



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
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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: _____



1050844

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 Bbls.	Gas Mcf	Water Bbls.	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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TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castelli Exploration, Inc.
 6908 NW 112TH
 Oklahoma City, OK 73162
 ATTN: Rick Pope

JENNA PAIGE #1-20
20-31s-16w-CM-KS
 Job Ticket: 38798 **DST#: 1**
 Test Start: 2010.09.08 @ 03:02:00

GENERAL INFORMATION:

Formation: **MISSISSIPPIAN**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 06:00:10
 Time Test Ended: 13:09:40
 Interval: **5016.00 ft (KB) To 5030.00 ft (KB) (TVD)**
 Total Depth: 5270.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Straddle
 Tester: Jake Fahrenbruch
 Unit No: 43
 Reference Elevations: 2018.00 ft (KB)
 2005.00 ft (CF)
 KB to GR/CF: 13.00 ft

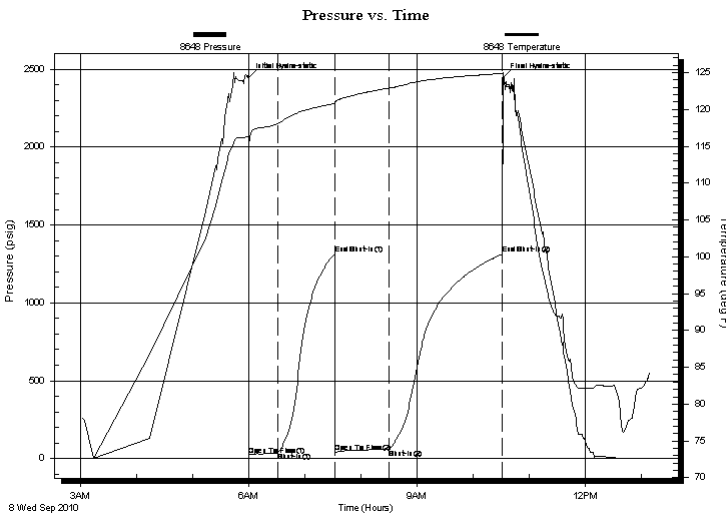
Serial #: 8648

Inside

Press @ Run Depth: 61.65 psig @ 5017.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2010.09.08 End Date: 2010.09.08 Last Calib.: 2010.09.08
 Start Time: 03:02:05 End Time: 13:09:40 Time On Btm: 2010.09.08 @ 05:59:20
 Time Off Btm: 2010.09.08 @ 10:32:09

TEST COMMENT: IF: Weak blow, built to 9" in bucket.
 IS: Bled off, no blow back.
 FF: Weak blow, built to 11" in bucket.
 FS: Bled off, no blow back.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2448.04	116.23	Initial Hydro-static
1	23.58	115.15	Open To Flow (1)
32	38.17	118.10	Shut-In(1)
93	1316.25	120.78	End Shut-In(1)
93	41.30	120.74	Open To Flow (2)
152	61.65	122.90	Shut-In(2)
272	1312.94	124.89	End Shut-In(2)
273	2443.39	124.63	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
50.00	OCM 10%o 90%m	0.25
60.00	GOWCM 15%g5%o20%w 60%m	0.30

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castelli Exploration, Inc.
6908 NW 112TH
Oklahoma City, OK 73162
ATTN: Rick Pope

JENNA PAIGE #1-20
20-31s-16w-CM-KS
Job Ticket: 38798 **DST#: 1**
Test Start: 2010.09.08 @ 03:02:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.59 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
50.00	OCM 10%o 90%m	0.246
60.00	GOWCM 15%g5%o20%w 60%m	0.295

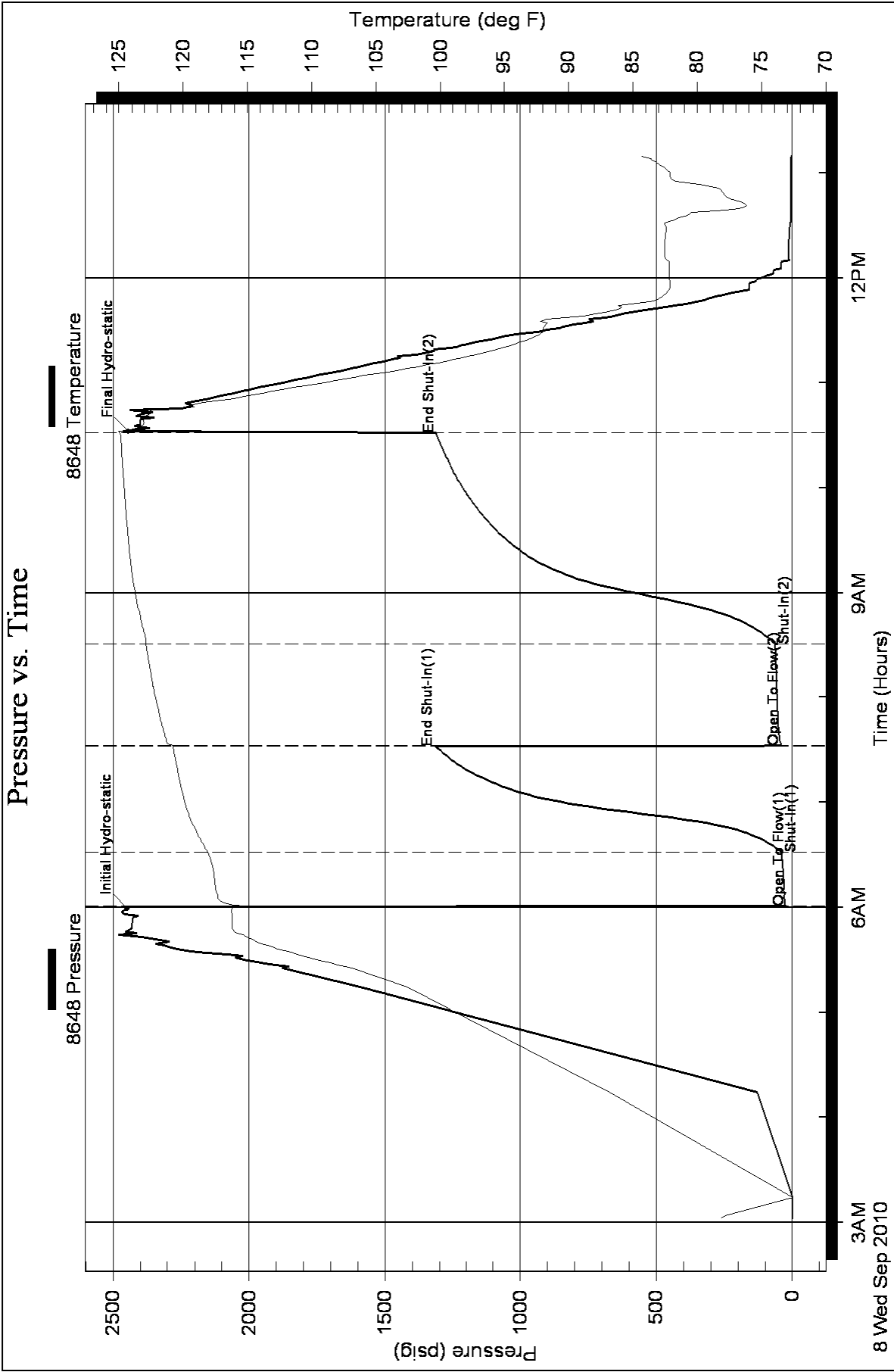
Total Length: 110.00 ft Total Volume: 0.541 bbl

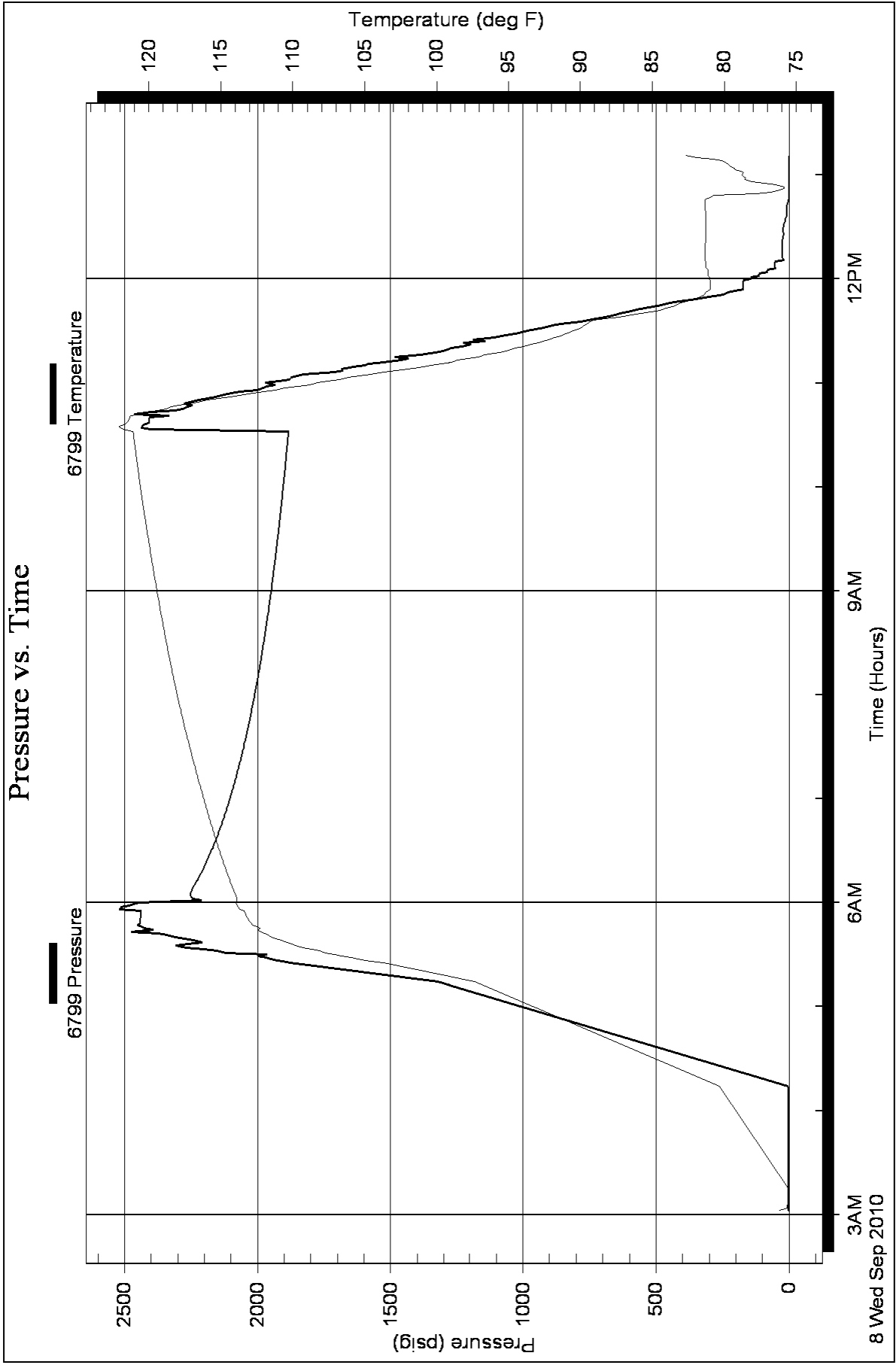
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

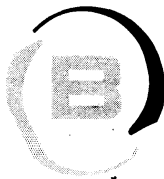
Laboratory Name: Laboratory Location:

Recovery Comments:

Pressure vs. Time







BASICSM
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 02272 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-3-10 DISTRICT KANSAS		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 Castelli Explor. INC.		LEASE Jenna Paige 1-20 WELL NO.				
ADDRESS		COUNTY Comanche 20-31-16 STATE KANSAS				
CITY STATE		SERVICE CREW A. Werth, Joe Melson, B. Mitchell				
AUTHORIZED BY		JOB TYPE: 13 3/8" conductor CNW				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 9-3-10 DATE 9-3-10 TIME 1000
28443 P.V.	1					ARRIVED AT JOB 9-3-10 TIME 330
33708-20920	1					START OPERATION 9-3-10 TIME 900
19826-19860	1					FINISH OPERATION 9-3-10 TIME 1000
						RELEASED 9-3-10 TIME 1030
						MILES FROM STATION TO WELL 70-miles

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
CP106	A-Serv Lite		200-SK		\$ 2600.00
CP103	60/40 Pol		125-SK		\$ 1500.00
CC102	cell FLAKE		82-15		\$ 303.40
CC109	calcium chloride		846-16		\$ 888.30
E100	unit mileage chg.		70-mi		\$ 297.50
E101	Heavy Equip. mileage		140-mi		\$ 980.00
E113	Bulk Pol. chg.		987-TM		\$ 1579.20
CF200	Depth Chg. 0-500'				\$ 1000.00
CF240	Blending mixing Service chg.		325-SK		\$ 455.00
S003	Service Supervisor first 8hrs on loc.		1-PA.		\$ 175.00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

\$6551.53

Signature

SERVICE REPRESENTATIVE **Allen F. Werth** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer CASTELLI Explor. INC.	Lease No.	Date 9-3-10
Lease JENNA Prige	Well # 1-20	
Field Order # 02272A	Station	County COMANCHE
Type Job 13 3/8" conductor	Casing 13 3/8"	Depth 317'
	Formation cnw T0 317	State KANS.
		Legal Description 20-31-16

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 13 3/8"	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth 317	Depth	From	To	200 SK A-seru-Lite	@ 13 #/gal		5 Min.
Volume 46	Volume	From	To	Pre Pad	Max		10 Min.
Max Press 300#	Max Press	From	To	SKs 60/40 Por	Min		15 Min.
Well Connection swedge	Annulus Vol.	From	To	Pad			Annulus Pressure
Plug Depth 277	Packer Depth	From	To	Frac			Total Load
				Flush Disp H2O	Gas Volume		

Customer Representative Tool Pusher	Station Manager scotty	Treater Allen F. Werth
Service Units 28443 33708 20920 19826 19860		
Driver Names Beth Joe melson Brad mitchell		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
330					Duke #9 on Loc. Discuss Safety, Setup, Plan Job
420					Rig @ 266'
530					Hole cut CIR @ 317'
900					Start 13 3/8" casing 54.50 #
925	150#		64	5	Casing @ 317' Hookup & CIR w/ Rig
					Start mix 200 SKs A-seru-Lite
					@ 13 #/gal
				5	Start mix 125 SKs 60/40 Por
					@ 14.8 #/gal
			28		Finish mix
935				6	Start Disp
945	300#		46	3	Plug down
	300#				Shut in @ well
	0#				Release PSI 0 #
					Washup Equip & Backup
1030					Job complete.
					Cement CIR. To Pit
					thanks Allen, Joe Brad.

Customer Castillo & XPLoration	Lease No.	Date 9-3-10	
Lease Singer Range	Well # 1-20		
Field Order # 3507	Station Pratt	Casing	Depth
Type Job Cnw-PTA	Formation	Legal Description 20-21-10	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
				200 lbs 60/40 per				
Depth	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	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Mike Papp	Station Manager Drew Smith	Treater Steve Gandy
Service Units 0702 19829/19840 19826/19860		
Driver Names C. ... M. Brown		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30			10		1st plug @ 750' w/ 1100 AM
			10		2nd plug @ 1377' w/ 1100 AM
9:1			5		3rd plug @ 350' w/ 1100 AM
			10		4th plug @ 1377' w/ 1100 AM
			2		5th plug @ 1100' w/ 1100 AM
10:00 PM			4		6th plug @ 1100' w/ 1100 AM