Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

### **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License #			API No. 15			
Name:			Spot Description:			
Address 1:			Sec TwpS. R			
Address 2:			Feet from North / South Line of Section			
City: Sta	ate: Zi	p:+	Feet from East / West Line of Section			
Contact Person:			Footages Calculated from Nearest Outside Section Corner:			
Phone: ()			□ NE □ NW □ SE □ SW			
CONTRACTOR: License #			GPS Location: Lat:, Long:			
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84			
Purchaser:			County:			
Designate Type of Completion:			Lease Name: Well #:			
New Well Re-l	Entry	Workover	Field Name:			
			Producing Formation:			
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:			
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee			
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Info			If yes, show depth set: Feet			
Operator:			If Alternate II completion, cement circulated from:			
Well Name:			feet depth to:w/sx cmt			
Original Comp. Date:			·			
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)			
O constituents at	D		Chloride content: ppm Fluid volume: bbls			
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:			
SWD			Location of fluid disposal if hauled offsite:			
☐ ENHR			Location of hala disposal in fladica offsite.			
☐ GSW			Operator Name:			
_			Lease Name: License #:			
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes			
Recompletion Date		Recompletion Date	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						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

1199485 CORRECTION #1

Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	ronic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No				on (Top), Depth ar		Sampl	
Samples Sent to Geo	logical Survey	Yes	□No		Nam	е		Тор	Datum	1
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
	2	1				ermediate, product		T	I	
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ION RECORD Footage of Eac					cture, Shot, Cement			epth
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR.   F	Producing Met	hod: Pumpin	a	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	I Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Iuka-Carmi Development LLC
Well Name	Jones 1-5
Doc ID	1199485

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	12.2500	8.6250	24	275	Comm	215	
Production	7.8750	5.5000	15.5	4846	Comm	285	

### **Summary of Changes**

Lease Name and Number: Jones 1-5 API/Permit #: 15-007-24117-00-00

Doc ID: 1199485

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved Date	03/14/2014	04/14/2014	
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInform	https://kolar.kgs.ku.edu/kcc/detail/locationInform	
Method Of Completion - Perf	ation.cfm?section=5&to No	ation.cfm?section=5&to Yes	
Perf_Depth_4		3693-3695	
Perf_Material_4		Acid - 7 1/2% HCL/MCA System	
Perf_Record_4		20.5	
Perf_Shots_4		2	
Plug Back Total Depth	4874	4350	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11	//kcc/detail/operatorE ditDetail.cfm?docID=11	
Tubing Packer At	93994 4874	99485	

### Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Tubing Record - Set At	4899	3731
Well Type	OIL	GAS



Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1193994

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

### CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:				
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	Countv: 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						
Confidentiality Requested						
Date:						
Confidential Release Date:						
☐ Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

KOLAR Document ID: 1193994

### Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	E	ast West	County:				
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		B	CASING eport all strings set-c		New Used	ion, etc.		
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate Protect Casi Plug Back T								
Plug Off Zor								
Did you perform a     Does the volume     Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT
,	,			B.11 B1				
Shots Per Foot	nots Per Perforation Perforation Bridge Plug Bridge Plug Acid, Fracture, Shot, Cementing Squeeze Record Foot Top Bottom Type Set At (Amount and Kind of Material Used)					Record		
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:				
TODING RECORD:	. 3126.		n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	luka-Carmi Development LLC
Well Name	Jones 1-5
Doc ID	1193994

### Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4370-4430		
	181.5 Total Fluid Pumped bbls	Acid - 15% HCL/Mud Clean Blend/Inhibitor	4370-4430
		Flush w/100 bbl 2% KCL H2O	

Form	ACO1 - Well Completion
Operator	luka-Carmi Development LLC
Well Name	Jones 1-5
Doc ID	1193994

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.2500	8.6250	24	275	Comm	215	
Production	7.8750	5.5000	15.5	4846	Comm	285	

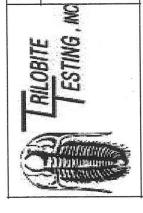
## Y WELL SERVICE, INC. Federal Tax 1.D. # 481187368 **QUALITY WEL**

