



KANSAS CORPORATION COMMISSION 1062103
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1062103

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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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	THOMAS 1-28
Doc ID	1062103

Tops

Name	Top	Datum
ANHYDRITE	433	+1335
BASE ANHYDRITE	452	+1316
TOPEKA	2556	-788
HEEBNER	2822	-1054
TORONTO	2844	-1076
DOUGLAS	2854	-1086
BROWN LIME	2941	-1173
LANSING	2971	-1203
BASE KANSAS CITY	3233	-1465
CONGLOMERATE	3261	-1493
ARBUCKLE	3298	-1530



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 04362 A

28-195-10W

DATE _____ TICKET NO. _____

DATE OF JOB: 6-18-11		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: L.D. Drilling, Incorporated				LEASE: Thomas				WELL NO. 1-28									
ADDRESS:				COUNTY: Rice		STATE: Kansas											
CITY:				SERVICE CREW: C. Messick, M. Mattal, M. McGraw		JOB TYPE: New Surface											
AUTHORIZED BY:				EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS						TRUCK CALLED		DATE		AM		TIME	
37,216		.5								6-18-11		AM		1:00			
27,463		.5										AM		4:15			
19,826-19,860		.5										AM		4:30			
												AM		5:00			
										6-18-11		AM		5:45			
										MILES FROM STATION TO WELL		70					

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 Poz Cement	sh	265		\$ 3,180.00
CE 102	Cell Plate	Lb	67		\$ 247.90
CE 104	Calcium Chloride	Lb	684		\$ 718.20
CF 153	Wooden Plug, 8 5/8"	ea	1		\$ 160.00
PE 100	Pickup Mileage	mi	70		\$ 297.50
PE 101	Heavy Equipment Mileage	mi	140		\$ 980.00
PE 113	Bulk Delivery	tm	798		\$ 1,276.80
CE 200	Service Pump 0 feet To 500 feet	hrs	4		\$ 1,000.00
CE 240	Bleeding and Mixing Service	sh	265		\$ 371.00
CE 504	Plug Container	Job	1		\$ 250.00
5003	Service Supervisor	hrs	8		\$ 175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		265	\$ 6,838.56
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: <i>James R. Messick</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Thomas McGraw</i>
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer E.D. Drilling, Incorporated		Lease No.		Date 6-18-11	
Lease Thomas		Well # 1-28			
Field Order # 4362	Station Pratt, Kansas	Casing 8 5/8"	Depth 231b. 351 Feet	County Rice	State Kansas
Type Job C.N.W. - Surface			Formation	Legal Description 28-145-10W	

PIPE DATA		PERFORATING DATA		MATERIALS USED		TREATMENT RESUME		
Casing Size 8 5/8"	Tubing Size 2 3/4"	Shots/Ft	265 sacks	60/40 Poz	with	RATE	PRESS	ISIP
Depth 351 Feet	Depth	From	To	2860'	38 Calcium Chloride	Max	25 lb./sk.	5 Min. Cell plate
Volume 21.5 Bbl.	Volume	From	To	14.8 lb./Gal.	5.18	Min	1.5 lb./sk.	10 Min. T. 1 sk.
Max Press 300 P.S.I.	Max Press	From	To			Avg		15 Min.
Well Connection Plug on ainer	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 330 feet	Packer Depth	From	To	Flush	21.5 Bbl. Fresh Water	Gas Volume		Total Load

Customer Representative Jim Mickle	Station Manager David Scott	Treater Clarence R. Messick	
Service Units 37,216	27,463	19,826	19,860
Driver Names Messick Mattal	Mc Graw		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:45					Cemented on location.
3:00					Petromark Drilling start taron 8 joints 2 3/4" Ft. 8 5/8" new Limited Service Casing
4:15					Trucks on location and hold safety meeting
3:50					Casing in well. Circulate for minutes.
4:35	300			5	Start Fresh Water pre-flush.
	300		10	5	Start mixing 265 sacks 60/40 Poz cement.
	-0-		6.8		Stop pumping. Shut in well. Release Wooden Plug. Open Well.
4:50	100			5	Start Fresh water Displacement
5:00	300		21.5		Plug down. Shut in well.
					Circulated 5 sacks cement to the pit.
					Wash up pump truck.
5:45					Job complete.
					Thank You
					Clarence, Mike, Mitre



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

FIELD SERVICE TICKET
1718 04515 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-25-11		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: I.D. Drilling				LEASE: Thomas				WELL NO. 1-28	
ADDRESS:				COUNTY: Rice		STATE: KS			
CITY:				STATE:		SERVICE CREW: Orlando, Wise, Phye			
AUTHORIZED BY:				JOB TYPE: CNW 5					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
22283	1						6-25-11	AM	7:30
22463	1					ARRIVED AT JOB	6-24-11	AM	10:00
19826/1980	1					START OPERATION	6-25-11	AM	1:00
						FINISH OPERATION	6-25-11	AM	2:00
						RELEASED	6-25-11	AM	8:00
						MILES FROM STATION TO WELL	70		

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
CP103	60/40 Poz	lb	150		130000
CP103	60/40 Poz	lb	30		36000
CC102	Cellulose	lb	38		14060
CC105	De-Sander	lb	33		13200
CC111	Salt	lb	1333		66650
CC112	Friction Reducer	lb	97		58200
CC201	Gilsonite	lb	250		50250
CF103	Top Rubber	ea	1		10500
CF251	Guide Line 5/8"	ea	1		25000
CF451	Flange For 3" Port Valve 5/8"	ea	1		21500
CF1651	Toolbit For 5"	ea	5		55000
C704	Oil Solvent	gal	1		3500
CC151	Mud Flush	gal	500		43000
E110	Light Equipment Mileage	mi	70		29750
E111	Heavy Equipment Mileage	mi	140		98000
E113	Bulk Delivery	Tm	543		86800
CE204	Depth Charge 3000-4000'	ea	1		216000
CE240	Cement Service Charge	SK	180		25200
S2003	Service Supervisor	ea	1		25000
CE504	Plus Container	ea	1		12500
SUB TOTAL					172500
DLS					849337

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. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer L.A. Dillies	Lease No.	Date 6-25-11
Lease Thomas	Well # 1-28	
Field Order # 4515	Station Pratt	Casing 5 1/2
Type Job CNW-5 1/2 L.S.	Depth 3403	County Rice
	Formation	State KS
		Legal Description 28-19-10

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2				150SKS 60/40POZ			
Depth 3403	Depth	From	To	Pre Pad 30SKS 60/40POZ	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To		HHR Used		Annulus Pressure
Plug Depth 3383	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative Jim	Station Manager Dave Scott	Treater Steve Orlando
---------------------------------------	--------------------------------------	---------------------------------

Service Units	27283	27463	19826	19860
Driver Names	Orlando	Wiser	PH	YE

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00 AM	6-25-11				On location - Safety Meeting
					Run 803ts 5 1/2 Csg
					Centralizers 1-3-5-7-9
					Log on Bottom pull up to set collar
					Break Circ w/ Rig
1:25 AM	250		20	5	270KCL H2O
1:29	250		12	5	mud flush
1:31	200		3	5	H2O
1:32	200		38	5	Mix 150SKS 60/40POZ @ 15.4 #/G
					Shut Down - Clear Pump + Line
					Release Plug
1:45	0		0	6	Start H2O Displacement
1:55	300		60	5	lift pressure
1:57	500		70	4	Slow Rate
2:00 AM	1500		80.5	4	Plug Down - Held
					Plug R.H w/ 60/40POZ 30SKS
					S/D Complete
					Thanks, Steve



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

FIELD SERVICE TICKET
1718 04614 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-8-11		DISTRICT PRATT, Ks.		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 LD DRILLING				LEASE THOMAS				WELL NO. 1-28	
ADDRESS				COUNTY RICE				STATE Ks.	
CITY				STATE				SERVICE CREW LESLEY, MITCHELL, BURGARDT	
AUTHORIZED BY				JOB TYPE: CCSPW - SUGAR BE PERFS					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19870	2.5					ARRIVED AT JOB	7-8-11	PM	8:00
19903-19905	2.5					START OPERATION		PM	12:30
19831-21010	2.5					FINISH OPERATION		PM	1:20
						RELEASED		PM	3:45
						MILES FROM STATION TO WELL			70

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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
CP 100	COMMON	SK	25	16.00	400.00
CP 100	COMMON	SK	25	16.00	400.00
CC 105	C-41P	LB	60	4.00	240.00
CC 112	CEMENT FRICTION REDUCER	LB	12	6.00	72.00
CC 129	FLA-322	LB	12	7.50	90.00
AK 325	15% HCL ACID	Gal	250	2.00	500.00
C 204	CIA-1EP, HIGH TEMP. ACID INHIBITOR	Gal	1	75.00	75.00
F 100	PICKUP MILEAGE	MI	70	4.28	297.50
F 101	HEAVY EQUIPMENT MILEAGE	MI	140	6.93	970.20
F 113	BURK (CUMULATIVE) CHARGE	TM	16.8	12.40	208.32
PE 204	DEPT CHARGE: 3000'	HRS	1-4	525.00	2,100.00
PE 240	BLENDED SERVICE CHARGE	SK	50	1.40	70.00
5007	SERVICE SUPERVISOR	EA	1	175.00	175.00
SUB TOTAL					4,354.72

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Lesley	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer LD DRILLING	Lease No.	Date
Lease THOMAS	Well # 1-28	7-8-2011
Field Order #	Station PRATT, Ks.	Casing 5 1/2"
Type Job MSPW - SQUEEZE PERFS	Formation HRBUCKLE	Legal Description 28-14-10
	Depth	County RICE
		State Ks.

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5 1/2"	Tubing Size 2"	Shots/Ft	250900	Acid 15% HCl ACID	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume 2.4 BBL	Volume 12.5	From	To CMT	Pad 25SK COMMON W/FL	Min		10 Min.
Max Press	Max Press 2000	From	To	Frac 25SK COMMON	Avg		15 Min.
Well Connection	Annulus Vol.	From	To	@ 1.18 CVT	HHP Used		Annulus Pressure
Plug Depth	Packer Depth 3200	From	To	Flush 15.5 BBL	Gas Volume		Total Load

Customer Representative LD DAVIS	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 19870 19903 19905 19831 21010		
Driver Names LESLEY MITCHELL BURGART		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30 PM					ON LOCATION - SAFETY MEETING
1:20 PM	500		5	3	PSI ↑ BACKSIDE
1:30 PM		1000	5	.25	ESTABLISH INJECTION RATE
		200	6	2	START ACID ON PERFS
		1500	15.5	2	INJECT ACID IN PERFS
			6	2	MIX 25SKS COMMON W/FL @ 14.0 PPG
			6	2	MIX 25SKS COMMON @ 15.6 PPG
			50	2	START DISPLACEMENT
		250	7	.25	PSI ↑ WAIT 5 MIN. FELL TO 1000#
		2000		.25	PSI ↑ - FELL TO 1500#
		2000		.25	PSI ↑ - FELL TO 1700#
		2000	7	.25	PSI ↑ - FELL TO 1800#
3:30 PM	2000		7	.25	PSI ↑ - HELD
3:36 PM		1000	20	3	RELEASE PACKER - REVERSE OUT
					RUN IN 60TTS. - WASHOUT CMT.
3:45 PM		500			PSI ↑ TO 500 PSI - HELD
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY



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

FIELD SERVICE TICKET

1718 04615 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-12-2011		DISTRICT: PRATT, Ks.		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input checked="" type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER: C.D DRILLING, INC.				LEASE: THOMAS				WELL NO. 1-28	
ADDRESS:				COUNTY: RICE		STATE: Ks.			
CITY:				SERVICE CREW: LESLEY, GURNEY, MITCHELL, HUNTER					
AUTHORIZED BY:				JOB TYPE: ACSTW @ FREEZE New Well					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19870	1.5						7-12-11	AM	6:00
19907	1.5							AM	8:00
19889-19842	1.5							AM	8:15
19831-21010	1.5							AM	9:40
								AM	10:15
						MILES FROM STATION TO WELL: 70			

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(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	Common	SK	25		400.00
CP 100	Common	SK	25		400.00
PC 105	C-41P	lb	6		24.00
PC 102	CEMENT FRITTING PAPER	lb	12		72.00
PC 129	FLA-322	lb	12		90.00
E 100	PICKUP MILEAGE	MI	72		297.50
E 101	HEAVY FEED DIESEL MILEAGE	MI	140		980.00
E 113	BULK DIESEL CHARGE	TM	1683		2683.80
CF 204	DEPTH CHARGE, 300' @ 70'	HRS	1-4		2,160.00
CF 240	BLENDED SERVICE CHARGE	SK	50		70.00
S 003	STRIKE SUPERCHARGE	EA	1		175.00
					SUB TOTAL: 3,900.47

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Lesley Gurney</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)

Customer LD DRILLING, INC.	Lease No.	Date 7-12-2011
Lease THOMAS	Well # 1-28	
Field Order # 4615	Station PRATT, KS.	Casing 3 1/2"
Type Job CCSPW - SQUEEZE PERFS	Formation	Depth
		County RICE
		State KS.
		Legal Description 28-19-10

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size" 3 1/2"	Tubing Size 2 3/8"	Shots/Ft CMT	Acid 25SKS COMMON - W/FLA-300	Pre Pad 2.22CUFT³	Max	RATE 15.4	PRESS 300
Depth 3206'	Depth 3206'	From 3302	To 3306	Pad 25SK COMMON	Min		ISIP 5 Min.
Volume 12.5	Volume 12.5	From	To	Frac @ 1.18CUFT³	Avg		10 Min.
Max Press 500	Max Press 500	From	To	Flush 15 BBL TOTAL	Gas Volume		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth 3206	From	To				Total Load

