



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: _____



1069721

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

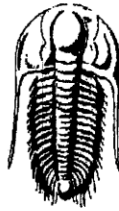
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

Prepared For: **Herman Loeb LLC**

PO Box 838
Lawrenceville IL 62439

ATTN: George Payne

3 35S 12W Barber KS

Lohman B-9

Start Date: 2011.03.28 @ 01:38:19

End Date: 2011.03.28 @ 12:00:04

Job Ticket #: 41636 DST #: 1

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Herman Loeb LLC

Lohman B-9

3 35S 12W Barber KS

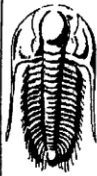
DST # 1

Mississippi

2011.03.28

Printed: 2011.04.13 @ 21:22:49 Page 1

ORIGINAL



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Herman Loeb LLC
 PO Box 838
 Lawrenceville IL 62439
 ATTN: George Payne

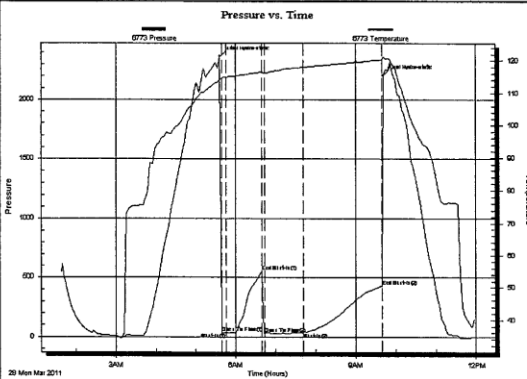
Lohman B-9
3 35S 12W Barber KS
 Job Ticket: 41636 **DST#: 1**
 Test Start: 2011.03.28 @ 01:38:19

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: **No** Whipstock: **ft (KB)**
 Time Tool Opened: 05:39:19
 Time Test Ended: 12:00:04
 Interval: **4775.00 ft (KB) To 4820.00 ft (KB) (TVD)**
 Total Depth: **4820.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: **Poor**
 Test Type: **Conventional Bottom Hole**
 Tester: **Chris staats**
 Unit No: **34**
 Reference Elevations: **1419.00 ft (KB)**
1409.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 6773 **Inside**
 Press@RunDepth: **34.28 psig @ 4775.00 ft (KB)**
 Start Date: **2011.03.28** End Date: **2011.03.28** Capacity: **8000.00 psig**
 Start Time: **01:38:24** End Time: **12:00:04** Last Calib.: **2011.03.28**
 Time On Btm: **2011.03.28 @ 05:36:19**
 Time Off Btm: **2011.03.28 @ 09:41:04**

TEST COMMENT: IF: Weak blow 1 1/2 in 15 min
 IS: No blow back
 FF: Weak blow 1"
 FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2363.52	113.96	Initial Hydro-static
3	33.93	114.63	Open To Flow (1)
10	32.93	115.02	Shut-In(1)
63	550.80	116.52	End Shut-In(1)
67	31.37	116.30	Open To Flow (2)
126	34.28	118.08	Shut-In(2)
243	430.04	120.25	End Shut-In(2)
245	2208.29	121.27	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	DRLG mud	0.21

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

41636



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Herman Loeb LLC
PO Box 838
Lawrenceville IL 62439
ATTN: George Payne

Lohman B-9
3 35S 12W Barber KS
Job Ticket: 41636 **DST#: 1**
Test Start: 2011.03.28 @ 01:38:19

Tool Information

Drill Pipe:	Length: 4763.00 ft	Diameter: 3.80 inches	Volume: 66.81 bbl	Tool Weight: 2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 28000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 90000.00 lb
			<u>Total Volume: 66.81 bbl</u>	Tool Chased 8.00 ft
Drill Pipe Above KB:	16.00 ft			String Weight: Initial 72000.00 lb
Depth to Top Packer:	4775.00 ft			Final 72000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	45.00 ft			
Tool Length:	73.00 ft			
Number of Packers:	2	Diameter: 6.25 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4748.00	
Shut In Tool	5.00			4753.00	
Hydraulic tool	5.00			4758.00	
Jars	5.00			4763.00	
Safety Joint	3.00			4766.00	
Packer	4.00			4770.00	28.00 Bottom Of Top Packer
Packer	5.00			4775.00	
Recorder	0.00	8166	Outside	4775.00	
Recorder	0.00	6773	Inside	4775.00	
Perforations	6.00			4781.00	
Drill Pipe	31.00			4812.00	
Perforations	5.00			4817.00	
Bullnose	3.00			4820.00	45.00 Bottom Packers & Anchor

