



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: _____



1055747

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				

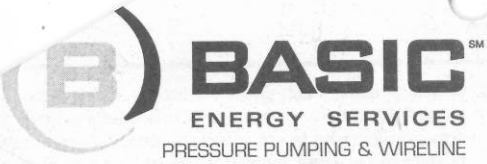
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 03780 A

3275 DW DATE TICKET NO.

DATE OF JOB: 3-5-11		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: SIROKY OIL MANAGEMENT				LEASE: E.B. STUDDER B		WELL NO: 2			
ADDRESS:				COUNTY: PRATT		STATE: KS			
CITY:				SERVICE CREW: MCGUIRE WISER VETZEL					
AUTHORIZED BY:				JOB TYPE: CNW SURFACE					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27463	1/2							PM	2030
19960/19914	1/2							PM	2115
								PM	208
								PM	225
								PM	300
									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
EP103	60/40 Foz	SKS	210		2520 -
CC102	CENLO-FLAK	lb	53		196 10
CC109	CALCIUM CHLORIDE	lb	543		570 15
E100	LANE MILEAGE	mi	5		21 25
E101	HEAVY EQUIPMENT MILEAGE	mi	10		70 -
E113	PROPANT & BULK DELIVERY	TM	45		72 40
CE200	DEPTH CHARGE 0-500'	EA	1		1000 -
CE240	BLENDED & MIXING	SK	210		294 -
CE504	PUMP CONTAINER UTILIZATION CHARGE	SB	1		250 -
5003	SERVICE SUPERVISOR	SA	1		175 -

SUB TOTAL
DLS 3618 23

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

CHEMICAL / ACID DATA:			

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

FIELD SERVICE ORDER NO.



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

FIELD SERVICE TICKET
 1718 03713 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3-11-11		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: Siroky Oil Management				LEASE: E.B. Studer				WELL NO. B-2		
ADDRESS:				COUNTY: Pratt		STATE: KS				
CITY:				STATE:		SERVICE CREW: Orlando, Wisor, Fenwick, Jarrad				
AUTHORIZED BY:				JOB TYPE: CNW-5 1/2 L.S.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1						3-10-11			6:00
27463	1					ARRIVED AT JOB	3-10-11			8:00
19826-19860	1					START OPERATION				
						FINISH OPERATION				
						RELEASED				
						MILES FROM STATION TO WELL				5

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered)


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SIGNED: 
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	150		2550.00
CP103	60/40 Poz	SK	30		360.00
CC111	Salt	Lb	682		341.00
CC115	Gas Block	Lb	141		726.15
CC129	FLA-322	Lb	71		532.50
CC201	Gilsonite	Lb	747		500.49
CC112	Friction Reducer	Lb	43		258.00
CC102	Cell Flake	Lb	38		140.60
CF1251	Auto Kill Plug 5 1/2	ea	1		360.00
CF607	Latch Down Plug + Baffle 5 1/2	ea	1		400.00
CF1651	Turbolizer 5 1/2	ea	6		660.00
CF1701	Bucket 5 1/2	ea	1		290.00
CC151	Mud Flush	Gal	500		4300.00
C704	KCL Substitute	Gal	1		35.00
SUB TOTAL					

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

FIELD SERVICE TICKET

1718 ~~03714~~ A
3713

BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

DATE _____ TICKET NO. _____

DATE OF JOB 3-11-11 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 Siroky Oil Management		LEASE E.B. Studor				WELL NO. B-2	
ADDRESS		COUNTY Pratt		STATE KS			
CITY STATE		SERVICE CREW Orlando, Wisor, Fenwick, Jerald					
AUTHORIZED BY		JOB TYPE: CNW-5 1/2 L.S.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 3-10-11 AM PM TIME 6:00
27283	1					ARRIVED AT JOB	3-10-11 AM PM 7:00
27463	1					START OPERATION	3-11-11 AM PM 1:40
19829-19860	1					FINISH OPERATION	3-11-11 AM PM 2:40
						RELEASED	3-11 AM PM 3:30
						MILES FROM STATION TO WELL	

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E100	Pickup mileage	mi	5		21.25
E101	Heavy Equipment	m	10		70.00
E113	Bulk Delivery	Tm	42		66.30
CE205	Depth Charge 4001-5000'	ea	1		2520.00
CE240	Cement Service Charge	sq	180		2520.00
CE504	Plug Container	ea	1		250.00
5003	Service Supervisor	ea	1		175.00
CE503	High Head Charge	ea	1		300.00

CHEMICAL / ACID DATA:			

SUB TOTAL		BW	8429.09
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE Steve Orlando

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

FIELD SERVICE ORDER NO.