Customer Representative LD DAVIS	Station Manager D. SCOTT	Treater C. LESLEY / K. GURDLEY
Service Units 19870 19907 19889 19842 19831 21010		
Driver Names LESLEY GURDLEY MITCHELL - KUNTER		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00AM					ON LOCATION - SAFETY MEETING
8:05AM					HOOK UP TO WELL HEAD
8:15AM	500		10	2.5	TEST BACKSIDE
8:20AM		500	5	1	ESTABLISH INJECTION RATE
8:25AM		500	6	1.5	MIX 25SKS COMMON W/EL @ 15.4 PPG
8:27AM		300	5	1.5	MIX 25SKS COMMON @ 15.6 PPG
8:30AM					START DISPLACEMENT
8:38AM		500	8	6	PRESSURED UP
		300	9	.5	STAGE ON SQUEEZE
		2000	9	.5	PRESSURE ↑
		2000	7	.5	PRESSURE ↑
		2000	10	.5	PRESSURE ↑
9:25AM					OPEN RELEASE - DIDN'T COME BACK
9:30AM			20	2	RELEASE PACKER - REVERSE CMT. OUT
					RUN 600TS. TBG. IN
9:40AM			30	2	WASH OUT CMT
9:50AM		300			PSI UP ON SQUEEZE
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOAH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: THOMAS 1-28

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S28/19S/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D980

Test Unit:

Start Date: 2011/06/20 Start Time: 13:30:00

End Date: 2011/06/20 End Time: 19:00:00

Report Date: 2011/06/20 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 10' DRILLING MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

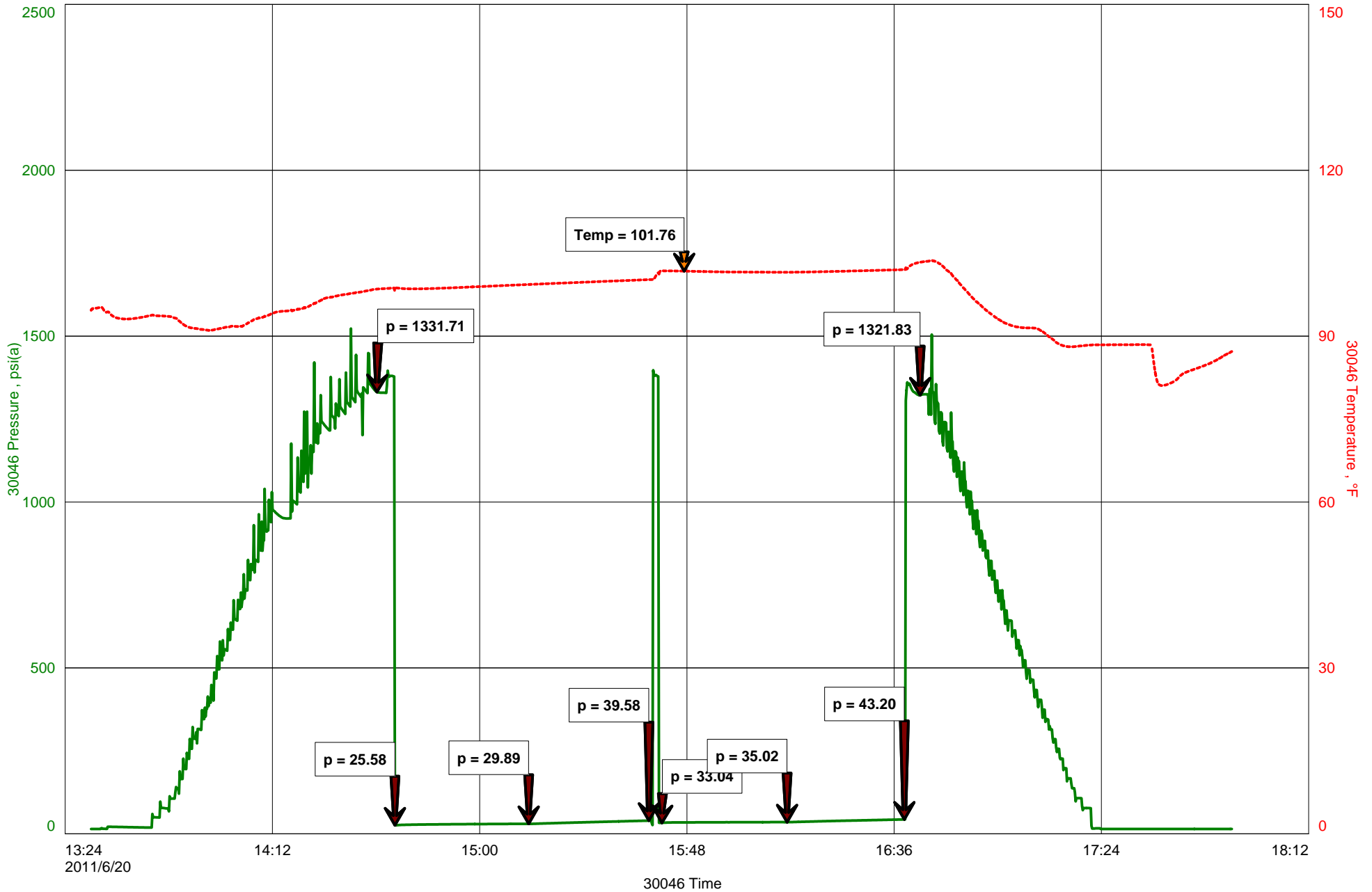
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

THOMAS 1-28



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: THOMAS 1-28

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S28/19S/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D981

Test Unit:

Start Date: 2011/06/21 Start Time: 05:00:00

End Date: 2011/06/21 End Time: 10:10:00

Report Date: 2011/06/21 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 20' DRILLING MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

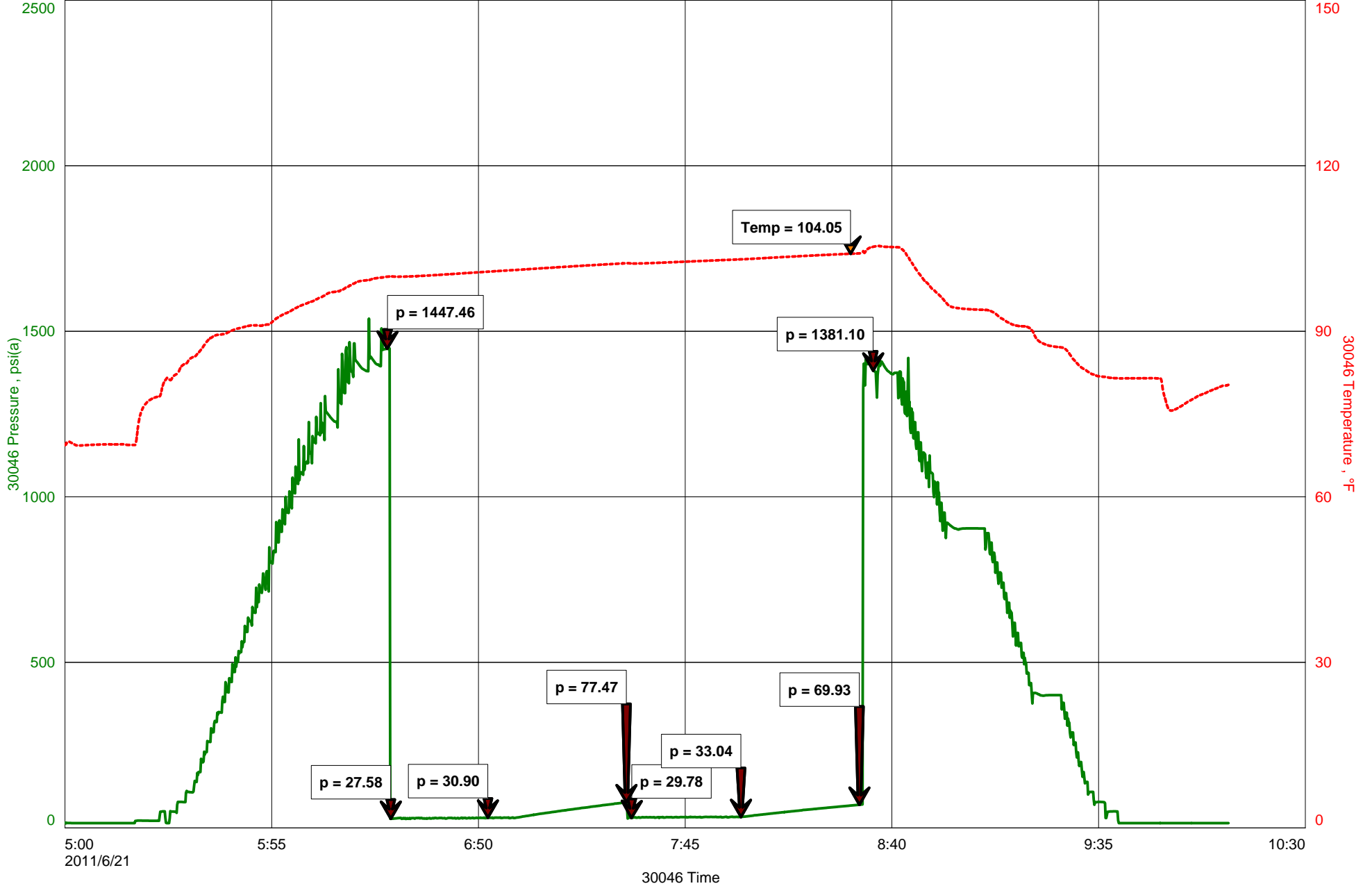
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

