

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1096509

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 # 3959	API No. 15 - 15-083-21833-00-00
Name: Siroky Oil Management	
Address 1: PO BOX 464	
Address 2:	!
City: PRATT State: KS Zip: 67124 + 04	
Contact Person: Brian Siroky	
Phone: (620) 672-5625	
CONTRACTOR: License # 34484	
Name: Fossil Drilling, Inc.	Hubble
Wellsite Geologist: Sean Deenihan	Field Name:
Purchaser:	Producing Formation: Mississippi
Designate Type of Completion:	Elevation: Ground: 2466 Kelly Bushing: 2474
✓ New Well Re-Entry Workover	Total Depth: 4877 Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: 260 Feet
Gas 🗹 D&A 🗌 ENHR SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ✔ No
☐ OG ☐ GSW ☐ Temp.	Abd. If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to: w/ sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Date must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: 6600ppm Fluid volume: 775bbls
Deepening Re-perf. Conv. to ENHR Conv.	to SWD Dewatering method used: Evaporated
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion Permit #:	Opolator Hamo.
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	
GSW Permit #:	County: Permit #:
08/29/2012 09/04/2012 09/05/2012	!
Spud Date or Date Reached TD Completion Date of Percompletion Date	or

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 III Approved by: Dames Gardson Date: 11/08/2012



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

FIELD SERVICE TICKET

1718 06679 A

AUTHORIZED BY EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS TRUCK CALLED ARRIVED AT JOB START OPERATION FINISH OPERATION RELEASED MILES FROM STATIO CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered by the undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that 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 subbecome a part of this contract without the written consent of an officer of Basic Energy Services LP. SIGNED: (WELL OWNER, OPERA)	DATE DATE DATE DATE DATE DATE DATE DATE	AM TIME AM PM AM P						
ADDRESS COUNTY STATE SERVICE CREW AUTHORIZED BY EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS TRUCK CALLED ARRIVED AT JOB START OPERATION FINISH OPERATION FINISH OPERATION RELEASED MILES FROM STATION The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that 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 sub become a part of this contract without the written consent of an officer of Basic Energy Services LP. SIGNED: (WELL OWNER, OPERA	DATE OF THE PROPERTY OF THE PR	TE AM TIME PM AM P						
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SERVICE & EQUIPMENT %TAX ON \$	SERVICE & EQUIPMENT %TAX ON \$							
MATERIALS %TAX ON \$								
	TOTAL							

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

FIELD SERVICE ORDER NO.

REPRESENTATIVE

SERVICE

CLOUD LITHO - Absence, TX

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer		Lease No.					Date						
Lease	ritori eldir	6.1	V. 1	Well#	1	13.7	1377		-	9	151	135	
Field Order #	Station				10	Casing	Depti	epth County 12				State	
Type Job				Formation			1			Legal D	escription	- 24-2	
PIPE DATA PERFORATING					G DATA FLUID USED					TREAT	MENT	RESUME	
asing Size	Tubing Siz	e Shots	/Ft n				Mufuz			TREATMENT RATE PRESS			7
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become a part of this contract without the written consent of an officer of Basic Energy Services LP.

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

FIELD SERVICE TICKET 1718 08584 A

Phone 620-672-1201 DATE TICKET NO. OLD PROD CUSTOMER ORDER NO.: DATE OF JOB □ INJ ☐ WDW DISTRICT WELL NO. LEASE CUSTOMER COUNTY STATE **ADDRESS** SERVICE CREW STATE CITY JOB TYPE: AUTHORIZED BY DATE TIME **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HAS TRUCK CALLED ARRIVED AT JOB START OPERATION AM AM **FINISH OPERATION** RELEASED MILES FROM STATION TO WELL 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

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY UNIT PRICE **S AMOUNT** 40 123 SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ MATERIALS %TAX ON \$ TOTAL

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

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

REPRESENTATIVE

SERVICE



TREATMENT REPORT

Customer	oKa D	1 Mai	Lease No.	_		Date	Date 8 - 30 - 12				
Lease A	215		Well#		rue III						
Field Order #	Station	. H X		Casing	Depth	Cour	ity //	ran	State		
Type Job	1/2 Sui	face		3 6 6	Formation	275		Description	24		
PIPE DATA PERFORATING			ATING DATA	FLUID	USED		TREATMENT RESUME				
Casing Size	Tubing Size	Shots/Ft	1 1000				PRESS	ISIP/	CF 14:57		
Depth / o	Depth	From	То	Pre Pad /		Max 0		5 Min.			
Volume	Volume	From	То	Pad		Min		10 Min.			
Max Press	Max Press	From	То	Frac	-7	Avg		15 Min.			
Well Connection	Annulus Vol.	From	То) j	HHP Used		Annulus I	Pressure		
Plug Depth	Packer Depth	From	То	Flush	20	Gas Volume		Total Load			
Customer Repre	sentative	TF	Station	Manager	thy	Tre	eater //en				
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10244	NE Hiway	61 • P.O	Box 8613	Pratt, KS	67124-86	13 • (620) 67	72-1201 • F	ax (620)	672-5383		