Sean Deenihan

Petroleum Geologists

15-151-22365

15-151-22365

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

ELEVATIONS

KB 1882'

DF _____

GL 1874'

Measurements Are All
From Kelly Bushing

CASING

CONDUCTOR _____
SURFACE 8-5/8" @242'
PRODUCTION 5.5" @4295'

ELECTRICAL SURVEYS

CND DL,
MICRO
Superior

COMPANY Siroky Oil Management, Inc.

LEASE EB Studer #B-2

FIELD Wildcat

LOCATION 2300' FNL & 500' FEL

SEC 3 TWSP 27S RGE 12W

COUNTY Decatur STATE Kansas

CONTRACTOR Fossil Drilling Inc.

SPUD 3/4/11 COMP 3/10/11

RTD 4300' LTD 4299'

MUD UP 3400' TYPE MUD Chemical

SAMPLES SAVED FROM 3500' TO RTD

DRILLING TIME KEPT FROM 3600' TO RTD

SAMPLES EXAMINED FROM 3600' TO RTD

GEOLOGICAL SUPERVISION FROM 3700'

REFERENCE WELL _____

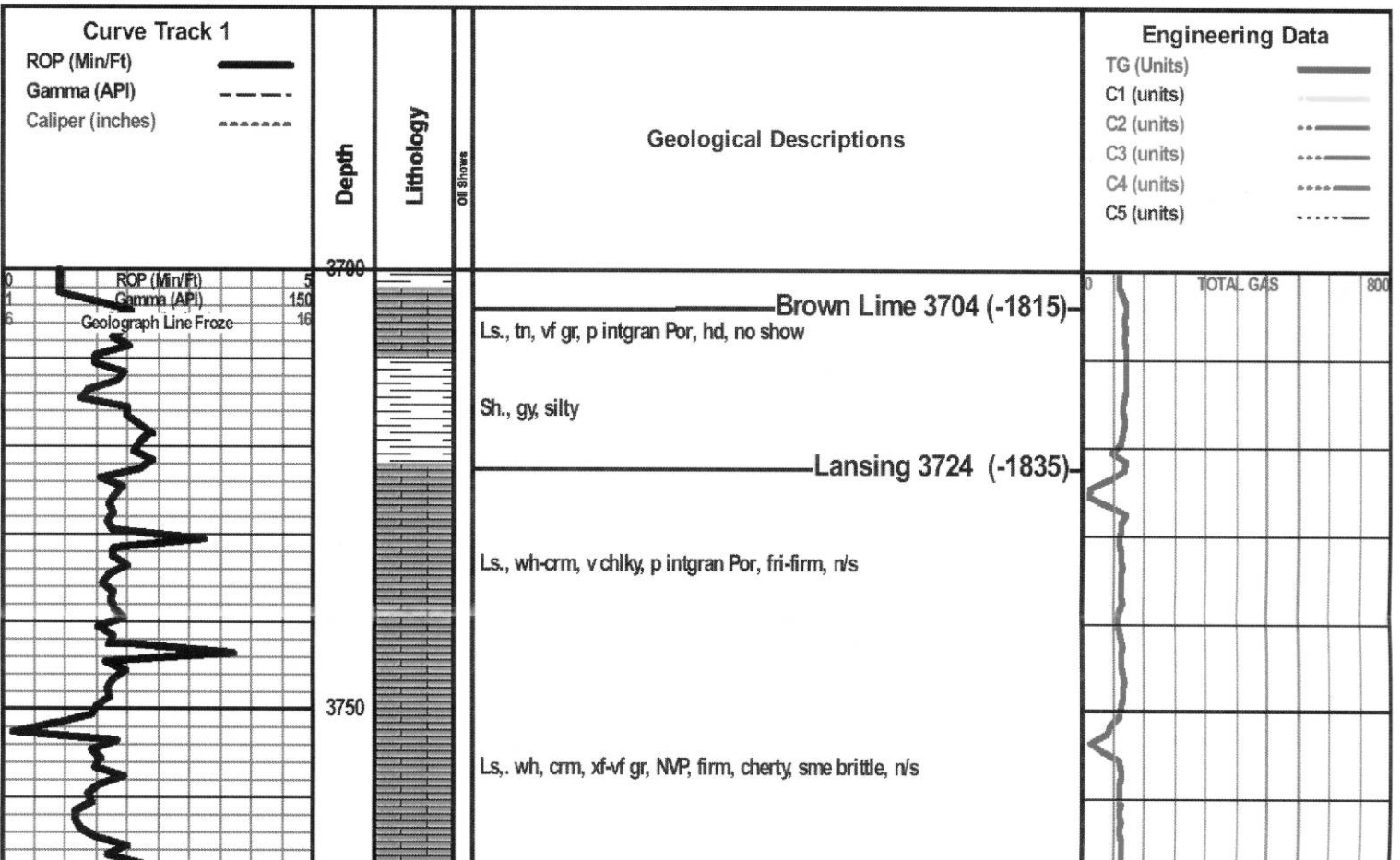
Formation	Sample Tops	E-log Tops	Struct Pos.
Heebner Shale	3522 (-1638)	3522 (-1640)	
Lansing	3724 (-1842)	3716 (-1834)	
Stark Sh.	4012 (-2130)	4012 (-2130)	
BKC	4072 (-2190)	4075 (-2193)	
Mississippi	4179 (-2297)	4175 (-2293)	

