



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: _____



1069534

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> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	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 04952 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10/29/11	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: HARBEL OWWO	WELL NO. 1-27							
ADDRESS:	COUNTY: THOMAS	STATE: KS							
CITY:	STATE:	SERVICE CREW: KC BRAD, JEFF, MCGRAW							
AUTHORIZED BY:	JOB TYPE: CCSPW - LOWSTRING								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19967		19826	3				10-28	PM	8:00
		19860	3			ARRIVED AT JOB	10-29	AM	12:30
19903	3					START OPERATION		AM	15:00
19905	3	19832	3			FINISH OPERATION		AM	18:00
		21010	3			RELEASED		AM	19:00
						MILES FROM STATION TO WELL	220		

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
CP100	COMMON CEMENT	SH.	175		2800.00
CP161	A-COW CEMENT	SH.	500		9000.00
CP101	A-COW CEMENT	SH.	30		540.00
CC102	CELLFLAKE	Lb.	133		497.10
CC109	CALCIUM CHLORIDE	Lb.	1497		1571.85
CC113	CAL-SEL	Lb.	825		618.75
CC200	CEMENT GEL	Lb.	330		87.50
CF400	4 1/2 TWO STAGE CEMENT PLUG	EA	1		4500.00
CF600	4 1/2 LATCH DOWN PLUG	EA	1		720.00
CF1250	4 1/2 WFL FLOAT SHOE	EA	1		330.00
CF1650	4 1/2 TURBOLIZER	EA	8		680.00
CF1900	4 1/2 BASKET	EA	1		270.00
CC151	MUD FLUSH	gal.	1000		860.00

SUB TOTAL
DLS

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: K. CONDLEY	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Phil White
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer LB DRAILING	Lease No.	Date 10-29-11
Lease HARBEL OUNWO	Well # 1-27	
Field Order # 4952	Station PRATT, KS	Casing 4 1/2
		Depth 4728
Type Job COSEW - LOW STRENGTH	Formation TD-4730	County THOMAS
		State KS
		Legal Description 27-9-33

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size	Shots/Ft		Acid DV-2694	RATE	PRESS	ISIP	
Depth 4728	Depth	From	To	Pre Pad	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 4714	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative LD	Station Manager SCOTTY	Treater GONDLEY
Service Units 19907	19903-19905	19826-19860
Driver Names KG	BRAID	MIC GRAW
		JEFF

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1230					ON LOCATION
1200					RUN 4727' 4 1/2" 11.6" CSC 113 FT
					FLOW SHOE LATCH BUFFLE IN
					14' SHOE IT. AT 4714'
					CENT.-1-3-5-7-9-11-13-47
					BASKET - BOTTOM OF #48
					DU TOOL ON TOP OF JT #48
					AT 2694'
					AWH/DRITE - 2690' - 2718'
1400					TAP BOTTOM - DROP BALL -
					CIRCULATE 1 HOUR
					BOTTOM STAFF:
1500	400		24	6	PUMP 24 bbl. MUD FLUSH
	400		6	6	PUMP 6 bbl. H2O
	300		42	6	PUMP 175 SK COMMON #
					2% GEL, 5% CIL SET AT 15'
					STOP - WASH LINE - DROP PLUG
	0		0	6	START DISP W/ H2O
	200		33	4	START MUD DISP.
	300		48	4	CEMENT LEFT P/B
1545	1500		73	4	PUMP DOWN - HOLD

Customer <i>LD DREWING</i>	Lease No.	Date
Lease <i>HARBEL OWNED</i>	Well # <i>1-27</i>	<i>10-29-11</i>
Field Order # <i>4952</i>	Station <i>PLANT, KS</i>	Casing <i>4 1/2</i>
Type Job <i>OCSPW - LOW STRONG</i>	Depth <i>4729</i>	County <i>THOMAS</i>
	Formation <i>TD-4730</i>	State <i>KS</i>
		Legal Description <i>27-9-33</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid <i>DU-2694</i>	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	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	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager	Treater
Service Units		
Driver Names		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1600</i>	<i>1200</i>				<i>DROP DU OREW PLUG OREW IS U TOOL - CIRCULATE 1 HOUR</i>
<i>1700</i>	<i>300</i>		<i>228</i>	<i>6</i>	<i>TOP STAGE: PLUG 520 SK A-COW CEMENT 3% CC, 1/4" CELLFILLER AT 12"</i>
<i>1800</i>	<i>0</i>		<i>41.7</i>	<i>3</i>	<i>STOP - WASH DOWN - DROP PLUG START DESP PLUG DOWN - DU CLOSED</i>
					<i>CIRCULATE 40 bbl. CEMENT TO SET PLUG RATIOLE - 30 SK A-COW</i>
<i>1900</i>					<i>JOB COMPLETE - HEVON</i>