



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: _____



1052861

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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 02140 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>06-29-10</u> DISTRICT <u>PRATT</u>		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 <u>Griffin Management</u>		LEASE <u>Fanning</u>		WELL NO. <u>3</u>						
ADDRESS		COUNTY <u>HARPER</u>		STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>Sullivan, Motal, McGRATH</u>								
AUTHORIZED BY		JOB TYPE: <u>CNW 8 3/8 Surface</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>19903/19905</u>	<u>15</u>					<u>6-29-10</u>				<u>12:00</u>
<u>19826/19840</u>	<u>15</u>									<u>0300</u>
<u>19967</u>										<u>0525</u>
										<u>0340</u>
										<u>0630</u>
										<u>65</u>

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: Randy Smith
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	common cmt	sk	175		2,800 00
CC 102	cellfate	lb	44		162 80
CC 109	Calcium chloride	lb	495		519 75
CF 153	Wood's Plug 8 3/8	PA	1		160 00
CC 131	SUGAR	lb	100		200 00
E 100	pickup milga	mi	65		276 25
E 101	Heavy 800 milga	mi	130		910 00
E 113	Bulk Delong charge	mi	536		858 00
CE 200	Depth charge 0-sea	SA	1		1,000 00
CE 240	Blending - m. h. charge	SK	175		245 00
CE 304	plug constant (Motal)	SA	1		250 00
SC03	Service Supervised	SA	1		175 00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

Thank you!

TOTAL 4,307.39

SERVICE REPRESENTATIVE Robert Williams

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>GR, FIN Management</i>	Lease No.	Date <i>06-29-10</i>
Lease <i>FAPPING</i>	Well # <i>3</i>	
Field Order # <i>2140</i>	Station <i>Pratt</i>	Casing <i>8 7/8</i>
		Depth <i>270'</i>
Type Job <i>CNW 8 7/8 Surface</i>	Formation	County <i>Harper</i>
		State <i>KS</i>
		Legal Description <i>11-34-9</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>8 7/8</i>							
Depth <i>270'</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>16</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>300</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>270</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Williams</i>
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Service Units	<i>19867</i>	<i>19903</i>	<i>19905</i>	<i>19926</i>	<i>19860</i>				
Driver Names	<i>Sullivan</i>	<i>Motol</i>		<i>McGraw</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0300 AM</i>					<i>ON for Safety meeting</i>
					<i>RUN 6 JTS 8 7/8 " 23 CSS</i>
<i>0510</i>					<i>CASING ON BOTTOM</i>
<i>0518</i>					<i>Rig Break circle</i>
<i>0523</i>	<i>150</i>		<i>3</i>	<i>4</i>	<i>At spacer</i>
			<i>38</i>	<i>5</i>	<i>mix cont 175sk comm 3 1/2cc</i>
				<i>4</i>	<i>Shot down AND Release Plug</i>
<i>0540</i>			<i>16</i>		<i>At Dip</i>
					<i>plug down</i>
					<i>circulated 8 min cont to bit</i>
					<i>job complete</i>
					<i>Thank you</i>



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PRESSURE PUMPING & WIRELINE

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P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 02115 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-5-10 DISTRICT Pratt		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 Griffin Management		LEASE Fanning WELL NO. 3								
ADDRESS		COUNTY Harper STATE Ks								
CITY STATE		SERVICE CREW Orlando, Nelson, Phy 2								
AUTHORIZED BY		JOB TYPE: CNW-5 1/2 L.S.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27383	1						7-5-10			6:00
33708-20920	1					ARRIVED AT JOB				10:00
19960-19918	1					START OPERATION				1:30
						FINISH OPERATION				2:30
						RELEASED				3:00
						MILES FROM STATION TO WELL				65

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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: Hardy Smith
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P CP105	AA2		30094		5100.00
P CC111	Salt		137225		686.00
P CC112	Cement Friction Reducer		141 Lb		846.00
P CC115	Gas Block		282 Lb		1052.30
P CC201	Gilsonite		1500 Lb		1205.00
P CF607	Latch Down Plug + Baffle		1 ea		400.00
P CF1251	Auto. Float Shoe		1 ea		360.00
P CF1651	Turbolizer		10 ea		1100.00
P CF1901	Basket		1 ea		290.00
P C704	KCL Substitute CS-12		5 Gal		175.00
P CC151	Mod. Sph		500 Gal		430.00
P E100	Pickup Mileage		65 mi		276.25
P E101	Heavy Equipment Mileage		130 mi		910.00
P E113	Bulk Delivery		917 tm		1466.40
P CE206	Depth Charge 5001-6000		1 ea		2880.00
P CE240	Cement Service Charge		30094		420.00
P CES04	Plug Container		1 ea		250.00
P S003	Service Supervisor		1 ea		175.00
P CES03	High Head Charge Over 6'		1 ea		300.00

CHEMICAL / ACID DATA:			

SUB TOTAL		10,742.73
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		10,742.73

SERVICE REPRESENTATIVE: Steve Deland THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Hardy Smith
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