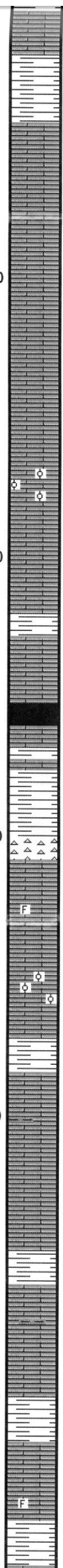
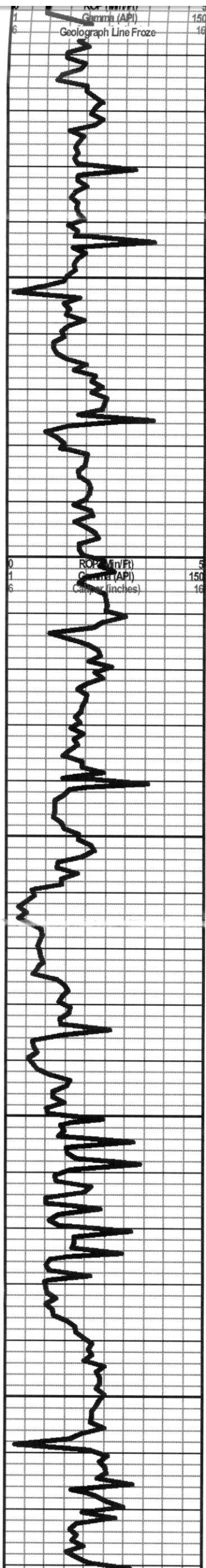
REMARKS The EB STUDER #B-2 will be further evaluated through casing and slickwater frac.

