



**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: \_\_\_\_\_



1060632

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Coral Coast Petroleum, L.C.
Well Name	STEPHENS 1 A
Doc ID	1060632

All Electric Logs Run

Compensated Neutron Density
Dual Induction
Sonic
Micro

## **DST REPORT**

**#1 A Stephens** SE NE SW Section 10-32s-21w, Clark County, Kansas

Elevation: GL 1988' KB 1997'

API # 15-025-21522-0000 Maverick Drilling Rig #106

DST #1 Morrow 5191 to 5230, Open 8 minutes. Weak blow (Strong blow when packer failed). Recovered 842' mud with no shows. FP 22# to 23#.

DST #2 Morrow 5222-5250 packer failure.

DST #3 Morrow-Mississippi 5208-5348 10-30-60-90 Recovered 1580' of gas cut muddy water; FP 282-391; 432-773 SIP 1483-1467 HYD 2713-2511 123 degrees F .



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 03261 A

10-325-21W DATE TICKET NO.

DATE OF JOB: 1-29-11	DISTRICT: KANSAS	NEW WELL <input type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:			
CUSTOMER: CORAL COAST		LEASE: STEPHENS				WELL NO. 1A				
ADDRESS:		COUNTY: CLARK		STATE: KS						
CITY:		STATE:		SERVICE CREW: MURKIE MENSON WILDER						
AUTHORIZED BY:		JOB TYPE: PTA CNW								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
33708/19820	1 1/4									1230
1982/19862	1 1/4									230
										305
										415
										435
										90

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
CP 103	60/40 90Z	SK	150		1800 -
PC200	CEMENT GEL	lbs	258		64.50
E100	VAN MILEAGE	MI	90		382.50
E101	HEAVY EQUIPMENT MILEAGE	MI	180		1260 -
E113	PROMPT & BULK DELIVERY	TM	581		928 -
CE201	DEPTH CHARGE 501-1000'				1200 -
CE240	BLENDING & MIXING SERVICE CHARGE	SKS	150		210 -
S003	SERVICE CHARGE SUPERVISOR	SA	1		175 -

CHEMICAL / ACID DATA:		

SUB TOTAL		4455.39
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

# ALLIED CEMENTING CO., LLC. 040612

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

DATE <u>1-19-2011</u>	SEC. <u>10</u>	TWP. <u>32s</u>	RANGE <u>21W</u>	1-19 CALLED OUT <u>4:00 pm</u>	1-19 ON LOCATION <u>9:00 pm</u>	1-20 JOB START <u>2:00 AM</u>	1-20 JOB FINISH <u>3:00 AM</u>
LEASE <u>Stephens</u>		WELL # <u>A-1</u>		LOCATION <u>Protection fs W to P &amp; 30</u>		COUNTY <u>Cleric</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				<u>4 1/2 N to pasture, W &amp; N 1/4</u>			

CONTRACTOR msuerick #106

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 6521

CASING SIZE 8 1/8 DEPTH 6391

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 45'

CEMENT LEFT IN CSG. \_\_\_\_\_

PERFS. \_\_\_\_\_

DISPLACEMENT 37 bbls of fresh water

OWNER Corsl Coast

CEMENT

AMOUNT ORDERED 225s, 65, 35, 69, 601  
3% ca + 1/4 # Plosoc  
150s, 155s A + 3% ca + 2% G

COMMON <u>A</u>	<u>150</u> sx	@ <u>15</u> <sup>45</sup>	<u>2317</u> <sup>50</sup>
POZMIX		@	
GEL	<u>3</u> sx	@ <u>20</u> <sup>80</sup>	<u>62</u> <sup>40</sup>
CHLORIDE	<u>13</u> sx	@ <u>58</u> <sup>20</sup>	<u>756</u> <sup>40</sup>
ASC		@	
<u>ALW</u>	<u>225</u> sx	@ <u>14</u> <sup>80</sup>	<u>3330</u> <sup>00</sup>
<u>Ploseal #56-25</u>		@ <u>2</u> <sup>50</sup>	<u>140</u> <sup>62</sup>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>405</u>	@ <u>2</u> <sup>40</sup>	<u>972</u> <sup>00</sup>
MILEAGE	<u>405</u> / <u>10</u> / <u>55</u>		<u>2227</u> <sup>50</sup>
			TOTAL <u>9806</u> <sup>62</sup>

EQUIPMENT

PUMP TRUCK CEMENTER Darin F

# 414-302 HELPER Ron G.

BULK TRUCK

# 363-2000 DRIVER Raymond R.

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Pipe on bottom & break circulation  
Pump 300k water ahead, mix 225s, of  
leg 2 cement, mix 150s, of tail cement  
Shut down, Release plug, Start displacement  
slow rate at 30bbls, Pump plug at 37  
bbls, Shut in, Cement did circulate

CHARGE TO: Corsl Coast

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB 6391

PUMP TRUCK CHARGE 1018 <sup>00</sup>

EXTRA FOOTAGE 335 @ .85 <sup>75</sup> 284 <sup>75</sup>

MILEAGE 55 @ 7 <sup>00</sup> 385 <sup>00</sup>

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

Hessaventel @ \_\_\_\_\_ 100 <sup>00</sup>

TOTAL 1787 <sup>75</sup>

PLUG & FLOAT EQUIPMENT

8 5/8

<u>1-Rubber plug</u>	@	<u>113</u> <sup>00</sup>
<u>1-Baffle plate</u>	@	<u>68</u> <sup>00</sup>
<u>1-Basket</u>	@	<u>221</u> <sup>00</sup>
<u>3-Centriems</u>	@ <u>45</u> <sup>00</sup>	<u>135</u> <sup>00</sup>
	@	
TOTAL <u>537</u> <sup>00</sup>		

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X [Signature]

SIGNATURE X [Signature]

Thank you!!!

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES [Signature]

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS