



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

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_



1050301

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	CHRISTIANSEN 2-15
Doc ID	1050301

All Electric Logs Run

DUAL COMPENSATED POROSITY LOG
DUAL INDUCTION LOG
GAMMA RAY / NEUTRON LOG
SONIC CEMENT BOND LOG

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	CHRISTIANSEN 2-15
Doc ID	1050301

Tops

Name	Top	Datum
ANHYDRITE	626	+1215
BASE ANHYDRITE	648	+1193
HEEBNER	3077	-1236
TORONTO	3097	-1256
DOUGLAS	3110	-1269
BROWN LIME	3213	-1372
LANSING	3225	-1384
BASE KANSAS CITY	3447	-1606
ARBUCKLE	3522	-1681
LTD	3537	-1696

## GENERAL INFORMATION

### Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

### Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

### Well Information:

Name: CHRISTIANSEN 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S15/21S/12W STAFFORD

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D818

Test Unit:

Start Date: 2010/09/28 Start Time: 21:50:00

End Date: 2010/09/29 End Time: 05:30:00

Report Date: 2010/09/29 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

### Remarks:

GAS TO SURFACE 1ST FLOW  
RECOVERY: 500' WATER+MUD CUT GASSY OIL, 1000' GASSY WATER



# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

## DRILL-STEM TEST TICKET

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
 Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
 Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

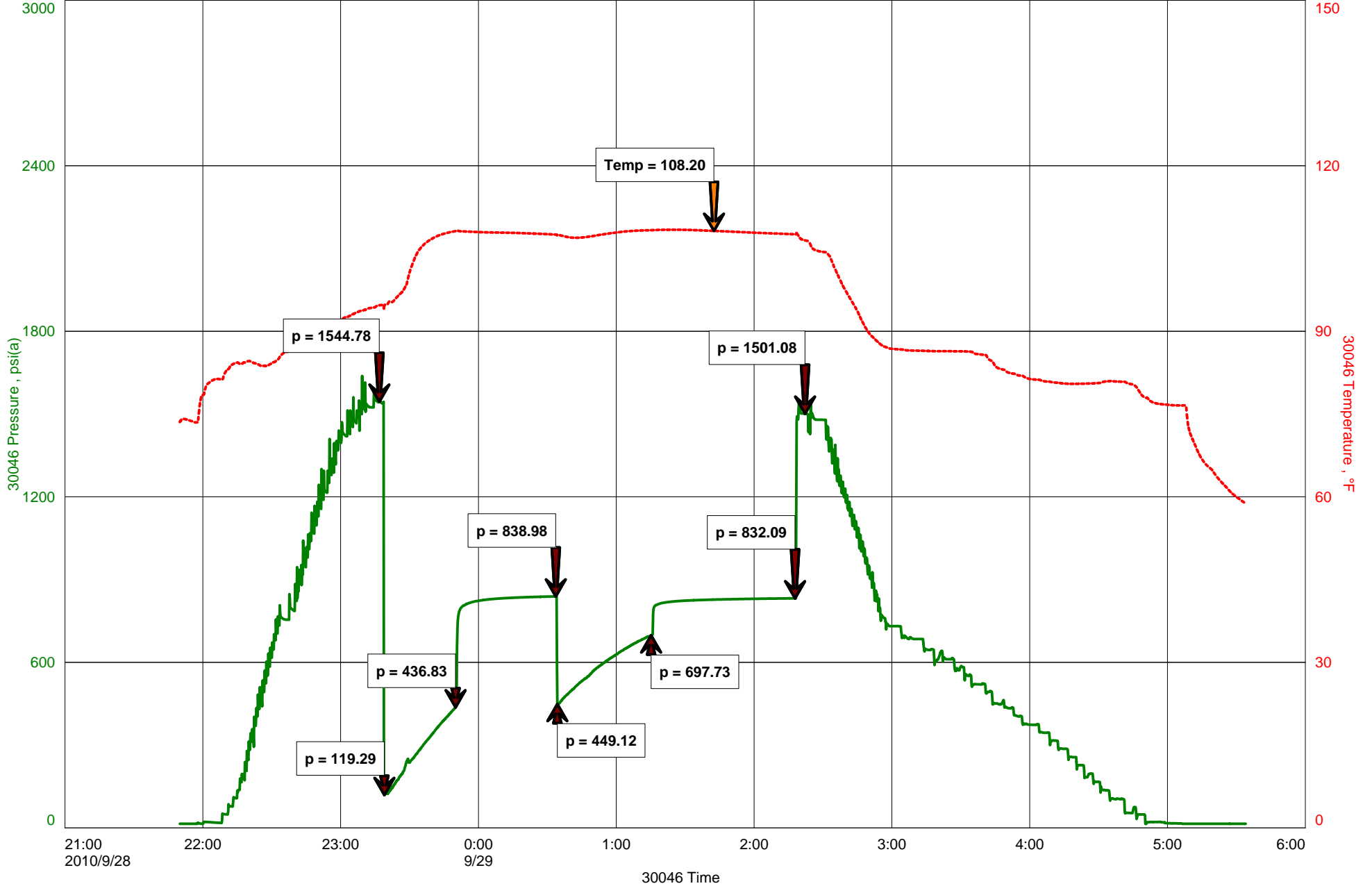
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)	P.S.I.	
Initial Flow Period		Minutes (B)	P.S.I. to (C)	P.S.I.
Initial Closed In Period		Minutes (D)	P.S.I.	
Final Flow Period		Minutes (E)	P.S.I. to (F)	P.S.I.
Final Closed In Period		Minutes (G)	P.S.I.	
Final Hydrostatic Pressure		(H)	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

# CHRISTIANSEN 2-15



## GENERAL INFORMATION

### Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

### Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

### Well Information:

Name: CHRISTIANSEN 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S15/21S/12W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D819

Test Unit:

Start Date: 2010/09/29 Start Time: 17:30:00

End Date: 2010/09/29 End Time: 23:45:00

Report Date: 2010/09/29 Prepared By: JOHN RIEDL

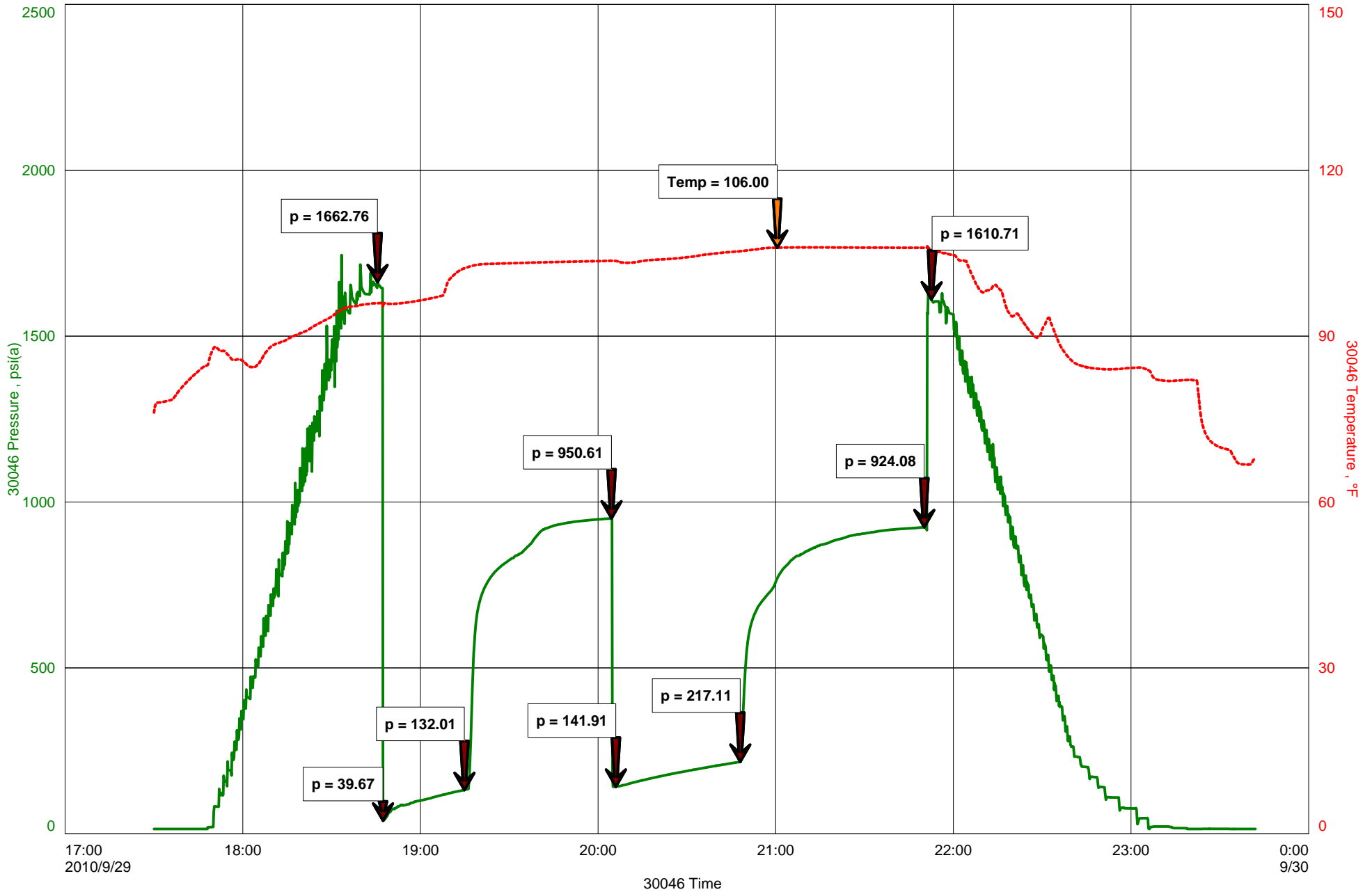
Qualified By: JOSH AUSTIN

### Remarks:

RECOVERY: 120' GIP. 180' SL OIL+GAS CUT MUD  
250' SL MUD CUT GASSY WATER



# CHRISTIANSEN 2-15





# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

## DRILL-STEM TEST TICKET

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
 Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
 Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)	P.S.I.	
Initial Flow Period		Minutes (B)	P.S.I. to (C)	P.S.I.
Initial Closed In Period		Minutes (D)	P.S.I.	
Final Flow Period		Minutes (E)	P.S.I. to (F)	P.S.I.
Final Closed In Period		Minutes (G)	P.S.I.	
Final Hydrostatic Pressure		(H)	P.S.I.	

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## GENERAL INFORMATION

### Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

### Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

### Well Information:

Name: CHRISTIANSEN 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface:

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D820

Test Unit:

Start Date: 2010/09/30 Start Time: 09:15:00

End Date: 2010/09/30 End Time: 02:20:00

Report Date: 2010/09/30 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

### Remarks:

RECOVERY: 30 'DRILLING MUD



# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

## DRILL-STEM TEST TICKET

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
 Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
 Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

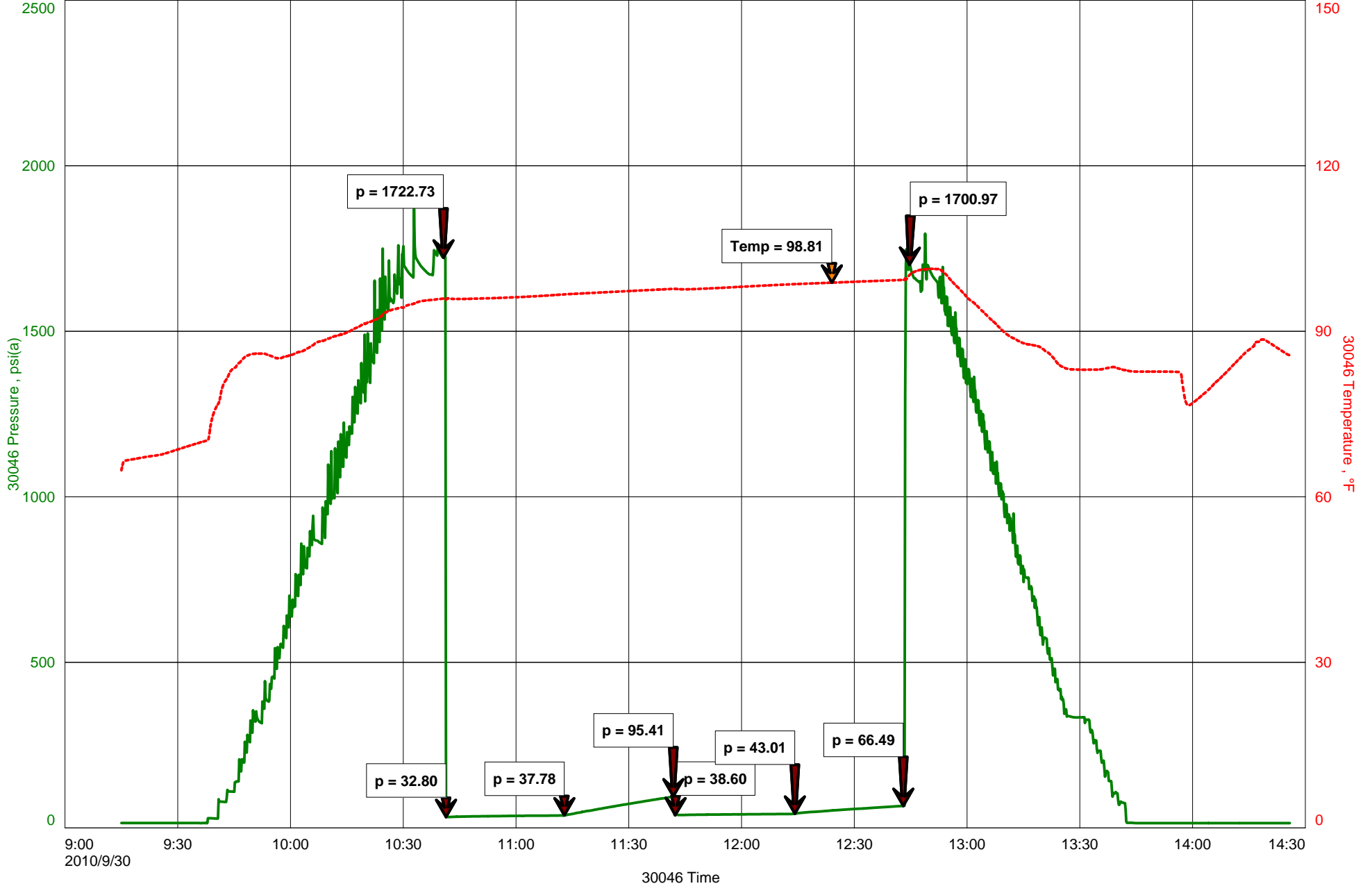
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)	P.S.I.	
Initial Flow Period		Minutes (B)	P.S.I. to (C)	P.S.I.
Initial Closed In Period		Minutes (D)	P.S.I.	
Final Flow Period		Minutes (E)	P.S.I. to (F)	P.S.I.
Final Closed In Period		Minutes (G)	P.S.I.	
Final Hydrostatic Pressure		(H)	P.S.I.	

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# CHRISTIANSEN 2-15



## GENERAL INFORMATION

### Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

### Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

### Well Information:

Name: CHRISTIANSEN 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface:

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D821

Test Unit:

Start Date: 2010/09/30 Start Time: 19:20:00

End Date: 2010/09/30 End Time: 23:00:00

Report Date: 2010/09/30 Prepared By: JOHN RIEDL

Qualified By: JOAH AUSTIN

### Remarks:

REMARKS: PACKER FAILURE



# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

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## DRILL-STEM TEST TICKET

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
 Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
 Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

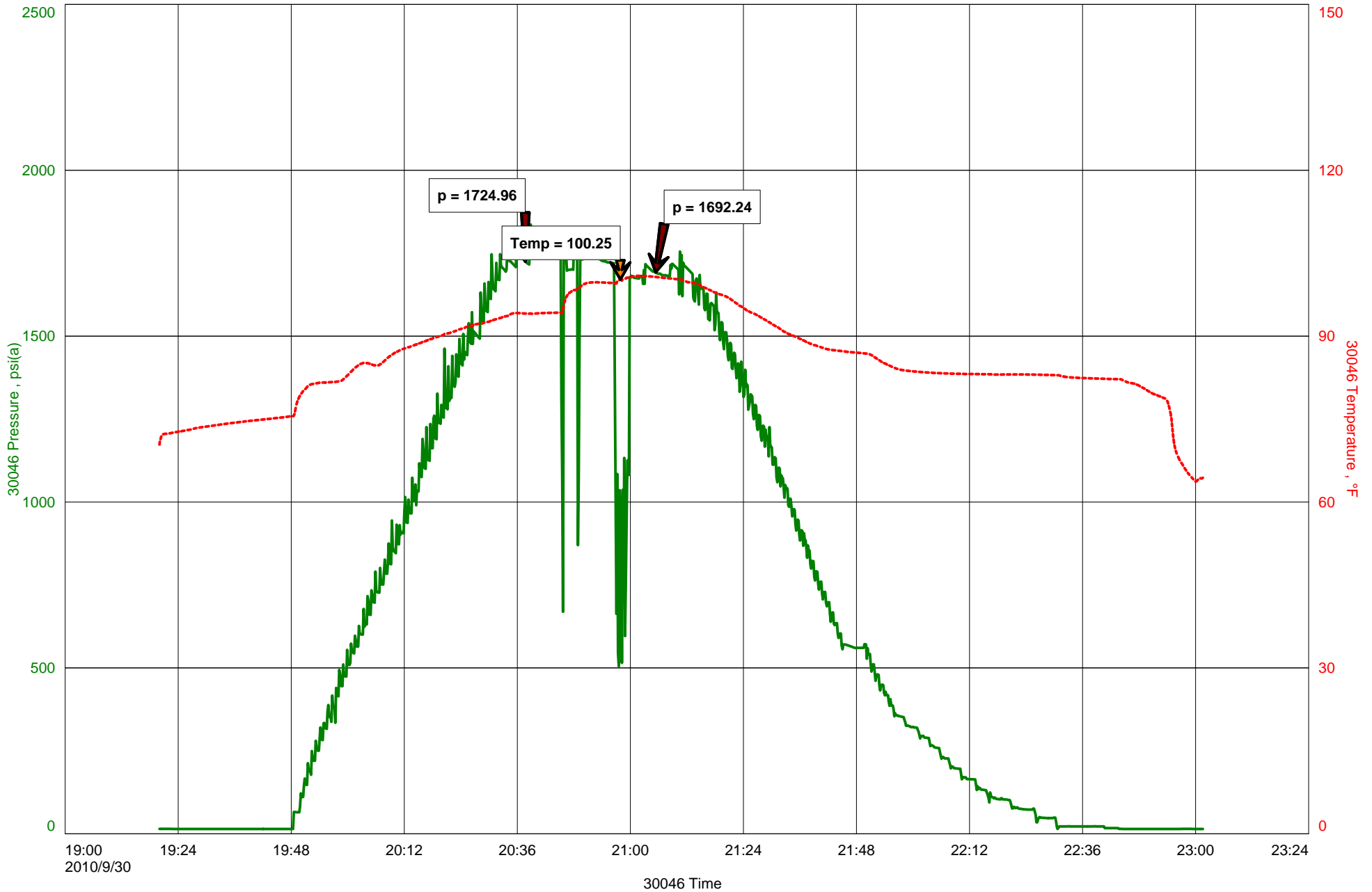
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

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# CHRISTIANSEN 2-15





## GENERAL INFORMATION

### Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

### Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

### Well Information:

Name: CHRISTIANSEN 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface:

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D822

Test Unit:

Start Date: 2010/10/01 Start Time: 04:00:00

End Date: 2010/10/01 End Time: 10:00:00

Report Date: 2010/10/01 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

### Remarks:

RECOVERY: 20' DRILLING MUD



# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

## DRILL-STEM TEST TICKET

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
 Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
 Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

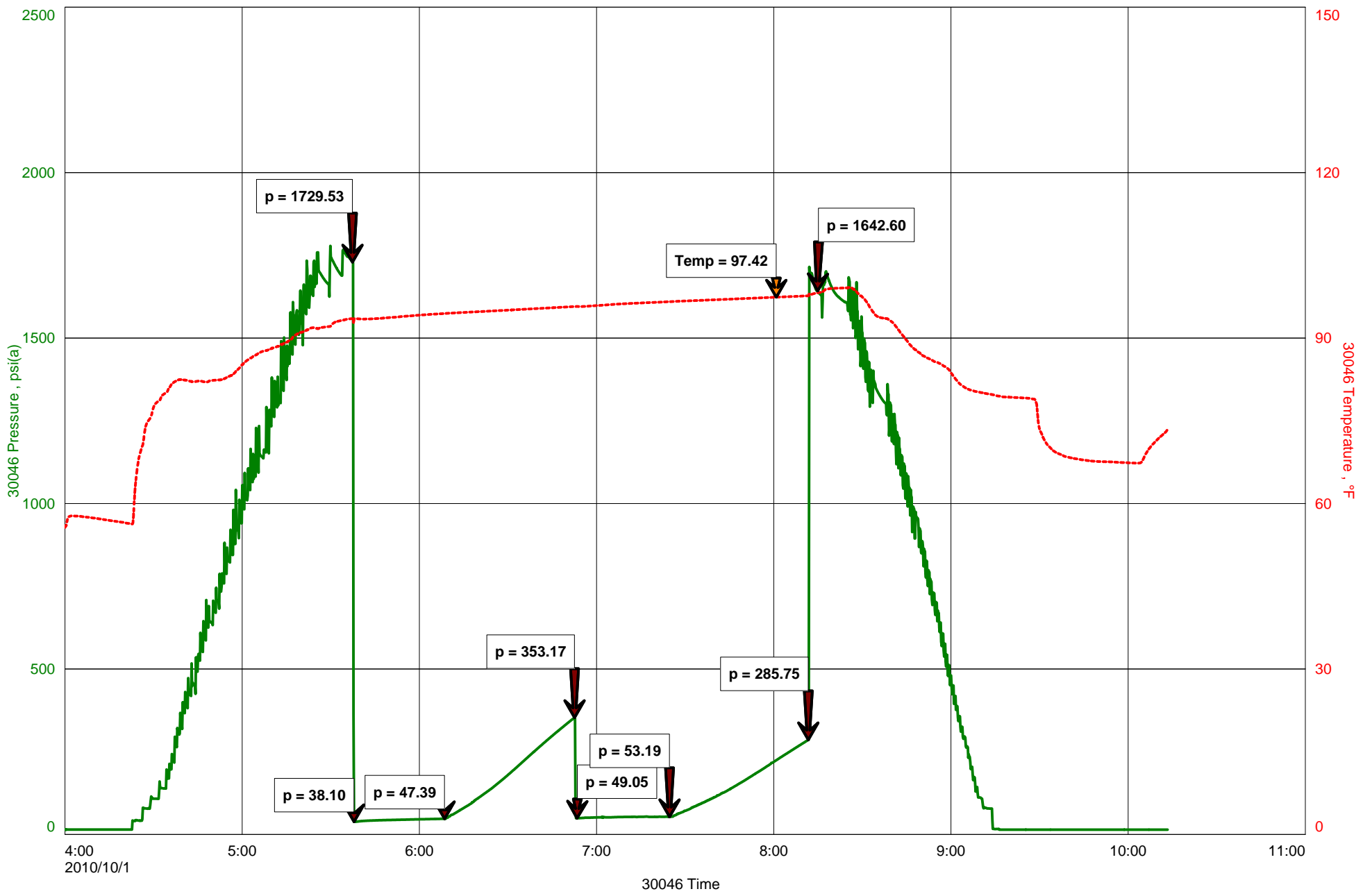
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Remarks: \_\_\_\_\_

	Price Job
	Other Charges
	Insurance
	Total

	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A) _____		P.S.I.
Initial Flow Period		Minutes (B) _____		P.S.I. to (C) _____ P.S.I.
Initial Closed In Period		Minutes (D) _____		P.S.I.
Final Flow Period		Minutes (E) _____		P.S.I. to (F) _____ P.S.I.
Final Closed In Period		Minutes (G) _____		P.S.I.
Final Hydrostatic Pressure		(H) _____		P.S.I.