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THOMAS 1-28



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: THOMAS 1-28

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S28/19S/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D982

Test Unit:

Start Date: 2011/06/21 Start Time: 15:00:00

End Date: 2011/06/21 End Time: 20:30:00

Report Date: 2011/06/21 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 600' GAS IN PIPE, 70' SLIGHTLY OIL CUT GASSY MUD



DIAMOND TESTING

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DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

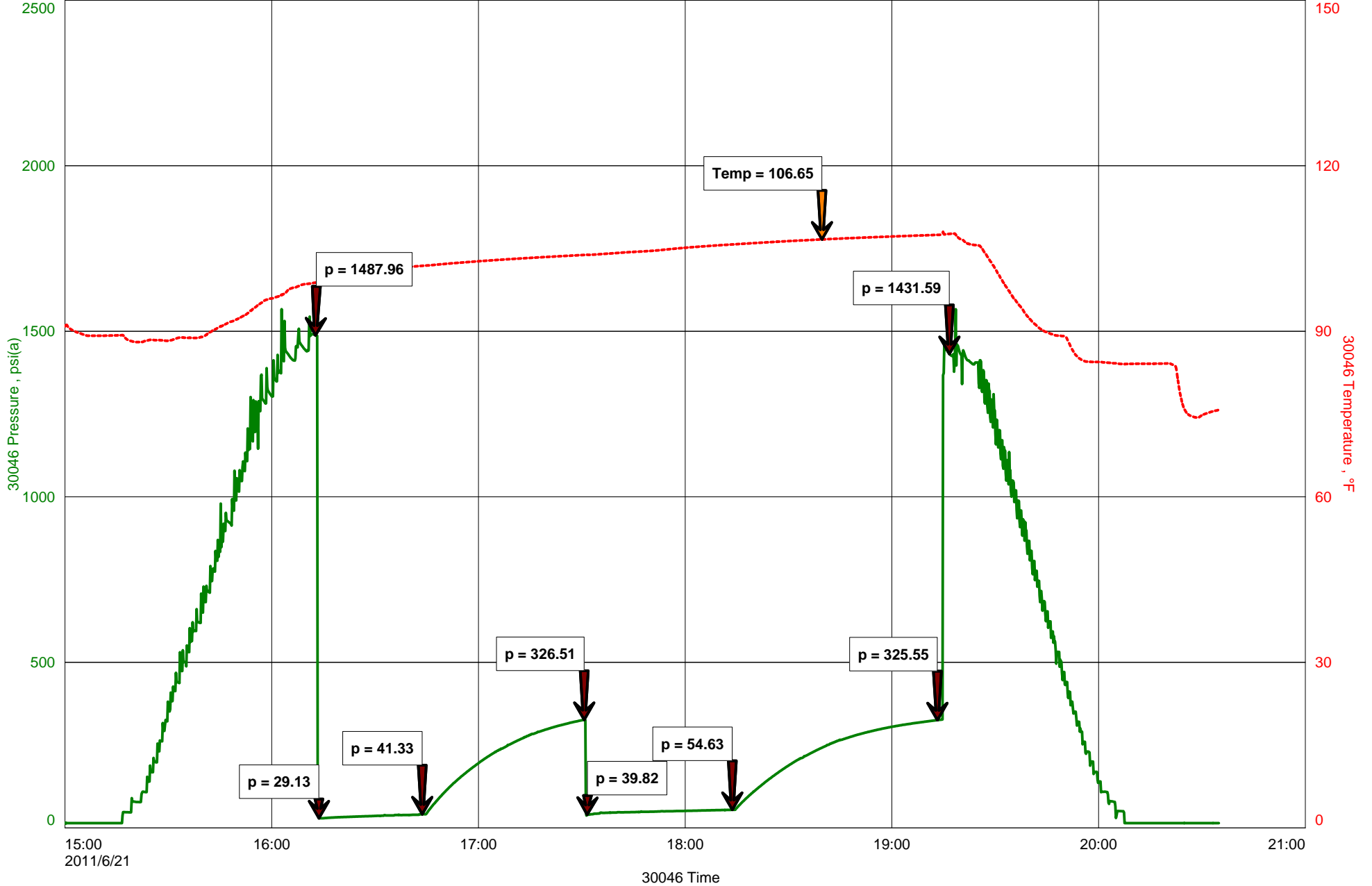
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

THOMAS 1-28



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: THOMAS 1-28

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S28/19S/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D983

Test Unit:

Start Date: 2011/06/22 Start Time: 07:00:00

End Date: 2011/06/22 End Time: 12:35:00

Report Date: 2011/06/22 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 60' GAS IN PIPE, 60' GAS CUT MUD



DIAMOND TESTING

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DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

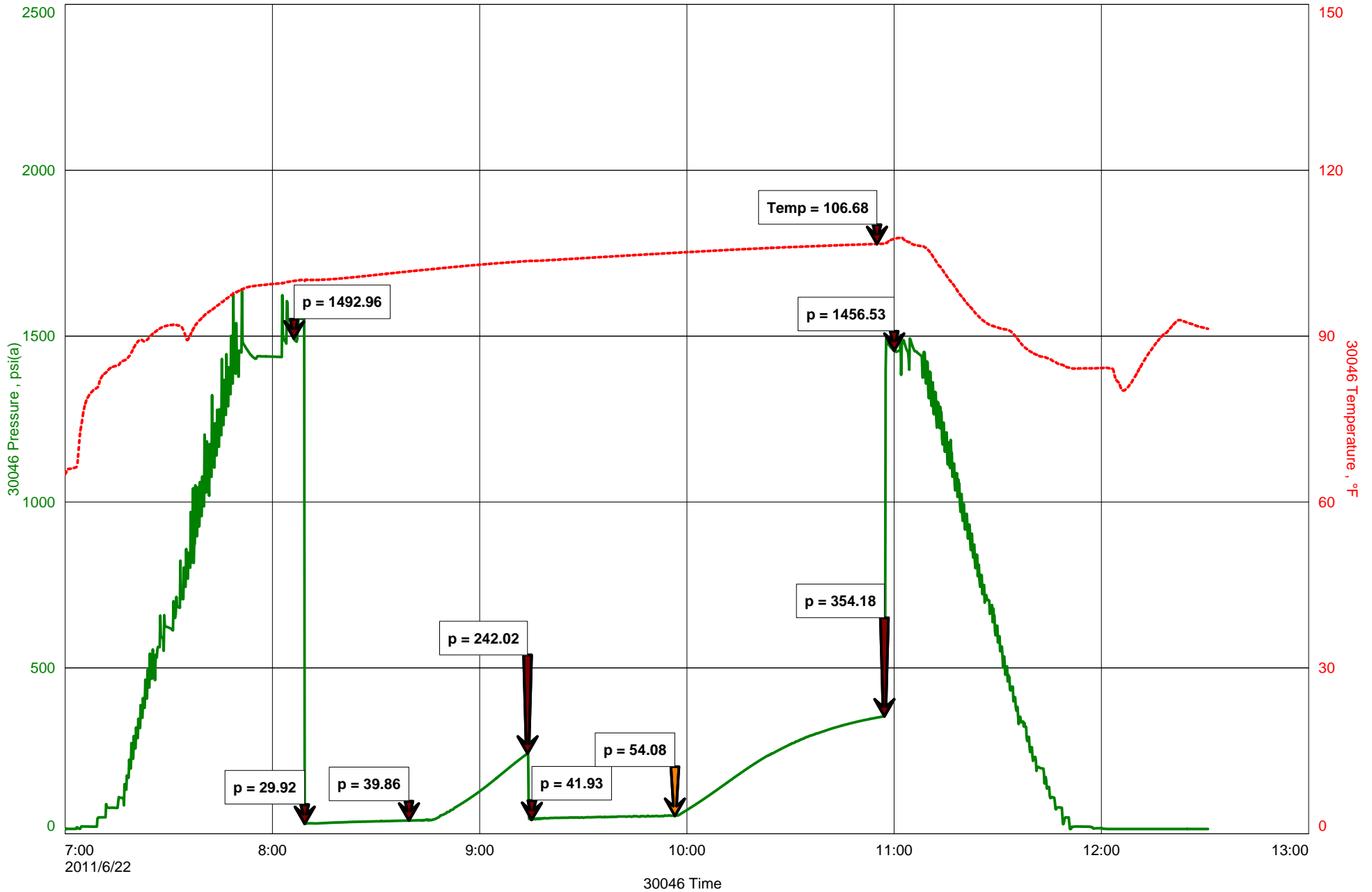
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

THOMAS 1-28



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: THOMAS 1-28

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S28/19S/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D984

Test Unit:

Start Date: 2011/06/23 Start Time: 02:00:00

End Date: 2011/06/23 End Time: 08:00:00

Report Date: 2011/06/23 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 260' GAS IN PIPE, 200' GASSY OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

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DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

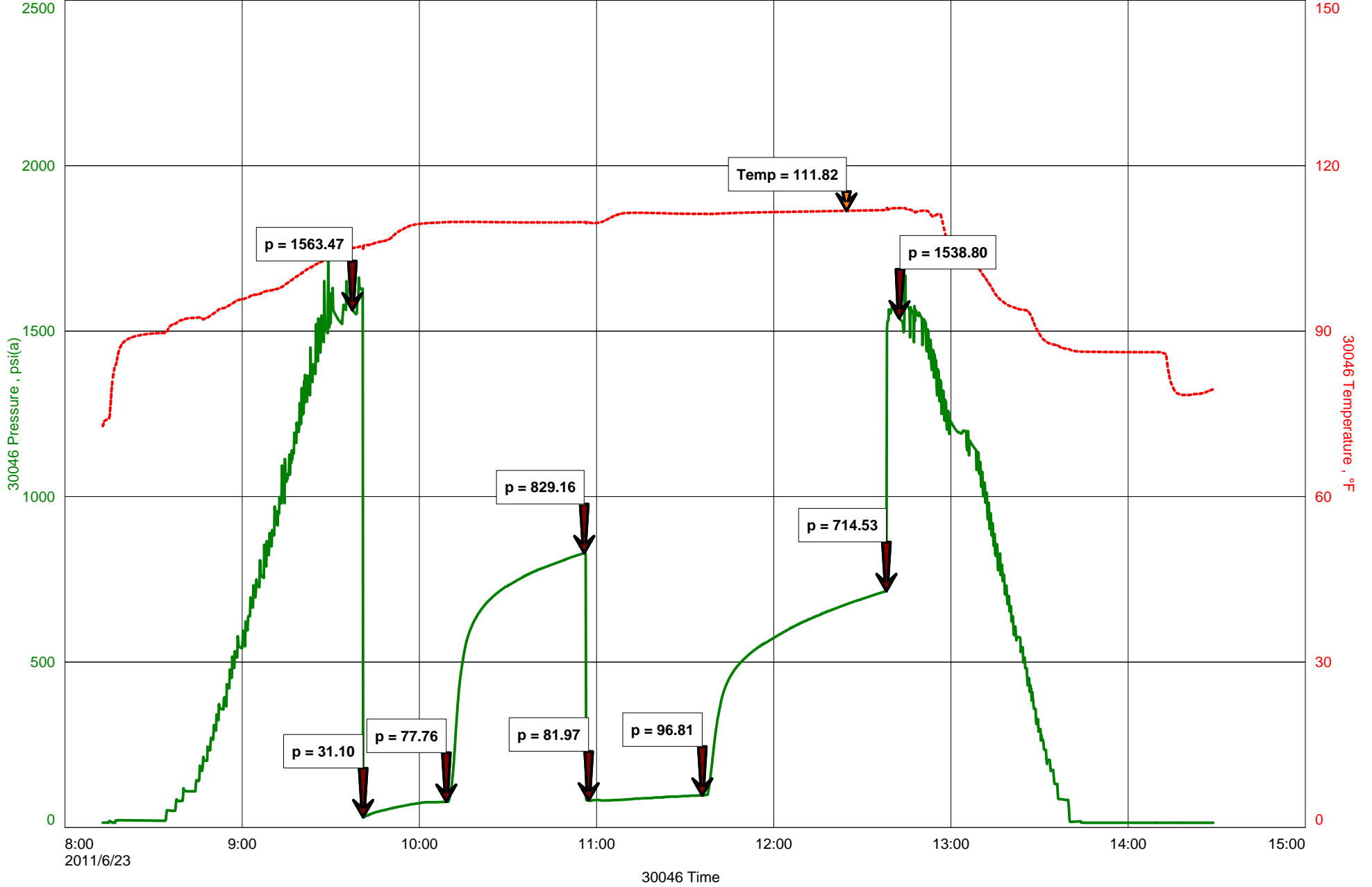
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