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410 Fax 620-672-3663

Rich's Cell 620-727-3409 Brady's Cell 620-727-6964

6.43PM The above was done to satisfaction and supervision of owner agent or contractor. To Quality Well Service, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. Taylor Printing, Inc. Finish Tax Discount W302 Total Charge On Location 9 State & FLOAT EQUIPMENT (ACA) CFL-117 or CD110 CAF 38 State Cement Amount Ordered Pumptrk Charge Common 215 Mud CLR 48 Latch Down AFU Inserts Guide Shoe Centralizer Float Shoe Handling Flowseal Poz. Mix Kol-Seal Calcium Baskets Mileage Mileage Charge Owner Street Sand County Hulls Gel. Salt Base City Location 0 Range JOB SERVICES & REMARKS Shoe Joint SIN N Displace Depth Twp. Depth Depth Well No. T.D. EQUIPMENT チャ CELEASS Sec. 8 Cement Left in Csg. No. No. No. No. 当らると D/V or Port Collar 9 Mouse Hole Centralizers Contractor X Signature Meas Line Hole Size Tbg. Size Type Job Rat Hole Pumptrk Baskets Bulktrk Bulktrk Pickup Date Tool



### STEM TEST REPORT DRILL

luka-Carmi Development LLC.

PO Box 847 Pratt KS 67124

ATTN: Ken LeBlanc

Jones #1-5

5-32s-11w Barber, KS

Job Ticket: 51834

DST#: 1

Test Start: 2013.12.29 @ 08:55:38

Snyderville
Snyderville
Snyderville
Snyderville
Snyderville
Time Tool Opened: 11:47:53
Time Test Ended: 18:40-7

0.00 ft (KB)

**0.00 ft (KB) To 3620.00 ft (KB) (TVD)** 3620.00 ft (KB) (TVD) 7.88 inchesHole Condition: Fair Total Depth:

Conventional Bottom Hole (Initial) Stuart Stover 53 Test Type: Tester: Unit No:

Reference Bevations:

KB to GR/CF:

Outside Serial #: 6719 Press@RunDepth:

Hole Diameter:

70.43 psig 2013.12.29 08:55:43 Start Date: Start Time:

3591.00 ft (KB) End Date: End Time: 0

Time On Btm: Capacity: Last Calib.: 2013.12.29

Time Off Btm:

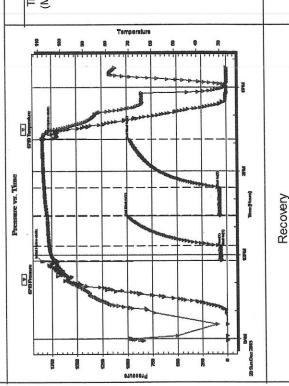
8000.00 r 2013.12.29 2013.12.29 @ 16:10:23 2013.12.29 @ 16:10:23

psig

1583.00 ft (KB) 1571.00 ft (CF) 12.00 ft

IFP. BOB in 1" ISI: No blow FFP. BOB imediately FSI: No blow TEST COMMENT:

PRESSURE SUMMARY	Annotation		Initial Hydro-static	Open To Flow (1)	Shut-In(1)	End Shut-In(1)	Open To Flow (2)	Shut-In(2)	End Shut-In(2)	Final Hydro-static		
RESSUR	Temp	(deg F)	101.71	101.71	105.22	106.03	105.81	107.37	108.19	108.10	•	
P	Pressure	(bsid)	1851.18	52.99	61.47	988.62	26.87	70.43	970.13	1721.51		
	Time	Min.)	0	2	8	86	86	159	262	264		



(Sind) a second (Sind)
------------------------

Volume (bbl)

1.68 0.00

GCM 10% GAS 90% Mud

Length (ft) 120.00

600' GIP

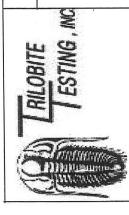
0.00

Description

Trilobite Testing, Inc

Ref. No:

Printed: 2014.01.08 @ 13:42:48



### STEM TEST REPORT DRILL

luka-Carmi Development LLC.