Respectfully Submitted,

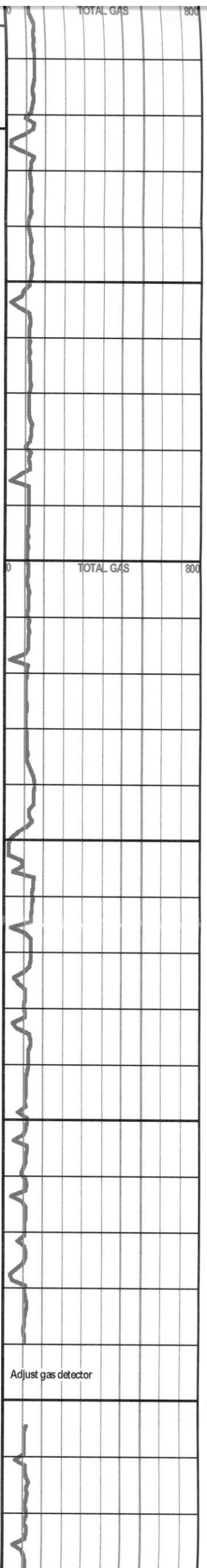
Sean Deenihan

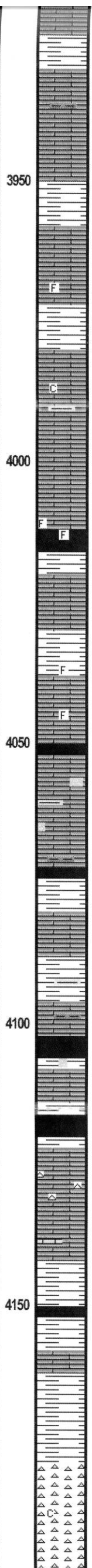
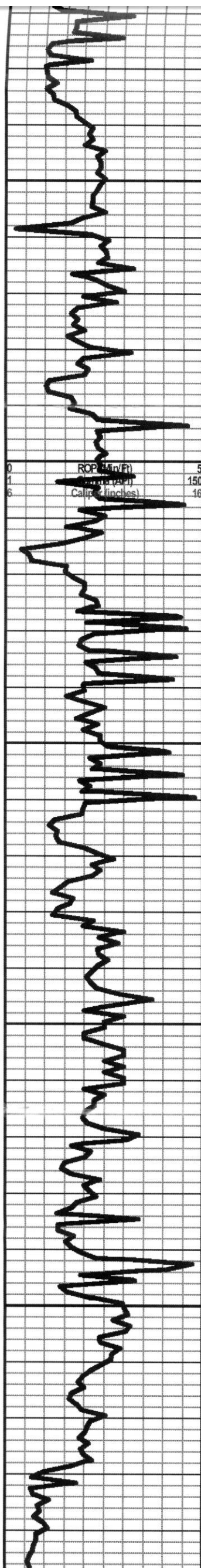
15-151-22365





Brown Lime 3704 (-1815)
 Ls., tn, vf gr, p intgran Por, hd, no show
 Sh., gy, silty
 Lansing 3724 (-1835)
 Ls., wh-crm, v chlky, p intgran Por, fri-firm, n/s
 Ls., wh, crm, xf-vf gr, NVP, firm, cherty, sme brittle, n/s
 Ls., aa
 Ls., crm, vf gr, Ool, p-fr Oom Por, barren, p intgran por, n/s
 Ls., crm, vf gr, p vis Por, sme re xtl fos,
 Ls. vf-f gr, p - fr intgran Por, fri, no show
 Sh., blk
 Sh., gy
 Ls., crm, gy, vf gr, occ Cht, fresh, no show
 Ls., wh, v chlky, fr intgran Por, soft, n/s
 Ls., gy, brn, tn, fr oom Por, fri, n/s
 Ls., crm, vf gr, fos frags, p intgran Por, n/s
 Ls., crm, vf gr, p intgran Por, firm -hd, fos, n/s
 Sh., gy-dk gy, fis, firm
 Ls.,
 Ls., gy, crm, vf gr, p intgran Por, sli chlky, n/s
 Sh., gy -blk, carb





Sh., gy-dk gy, fis, firm

Ls.,

3950

Ls., gy, crm, vf gr, p intgran Por, sli chlky, n/s

F

Sh., gy-blk, carb

C

4000

Ls., crm, tn, vf gr, mod fos, p vis Por, firm-hd, no odr

F

Sh., blk

Ls., crm, vf gr, p intgran Por, n/s

F

Ls., crm, tn, f gr, fos, p vis Por, hd, n/s

F

4050

Abd. Sh, rd, teal, gy, soft silty

Ls., crm, vf gr, sli chlky, p vis Por, no odr

BKC 4072 (-2183)

Sh., gy-blk

Ls., gy, fos, NVP, Re-xtl, v hd, n/s

4100

Sh., gy-dk gy silty soft

Sh., blk

Sh., blk

Ls., crm, gy, vf gr, p intgran Por, chlky, occ Cht., n/s

4150

Sh., gy, brn

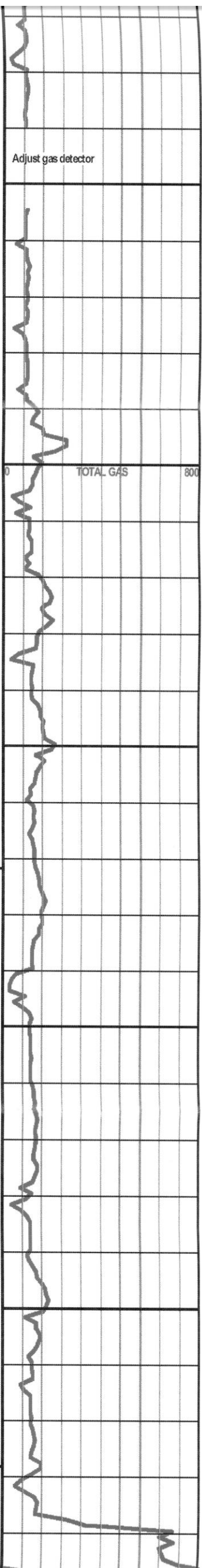
Ls., crm, chlky, vf-f gr, fri, no odr. Ls., clr, re xtl, p vis Por, hd, n/s