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THOMAS 1-28



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: THOMAS 1-28

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S28/19S/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D985

Test Unit:

Start Date: 2011/06/23 Start Time: 13:00:00

End Date: 2011/06/23 End Time: 18:45:00

Report Date: 2011/06/23 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

RECOVERY: 500' GAS IN PIPE, 230' SLIGHTLY MUD CUT GASSY OIL



DIAMOND TESTING

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DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

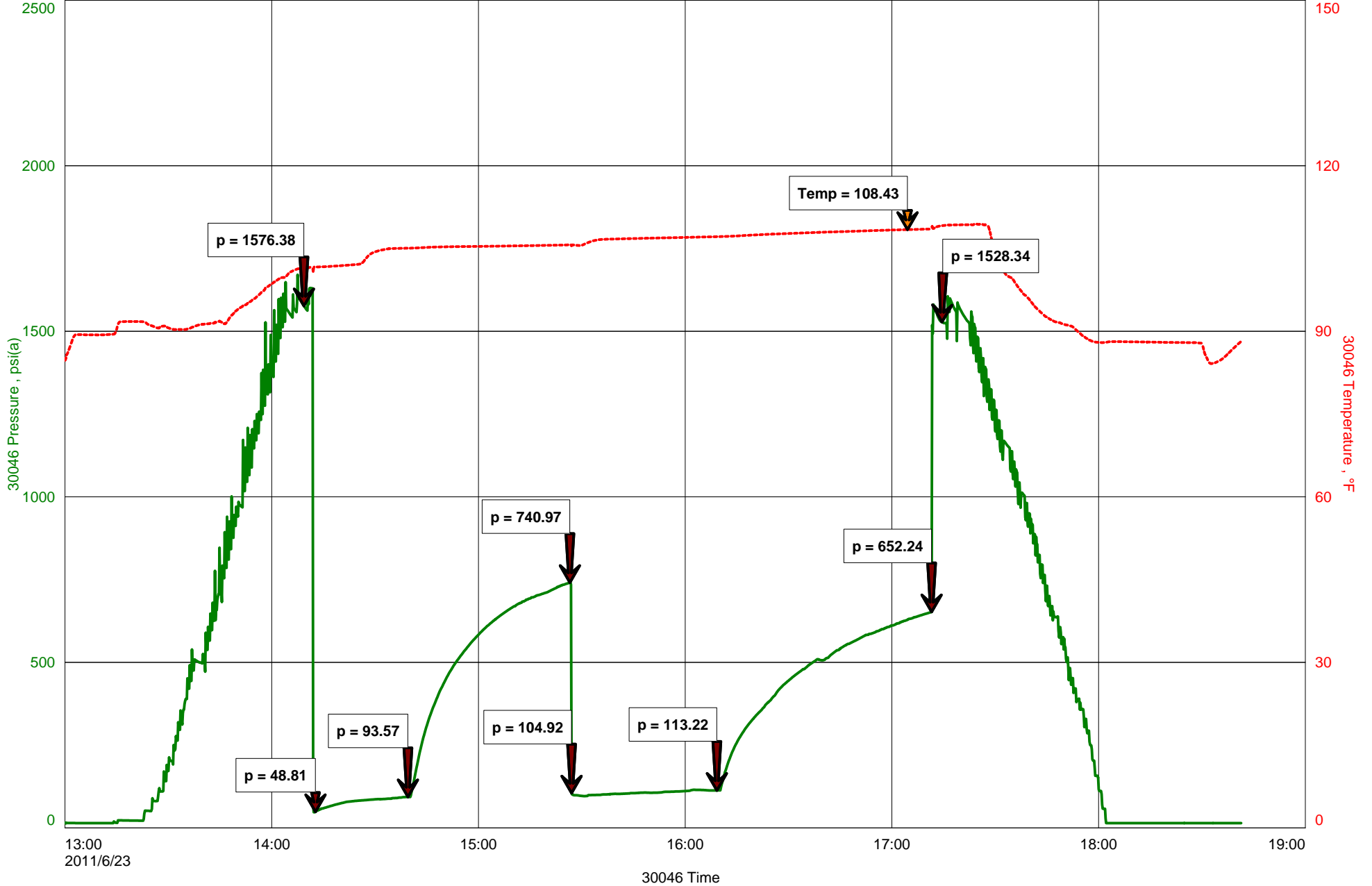
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

THOMAS 1-28



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: THOMAS 1-28

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S28/19S/10W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D986

Test Unit:

Start Date: 2011/06/23 Start Time: 23:30:00

End Date: 2011/06/24 End Time: 06:10:00

Report Date: 2010/06/24 Prepared By: JOHN RIEDL

Remarks: Qualified By: JOSH AUSTIN

RECOVERY: 370' GAS IN PIPE, 70' GASSY OIL, 60'OIL+MUD CUT GASSY WATER, 310' WATER



DIAMOND TESTING

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DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

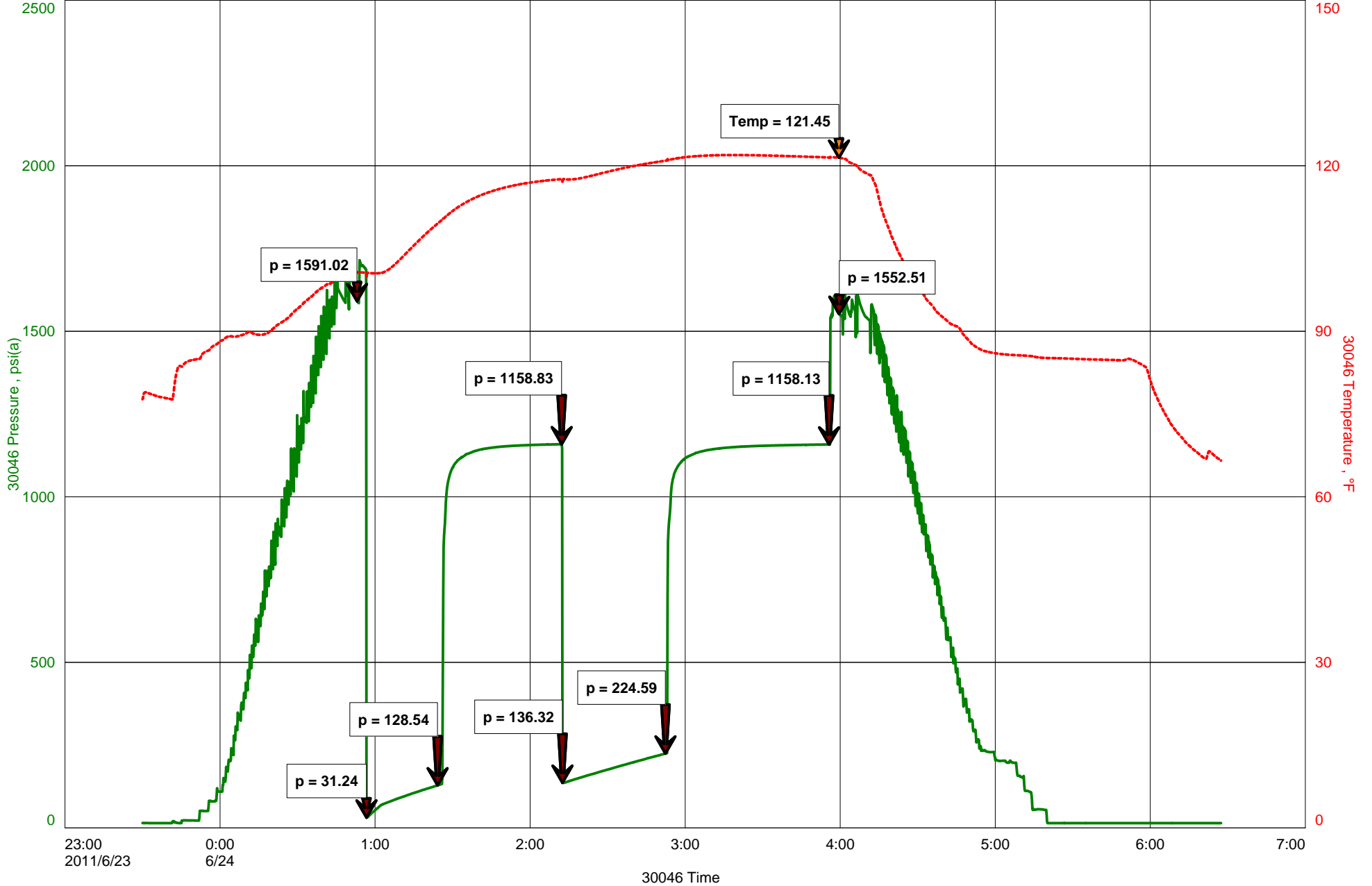
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)		P.S.I.
Initial Flow Period		Minutes (B)		P.S.I. to (C) P.S.I.
Initial Closed In Period		Minutes (D)		P.S.I.
Final Flow Period		Minutes (E)		P.S.I. to (F) P.S.I.
Final Closed In Period		Minutes (G)		P.S.I.
Final Hydrostatic Pressure		(H)		P.S.I.

