



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: _____



1052862

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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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 02220 A

33-315-8W

DATE _____ TICKET NO. _____

DATE OF JOB 7-25-10 DISTRICT Pratt, 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 Griffin Management		LEASE Diel WELL NO. 1								
ADDRESS		COUNTY Harper STATE Kansas								
CITY STATE		SERVICE CREW C. Messick: M. Mattal: E. Wright								
AUTHORIZED BY		JOB TYPE: C.N.W. - Longstring								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19,866	.75						7-24-10			11:00
						ARRIVED AT JOB	7-25-10			3:20
19,903-19,905	.75					START OPERATION				8:45
						FINISH OPERATION				9:30
19,832-21,010	.75					RELEASED	7-25-10			10:00
						MILES FROM STATION TO WELL				6.5

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
CP105	AA2 Cement	sh	200		\$ 3,400.00
CP103	60/40 Poz Cement	sh	30		\$ 360.00
CC111	Salt (Fine)	Lb	915		\$ 457.50
CC112	Cement Friction Reducer	Lb	94		\$ 564.00
CC115	Gas Blok	Lb	188		\$ 968.20
CC201	Gilsonite	Lb	1,000		\$ 670.00
CF607	Latch Down Plug and Baffle, 5 1/2"	ea	1		\$ 400.00
CF1251	Auto Fill Float Shoe, 5 1/2"	ea	1		\$ 360.00
CF1651	Turbolizer, 5 1/2"	ea	5		\$ 550.00
CF1901	Basket, 5 1/2"	ea	1		\$ 290.00
C704	CS-1L, KCL	Gal	5		\$ 175.00
CC151	Mud Flush	Gal	500		\$ 430.00
F100	Pickup Mileage	mi	65		\$ 276.25
E101	Heavy Equipment Mileage	mi	130		\$ 910.00
F113	Bulk Delivery	tm	696		\$ 1,112.80
CE205	Cement Pump: 4,001 Feet To 5,000 Feet	Job	1		\$ 2,520.00
CE240	Blending and Mixing Service	sh	230		\$ 322.00
CE504	Plug Container	Job	1		\$ 250.00
S003	Service Supervisor	Job	1		\$ 175.00

SUB TOTAL

\$ 8,940.17

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

TOTAL

CHEMICAL / ACID DATA:

SERVICE REPRESENTATIVE *Jessica R. Moore*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *JR (Griffin)*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer Griffin Management	Lease No.	Date 7-25-10
Lease Diel	Well # 1	
Field Order # 2,220	Station Pratt, Kansas	Casing 5 1/2 15.5 lb.
Type Job C.N.W. - Longstring	Depth 4,693 Feet	County Harper
	Formation	State Kansas
		Legal Description 33-315-8W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5 1/2"	Tubing Size 15.5 lb./ft.	Shots/Ft	200	Acid	AA-2 with .5% friction Reducer, 10% Salt,	RATE	PRESS
Depth 4,693 Feet	Depth	From	To	Pre-Pack	18 Gas Blok, 5 Lb./sk.	Max	ISP
Volume 111.7 Bbl.	Volume	From	To	Pre-Pack	15.3 Lb./Gal., 5.67 Gal./sk., 1.36 CU. FT./sk.	Min	10 Min.
Max Press 1,750 P.S.I.	Max Press	From	To	Pre-Pack	30 sacks 60/40 Poz to Plug Rat hole	Avg	15 Min.
Well Connection Plug container	Annulus Vol.	From	To			HHP Used	Annulus Pressure
Plug Depth 4,693 Feet	Packer Depth	From	To	Flush	111.4 Bbl. 28 HCL	Gas Volume	Total Load

Customer Representative J.R. Griffin	Station Manager David Scott	Treater Clarence R. Messick
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Service Units	19,866	19,903	19,905	19,832	21,010				
Driver Names	Messick	Mattal	Wright						

