



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: _____



1063531

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

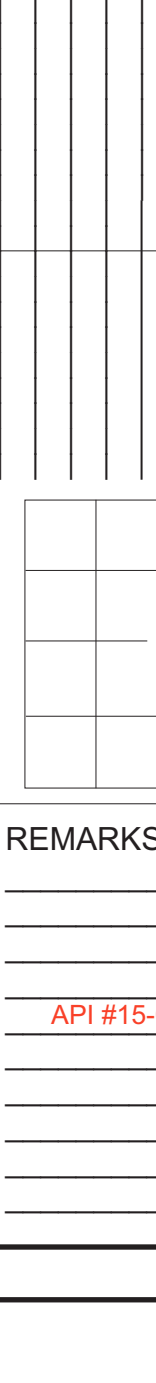
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

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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GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

COMPANY **TIGER OIL & GAS, LLC** EL ELEVATIONS
 LEASE **Sellers 'B' 3 Q.W/O** KG 1313'
 FIELD **Moorn** DF _____
 LOCATION NW SE NE _____
 SEC **26** TWPSP **32S** RGE **5E** GL 1308'
 COUNTY **Cowley** STATE **Kansas** Measurements Are All
 From **KB**
 CONTRACTOR **Landmark Rig #2** From **KB**
 SPUD **3-7-11** COMP **3-14-11**
 RTD **3630'** LTD **3628'** CASING
 MUD UP **3105'** TYPE MUD **Chemical** CONDUCTION **NA**
 SAMPLES SAVED FROM **3105'** to **RTD** SURFACE **NA**
 DRILLING TIME KEPT FROM **3105'** to **RTD** PRODUCTION
 SAMPLES EXAMINED FROM **3105'** to **RTD** ELECTRICAL
 GEOLOGICAL SUPERVISION FROM **3105'** to **RTD** CND/D/SP/P/E
 GEOLOGIST ON WELL **Tim Priest** By: **Mike Somic**
 FORMATION TOPS ELECTRICAL LOG SAMPLE
 Mississippian **3072 (-1759)** **3071 (-1758)**
 Kinderhook **3501 (-2188)** **3501 (-2188)**
 Arbuckle **3455 (-2242)** **3457 (-2244)**



REMARKS The well ran 17' high to the nearest key well on the Arbuckle formation. Due to the shows of oil in the Mississippian and Arbuckle it was decided to run production casing to further test the well.

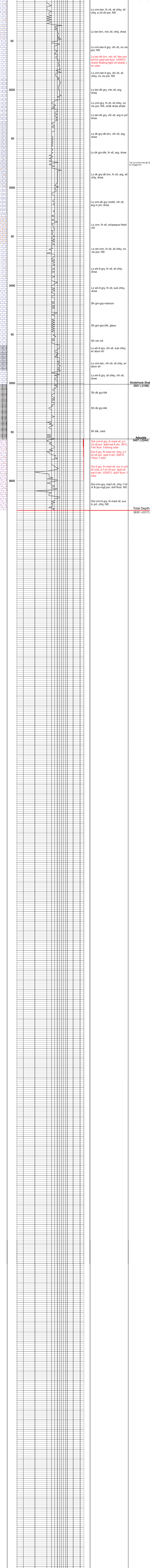
Respectfully Submitted,

API #15-035-20641-00-00

Tim Priest
 Petroleum Geologist

DEPTH

LITHOLOGY



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Have you go

Letter Basic

Urgent: For Review Please Reply:

RE:

DATE:

PAGES:

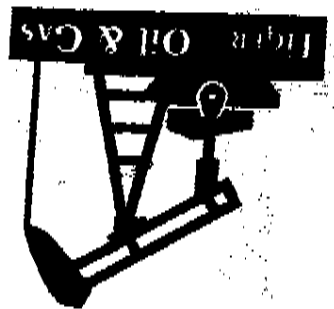
FROM: Bill Herndon

Fax Number:

TO:

Bruce Kelsie

2400 N. Woodlawn Ste 200
Wichita, Ks 67220
316-630-0808
Cell: 316-990-8500
dgerollgas@yahoo.com
Fax: 316-634-3919





Order # 116 Station Pratt, KS. Casing 5 1/2" TD Depth 3130' Formation

Job GWD - 5 1/2" L.S. - 26-32-5 Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Tubing Size	Shots/Ft	Pre Pad	Post Pad	Max	Min	Avg	Annulus Pressure
5 1/2"	GWT	1.93 cu ft	1.30 cu ft	10 Min.	15 Min.	15 Min.	Annulus Pressure
Depth	From	From	From	From	From	From	Annulus Pressure
Volume	From	From	From	From	From	From	Annulus Pressure
Max Press	From	From	From	From	From	From	Annulus Pressure
Annulus Vol.	From	From	From	From	From	From	Annulus Pressure
Packer Depth	From	From	From	From	From	From	Annulus Pressure
ISIP	ISIP	ISIP	ISIP	ISIP	ISIP	ISIP	ISIP

Station Manager D. Scott
 Treator K. LeBlay
 20980 19840 19840
 20980 19840 19840
 20980 19840 19840
 20980 19840 19840

ON LOGGATION - SAFETY MEETING
 201 5 1/2 x 15.525g. = 88.175
 GWT - 1, 3, 5, 8, 10, 12, 14, 18, 30, 32, 34
 BASKET - 8, 12
 GSG. ON BOTTOM
 Hookup to GSG. / Break Circ. w/ 21g
 Switch over to Pump Truck

Time	Pressure	Rate	Service Log
AM 1500	85.89	4	PLUG DOWN - HELD
AM 500	75	5	STAB RATE
AM 300	45	6	LEFT PRESSURE
AM 0	0	7	START DISPLACEMENT
AM 0			RELEASE PLUG
AM 0			WASH PUMP TIME CLEAN
AM 250	39	6	MIX 100 SKS A-A-2 @ 15.3 PRG
AM 250	27.5	6	MIX 80 SKS A-CON @ 13.0 PRG
AM 300	20	6	2% KCL WATER SPACER
AM 300	18	6	MUD FLUSH
AM 0			WASH PUMP TIME CLEAN
AM 0			RELEASE PLUG
AM 0			START DISPLACEMENT
AM 300	45	6	LEFT PRESSURE
AM 500	75	5	STAB RATE
AM 1500	85.89	4	PLUG DOWN - HELD
			CIRCULATION THROUGH
			PLUG R.H. w/ 300K A-CON
			JOB COMPLETE
			1 HOURS -
			KEEVEN

INVOICE REPRESENTATIVE: *Deborah D. [Signature]*
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

EMPRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P 101	A-CON BLEND	SK	80		1,440.00
P 105	AA-2 CEMENT	SK	100		2,720.00
P 101	A-CON BLEND	SK	30		540.00
C 111	SALT	LB	731		365.50
C 115	GAS-BLD	LB	203		1,045.45
C 109	EIA-302	LB	97		727.50
C 801	GILSONITE	LB	800		530.00
C 112	CEMENT EDITION REDUCER	LB	46		216.00
C 102	CELL-FLAKE	LB	59		218.30
C 109	CALCIUM CHLORIDE	LB	138		1,449.00
E 1251	AUTO FILL FLAT SHOE, 5 1/2"	EA	1		300.00
E 107	LATCH DOWN PLUG & BARREL, 5 1/2"	EA	1		400.00
E 1151	TURBIDIZER, 5 1/2"	EA	12		1,320.00
E 1901	BASKET, 5 1/2"	EA	2		580.00
C 151	MUDFLUSH	GAL	500		430.00
SUB TOTAL					
SERVICE & EQUIPMENT					
% TAX ON \$					
MATERIALS					
% TAX ON \$					
TOTAL					

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 the contract for services, materials, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or different terms or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

DATE OF JOB: 3-13-2011 DISTRICT: Pratt, KS
 CUSTOMER: TIGER OIL & GAS
 LEASE: SELLERS
 WELL NO: B-1
 COUNTY: Cowley
 STATE: KS
 SERVICE CREW: Orlando, Lesley, Mincey, BRIDGEMONT
 JOB TYPE: GILD - 5 1/2" L.S.
 AUTHORIZED BY: [Signature]

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS
27983	2				
708-2090	8				
820-1950	2				
ARRIVED AT JOB	9:15 PM				
TRUCK CALLED	3-12-11				
DATE	3-12-11				
TIME	4:00 PM				
RELEASED	8:00 AM				
FINISH OPERATION	8:00 AM				
START OPERATION	3-13-11				
AM	5:50				
MILES FROM STATION TO WELL	95				

FIELD SERVICE TICKET
 1718 03715 A
 P.2/4

DATE: 3-13-2011
 TICKET NO: [Blank]

NEW WELL OLD WELL PROD INJ WDW CUSTOMER ORDER NO. [Blank]

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

BASIC ENERGY SERVICES
 PRESSURE PUMPING & WIRELINE

MAY-06-2011 14:18 From: BASIC ENERGY SERVICE 620 672 7019