

CONFIDENTIAL

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

ORIGINAL

6/16/13

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 # 4951
Name: Claassen Oil and Gas, Inc.
Address 1: P.O. Box 417
Address 2: _____
City: Estes Park State: CO Zip: 80517 + 0417
Contact Person: Dan Claassen
Phone: (970) 586-1885
CONTRACTOR: License # 33793
Name: H2 Drilling Inc.
Wellsite Geologist: Edwin Greaves
Purchaser: DCP Midstream

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 #: _____

3-10-11	3-20-11	4-9-11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 1511921284 - 00 - 00

Spot Description: _____

S/2 NW NW SE Sec. 29 Twp. 33 S. R. 29 East West
2,230 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Meade **RECEIVED**
Lease Name: Ida Heinson Well #: 10 JUN 21 2011

Field Name: Singley **KCC WICHITA**
Producing Formation: St. Louis

Elevation: Ground: 2624 Kelly Bushing: 2635

Total Depth: 6400 Plug Back Total Depth: 6400

Amount of Surface Pipe Set and Cemented at: 1519 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 cmf.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 3400 ppm Fluid volume: 1800 bbls

Dewatering method used: Pit Water

Location of fluid disposal if hauled offsite: _____

Operator Name: Dillco

Lease Name: Regier License #: 6652

Quarter _____ Sec. 17 Twp. 33 S. R. 27 East West

County: Meade Permit #: C-2132

CONFIDENTIAL
JUN 16 2013

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market Street, 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: Daniel R Claassen

Title: President Date: 6/16/2011

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 6/16/11 - 6/16/13
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT Approved by: NO Date: 7-12-11

Operator Name: Claassen Oil and Gas, Inc. Lease Name: Ida Heinson Well #: 10
 Sec. 29 Twp. 33 S. R. 29 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 Wireline 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 checked="" type="checkbox"/> Yes <input 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:	<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>Toronto</td> <td>4454</td> <td>-1819</td> </tr> <tr> <td>Lansing</td> <td>4597</td> <td>-1962</td> </tr> <tr> <td>Marmaton</td> <td>5260</td> <td>-2625</td> </tr> <tr> <td>Cherokee</td> <td>5458</td> <td>-2823</td> </tr> <tr> <td>Morrow</td> <td>5772</td> <td>-3137</td> </tr> <tr> <td>Chester</td> <td>5895</td> <td>-3260</td> </tr> <tr> <td>St. Louis</td> <td>6198</td> <td>-3563</td> </tr> </table>	Name	Top	Datum	Toronto	4454	-1819	Lansing	4597	-1962	Marmaton	5260	-2625	Cherokee	5458	-2823	Morrow	5772	-3137	Chester	5895	-3260	St. Louis	6198	-3563
Name	Top	Datum																							
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Chester	5895	-3260																							
St. Louis	6198	-3563																							

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
Conductor				40			
Surface	12-1/4"	8-5/8"	24#	1519'	A-Con Blend	375	C-51, celloflake
Production	7-7/8"	4-1/2"	11#	6372'	60/40 Poz AA2	205	Gyp, catl, C-15, C-42P Gilsonite

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
4	6288-94 CIBP @6285'	Acidize 750 gals. 15% HCL	
4	6264-72'	Acidize 1500 gals. 15% HCL	

TUBING RECORD: Size: <u>2-3/8</u> Set At: <u>6220</u> Packer At: <u>6215</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>4-19-2011</u>		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>4</u> Gas Mcf <u>1200</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>6264-72</u>
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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 01553 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-11-11	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 Classen Oil & Gas		LEASE Ida Heinson #10				WELL NO.			
ADDRESS		COUNTY Meade		STATE KS					
CITY		STATE		SERVICE CREW T. Gibson, S. Chavez, Y. Vasquez					
AUTHORIZED BY J. Bennett		IRB		JOB TYPE 2 1/2 - 3 3/8 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	5	14355	2				3-11-11		2:00
19889	2	14281	3			ARRIVED AT JOB			5:00
19842	3					START OPERATION			7:30
14354	2					FINISH OPERATION			9:00
19578	3					RELEASED			10:00
						MILES FROM STATION TO WELL	25 mi		