Total Tool Length: 73.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Herman Loeb LLC
PO Box 838
Lawrenceville IL 62439
ATTN: George Payne

Lohman B-9
3 35S 12W Barber KS
Job Ticket: 41636 DST#: 1
Test Start: 2011.03.28 @ 01:38:19

Mud and Cushion Information

Mud Type:	Gel Chem	Cushion Type:		Oil API:	deg API
Mud Weight:	9.00 lb/gal	Cushion Length:	ft	Water Salinity:	ppm
Viscosity:	45.00 sec/qt	Cushion Volume:	bbl		
Water Loss:	8.38 in ³	Gas Cushion Type:			
Resistivity:	0.00 ohm.m	Gas Cushion Pressure:	psig		
Salinity:	5500.00 ppm				
Filter Cake:	0.20 inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	DRLG mud	0.210

Total Length: 15.00 ft Total Volume: 0.210 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

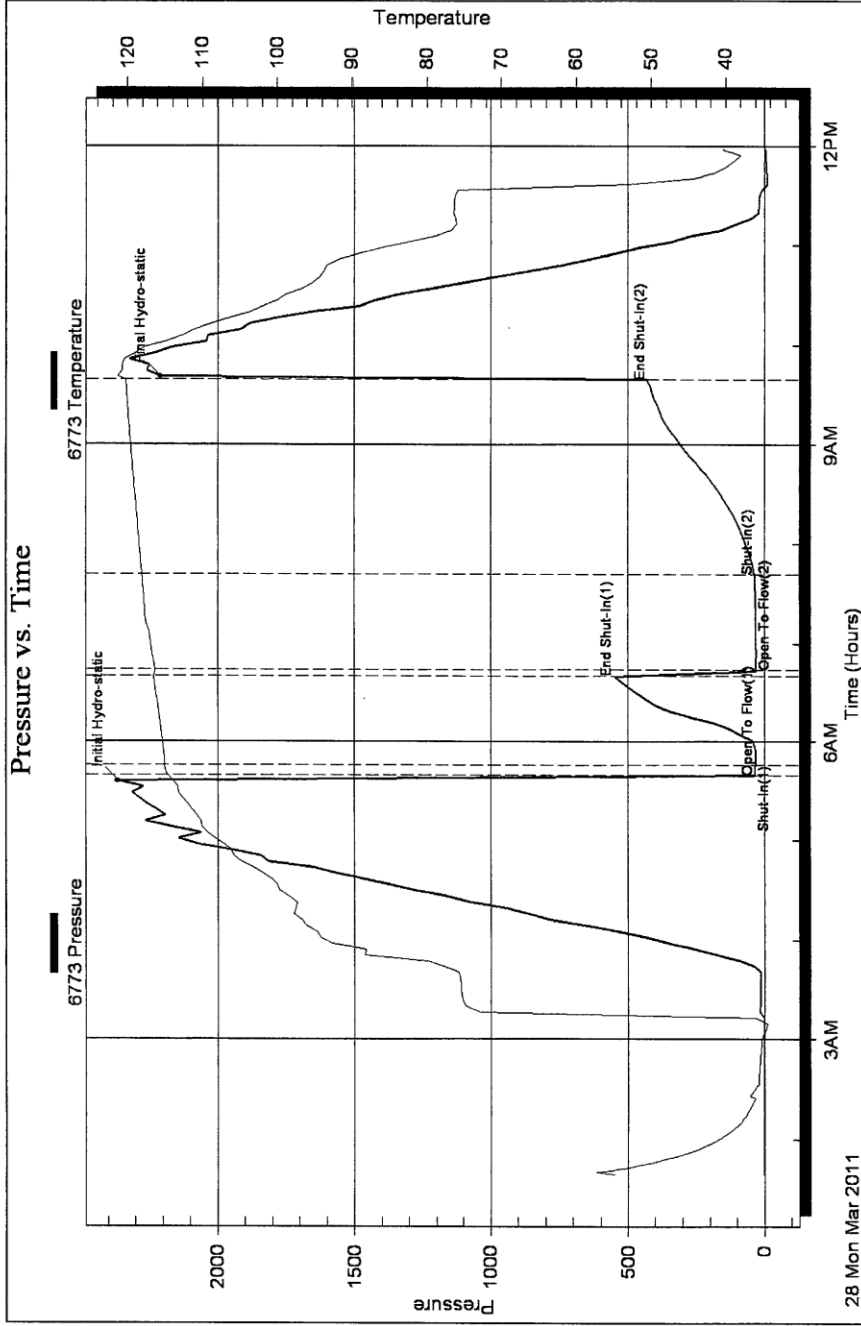
DST Test Number: 1

3 35S 12W Barber KS

Herrman Loeb LLC

Inside

Serial #: 6773





DRILL STEM TEST REPORT

Prepared For: **Herman Loeb LLC**

PO Box 838
Lawrenceville IL 62439

ATTN: George Payne

3 35S 12W Barber KS

Lohman B-9

Start Date: 2011.03.29 @ 22:44:44

End Date: 2011.03.30 @ 09:09:59

Job Ticket #: 41637 DST #: 2

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Herman Loeb LLC
PO Box 838
Lawrenceville IL 62439
ATTN: George Payne

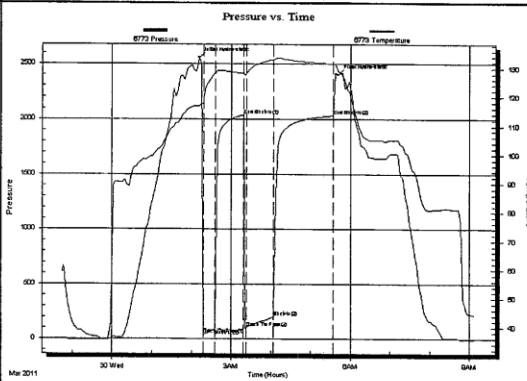
Lohman B-9