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# CHRISTIANSEN 2-15



## GENERAL INFORMATION

### Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

### Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

### Well Information:

Name: CHRISTIANSEN 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S15/21S/12W STAFFORD CTY

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D823

Test Unit:

Start Date: 2010/10/01 Start Time: 14:30:00

End Date: 2010/10/01 End Time: 18:00:00

Report Date: 2010/10/01 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

### Remarks:

REMARKS: PACKER FAILURE



# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

## DRILL-STEM TEST TICKET

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
 Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
 Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

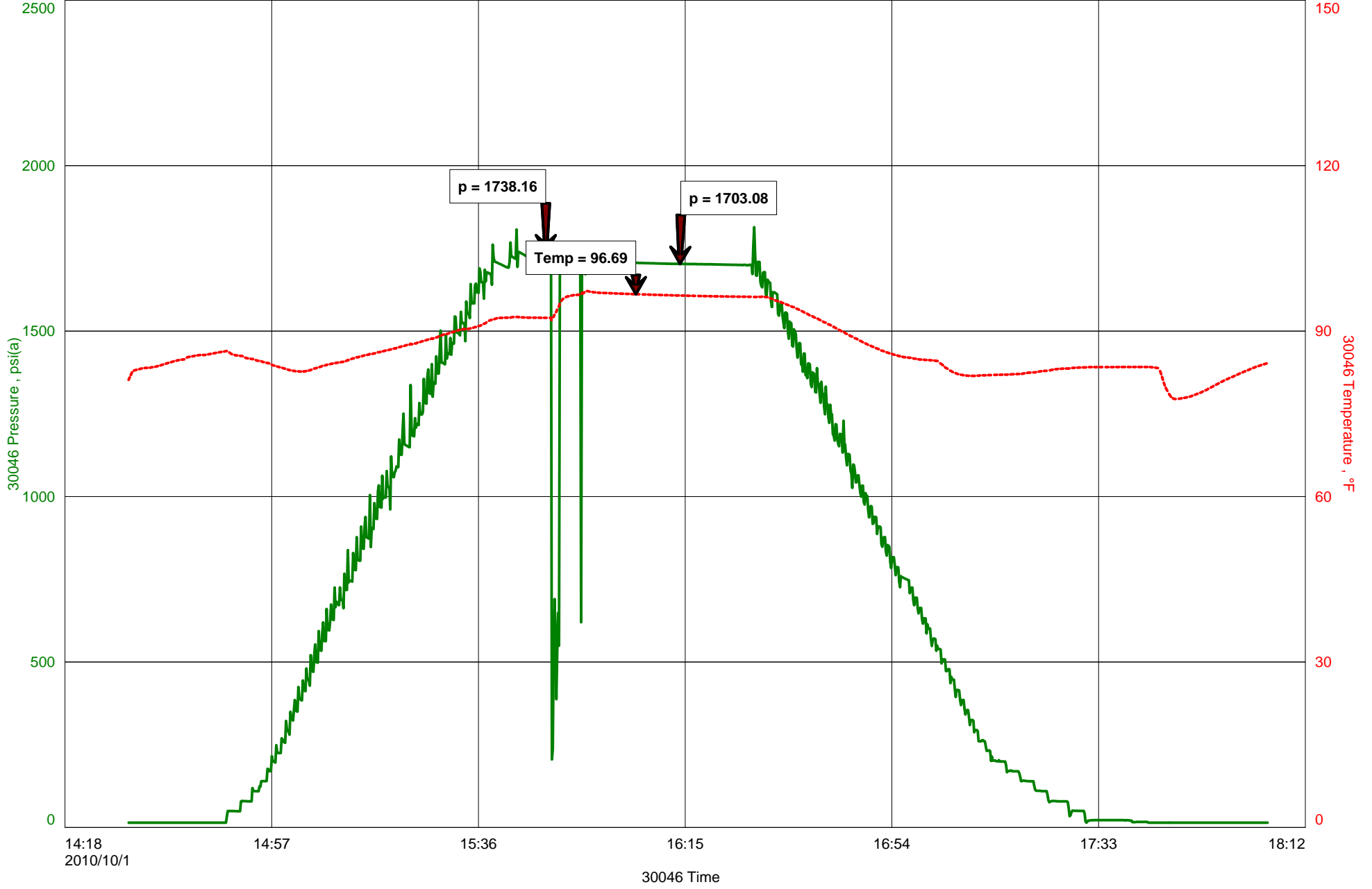
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)	P.S.I.	
Initial Flow Period		Minutes (B)	P.S.I. to (C)	P.S.I.
Initial Closed In Period		Minutes (D)	P.S.I.	
Final Flow Period		Minutes (E)	P.S.I. to (F)	P.S.I.
Final Closed In Period		Minutes (G)	P.S.I.	
Final Hydrostatic Pressure		(H)	P.S.I.	

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# CHRISTIANSEN 2-15



## GENERAL INFORMATION

### Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

### Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

### Well Information:

Name: CHRISTIANSEN 2-15

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S15/21S/12W STAFFORD CTY

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D824

Test Unit:

Start Date: 2010/10/01 Start Time: 18:20:00

End Date: 2010/10/02 End Time: 01:10:00

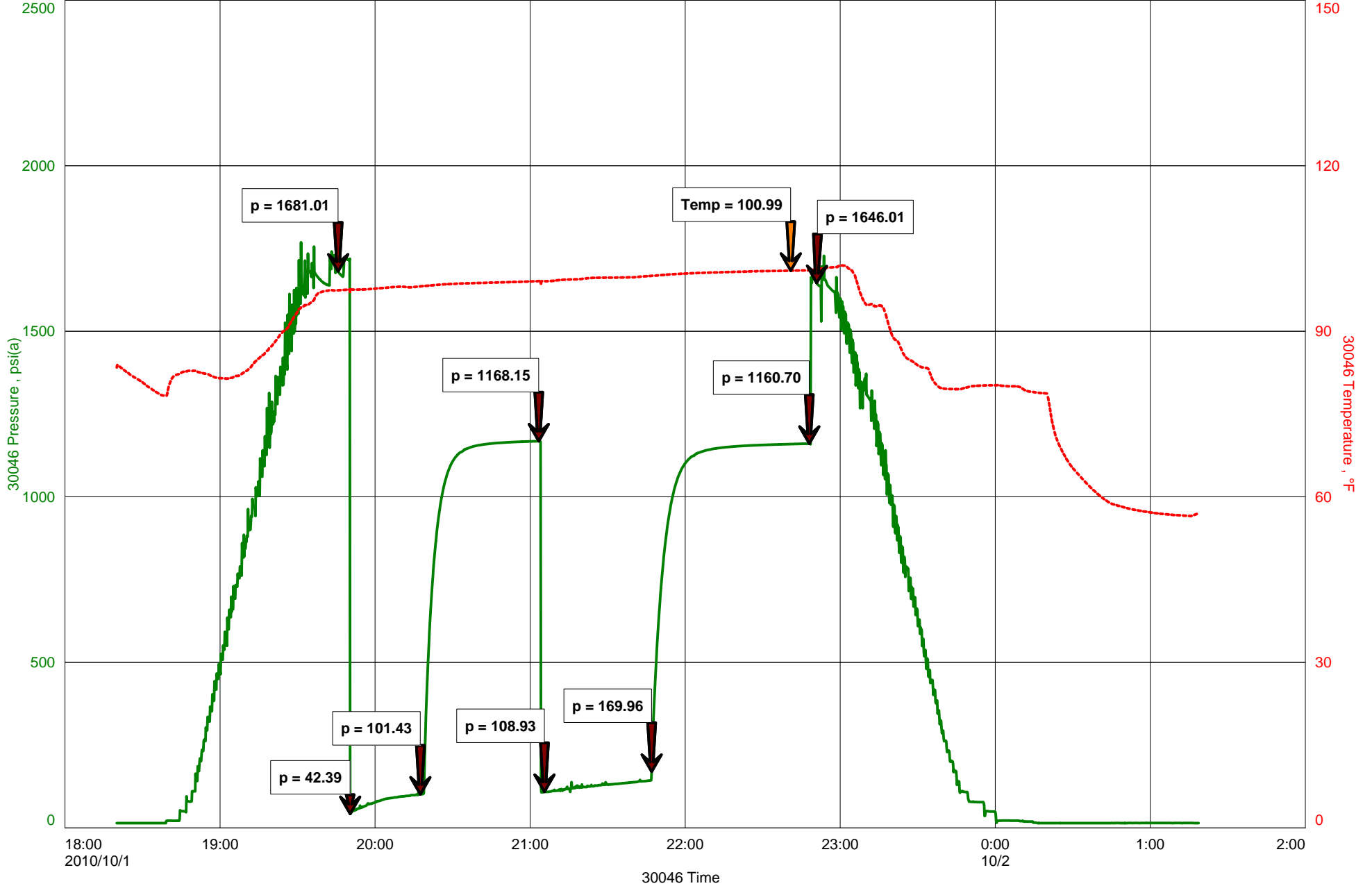
Report Date: 2010/10/02 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

### Remarks:

RECOVERY: 240' SLIGHTLY OIL CUT MUD

# CHRISTIANSEN 2-15







# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

## DRILL-STEM TEST TICKET

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
 Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
 Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
 Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State \_\_\_\_\_  
 Test Approved By \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)	P.S.I.	
Initial Flow Period		Minutes (B)	P.S.I. to (C)	P.S.I.
Initial Closed In Period		Minutes (D)	P.S.I.	
Final Flow Period		Minutes (E)	P.S.I. to (F)	P.S.I.
Final Closed In Period		Minutes (G)	P.S.I.	
Final Hydrostatic Pressure		(H)	P.S.I.	

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# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>L. D. Drilling INC</b>		Lease No.		Date	
Lease <b>Christiansen</b>		Well # <b>2-15</b>		<b>9-26-10</b>	
Field Order # <b>02636A</b>	Station <b>Pratt KS</b>	Casing <b>8 5/8</b>	Depth <b>338</b>	County <b>Stafford</b>	State <b>Ks</b>
Type Job <b>8 5/8 Surface</b>			Formation <b>CNW</b>	Legal Description <b>15-21-12</b>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<b>8 5/8</b>				<b>37.5 SKs common w/ 2% gel</b>	<b>15 #/gal</b>	<b>3% CC</b>	<b>1/4" cell flake</b>
Depth	Depth	From	To	Pre Pad	Max		5 Min.
<b>338</b>				<b>@ 15 #/gal</b>			
Volume	Volume	From	To	Pad	Min		10 Min.
<b>20661</b>							
Max Press	Max Press	From	To	Frac	Avg		15 Min.
<b>200 #</b>							
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
<b>PC</b>							
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load
<b>318</b>				<b>Disp. Fresh water</b>			

Customer Representative <b>Jim.</b>	Station Manager <b>scotty</b>	Treater <b>Allen F. Werth</b>
--	----------------------------------	----------------------------------

Service Units	<b>08443</b>	<b>27463</b>	<b>19831</b>	<b>19862</b>
Driver Names	<b>A. Werth</b>	<b>C. Veach</b>	<b>Daryl Bishop</b>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:25					an hoc. Discuss Safety, Setup, Plan Job
10:30					start 8 5/8" casing 24"
11:30					Hook up + CIR w/ Rig. - Good CIR.
11:40	100 #				5 1/2 start mix 37.5 SKs common w/ 2% gel 3% CC, 1/4" cell Flake. @ 15 #.
			90		Finish mix - Release wooden
11:55				5	plug. + start Disp.
12:00	9-26-10		20	2	Plug down - Shut IN @ well Release P5J - cnt didn't CIR.
12:15					wait on cnt -
3:00					cnt on loc.
					Rig up 1" pipe Tag cnt @ 45 down.
3:45			21	2	mix 100 SKs common w/ 3% CC cnt CIR. To cellar wash up + Rack up Equip.
5:00					Job complete.

thanks Allen, Chris, Daryl



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 02781 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 10/3/10	DISTRICT PRATT, KS	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 LIS DRILLING	LEASE CHRISTIANSEN	WELL NO 2-15					
ADDRESS	COUNTY STAFFORD	STATE KS					
CITY	STATE	SERVICE CREW A.C. CHUBB, LUCAS					
AUTHORIZED BY	JOB TYPE: CNW - LOWESTRENG						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 10-3 AM 0800
19907						ARRIVED AT JOB	AM PM 1030
27463	1					START OPERATION	AM PM 1030
19826	1					FINISH OPERATION	AM PM 1500
19860						RELEASED	AM PM 1600
						MILES FROM STATION TO WELL	45

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
CP103	60/40 P62	175 SK			2100.00
CP103	60/40 P62	30 SK			360.00
CC111	SALT	1564 lb.			782.00
CC112	CFR	76 lb.			456.00
CC201	CHLORONITE	875 lb.			586.25
CF607	5 1/2 LATCH DOWN PLUG	1 EACH			400.00
CF1101	5 1/2 BASKET SHOE	1 EACH			1700.00
CF1651	5 1/2 TURBOLEVER	5 EACH			550.00
C704	CS-1L KCL	1 gallon			35.00
CC151	MUD FLUSH	500 gallon			430.00
E100	PICKUP MILEAGE	45 mile			191.25
E101	TRUCK MILEAGE	90 mile			630.00
E113	BULK DELIVERY	398 TM			637.20
CE204	PUMP CHARGE	1 EACH			2160.00
CE240	BLENDED CHARGE	205 SK			287.00
CE504	PLUG CONTRACTOR	1 EACH			250.00
S003	SERVICE SUPERVISOR	1 EACH			175.00

SUB TOTAL  
JCS 8093.49

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE  
A. Conley

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: J.D. Davis

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>LD DRAYNOR</b>	Lease No.	Date <b>10-3-10</b>
Lease <b>CHRISTENSEN</b>	Well # <b>2-15</b>	
Field Order # <b>2781A</b>	Station <b>PRATT, KS</b>	Casing <b>5 1/2</b>
		Depth <b>3598</b>
Type Job <b>ANN - LOWC STRENGTH</b>	Formation <b>TD-3950</b>	County <b>STEPHENS</b>
		State <b>KS</b>
		Legal Description <b>15-21-12</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>5 1/2</b>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth <b>3598</b>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>3276</b>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <b>LD</b>	Station Manager <b>SCOTT</b>	Treater <b>GIORSUZY</b>
Service Units <b>19907</b>	<b>27463</b>	<b>19826-19860</b>
Driver Names <b>KS</b>	<b>CHRISTENSEN</b>	<b>LUCAS</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1030					ON LOCATION
					RUN 89 JTS. 5 1/2 CSG 14" BASKET SHOE LATCH BUFFLE
					DN 15' COLLAR. CANT-1-3-5-7-9
1315					5 1/2 SET AT 3598' - BLEND CARE
1430	900				DROP BALL - SET BASKET SHOE
	500		20	6	Pump 20 bbl 2% HCL H2O
	500		12	6	Pump 12 bbl MUD FLUSH
	520		3	6	Pump 3 bbl H2O
	300		37	6	Pump 175 gal 60/40 P02
					18% SACT, 1/2% CFR, 5% GILSONITE
					STOP - WASH LINE - DROP RUG
	0		0	6	START DISP.
	200		64	6	LEFT CEMENT
	600		80	3	SLOW RATE
1500	1000		87.2	3	PLUG DOWN - HOLD
					PLUG RAT HOLE - 30 JK 60/40 P02
1600					DB COMPLETE - KEVA



James C. Musgrove  
Petroleum Geologist

Office

(620) 588-4250

212 Main St. • P.O. Box 215 • Claflin, KS 67523

Home

(620) 587-3444

# GEOLOGIST'S REPORT

## DRILLING TIME AND SAMPLE LOG

COMPANY LD Drilling Inc.  
 LEASE Christiansen #2-15  
 FIELD Sandra  
 LOCATION SW-Se-NW-ne (1207' FNL  
 ; 1774' FEL)  
 SEC 15 TWP 21S RGE 12W  
 COUNTY Stafford STATE Kansas  
 CONTRACTOR Petromark Drilling (rig #2)  
 SPUD 9-25-2010 COMP 10/3/2010  
 RTD 3750 LTD 3537  
 MUD UP 2800' TYPE MUD Chemical  
 displaced

ELEVATIONS  
 KB 1841  
 DF \_\_\_\_\_  
 GL 1836  
 Measurements Are All  
 From -KB-  
 SURFACE CASING 8 5/8" x 343'  
 PRODUCTION 5 1/2"  
 ELECTRICAL SURVEYS  
By log Dec 4

SAMPLES SAVED FROM 2800 TO \_\_\_\_\_  
 DRILLING TIME KEPT FROM 2800 TO \_\_\_\_\_  
 SAMPLES EXAMINED FROM 2800 TO \_\_\_\_\_  
 GEOLOGICAL SUPERVISION FROM 3150 TO \_\_\_\_\_  
 GEOLOGIST ON WELL Jim Musgrove & Josh Austin

FORMATION TOPS	LOG	SAMPLES
<u>anhydrite</u>	<u>626 +1215</u>	
<u>ase anhydrite</u>	<u>648 +1193</u>	
<u>ebner</u>	<u>3077 -1236</u>	
<u>oronto</u>	<u>3097 -1256</u>	
<u>douglas</u>	<u>3110 -1269</u>	
<u>Brown lime</u>	<u>3213 -1372</u>	
<u>ansong</u>	<u>3225 -1384</u>	

