



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: _____



1052866

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 02130 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-13-10		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: Grissin Management		LEASE: Fanning		WELL NO. 2					
ADDRESS:		COUNTY: Hg Per		STATE: KS					
CITY:		STATE:		SERVICE CREW: Sullivan Melson Phyllis					
AUTHORIZED BY:		JOB TYPE: Onw 5" 2.5							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
19999 20920	40						6-12-10	PM	11:30
19960 19915	40						6-13-10	PM	3:00
19967							6-13-10	AM	0720
							6-13-10	AM	0820
							6-13-10	AM	0830
						MILES FROM STATION TO WELL			65

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: J. V. (Signature)
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$*AMOUNT
CP 105	AA 2 cement	SK	300		5100 00
CC 111	SALT	lb	1372		686 00
CC 112	Cement Friction Reducer	lb	141		846 00
CC 115	Gas-BLOCK	lb	282		1452 30
CC 201	GILSONITE	lb	1500		1005 00
CF 607	Latch Down PLUG	eq	1		400 00
CF 1251	AUTO FILL FLOAT Shoe	eq	1		360 00
CF 1651	Turbolizer	eq	10		1100 00
CF 1901	BASKET	eq	1		290 00
C 704	KCL	gal	500		175 00
CC 151	Mud FLUSH	gal	500		430 00
E 100	Mileage Pickup	Mi	65		276 25
E 101	Heavy Equipment Mileage	Mi	130		910 00
E 113	BULK DELIVERY	TM	917		1466 40
CE 206	DEPTH Charge	4hrs	1		2850 00
CE 240	Blending & Mixing	SK	300		420 00
CE 504	Plug Container Charge	JOB	1		250 00
S 003	Service Supervisor	eq	1		175 00

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		KG	10386 51

SERVICE REPRESENTATIVE: <u>(Signature)</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>(Signature)</u>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO.



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 1549 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>06-04-10</i> DISTRICT <i>Pratt</i>		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 <i>Griffin Management</i>		LEASE <i>Fanning</i> 2 WELL NO.:							
ADDRESS		COUNTY <i>BACON</i> STATE <i>KS</i>							
CITY STATE		SERVICE CREW <i>Sullivan, Noddy, Edwards</i>							
AUTHORIZED BY		JOB TYPE: <i>CNW 8 7/8 Surface</i>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <i>06-04-10</i>	DATE	AM	TIME
<i>19959/20920</i>	<i>20</i>					ARRIVED AT JOB		PM	<i>1330</i>
<i>19831/19862</i>	<i>20</i>					START OPERATION		AM	<i>1600</i>
<i>19867</i>						FINISH OPERATION		AM	<i>1650</i>
						RELEASED		AM	<i>1710</i>
						MILES FROM STATION TO WELL		PM	<i>1730</i>
									<i>65</i>

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	Common cement	SK	175		2,800.00
CC 102	Cellulose	lb	44		162.90
CC 109	Calcium chloride	lb	495		519.75
CF 153	wooden plug 8 7/8	EA	1		160.00
E 100	pickup mix	mi	65		276.25
E 101	Heavy eqpt mix	mi	130		910.00
E 113	Bulk Delivery	Tm	536		858.00
CE 200	Depth change 0-500'	94	1		1,000.00
CE 240	Blenders - mixing change	SK	175		245.00
CE 504	Plug Constanta Ported	9A	1		250.00
5003	Schmid Superline	TA	1		175.00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL *4,193.38*
DLS

SERVICE REPRESENTATIVE *Robert J. Sullivan*

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

FIELD SERVICE ORDER NO.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 36907

Well Name & No. Fanning # 2 Test No. 1 Date 6-9-10
 Company Charles N. Griffin Elevation 1313 KB 1303 GL
 Address P.O. Box 347 Pratt, Kansas 67124
 Co. Rep / Geo. Bruce Reed Rig Val # 5
 Location: Sec. 11 Twp. 34s Rge. 9w Co. Harper State Ks.