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

THOMAS 1-28



GEOLOGIST'S REPORT

DRILLING LOG AND SAMPLE LOG

COMPANY	L.D. Drilling Inc	WELL NO.	1768
LEASE	Thomas #1-28	SECTION	1763
FIELD	Chase - Silica	COUNTY	KB
LOCATION	Nw-Se-Se-Nw	STATE	Kansas
SEC.	28 19 10	DEPT.	Petromark Drilling (rig#2)
DATE	06-17-2011	LOG NO.	3399
DEPTH	3400	LOG TYPE	Chemical Preparation
LOG BY	2600	LOG TECH	By Log-Tech
DEPTH TO TOP OF FORMATION	2500	DEPTH TO BOTTOM OF FORMATION	3400
DEPTH TO TOP OF LOG	2500	DEPTH TO BOTTOM OF LOG	3400
DEPTH TO TOP OF SAMPLES	2500	DEPTH TO BOTTOM OF SAMPLES	3400
DEPTH TO TOP OF SECTION	2700	DEPTH TO BOTTOM OF SECTION	3400
GEOLOGIST ON WELL	Josh Austin		

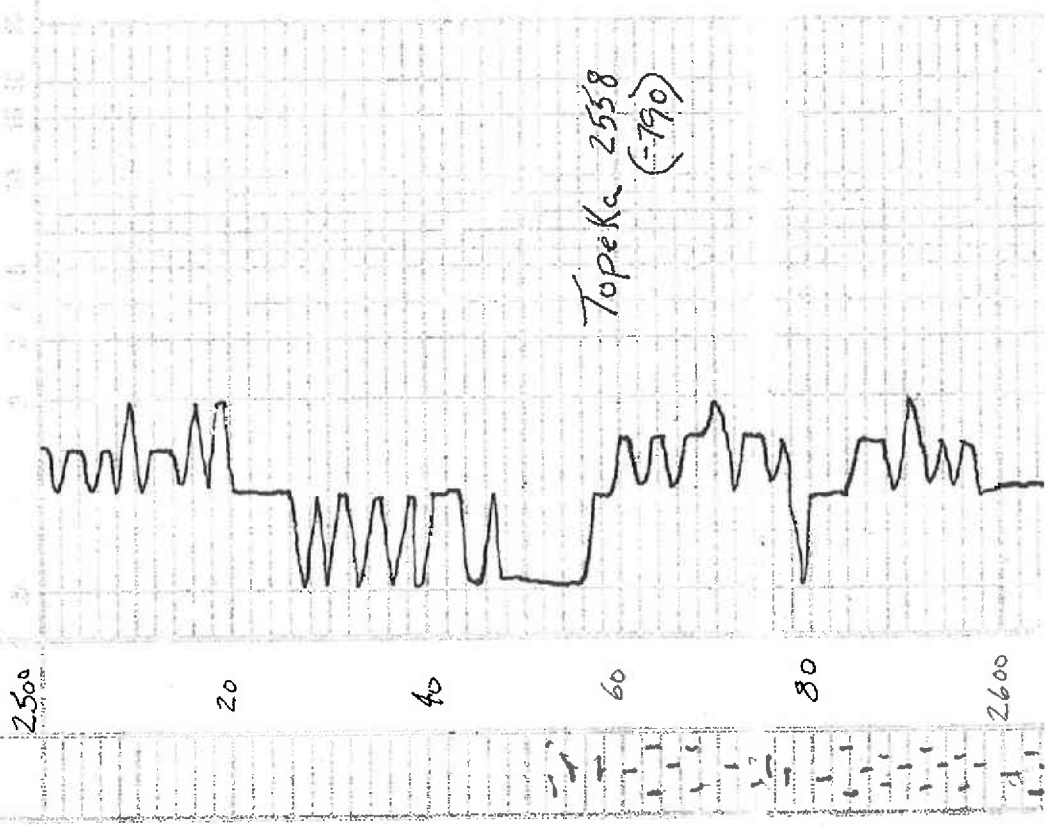
FORMATION TOPS	LOG	SAMPLES
anhydrite	433 +1335	RTD 3400 -1632
base anhydrite	452 +1316	LTD 3399 -1631
Topeka	2556 -788	
Huebner	2822 -1054	
Toronto	2844 -1076	
Douglas	2854 -1086	
Broken lime	2941 -1173	
Lansing	2971 -1203	
Base Kansas City	3233 -1465	
Conglomerate	3261 -1493	
arboviclic	3298 -1530	

5 1/2" production casing was set and cemented.

Respectfully submitted,

Josh R. Austin
Petrochem Geologists

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Sand. gy vfs Mica
friable. poorly sorted MS
LS. tan fine fess. clastic
sl. dy poor v. 1/2' MS
LS. cm-gy f-mud xl
sl. clay dense fess in part

LS; cream foss gran
Spurry cal cement M/S

LS; cream-tan foss dense
4y Pow Vis, M/S

blK Carb shale

f grey-green-mar sh

grey sh

LS; cream-grey foss chalky
dense M/S

LS; s.s.
t grey A

blK Carb sh.