*5 1/2" production disposal/production casing was set and cemented.*

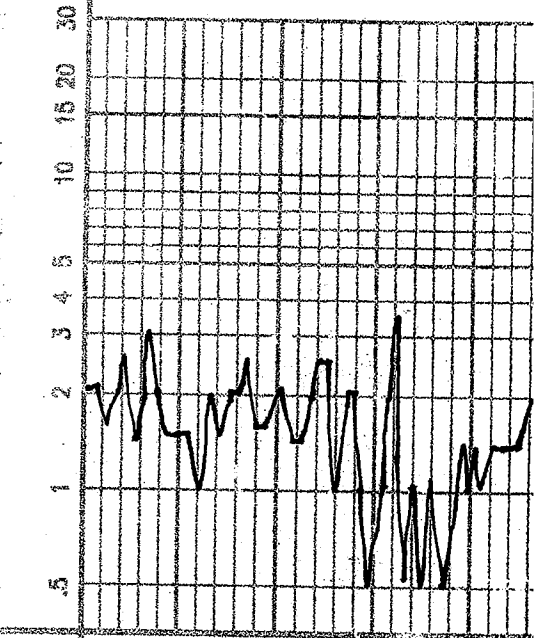
*Respectfully submitted,*

*Jim Musgrove & Josh Austin  
Petroleum Geologists*

### LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carbonate
- Limestone
- Coquina
- Chert
- Dolomite

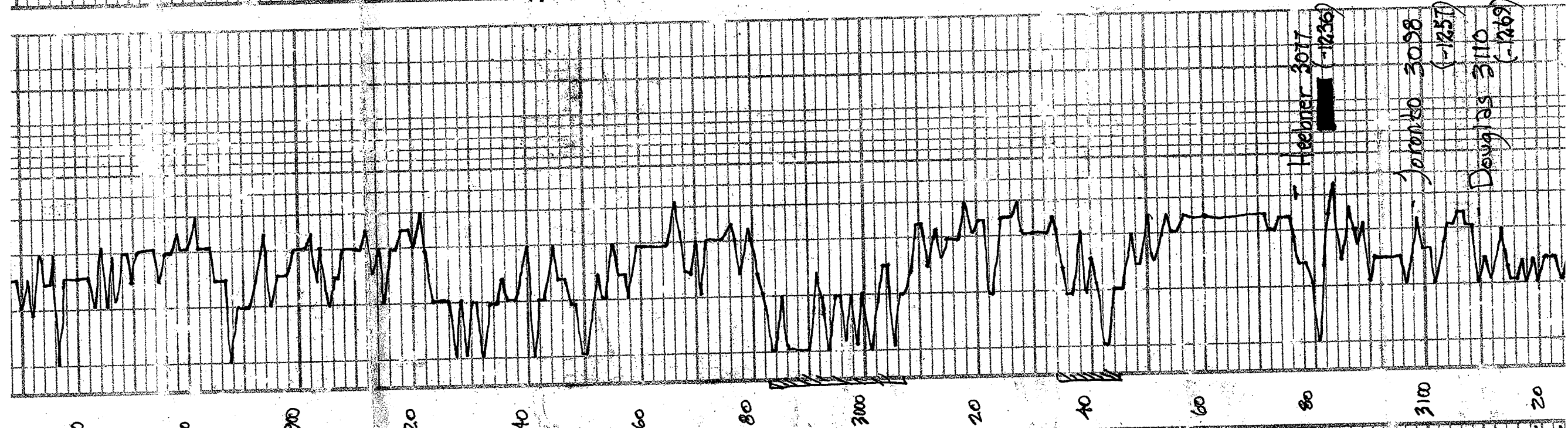
DRILLING TIME  
Logarithmic Scale



### SAMPLE DESCRIPTIONS

REMARKS





us, tan, fr = slightly dolomitic  
 sect of  
 fwh Δ

us, tan, brown, fossil  
 sect of m/s

us, w/ tan, fr, cherty  
 poor vis of m/s

fr. buff, fr, tan, silic, dolomitic

fr tan, gray Δ

fr - blk carb. sh.

us, tan, dy (dense)

us, w/ tan, fr, slightly fossil  
 cherty, fr. blk, tan, dy, fr, fr  
 heavy - blk, no odor

fr, tan, green, silic  
 sh

184 KB-

gry - greenish green sily sh

ZZ

aw, soft, mica

ZZ

aw.

ZZ

ls; tan-gry; sly slightly  
chiky - force

ls; w/ tan, foss/ool; light brown  
- golden brown sh; 20 ft; no odor.

odor

ls; gry; foss, slightly chiky  
- poor light brown sh; m/fo  
ft. odor.

ls; gry - tan, foss; sub. oom;  
Poor dev.; brown/gry sh  
5 ft; ft. odor.

odor

DST #1 3215-3200

30-45-45-60

Blow; Strong OBB in 1 min

Strong Blow back

Final; OBB in 1 min

Strong Blow back

Recovery 500' w/ 10% MSO

(10% water 10' mud 70' gas 50' oil)

1000' GW

Pressure; ISIP 839 PSI

FSIP 832 "

IFP 119-437 "

FFP 449-698 "

HSH 1545 "

-4501 "

ls; tan - cream oom fr. good

oam; fr. golden brown sh - fr

Stability to No odor

DST #2 3266-3440

30-45-45-60

Blow; Strong OBB in 1 min

2" blow back

Final; Strong OBB in 15 min

1" blow back

Recovery 120' GIP

ls; gry; tan; fr. fine sh; sly

vuggy - oam; dk. brown sh - 5 ft  
ft. odor

ls; cream sh; poor dev.; chiky  
brown sh - 10 ft - no odor

sh; gry - greyish green - blk

Brown LHM  
3213  
(1372)

Wansing  
3225  
(1384)

40 20 40 60 80 100 1200 20 40 60 80 1400