Time A.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:20					Trucks on location and hold safety meeting.
8:40					Landmark Drilling start to run Auto fill Float Shoe, Shoe Joint with Latch Down Baffles screwed into collar and a total of 115 Joints new 15.5 lb./ft. 5 1/2" casing. A Basket was installed on top of Shoe Joint. Turbolizers were installed on collars # 1, 2, 3, 4, and # 5.
8:05					Casing in well. Circulate for 35 minutes.
8:45	200		20	6	Start Fresh Water Pre-Flush.
			32	6	Start Mud Flush.
			37	5	Start Fresh Water spacer.
8:52	300		85	5	Start mixing 200 sacks AA-2 cement.
	-0-				Stoppumping. Shut in well. Wash pump and lines. Release latch Down Plug. Open Well.
9:06	100			6.5	Start 28 HCL Displacement.
				5	Start to lift cement.
9:24	900		111.4		Plug down.
	1,750				Pressure up
					Release Pressure. Float Shoe held.
	-0-				Plug Rat Hole.
9:35	-0-				Wash up pump truck.
10:00					Job Complete.
					Thank You.
					Clarence, Mike, Eric



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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 02119 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>7-17-10</u> DISTRICT <u>Pratt</u>		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <u>Griffin Management</u>		LEASE <u>Dial</u> WELL NO. <u>1</u>							
ADDRESS		COUNTY <u>Harcor</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Orlando, Lesley, Phye</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW-Surface</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>27283</u>	<u>1</u>						<u>7-17-10</u>		<u>08:30</u>
<u>27463</u>	<u>1</u>					ARRIVED AT JOB		AM	<u>6:00</u>
<u>1831-19862</u>	<u>1</u>					START OPERATION		AM	<u>9:00</u>
						FINISH OPERATION		AM	<u>10:00</u>
						RELEASED		AM	<u>10:30</u>
						MILES FROM STATION TO WELL			<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: Z. Di
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
PCP100	Common		175 sk		2800.00
PCC102	Cello Flare		44 Lb		167.80
PCC109	Calcium Chloride		495 Lb		519.75
PCF153	Wooden Plug		1 ea		160.00
PCC131	Sugar		100 Lb		200.00
PE100	Pickup Mileage		65 m		276.25
PE101	Heavy Vehicle Mileage		130 m		910.00
PE113	Bulk Delivery		536 m		858.00
PCE200	Depth Charge 0-500		1 ea		1000.00
PCE240	Cement Service Charge		175 sk		245.00
PCE504	Plug Container		1 ea		250.00
PS003	Service Supervisor		1 ea		175.00

SUB TOTAL 4760.78

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	<u>DLS</u>
MATERIALS	%TAX ON \$	

TOTAL

SERVICE REPRESENTATIVE <u>Steve Orlando</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Z. Di</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer <i>Griffin Management</i>	Lease No.	Date <i>7-17-10</i>
Lease <i>D-12</i>	Well # <i>1</i>	
Field Order # <i>2117</i>	Station <i>P-111</i>	Casing <i>2 7/8</i>
Type Job <i>CNW - Surface</i>	Formation	Depth <i>751</i>
		County <i>Harp.</i>
		State <i>KS</i>
		Legal Description <i>33-31-8</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>2 7/8</i>	Tubing Size	Shots/Ft <i>175</i>		Acid <i>7</i>		RATE	PRESS	ISIP
Depth <i>751</i>	Depth	From	To <i>370</i>	Pre Pad <i>Calcium Chloride</i>	Max			5 Min.
Volume <i>15</i>	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 <i>15</i>	Gas Volume			Total Load

Customer Representative	Station Manager <i>Dr. Scott</i>	Treater <i>Steve Orlando</i>
Service Units <i>27083 27463 19831 17362</i>		
Driver Names <i>Orlando K. Kelly Price</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>6:00 AM</i>					<i>Wellhead - Safety Meeting</i>
					<i>Run 6 5/8 2 7/8 Surface</i>
					<i>Casing Up Bottom</i>
					<i>Break out well</i>
<i>7:15</i>			<i>3</i>	<i>4.2</i>	<i>H2O Acid</i>
<i>7:16</i>			<i>38</i>	<i>5</i>	<i>Max 175 psi @ 18.7 gal</i>
					<i>Shot Down - Release plug</i>
<i>7:36</i>			<i>0</i>	<i>4</i>	<i>Start Displacement w/ H2O</i>
<i>8:59</i>			<i>10</i>	<i>4</i>	<i>Connect to Surface</i>
<i>10:00 PM</i>			<i>15</i>	<i>4</i>	<i>plug Down</i>
					<i>Calculate Time TMS</i>
					<i>Connect to 5 bbls Top P</i>
					<i>Job Complete</i>
					<i>Thanks Steve</i>