LS; tan-cream fossil xl
gran in part ft. foss

LS; cream-buff-tan foss
scatt. tan br sh N5FO
No odor

LS; buff-tan fine dense
Poor + grey-blk A

blK Carb-sh

grey mar sh

LS; wh-cream xl chalky
in part (dies)

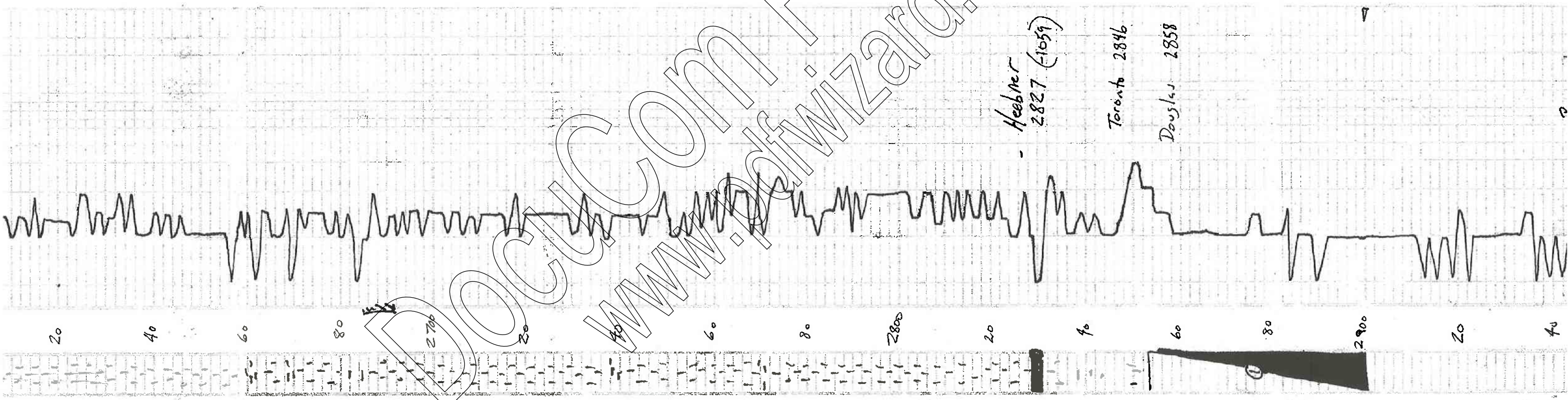
Shale: grey-green sli mic
silty in part

Sand: grey vfg friable
blK-brn sh Spotty sfo ft. odr

grey-green sli sh
mic in part

shale as soft

DSF#1 2853-2900
30-30-30-30
Blow. Week
Recovery 10' mud
Pressure 1518 to PSI
FSIP 43 "
FFP 26-30 "
FFP 33-35 "
HSH 1332 "
-7322 "



Heebner
2827 (1059)

Toronto 2846

Douglas 2858

2700

20

40

60

80

2800

20

40

60

80

2900

20

40

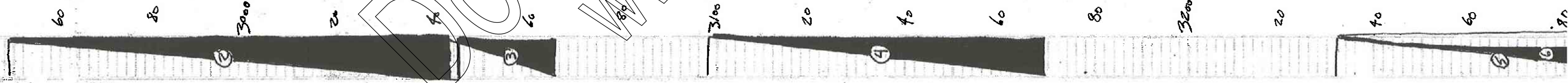
2945 (-1177)

Lansing

2975 (-1207)

Base Kansas City 3236 (-1468)

Conglomerate



LS buff-brn flc foss dense dy

gry - greyish green sh

LS. crm flc sli ool chiky poorly dev. to dk brn - blk str. No' antic

LS. crm - tan - gry flc dense chiky in part few loose fossils poor vis. #/s

LS. crm - tan flc chiky to brn sh. spotty fo poorly dev. shale + gry - drk gry berry Δ

LS. Buff highly foss/ool chiky in part poor vis. sli dy

LS. crm chiky oom fgs ool oom. brn sh sfo sfoader fgs

LS. crm - tan chiky oom. ool fgs ool oom. brn sh sfo fgs

LS. tan - gry - crm flc stralky dense dy poor vis. #/s - blk carb shale

LS. tan flc dense to sec. Hs brn sh 1450

LS. crm - gry chiky highly foss poor vis. #/s

LS. crm - tan oom - ool chiky glauca brn sh spotty sfo str. fgs

LS. crm sli ool xl fgs/ool chiky poor vis. #/s

gry - blk shale

LS. crm - gry flc dense chiky No vis. #/s

gry - blk shale

LS. crm - tan flc dense dy

gry - greyish green shale

gry - mar shale

LS. tan - crm sli ool dense dy in part poor vis. #/s

gry - reddish grey shale soft/chy

DST #2 2949-3043
30-30-30-30
Blow, weak
Recovery 20' mud
Pressures ISIP 77
FSIP 70
IFP 28-31
FFP 29-33
HSH 1447
-1781

DST #3 3045-3066
30-45-45-60
Blow, Strong BOB in 3 min
No blow back
Final. BOB in 5 min
Weak blow back
Recovery 60' GIP
70' SLOGM
(3% oil 10% gas 87% mud)

Pressures; ISIP 327
FSIP 326
IFP 29-41
FFP 40-55
HSH 1488
-1432

DST #4 3098-3169
30-30-45-60
Blow, fair built to 4"
Final built to 5"
No blow back

Recovery 60' GIP
60' gm

Pressures ISIP 242
FSIP 334
IFP 30-40
FFP 42-54
HSH 1493
-1457

DST #5 3232-3305
30-45-45-60

Blow, [redacted]
Recovery 560' GIP
200' sl. Meso

T.V.C. Δ 75

Δ

Δ

Δ

Δ

Δ

Δ

SS

SS

SS

SS

SS

SS

SS

Arbuckle
3298 (-1550)

Dolomite: Crm fxl sl. suc
poorly dev'd
brush 500 fr. string
other

doli. crm - tan fxl. chuse
- to brush to partly to verify
color

doli. tan - crm f - med xl
fr. 1 xl brush 700-500
fr. fr. brush
tush bony A

dolomite; tan - grey - crm f - med xl
poorly dev'd. silty N/S
tush A

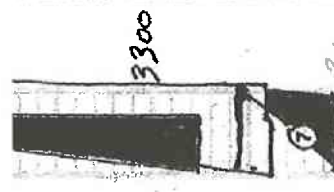
doli. grey - tan f - med xl
few scath. / AY in part
tush bony A N/S

Depth

3300

3400

3500



15IP 829
FSIP 715
IFP 31-78
FFP 82-97
HSH 1564
-1538

DST #6 3232-3312
30-45-45-60

Blow, strong boilt to 10"
final OBB in 40 min
week blow back

Recovery 500' 91P
230' 51: Mago
(5% mud 35% gas 60% oil)

Pressures 15IP 741.
FSIP 652
IFP 49-94
FFP 105-113
HSH 1576
-1529

DST #7 3308-3319
30-45-45-60

Blow, strong BOB in 15 min
final BOB in 15 min
week blowback

Recovery 370' 91P
70' 60
66' OT regw
310' 90

RW. 5 @ 60'
Pressures 15IP 1159
FSIP 1158
IFP 31-129
FFP 136-225
HSH 1591
-1533

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