3 35S 12W Barber KS
Job Ticket: 41637 DST#: 2
Test Start: 2011.03.29 @ 22:44:44

GENERAL INFORMATION:

Formation: **Misner**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 02:18:29
Time Test Ended: 09:09:59
Test Type: Conventional Bottom Hole
Tester: Chris Staats
Unit No: 34
Interval: **5140.00 ft (KB) To 5162.00 ft (KB) (TVD)**
Total Depth: 5162.00 ft (KB) (TVD)
Reference Elevations: 1419.00 ft (KB)
1409.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Fair
KB to GR/CF: 10.00 ft

Serial #: 6773 Inside
Press@RunDepth: 200.79 psig @ 5140.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.03.29 End Date: 2011.03.30 Last Calib.: 2011.03.30
Start Time: 22:44:49 End Time: 09:09:59 Time On Btm: 2011.03.30 @ 02:10:59
Time Off Btm: 2011.03.30 @ 05:40:59

TEST COMMENT: IF: Strong blow BOB 3 min
IS: No blow back
FS: Strong blow BOB 20 min
IS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2556.74	117.00	Initial Hydro-static
8	40.84	119.59	Open To Flow (1)
25	87.32	128.39	Shut-In(1)
68	2033.00	128.39	End Shut-In(1)
72	101.97	128.14	Open To Flow (2)
113	200.79	133.14	Shut-In(2)
203	2029.38	131.75	End Shut-In(2)
210	2401.51	129.03	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	620' GIP	0.00
122.00	m oil spots 80% w 20% m	1.71
240.00	w 100%	3.37

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Herman Loeb LLC

Lohman B-9

PO Box 838
Lawrenceville IL 62439

3 35S 12W Barber KS

Job Ticket: 41637 **DST#: 2**

ATTN: George Payne

Test Start: 2011.03.29 @ 22:44:44

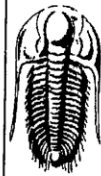
Tool Information

Drill Pipe:	Length: 5136.00 ft	Diameter: 3.80 inches	Volume: 72.04 bbl	Tool Weight:	2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	28000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose:	90000.00 lb
			Total Volume: 72.04 bbl	Tool Chased	2.00 ft
Drill Pipe Above KB:	24.00 ft			String Weight: Initial	76000.00 lb
Depth to Top Packer:	5140.00 ft			Final	80000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	22.00 ft				
Tool Length:	50.00 ft				
Number of Packers:	2	Diameter: 6.25 inches			

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			5113.00	
Shut In Tool	5.00			5118.00	
Hydraulic tool	5.00			5123.00	
Jars	5.00			5128.00	
Safety Joint	3.00			5131.00	
Packer	4.00			5135.00	28.00 Bottom Of Top Packer
Packer	5.00			5140.00	
Recorder	0.00	8166	Outside	5140.00	
Recorder	0.00	6773	Inside	5140.00	
Perforations	19.00			5159.00	
Bullnose	3.00			5162.00	22.00 Bottom Packers & Anchor

Total Tool Length: 50.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMAR

Herman Loeb LLC
PO Box 838
Lawrenceville IL 62439
ATTN: George Payne

Lohman B-9
3 35S 12W Barber KS
Job Ticket: 41637 DST#: 2
Test Start: 2011.03.29 @ 22:44:44

Mud and Cushion Information

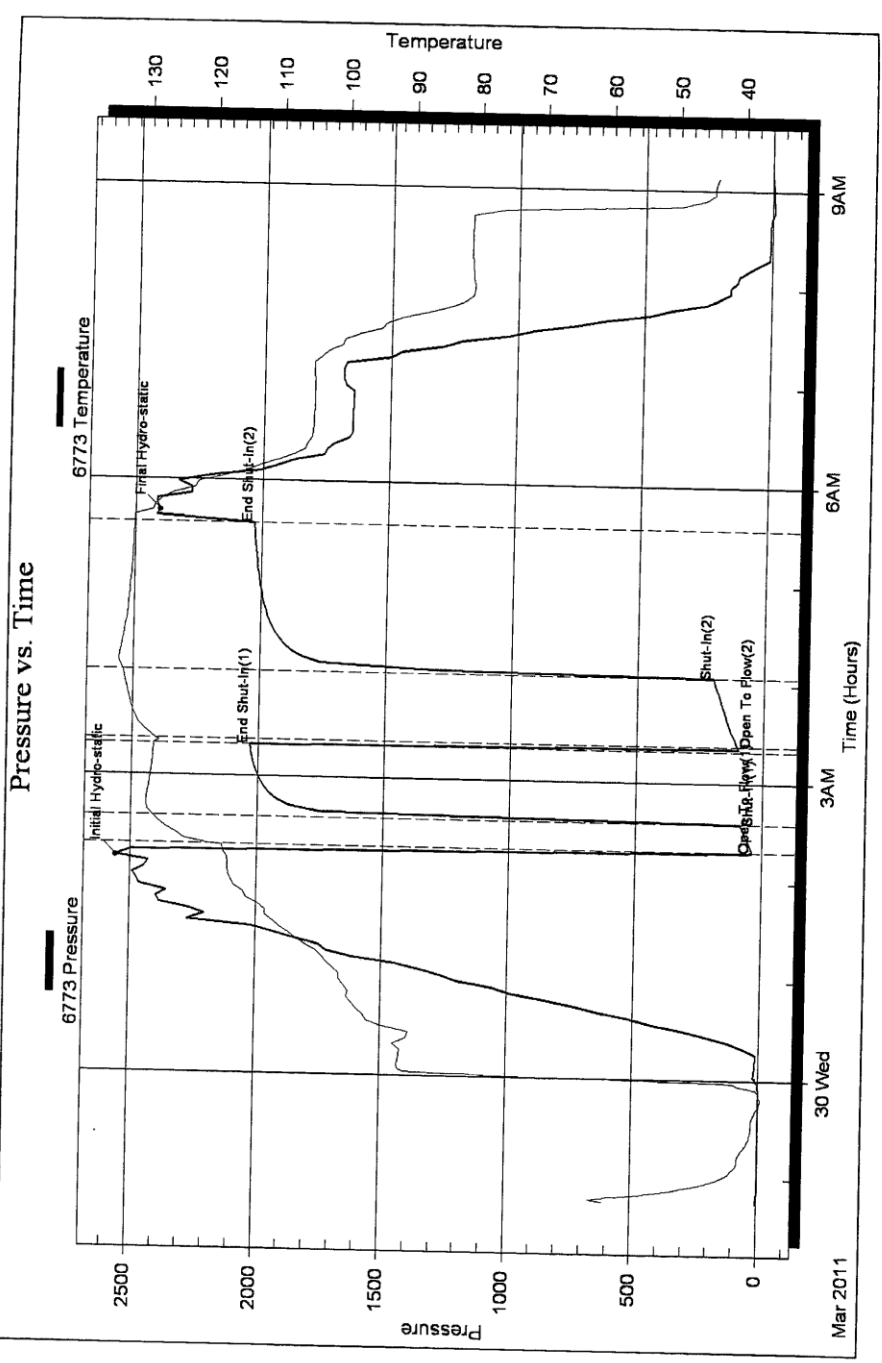
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	11000 ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.97 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 3500.00 ppm			
Filter Cake: 0.20 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	620' GIP	0.000
122.00	m oil spots 80% w 20% m	1.711
240.00	w 100%	3.367

Total Length: 362.00 ft Total Volume: 5.078 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: RW 1.12 @ 46F = 11000 chlorides





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
MAR 31 2011

Test Ticket

NO. 041636

Well Name & No. LOHmann #B-9 BY: _____ Test No. 1 Date 3-28-11
 Company Herman Loeb LLC Elevation 1419 KB 1409 GL _____
 Address PO Box 838 Lawrenceville IL 62439
 Co. Rep / Geo. Mike Maune Rig Val #2
 Location: Sec. 3 Twp. 35s Rge. 12w Co. Barber State KS

Interval Tested 4775 - 4820 Zone Tested MISS
 Anchor Length 45' Drill Pipe Run ~~4770~~ 4763 Mud Wt. 9.1
 Top Packer Depth 4770 Drill Collars Run 0 Vis 45
 Bottom Packer Depth 4775 Wt. Pipe Run 0 WL 8.4
 Total Depth 4820 Chlorides 5500 ppm System LCM 5#

Blow Description IF: Weak blow 1 1/2 15min
ISI: NO blow back
FF: weak blow 1"
FST: NO blow back

Sec	Feet of	%gas	%oil	%water	%mud
<u>15</u>	<u>DRUG mud</u>			<u>100</u>	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Sec Total 15' BHT 120 Gravity NA API RW NC @ _____ °F Chlorides 5500 ppm

A) Initial Hydrostatic <u>2363</u>	<input checked="" type="checkbox"/> Test <u>1225</u>	T-On Location <u>1:30</u>
B) First Initial Flow <u>33</u>	<input checked="" type="checkbox"/> Jars <u>250'</u>	T-Started <u>1:38</u>
C) First Final Flow <u>33</u>	<input checked="" type="checkbox"/> Safety Joint <u>75'</u>	T-Open <u>5:34</u>
D) Initial Shut-In <u>550</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>10:45</u>
E) Second Initial Flow <u>31</u>	<input type="checkbox"/> Hourly Standby <u>1hr 100'</u>	T-Out <u>00:30</u>
F) Second Final Flow <u>34</u>	<input checked="" type="checkbox"/> Mileage <u>110 miles 13750</u>	Comments _____
G) Final Shut-In <u>430</u>	<input type="checkbox"/> Sampler _____	
H) Final Hydrostatic <u>2208</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____

Initial Open 15
 Initial Shut-In 45
 Initial Flow 60
 Initial Shut-In 120

Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____

Sub Total 1781.50

Approved By Michael K Maune Our Representative Chris [Signature]

Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



TRILOBITE TESTING INC.
P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 041637

RECEIVED
APR 01 2011

Well Name & No. Lohman B-9 BY: _____ Test No. 2 Date 3-29-11
 Company Herman LOEB LLC Elevation 1419 KB 1409 GL _____
 Address PO Box 838 Lawrenceville IL 62439
 Co. Rep / Geo. Mike Maue / George Payne Rig Val Energy #2
 Location: Sec. 3 Twp. 35S Rge. 12W Co. Barber State KS