Interval Tested 4568-4585 Zone Tested Mississippi
 Anchor Length 17' Drill Pipe Run 4553 Mud Wt. 9.5
 Top Packer Depth 4563 Drill Collars Run 0 Vis 49
 Bottom Packer Depth 4568 Wt. Pipe Run 0 WL 12.4
 Total Depth 4585 Chlorides 5,000 ppm System LCM 0

Blow Description IF: Strong blow. B.O.B. in 1 min.
TST: No blow.
FF: Strong blow. B.O.B. immediately.
FSI: Weak blow. Built to 1 1/2" GTS in 35 mins.

Rec	Feet of	%gas	%oil	%water	%mu
<u>75</u>	<u>56+0cm</u>	<u>10</u>	<u>5</u>	<u>85</u>	<u>mu</u>
<u>0</u>	<u>4478' GIP</u>				

Rec Total 75 BHT 133 Gravity N/C API RW N/A @ — °F Chlorides — pp

(A) Initial Hydrostatic 2232 Test 1900 T-On Location
 (B) First Initial Flow 24 Jars 2021 T-Started
 (C) First Final Flow 25 Safety Joint 2303 T-Open
 (D) Initial Shut-In 838 Circ Sub 0218 T-Pulled
 (E) Second Initial Flow 30 Hourly Standby 0423 T-Out
 (F) Second Final Flow 32 Mileage 136 R.T. Comments
 (G) Final Shut-In 1030 Sampler
 (H) Final Hydrostatic 2186 Straddle
 Shale Packer
 Extra Packer
 Extra Recorder
 Day Standby
 Accessibility

Initial Open 30 Ruined Shale Packer
 Initial Shut-In 45 Ruined Packer
 Final Flow 60 Extra Copies
 Final Shut-In 60 Sub Total
 Total

Approved By Bruce Reed Our Representative Jerry Adams Thank You.
 TriLOBITE TESTING Inc. shall not be liable for damaged or any kind of the property of 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 statements or opinion concerning the results 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.

785-450-5124



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

No. 36908

Well Name & No. Fanning #2 Test No. 2 Date 6-10-10
 Company Charles N. Griffin Elevation 1313 KB 1303 GL
 Address P.O. Box 347 Pratt, Kansas 67124
 Co. Rep / Geo. Bruce Reed Rig Val #5
 Location: Sec. 11 Twp. 34s Rge. 9W Co. Harper State Ks.

Interval Tested 4585 - 4600 Zone Tested Mississippi
 Anchor Length 15' Drill Pipe Run 4584 Mud Wt. 9.4
 Top Packer Depth 4580 Drill Collars Run 0 Vis 48
 Bottom Packer Depth 4585 Wt. Pipe Run 0 WL 10.0
 Total Depth 4600 Chlorides 6,000 ppm System LCM 0

Blow Description IF: Strong blow. B.O.B. in 1 min. 45 secs.
ISI: No blow.
FF: Strong blow. B.O.B. immediately. GTS in 13 mins (see gas flow report)
FSI: No blow.

Rec	Feet of	%gas	%oil	%water	%ML
<u>80</u>	<u>HGM+WCO</u>	<u>23%</u>	<u>45%</u>	<u>10%</u>	<u>22%</u>
<u>0</u>	<u>4504' GTP</u>				
		%gas	%oil	%water	%ML
		%gas	%oil	%water	%ML
		%gas	%oil	%water	%ML

Rec Total 80 BHT 127 Gravity N/C API RW N/C @ — °F Chlorides — pp

(A) Initial Hydrostatic 2264 Test 1015 T-On Location
 (B) First Initial Flow 25 Jars 1043 T-Started
 (C) First Final Flow 34 Safety Joint 1230 T-Open
 (D) Initial Shut-in 1233 Circ Sub 1545 T-Pulled
 (E) Second Initial Flow 34 Hourly Standby 1810 T-Out
 (F) Second Final Flow 50 Mileage 136 R.T. Comments
 (G) Final Shut-in 1169 Sampler
 (H) Final Hydrostatic 2327 Straddle

Shale Packer Ruined Shale Packer
 Extra Packer Ruined Packer
 Extra Recorder Extra Copies
 Day Standby
 Accessibility
 Sub Total _____ Total _____

Initial Open 30
 Initial Shut-in 45
 Final Flow 60
 Final Shut-in 60
 Approved By Bruce A. Reed

Our Representative Gerry Adams Thank You

Trilobite Testing Inc. shall not be liable for damaged or any kind of 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 statements or opinion concerning the results 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.