PO Box 847 Pratt KS 67124

ATTN: Ken LeBlanc

5-32s-11w Barber, KS

Jones #1-5

Job Ticket: 51835

DST#:2

Test Start: 2013.12.30 @ 11:07:23

GENERAL INFORMATION:

Whipstock: L. Douglas SS Deviated: No Wi Time Tool Opened: 14:07:53 Time Test Ended: 21:40:38 Formation:

0.00 ft (KB)

Interval: Total Depth: Hole Diameter:

3660.00 ft (KB) To 3710.00 ft (KB) (TVD) 3885.00 ft (KB) (TVD) 7.88 inches Hole Condition: Fair

Conventional Straddle (Reset) Ryan Reynolds Test Type: Tester:

53 Unit No:

1583.00 ft (KB) 1571.00 ft (CF) 12.00 ft Reference Bevations:

KB to GR/CF:

Outside Serial #: 6719
Press@RunDepth:
Start Date:

3661.00 ft (KB) End Date: End Time: @ 304.01 psig 2013.12.30 11:07:28

Start Time:

Capacity: Last Calib.: 2013.12.30 21:40:38

psig

8000.00 r 2013.12.30 2013.12.30 @ 14:06:53 2013.12.30 @ 18:40:23 Time On Btm: Time Off Btm:

> IF: Strong blow . BOB @ 15sec. GTS @ 13min. ISI: No blow FF: Strong blow . BOB immed. FSI: Strong blow . BOB @ 35min. TEST COMMENT:

PRESSURE SUMMARY	Pressure Temp Annotation	(psig) (deg F)	1878.17 101.61 Initial Hydro-static	26.34 102.01 Open To Flow (1)	185.01 103.52 Shut-ln(1)	1127.49 107.22 End Shut-In(1)	255.72 103.79 Open To Flow (2)	304.01   104.24   Shut-ln(2)	1116.79 108.30 End Shut-In(2)	1766.10 110.51 Final Hydro-static				
	Time	(Min.)	0	-	31	91	94	150	272	274				
Pressure vs. Time	(C) Physical (C) (C) Physical (C)			1	8			R	8		8		Page (hardgang see Page )	

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Length (ft)	Description	Volume (bbl)
00.009	MOCW 8%mud, 22%oil, 70%w tr	8.42

Trilobite Testing, Inc \* Recovery from multiple tests

51835 Ref. No:

0.50 0.50 0.50

Last Gas Rate Max. Gas Rate

First Gas Rate

501.88 528.86

Gas Rate (Mcf/d) 414.19

47.00 60.00

Choke (inches) | Pressure (psig)

Gas Rates

Printed: 2014.01.08 @ 13:42:17



# DRILL STEM TEST REPORT

luka-Carmi Development LLC.

PO Box 847 Pratt KS 67124

ATTN: Ken LeBlanc

5-32s-11w Barber, KS

Jones #1-5

Job Ticket: 51836

DST#:3

Test Start: 2014.01.01 @ 09:27:16

GENERAL INFORMATION:

Mississippi No Whipstock: Formation:

0.00 ft (KB)

Deviated: No Wh Time Tool Opened: 11:09:16 Time Test Ended: 17:33:46

Interval:

**4348.00 ft (KB) To 4400.00 ft (KB) (TVD)**4400.00 ft (KB) (TVD)
7.88 inches Hole Condition: Fair Total Depth: Hole Diameter:

Conventional Bottom Hole (Reset) Test Type: Tester: Unit No:

Ryan Reynolds 53

Reference Bevations:

8000.00 psig

**Inside** 32.86 psig 2014.01.01 Serial #: 6773
Press@RunDepth:
Start Date:

(9)

1583.00 ft (KB) 1571.00 ft (CF) 12.00 ft

KB to GR/CF:

TEST COMMENT:

2014.01.01 @ 11:06:31 2014.01.01 @ 15:29:46 Capacity:
Last Calib.:
Time On Btm: 2014.01.01

4349.00 ft (KB) End Date: End Time:

09:27:21

Start Time:

F: Good blow. 1/4" - 11" ISI: No blow FF: Good blow. 2" - 6 1/2" FSI: No blow

PRESSURE SUMMARY	Annotation		Initial Hydro-static	Open To Flow (1)	Shut-In(1)	End Shut-In(1)	113.47 Open To Flow (2)	Shut-In(2)	End Shut-In(2)	Final Hydro-static		
RESSUR	Temp	(deg F)	109.26	109.38	112.15	113.53	113.47	114.48	116.22	116.79		
Ы	Pressure	(bsid)	2276.48	18.01	26.34	502.58	23.91	32.86	699.20	2212.32		
	Time	(Min.)	0	က	33	96	96	138	262	797		
-	<u> </u>						Tan	an e taé	hien	-	 	

	_	B #	- 100	8	T:	empera R	tura 8	8	ę	8	R				· · · ·	 
	2						- Interest	******		Depte de la constitución de la c	5			Volume (bbl)	0.49	
Pressure vs. Time	G773 Frensum								(December)	\ \		SPM Tens (-tuns)	Recovery	Description	VSLI OCWM trc%oil, 5%w tr, 95%mud	
			2002	<b>D</b>	-	einess	1000		980		****	4 West Jan 2004		Length (ft)	35.00	

	Gas Rate (Mcf/d)		78		
es	Choke (inches) Pressure (psig) Gas Rate (Mcf/d)				
Gas Rates	Choke (inches)				
	Volume (bbl)	0.49			
Recovery	Description	VM trc%oil, 5%w tr, 95%mud 0.49			

Trilobite Testing, Inc

51836 Ref. No:

Printed: 2014.01.08 @ 13:37:03



## DRILL STEM TEST REPORT

luka-Carmi Development LLC.

PO Box 847 Pratt KS 67124

ATTN: Ken LeBlanc

5-32s-11w Barber, KS

Jones #1-5

Job Ticket: 51863

DST#:4

Test Start: 2014.01.03 @ 03:53:49

GENERAL INFORMATION:

Simpson No Whipstock: Formation: Deviated:

0.00 ft (KB)

Time Tool Opened: 06:05:49 Time Test Ended: 12:52:34

4735.00 ft (KB) (TVD)

Total Depth: Interval:

4700.00 ft (KB) To 4735.00 ft (KB) (TV 4735.00 ft (KB) (TVD)
7.88 inchesHole Condition: Fair

Hole Diameter:

Reference Bevations:

48

Unit No:

Conventional Bottom Hole (Reset) Ryan Reynolds

Test Type: Tester:

1583.00 ft (KB) 1571.00 ft (CF) 12.00 ft

KB to GR/CF:

4701.00 ft (KB) End Date: End Time: @ Outside 598.70 psig 2014.01.03 03:53:54

Last Calib.: Time On Btm: Time Off Btm: Capacity: 2014.01.03 12:52:34

8000.00 psig

2014.01.03 2014.01.03 @ 06:02:49 2014.01.03 @ 10:08:34

Serial #: 8790
Press@RunDepth:
Start Date:
Start Time:

IF: Strong blow . BOB @ 1min. No GTS. ISI: Good 9" BB FF: Strong blow . BOB @ 30sec. No GTS. FSI: Fair 3" BB TEST COMMENT:

PRESSURE SUMMARY	Annotation		Initial Hydro-static	Open To Flow (1)	Shut-In(1)	End Shut-In(1)	Open To Flow (2)	Shut-In(2)	End Shut-In(2)	Final Hydro-static			
RESSUR	Temp	(deg F)	120.92	121.13	129.97	128.56	127.97	131.26	129.92	128.04			
H.	Pressure	(bisd)	2498.64	127.97	268.42	1744.66	285.37	598.70	1746.23	2311.35			
	Time	(Min.)	0	က	33	93	94	153	244	246			
	1											 	

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	111	,,,,,,	,,,,	11111		11111	1	DODD	***	<b>*</b>		
5750 Terrosman					A MARCHANIA CONTRACTOR OF THE PARTY OF THE P	PROPERTY OF THE PARTY OF THE PA	NAME OF THE PARTY	*****	-	PARAMETER		PAGS.
						-			1	8		By B
	1) the state of									1	-	- - -
S750 Presure	=	奉				<u></u>	_				>	GAM
	L	8002		1.		9099	<b>100</b> 0	e beechi		8		

	0	12
Recovery	Description	VSLI OCGW trc%oil, 5%gas, 95%w tr

0.00 790' GIP 0.00	190.00 OWGCM 10% oil, 10% vtr, 12% gas, 68% r2.67

\* Recoveryfrom multiple tests Trilobite Testing, Inc

Ref. No: 51863

Printed: 2014.01.08 @ 13:29:10

### Gas Rates

Choke (inches)	Choke (inches)   Pressure (psig)	Gas Rate (Mcf/d)

### ENERGY SERVICES PRESSURE PUMPING & WIRELINE

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

718 09831 1718

K

DATE TICKET NO.	NEW OLD OLD OLD ONE ORDER NO.:	S WELL NO.   - 5	rber STATE Hansas	SERVICE CREW C. M. SSich: M. McGraw: S. Young	JOB TYPE: C. M. W Longstring	TRUCK CALLED 1-4-14-14-14-00	ARRIVED AT JOB 1-4-14	START OPERATION 1-5-14 AM 6:30	FINISH OPERATION - C - T AM G - C	200 111	RELEASED (-5-(4 PM 8:15	MILES FROM STATION TO WELL 30	
	OLD O	Jones	COUNTY Barber	CREWC	C.N.	HRS				4 100			-
W	NEW WELL	LEASE	COUNTY	SERVICE	JOB TYPE	EQUIPMENT#							-
5-325-11W	15					EQU							-
1	Tansa					HRS							
PRESSURE PUMPING & WIRELINE	DISTRICT Pratt. Hansus	lell Service	4	STATE		EQUIPMENT#							
URE PUMI	+	+ W	•			HRS	1.5		5		5 -	1	
PRESSI	DATE OF 1-5-1	CUSTOMER Pra	ADDRESS	CITY	AUTHORIZED BY	EQUIPMENT#	91228		77,686-19,905		19 274-77-40	11,000 (1,100	The state of the s

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.

Decome a part	Decome a part of this contract minor the minor concerns of the part of the par	SIC	SIGNED:	NED: OAMIED ODEBATOR CONTRACTOR OR AGENT)	TRACTOR OR AG	FINE
to in the self-self-self-self-self-self-self-self-			(WELL OWING	ER, OPERALOR, CON	חס ווסוסגיוו	
HEM/PRICE NO	MATERIAL, EQUIPMENT AND SERVICES USED	TINO	QUANTITY	UNIT PRICE	\$ AMOUNT	A
40107	50/50 Par Blaw Coment	115	285	\$	3,135	8
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	CHEMICAL / ACID DATA:	5		SUB TOTAL		
	SERVICE & EQUIPMENT	MENT	%TA	%TAX ON \$		
	MATERIALS		%TA	%TAX ON \$		E I
				IATOT		7

98 FIELD SERVICE ORDER NO. SERVICE REPRESENTATIVE/AD

W.

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY:
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

LOG-TECH OF KANSAS, INC. P.O. BOX 885 GREAT BEND, KANSAS 67530 (620) 792-2167

2014 7798

Date

STATE KS  32 S RANGE 116  WEIGHT FLUID LEVEL 300' cher, M. Montes	From Depth To Amount 409 4430 2840 387 4408 387 3870 4386	Total Price Amount No. Ft. Per Ft.	Quantity Amount	Sub Total 3490 °C  Tool Insurance
R ORDER NO. L FIELD SK. A Y Backer TWP.	PERFORATING  Description  0 w E N HS ( 4000-3/7) 22 4/3  3-DET  11 4/3	DEPTH AND OPERATIONS CHARGES  Description  From Depth To	MISCELLANEOUS  Service Charge	PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT  RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS  AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.  Code Ref.  Code Ref.  Code Ref.  Code Ref.  Code Ref.  Description of the Term of