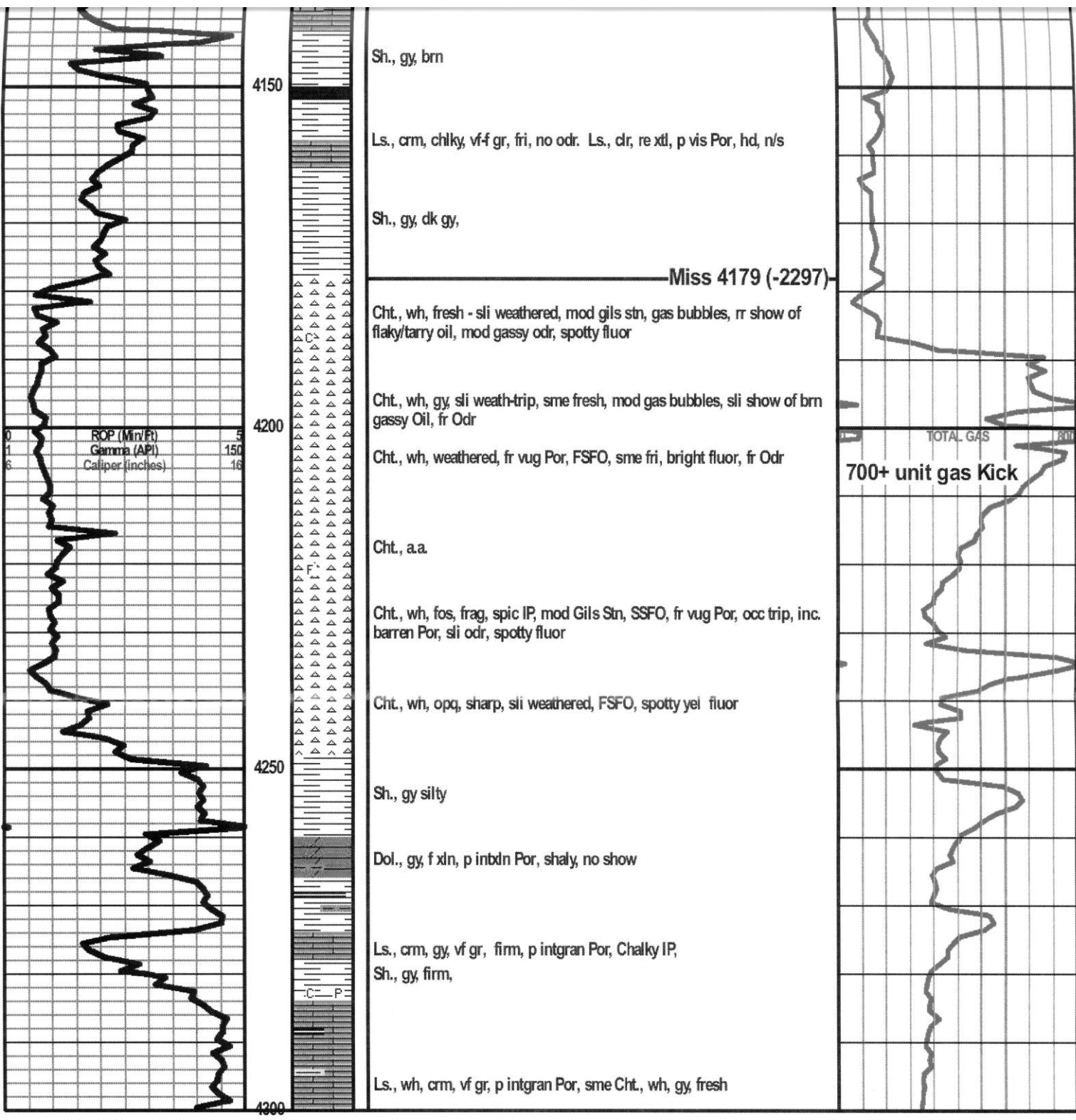
Sh., gy, dk gy,

Miss 4179 (-2297)

