



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: _____



1069726

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

CASING RECORD New 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PAGE 1 of 1	CUST NO 1007589	INVOICE DATE 11/30/2011
INVOICE NUMBER 1718 - 90764958		

Pratt (620) 672-1201

J LEASE NAME Lohmann A-11
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

B HERMAN L LOEB LLC
 I ~~500 COUNTRY CLUB ROAD~~
 L LAWRENCEVILLE
 L IL US 62439
 T
 O ATTN: HAFELE

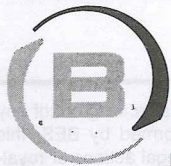
* use po
 box 838
 address *

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40401392	19842		Net - 30 days	12/30/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 11/26/2011 to 11/26/2011				
0040401392				
171804995A Cement-New Well Casing/Pi 11/26/2011				
5 1/2" Longstring				
AA2 Cement	275.00	EA	13.43	3,693.34 T
Cello-flake	69.00	EA	2.92	201.69 T
Salt (Flne)	1,498.00	EA	0.40	591.72 T
Cal-Set	1,295.00	EA	0.59	767.30 T
FLA-322	208.00	EA	5.93	1,232.43 T
Gilsonite	1,650.00	EA	0.53	873.36 T
CS-1L KCL Substitute	5.00	EA	27.65	138.25 T
Mud Flush	1,000.00	EA	0.68	679.41 T
Latch Down Plug & Baffle 5 1/2" (Blue)	1.00	EA	316.01	316.01
Auto Fill Float Shoe 5 1/2"	1.00	EA	284.41	284.41
Turbolizer 5 1/2" (Blue)	12.00	EA	86.90	1,042.82
5 1/2" Basket (Blue)	2.00	EA	229.11	458.21
Unit Mileage Charge-Pickups, Vans & Cars	55.00	HR	3.36	184.67
Heavy Equipment Mileage	110.00	MI	5.53	608.31
Proppant and Bulk Delivery Charges	712.00	MI	1.26	899.99
Depth Charge; 5001-6000'	1.00	HR	2,275.25	2,275.25
Blending & Mixing Service Charge	275.00	MI	1.11	304.16
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	14,887.08
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	596.96
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	15,484.04
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

DLS



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 04995 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-26-2011 DISTRICT PRATT, Ks.				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 HERMAN LOEB, LLC.				LEASE LOHMANN WELL NO. A-11			
ADDRESS				COUNTY BARBER STATE Ks.			
CITY STATE				SERVICE CREW LESLEY, LAWRENCE, PHYE			
AUTHORIZED BY				JOB TYPE: CNW-5 1/2" L.S.			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 11-26-11 AM 2:30 TIME
37586	3.5					ARRIVED AT JOB	AM 4:00
19889-19842	3.5					START OPERATION	AM 7:20
19826-19860	3.5					FINISH OPERATION	AM 10:40
						RELEASED	AM 11:15
						MILES FROM STATION TO WELL	55

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	AA 2 CEMENT	SK	225		3,825 00
CP 105	AA 2 CEMENT	SK	50		850 00
CC 102	CELL-FLAKE	lb	69		255 30
CC 111	SALT	lb	1498		749 00
CC 113	CAL-SET	lb	1295		971 25
CC 129	FLA-322	lb	208		1,560 00
CC 201	GILSONITE	lb	1650		1,105 50
CF 607	CATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400 00
CF 1251	AUTO FILL FLOAT SHADE, 5 1/2"	EA	1		360 00
CF 1651	TURBOLIZER, 5 1/2"	EA	12		1,320 00
CF 1901	BASKET, 5 1/2"	EA	2		580 00
C 704	CS-1L, KCL SUBSTITUTE	GAL	5		175 00
CC 151	MUD FLUSH	GAL	1000		860 00
E 100	PICKUP MILEAGE	MI	55		233 75
E 101	HEAVY EQUIPMENT MILEAGE	MI	110		770 00
E 113	BOOK DELIVERY CHARGE	TM	712		1,139 60
CE 206	DEPTH CHARGE, 5001'-6000'	HR	1-4		2,880 00
CE 240	BLENDING SERVICE CHARGE	SK	275		385 00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250 00
S 003	SERVICE SUPERVISOR	EA	1	125 00	
SUB TOTAL					14,887 08
DLS					
CHEMICAL / ACID DATA:		SERVICE & EQUIPMENT		%TAX ON \$	
		MATERIALS		%TAX ON \$	
TOTAL					

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

Customer	HERMAN LOEB LLC	Lease No.		Date	11-26-2011
Lease	LOHMANN	Well #	A-11		
Field Order #	04995	Station	PRATT, Ks.	Casing	5 1/2"
Type Job	CNW-5 1/2" L.S.	Depth		County	BARBER
		Formation	TD=5280'	State	Ks
		Legal Description			3-35-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	5 1/2 x 15.5	Shots/Ft	CMTT -	Acid	225 SK AA-2	RATE	PRESS	ISIP
Depth	5272'	From		Pre Pad	@ 1.54 cuft ³	Max	SHOE JNT. = 21'	5 Min.
Volume	125.47 BBL	From		Pad		Min		10 Min.
Max Press	1500	From		Frac		Avg		15 Min.
Well Connection	P.C.	From				HHP Used		Annulus Pressure
Plug Depth	5251'	From		Flush	125 BBL / 2% KCL	Gas Volume		Total Load

Customer Representative	ALAN KRATIL	Station Manager	D. SCOTT	Treater	K. LESLEY
Service Units	37586	19889	19842	19826	19860
Driver Names	KEVEN	MICHEL	TRUDY		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00 AM					ON LOCATION - SAFETY MEETING
					RUN JTS. 5 1/2" x 15.5" CSG. / S.J. = 21'
					TURBO - 1, 3, 5, 7, 8, 9, 10, 11, 15, 19, 21, 23
					BASKET - TOP OF #13, #17
7:20 AM					CIRC. 1/2 WAY IN HOLE
8:20 AM					CSG. ON BOTTOM
8:30 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
9:45 AM	200		5	6	H ₂ O AHEAD
9:49 AM	200		24	6	MOD FLUSH
9:50 AM	150		5	6	H ₂ O SPACER
10:05 AM	150		62	6	MIX 225 SK AA-2 @ 14.8 PPG
10:15 AM					CLEAR PUMP & LINE / DROP PLUG
10:20 AM	0		0	7	START DISPLACEMENT W/ 2% KCL
10:31 AM	300		78	6	LIFT PRESSURE
10:36 AM	800		110	5	SLOW RATE
10:40 AM	1500		125	4	PLUG DOWN - HELD
					CIRC. THRU JOB
10:45 AM			6, 4		PLUG R.H. & M.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY