol.	From	To			Avg		
Plug Depth <i>2-74</i>	Packer Depth	From	To	Flush		HHP Used		Annulus Pressure
						Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
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Service Units	<i>19869</i>	<i>19859</i>	<i>2570</i>	<i>19832</i>	<i>21010</i>				
Driver Names	<i>Sullivan</i>	<i>Nelson</i>	<i>NALL</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0930 pm</i>					<i>ON loc safety meeting</i>
					<i>Run 126 JTR 5 1/2 17" CS9</i>
					<i>RAT 1"7 con. 1, 3, 9, 11, 14, 16, 18</i>
<i>1055</i>					<i>CRING ON BOTTOM</i>
<i>1105</i>					<i>Hook Pipe to circ CS9.</i>
<i>1150</i>	<i>300</i>		<i>5</i>	<i>4.5</i>	<i>St Spiker</i>
			<i>6</i>	<i>6</i>	<i>MIX 25 sk Scourgen cmt @ 11.5 lb/gal</i>
			<i>67</i>	<i>6</i>	<i>MIX 275 sk AH-2 cmt</i>
					<i>Shut down cmt mixed w/4, 10, 12, 14, 16, 18</i>
					<i>Release Plug</i>
<i>1208</i>				<i>6.5</i>	<i>St Disp w/2% KCL H2.0</i>
	<i>350</i>		<i>59</i>		<i>1st PSI</i>
	<i>500</i>		<i>83</i>	<i>#</i>	<i>Slow Rate</i>
<i>1230</i>	<i>2,000</i>		<i>121 1/2</i>	<i>3</i>	<i>Plug down float 4-18</i>
			<i>6</i>		<i>Plug RAT Hole w/30sk</i>
					<i>RECEIVED</i>
					<i>JUL 28 2010</i>
					<i>KCC WICHITA</i>
					<i>Job complete</i>
					<i>Thank you</i>

ALLIED CEMENTING CO., LLC. 037124

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge

DATE <u>4/14/10</u>	SEC. <u>5</u>	TWP. <u>35S</u>	RANGE <u>5W</u>	CALLED OUT <u>11:00p.m. JUN 28 2010</u>	ON LOCATION <u>CONFIDENTIAL</u>	JOB START <u>4:00 A.M.</u>	JOB FINISH <u>3:00 P.M.</u>
LEASE <u>Forda</u>		WELL # <u>1-5</u>		LOCATION <u>Bluff City, KS.</u>		COUNTY <u>Harper</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Southwind #2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 349'

CASING SIZE 8 3/8 DEPTH 349'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 300# MINIMUM _____

MEAS. LINE _____ SHOE JOINT -

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT fresh H₂O 21 BBL'S

EQUIPMENT

PUMP TRUCK CEMENTER M. Cady

379 HELPER Deane

BULK TRUCK _____

364 DRIVER MAH T.

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Fix on bottom, leak Cill. pump 3 fresh mix 225x 60/40/2 + 38cc 1 stop. Release plug Disp 21 BBL'S. Shut in. Cement 0:0 Circ.

OWNER M+M Exploration

CEMENT AMOUNT ORDERED 225x 60/40/2 + 38cc

COMMON <u>Class A 135</u>	@	<u>15.45</u>	<u>2085.75</u>
POZMIX <u>90</u>	@	<u>8.00</u>	<u>720.00</u>
GEL <u>4</u>	@	<u>20.80</u>	<u>83.20</u>
CHLORIDE <u>7</u>	@	<u>58.20</u>	<u>407.40</u>
ASC _____	@		
_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
HANDLING <u>225</u>	@	<u>2.40</u>	<u>540.00</u>
MILEAGE <u>225/20/10</u>			<u>450.00</u>
TOTAL			<u>4286.35</u>

SERVICE

DEPTH OF JOB 349'

PUMP TRUCK CHARGE _____ 1018.00

EXTRA FOOTAGE 49' @ .85 41.65

MILEAGE 20 @ 7.00 140.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

CHARGE TO: M+M Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

RECEIVED
JUL 28 2010
TOTAL 1199.65

KCC WICHITA PLUG & FLOAT EQUIPMENT

1- wooden plug @ 68.00 68.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 68.00

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES ~~1199.65~~

DISCOUNT ~~500.00~~ IF PAID IN 30 DAYS

PRINTED NAME William Sanders

SIGNATURE William Sanders