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
CL101	A-Con	SK	375		6975 00
CL110	Premium Plus	SK	150		2445 00
CC109	Calcium Chloride	lb	1341		1408 05
CC102	Cellflake	lb	132		488 40
CC130	C-51	lb	71		1775 00
CE1953	3/8 Flapper Type Insert	ea	1		280 00
CE253	Regular Guide Shoe		1		380 00
CE1773	Centralizer		4		580 00
CE1903	Basket		1		315 00
CE105	Top Rubber Plug		1		225 00
E101	Heavy Equipment Mileage	mi	25		525 00
CE240	Blending & Mixing Service	SK	525		735 00
E113	Proppant & Bulko Delivery	ton/mi	618		488 80
CE202	Pump Depth: 1001-2000	ea	1		1500 00
CE504	Plug Container	ea	1		250 00
E100	Unit Mileage	mi	25		106 25
5003	Service Supervisor	ea	1		175 00

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JUL 11 2011

SUB TOTAL **14541 62**

CHEMICAL / ACID DATA:			

KCC WICHITA
SERVICE & EQUIPMENT
MATERIALS

CONFIDENTIAL
%TAX ON \$
JUN 16 2013

KCC TOTAL

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



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Classen Oil Co		Lease No.		Date	3-11-11	
Lease	Ida Henson		Well #	10	Service Receipt	01553	
Casing	8 7/8"	Depth	1521'	County	Meade	State	KS
Job Type	247-7 7/8" Surface		Formation		Legal Description	29-33-29	

Pipe Data		Perforating Data		Cement Data
Casing size	8 7/8" 29 #	Tubing Size		Lead 375 sk
Depth	1521'	Depth	From To	A Con 3% CC, K# polyflake, 2% WCA 1
Volume	941 bbl	Volume	From To	
Max Press		Max Press	From To	Tail in 150 sk
Well Connection		Annulus Vol.	From To	Prem. Plus 2% CC, K# polyflake
Plug Depth	1479'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00					on loc-site assessment (running csg)
5:05					5000 trucks - rig up
7:00					safety meeting
7:00					csg on btm break circ 30 min
7:30					pressure test pumping lines 2000'
7:30			197	1	mix + pump lead cut 375 sk
					A Con 3% CC, K# polyflake, 2% WCA 1
					2.95 ft/sk, 15.10 gal/sk @ 11.1 ppm
8:30			30	3	switch to tail cut 150 sk Premium Plus
					2% CC, K# polyflake 1.34 ft/sk, 6.33 gal/sk @ 14
8:45			0	1	drop plug, disp csg
9:05			74	3	slow rate
9:10			84	2	slow rate
9:30			91	0	land plug, float hold
					circ cement to surface
					job complete

RECEIVED

JUL 01 2011

KCC WICHITA

CONFIDENTIAL

JUN 16 2013

KCC

Service Units					
Driver Names					



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 00075 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3/21/11	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: Claassen Oil & Gas		LEASE: Edathenson #10		WELL NO.				
ADDRESS:		COUNTY: Meade		STATE: KS				
CITY:		STATE:		SERVICE CREW: Rouse, Santiago				
AUTHORIZED BY: Tyce Davis		JOB TYPE: 4 1/2 Longstring						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19553	7.5							4:00
30463	7.5					ARRIVED AT JOB		5:52
19543	7.5					START OPERATION		11:45
19527	7.5					FINISH OPERATION		1:00
19553	7.5					RELEASED		1:30
						MILES FROM STATION TO WELL	30	

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: David R. Claassen
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL103	60/40 PUF	SK	50		600.00
CL105	AA-2 Cement	SK	205		3731.00
CC113	Gypsum	lb	965		723.75
CC111	Salt	lb	1136		568.00
CC103	C-15	lb	116		1450.00
CC107	C-42 P	lb	49		392.00
CC201	Gilsonite	lb	1,026		687.42
CE250	Guide Shoe Reg 4 1/2	EA	1		225.00
CE1450	Flapper Float Valve 4 1/2	EA	1		200.00
CE1790	Centralizer 4 1/2	EA	13		780.00
CE107	Top Rubber Plug 4 1/2	EA	1		80.00
CC155	Super flush II	gal	500		765.00
CE700	KCL	lb	700		1050.00
E101	Heavy Equip Mileage	Mi	50		350.00
CE240	Blending + Mixing Charge	SK	255		357.00
E113	Bulk Delivery Charge	Tm	295		472.00
CE207	Depth Charge 6501 to 7100'	4hr	1		3240.00
CE504	Plug Container Rental	36	1		250.00
E100	Pickup mileage	Mi	25		106.25
SUB TOTAL					10,739.55

CHEMICAL / ACID DATA:			

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

CONFIDENTIAL

JUN 16 2013

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>David R. Claassen</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