Cht., wh, fresh - sli weathered, mod gils str, gas bubbles, rr show of flaky/tarry oil, mod gassy odr, spotty fluor

Cht., wh, av, sli weath-trin, sme fresh, mod gas bubbles, sli show of brn





Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

May 25, 2011

Brian Siroky
Siroky Oil Management
PO BOX 464
PRATT, KS 67124-0464

Re: ACO1
API 15-151-22365-00-00
E.B. STUDER B-2
NE/4 Sec.03-27S-12W
Pratt County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Brian Siroky

Customer Sivoky Oil Management	Lease No.	Date 3-10-11	
Lease E.B. Sluder	Well # B-2		
Field Order # 3213	Station Pratt	Casing 5 1/2	Depth
Type Job CNW-5 1/2 L.S		Formation	Legal Description 3-27-12
County Pratt		State KS	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 15054 AA2	RATE	PRESS	ISIP	
Depth 4093	Depth	From	To	Pre Pad 1.36410	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 1375	Packer Depth	From	To	Flush 102	Gas Volume		Total Load	

Customer Representative Brian Sivoky	Station Manager Dave Scott	Treater Steve Olander
Service Units 27283 27463 19226/19860		
Driver Names Dillon Wynn Sewick T-1100		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
8:00 AM					On location - Safety Meeting
					Run 102 lbs 5 1/2 casing 4093
					Control valve on T10 1-3-5-7-9-11
					Breaker on T10-5 case 1/2 way in
					Casing on Bottom Breaker w/c
2:03	200		10	5	10 bbl mud flush
2:06	200		20	5	20 bbl 1000 water spacer
2:10	200		36	5	Mix 15054 15.3#/gal
					Start Down - Check plug 100
			0		Release plug
2:22	0		0	6	Start H2O Displacement
2:35	300		80	5	150 pressure
2:37	550		90	4	Slow rate - Stopped rotating
2:40	1700		102	4	plug Down - Hold
					plug R H/W 3050 60/40pc
					Job Complete
					Circulate H2O Job

Customer <i>SROKY OIL MANAGEMENT</i>	Lease No. <i>EB STUDER</i>	Date <i>3-5-11</i>	
Lease <i>EB STUDER</i>	Well # <i>B-2</i>	Field Order #	State <i>KS</i>
Station <i>PRATT KS</i>	Casing <i>10 3/4</i>	Depth <i>240</i>	County <i>PRATT</i>
Type Job <i>CNW 10 3/4 SURFACE</i>	Formation	Legal Description <i>3-275-12W</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>10 3/4</i>	Tubing Size	Shots/Ft		Acid <i>210 SKS 60/40 P02</i>	RATE	PRESS	ISIP	
Depth <i>240</i>	Depth	From	To	Pre Pad <i>2 1/2 BENTONITE GEL</i>	Max		5 Min.	
Volume	Volume	From	To	Pad <i>5 1/2 CALCIUM CHLORIDE</i>	Min		10 Min.	
Max Press	Max Press	From	To	Frac <i>125 #/BK CELLULOSE</i>	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>200</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>DRIAN SROKY</i>	Station Manager <i>SCOTTY</i>	Treater <i>M'GURE</i>
Service Units <i>30316</i>	<i>27463</i>	<i>19960</i>
Driver Names <i>M'GURE</i>	<i>A. WISLA</i>	<i>C. DEATCH</i>

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>2030</i>					<i>TRUCK RAN OUT</i>
<i>2115</i>					<i>ON LOCATION / SAFETY MET</i>
<i>2300</i>					<i>RUN CASING</i>
<i>130</i>					<i>ON BOTTOM</i>
<i>208</i>					<i>CIRCULATE W/R/G</i>
				<i>55</i>	<i>MIX 210 SKS 60/40 P02 148</i>
	<i>250</i>		<i>48</i>	<i>55</i>	<i>CIRCULATION TANK JOB</i>
<i>220</i>	<i>300</i>			<i>55</i>	<i>CEMENT TO SURFACE</i>
					<i>DISPLACEMENT</i>
<i>225</i>	<i>250</i>		<i>20</i>		<i>SHOT DOWN</i>
					<i>JOB COMPLETE</i>
					<i>THANK YOU</i>
					<i>MIKE LUCAS CHRIS</i>