GOLDENROD - Field Copy

PINK - Customer Copy

WHITE - Original CANARY - File Copy

10824

Russell, KS 785-483-2003

ALLIED CEMENTING CO. LLC (ACID)
P.O. Box 31
Russell, Kansas 67665
785-483-2627

Medicine Lodge, KS 620-886-5926

FED ID #20-5975804

New Tork   1989   2004   200	WELL DATA   State	Date 1-30	5-14		H	CD14013101		Location	4	XS #	
Well DATA   PREFORM   PR	WELL DATA   SIZE   WEIGHT   DEPT   SIZE   W	wner			Lease Toda	650	Sones	Vell 1-5	County	rber	2
NET DAY   NET	WELL DATA   SIZE   WEIGHT   DEPT	Station			Section	Township		ormation	. 00.5	Contractor	
SEE   Miscrit   Early COUNT   From   Park France   Park	SIZE WEIGHT DEPT   DEPT	^	VELL DATA		PERFOR		OC	ATMENT			
27/2   5/4   100 m	27/8   15.5		WEIGHT	EPTH VOLUME			Max. Pressure		To: Allied	Cementing Company	r LLC (ACID)
17.2   15.4   17.0   19.0   19.0   19.0   17.0	PRESSURE   TOTAL   TOTAL   TEG   CSG   PUM   TEG   CSG   TEG   CSG   TEG   T				From		Min. Pressure		equip	ment to do work as lis	sted.
Feesange   Figure	PRESSURE   TOTAL   TBG   CSG   PUM   TBG   CSG   PUM   TGG   PUM		15.		From		Avg. TrT Pressure		Charge To:	Taka Par	
FreeEastree   Front E   Front E   Free   F	PRESSURE TOTAL  PRESSURE TOTAL  PRESSURE TOTAL  SOC	DPEN HOLE			From		Total Flu	id Pumped	Street		
PRESSURE	PRESSURE   TOTAL   TBG   CSG   PUM   TBG   CSG   PUM   TSGO   PUM	TOPB			From	o o	181	N	City		State
Committee   Comm	PRESSURE   TOTAL   TBG   CSG   PUM   TBG   CSG   PUM   TSOD   T					TREA	TMENT LOC	40			
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	J			3	W CON	stomer Signal	ture			Customer Print N	Vame

As consideration, the above names (well owner or contractor) agrees to: (a) pay you in accordance with your current price strategies, (b) the above names (well owner and/or customer unless caused by its willful negligence, this provision applying but not limited to subsurface damage and shall not be liable for damage to property of well owner and/or customer shall be responsible for and secure Allied Cementing Company LLC (ACID) against any liability surface damage arising from subsurface damage. Well owner and/or customer shall be responsible for and secure Allied Cementing Company LLC (ACID) are lost or damage is caused by willful negligence of Allied Cementing Company LC (ACID): If equipment or instruments of Allied Cementing Company LLC (ACID) are lost or damaged at the well, well owner and/or customer shall either recover the same or pay (ACID). If equipment or instruments unless, however, such loss or damage is caused by the negligence of Allied Cementing Company LLC (ACID); (c) that you make no guarantee for such agreement not herein contained. It is of the effectiveness of the materials to be used or the results of treatments; and (d) that you will not be bound by any representation or agreement not herein contained. It is nuderstood you will pay wages (and payroll taxes and withholding thereon) and comply with workman's compensation statutes applicable to servicemen you furnish.

Russell, KS 785-483-1374 785-483-2627 785-483-1200

ALLIED CEMENTING CO. INC. (ACID)
P.O. Box 31
Russell, Kansas 67665
785-483-2627

Medicine Lodge, KS 620-886-5926

TREATMENT Total Fluid Pumped Avg. Inj. Rate Avg. TrT Pressure STATE Max. Pressure Min. Pressure CONTRACTOR PERFORATIONS COUNTY **EXPLANATION** 5 5 5 5 5 SHOTS FT. From From From From From Ticket # VOLUME WELL DEPTH TREATMENT LOG FORMATION WELL DATA SIZE CUSTOMER ORDER OR P.O. NUMBER INJECTION RANGE OPEN HOLE TUBING CASING ANNULUS TOWNSHIP FLUID IN FORMATION LEASE Engineer Service SECTION **EQUIPMENT AND PERSONNEL** PRESSURE TBG CSG 48-0727860 STATION TIME A.M./P.M. OWNER