Interval Tested S140 - S162 Zone Tested Misner
 Anchor Length 22' Drill Pipe Run ~~5136~~ 5136 Mud Wt. 9.2
 Top Packer Depth S135 Drill Collars Run 0 Vis 49
 Bottom Packer Depth S140 Wt. Pipe Run 0 WL 9.0
 Total Depth S162 Chlorides 3500 ppm System LCM 4#

Flow Description IF: STRong blow BOB 3min
ISI: NO blow back
FF: STRong blow BOB 20min
FSL: NO blow back

Sec	Feet of	%gas	%oil	%water	%mud
<u>0</u>	<u>GTP 620'</u>				
<u>122'</u>	<u>MWOSPOTS</u>		<u>80</u>	<u>20</u>	
<u>240</u>	<u>W</u>		<u>100</u>		
_____	Feet of _____	%gas	%oil	%water	%mud
_____	Feet of _____	%gas	%oil	%water	%mud

Sec Total 342 BHT 113 Gravity _____ API RW 1.12 @ 46 °F Chlorides 11,000 ppm

- A) Initial Hydrostatic 2556 Test 1325 T-On Location 21:30
- B) First Initial Flow 41 Jars 250 T-Started ~~22:49~~ 22:49
- C) First Final Flow 87 Safety Joint 75 T-Open 2:18
- D) Initial Shut-In 2033 Circ Sub _____ T-Pulled 6:40
- E) Second Initial Flow 102 Hourly Standby 1.5hrs 150 T-Out 10:00
- F) Second Final Flow 201 Mileage 110 miles 137.50 Comments _____
- G) Final Shut-In 2029 Sampler _____
- H) Final Hydrostatic 2401 Straddle _____ Ruined Shale Packer _____

- Shale Packer _____ Ruined Packer _____
- Extra Packer _____ Extra Copies _____
- Extra Recorder _____ Sub Total 8
- Day Standby _____ Total 1937.50
- Accessibility _____ MP/DST Disc't _____
- Sub Total 1937.50

Approved By Michael K. Maue Our Representative Cheri Stant

TriLOBITE TESTING Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



Pratt (620) 672-1201
 B HERMAN L. LOEB
 I PO BOX: 524
 L LAWRENCEVILLE
 T IL US 62439
 O ATTN: ED LOEB

PAGE 1 of 1	CUST NO 1001845	INVOICE DATE 08/24/2011
INVOICE NUMBER 1718 - 90681171		

J LEASE NAME Page B-14
 O B LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40360572	20920		Net - 30 days	09/23/2011	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
08/21/2011 to 08/21/2011					
0040360572					
171804791A Cement-New Well Casing/Pi 08/21/2011 5 1/2" Longstring					
AA2 Cement 250.00 EA 13.43 3,357.45 T					
Cello-flake 63.00 EA 2.92 184.15 T					
Salt (Fine) 1,359.00 EA 0.39 536.79 T					
Cal-Set 1,175.00 EA 0.59 696.17 T					
FLA-322 188.00 EA 5.92 1,113.88 T					
Gilsonite 1,500.00 EA 0.53 795.00 T					
Mud Flush 1,000.00 EA 0.68 679.39 T					
CS-1L KCL Substitute 5.00 EA 27.65 138.25 T					
Latch Down Plug & Baffle 5 1/2" (Blue) 1.00 EA 315.99 315.99					
Cementing Shoe Packer Type 5 1/2" (Red) 1.00 EA 2,922.94 2,922.94					
Turbolizer 5 1/2" (Blue) 12.00 EA 86.90 1,042.78					
5 1/2" Basket (Blue) 2.00 EA 229.10 458.19					
Unit Mileage Charge-Pickups, Vans & Cars 45.00 HR 3.36 151.08					
Heavy Equipment Mileage 90.00 MI 5.53 497.69					
Proppant and Bulk Delivery Charges 529.00 MI 1.26 668.64					
Depth Charge; 500'-6000' 1.00 HR 2,275.16 2,275.16					
Blending & Mixing Service Charge 250.00 MI 1.11 276.48					
Plug Container Utilization Charge 1.00 EA 197.50 197.50					
Supervisor 1.00 HR 138.25 138.25					
PLEASE REMIT TO:		SEND OTHER CORRESPONDENCE TO:		SUB TOTAL	16,444.72
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		TAX	547.50
PO BOX 841903		PO BOX 10460		INVOICE TOTAL	16,992.22
DALLAS, TX 75284-1903		MIDLAND, TX 79702			



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

0040360572
FIELD SERVICE TICKET
1718 04791 A

DATE OF JOB: **8-21-11** DISTRICT: _____ NEW WELL OLD WELL PROD INJ WDW CUSTOMER ORDER NO.: _____

CUSTOMER: **HORMAN L. LOER LLC** LEASE: **PAGE** B-14 WELL NO.: _____

ADDRESS: _____ COUNTY: **BARBER** STATE: **KS**

CITY: _____ STATE: _____ SERVICE CREW: **Sullivan, Nelson, Squire**

AUTHORIZED BY: _____ JOB TYPE: **CWU 5th Long Strip**

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS
33708-20900	45	mm			
19959-21010	45	mm			
37900					

TRUCK CALLED	DATE	AM	TIME
ARRIVED AT JOB	8-20	AM	12:00
START OPERATION	8-21	AM	3:05
FINISH OPERATION		AM	3:45
RELEASED		AM	4:30
MILES FROM STATION TO WELL			45

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 105	AN2-conf	sk	200		3,400.00
CP 105	AN2-conf	sk	50		850.00
CC 102	Cellulose	lb	603		233.10
CC 111	Salt	lb	1359		679.50
CC 113	Cal sex	lb	1175		881.25
CC 129	AN-322	lb	188		1,410.00
CC 201	gilsonite	lb	1500		1,050.00
CE 607	catch screen 1/2" x 1/2" x 1/2" 5/8"	SA	1		400.00
CE 1001	cm + packed shoe	SA	1		3,700.00
CE 1051	Tanbulon	SA	19		1,326.00
CE 1501	Baskets	SA	2		580.00
CE 151	mod haul	gal	1800		860.00
C 704	KCC	gal	5		175.00
E 100	Anchor mix	mi	45		191.25
A 101	Anchor mix	mi	50		630.00
A 113	Bottle Neck	mi	529		846.00
CE 200	Depth change 2001-6000'	sk	1		2,850.00
CE 240	Hydrate mix	sk	250		250.00
CE 204	Play sand 5/8" (filled)	SA	1		250.00
CE 203	Sand	SA	1		175.00
SUB TOTAL					17750.00

CHEMICAL / ACID DATA:	

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	16,444.72

SERVICE REPRESENTATIVE: **Robert J. [Signature]** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **[Signature]**

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Herman Loop Lease No. _____ Date 08-21-11
 Lease PAGE Well # B-14
 Field Order # 111 Station DRATE KS Casing 5 1/2 Depth 2030' County BARBER State KS
 Type Job CDW 5 1/2" completion Formation _____ Legal Description 21-33-11

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<u>5 1/2"</u>								
Depth	Depth	From	To	Pre Pad		Max		5 Min.
<u>2030'</u>								
Volume	Volume	From	To	Pad		Min		10 Min.
<u>0</u>								
Max Press	Max Press	From	To	Frac		Avg		15 Min.
<u>1,000</u>								
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
<u>10</u>								
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load
<u>500'</u>								

Customer Representative _____ Station Manager DAVE SCOTT Treater Robert Fullin

Service Units	37900	32744	20820	19959	21010				
Driver Names	<u>Sullivan</u>	<u>Malsam</u>	<u>Singh</u>						
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate					Service Log
<u>10:00 AM</u>									<u>on loc safety meeting</u>
									<u>Ran 100 535 5 1/2 15.5 csg w/</u>
									<u>Packer shoe back "1 cont" 36,9,11,12,14,15</u>
									<u>cont 20-22 back on #15</u>
<u>1:35 PM</u>									<u>CRD set @ 5030'</u>
<u>1:40</u>									<u>CSG on bottom</u>
<u>1:45</u>									<u>Hook Rig circ.</u>
<u>2:00</u>	<u>1,400</u>								<u>Drop pipe</u>
<u>3:05</u>	<u>250</u>		<u>24</u>	<u>3.5</u>					<u>Set Packer shoe and circ.</u>
			<u>5</u>						<u>St man flush w 5 GAL 4" 20 ALLIANT</u>
			<u>60</u>	<u>5.5</u>					<u>MIXON</u>
									<u>mix cont 2nd sk All cont C 14.8 ppf</u>
									<u>cont mixed. wash, pump, circ.</u>
									<u>Release Plug</u>
	<u>100</u>			<u>4</u>					<u>St Disp. w/ 2% KCl @ 10</u>
	<u>400</u>		<u>83</u>						<u>1st 15'</u>
	<u>700</u>		<u>110</u>	<u>5</u>					<u>Now 15'</u>
<u>3:45</u>	<u>2,000</u>		<u>119</u>	<u>4.5</u>					<u>plug forward</u>
			<u>19</u>						<u>plug 15' w/ 2% KCl @ 10</u>
									<u>1503 Gal/Plat</u>

ALLIED CEMENTING CO., LLC. 040760

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Med. Labors

DATE <u>8-11-11</u>	SEC <u>21</u>	TWP <u>335</u>	RANGE <u>11w</u>	CALLED OUT	ON LOCATION	JOB START 12:30pm	JOB FINISH 1:00pm
LEASE <u>Polge</u>	WELL# <u>B-14</u>	LOCATION <u>Garlone Blk top</u>	OWNER <u>Herman Lock</u>	COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)	E to D.E. 1 seal to 174y 1/4", W.M.S						

CONTRACTOR Steel/ins
 TYPE OF JOB Seal case
 HOLE SIZE 12 1/4 TD. 295'
 CASING SIZE 8 7/8 DEPTH 282'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX. 420 psi MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 26'
 PERFS.
 DISPLACEMENT 17 666 H₂O
 EQUIPMENT

PUMP TRUCK CEMENTER Matt Throck
 # 360/265 HELPER Jason Starnock
 BULK TRUCK DRIVER Justin E. Lem
 # 363/290
 BULK TRUCK DRIVER

REMARKS:

Back case with Rig
raise 3 666 H₂O ahead
2 1/2 200 SK cement shut down
Release dila
also 17 666 H₂O shutn
cement set @ 10:00.

CHARGE TO: Herman Lock
 STREET _____ STATE _____ ZIP _____
 CITY _____

OWNER Herman Lock

CEMENT AMOUNT ORDERED 200 SK 60:40:3%ile + 2%gel
1 1/4 # E10 seal

COMMON	<u>120</u>	@	<u>16.25</u>	<u>1950.-</u>
POZMIX	<u>80</u>	@	<u>8.50</u>	<u>680.-</u>
GEL	<u>3</u>	@	<u>21.25</u>	<u>63.75</u>
CHLORIDE	<u>6</u>	@	<u>58.20</u>	<u>349.20</u>
ASC		@		
<u>E10 seal 50#</u>		@	<u>2.70</u>	<u>135.-</u>

HANDLING	<u>211</u>	@	<u>2.35</u>	<u>474.75</u>
MILEAGE	<u>211/10/11</u>	@		<u>232.10</u>
TOTAL				<u>3854.65</u>

SERVICE

DEPTH OF JOB	<u>292'</u>			
PUMP TRUCK CHARGE		@		<u>1125.-</u>
EXTRA FOOTAGE	<u>20</u>	@	<u>7.00</u>	<u>140.-</u>
MILEAGE	<u>20</u>	@	<u>4.00</u>	<u>80.-</u>
MANFOLD		@		
<u>light vehicle</u>		@		
TOTAL				<u>1345.-</u>

PLUG & FLOAT EQUIPMENT

<u>8 7/8</u>		@	<u>92.</u>	<u>92.</u>
<u>1-1/2" o.d. plug</u>		@		
		@		
		@		
		@		
TOTAL				<u>92.00</u>

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 George S. Soldner
 SALES TAX (if Any) _____
 TOTAL CHARGES 5321.65
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE George S. Soldner