



KANSAS CORPORATION COMMISSION 1073173  
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: \_\_\_\_\_



1073173

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	MARKEL, INC. 2
Doc ID	1073173

Tops

Name	Top	Datum
ANHYDRITE	1909	+886
BASE ANHYDRITE	1984	+811
HEEBNER	4022	-1227
LANSING	4068	-1273
BASE KANSAS CITY	4511	-1716
PAWNEE	4610	-1815
FORT SCOTT	4644	-1849
CHEROKEE	4656	-1861
MORROW SAND	4758	-1963
MISSISSIPPI	4783	-1988



**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313  
**DRILL-STEM TEST TICKET**  
FILE: \_\_\_\_\_

TIME ON: \_\_\_\_\_  
TIME OFF: \_\_\_\_\_

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

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 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 STERLING 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 _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

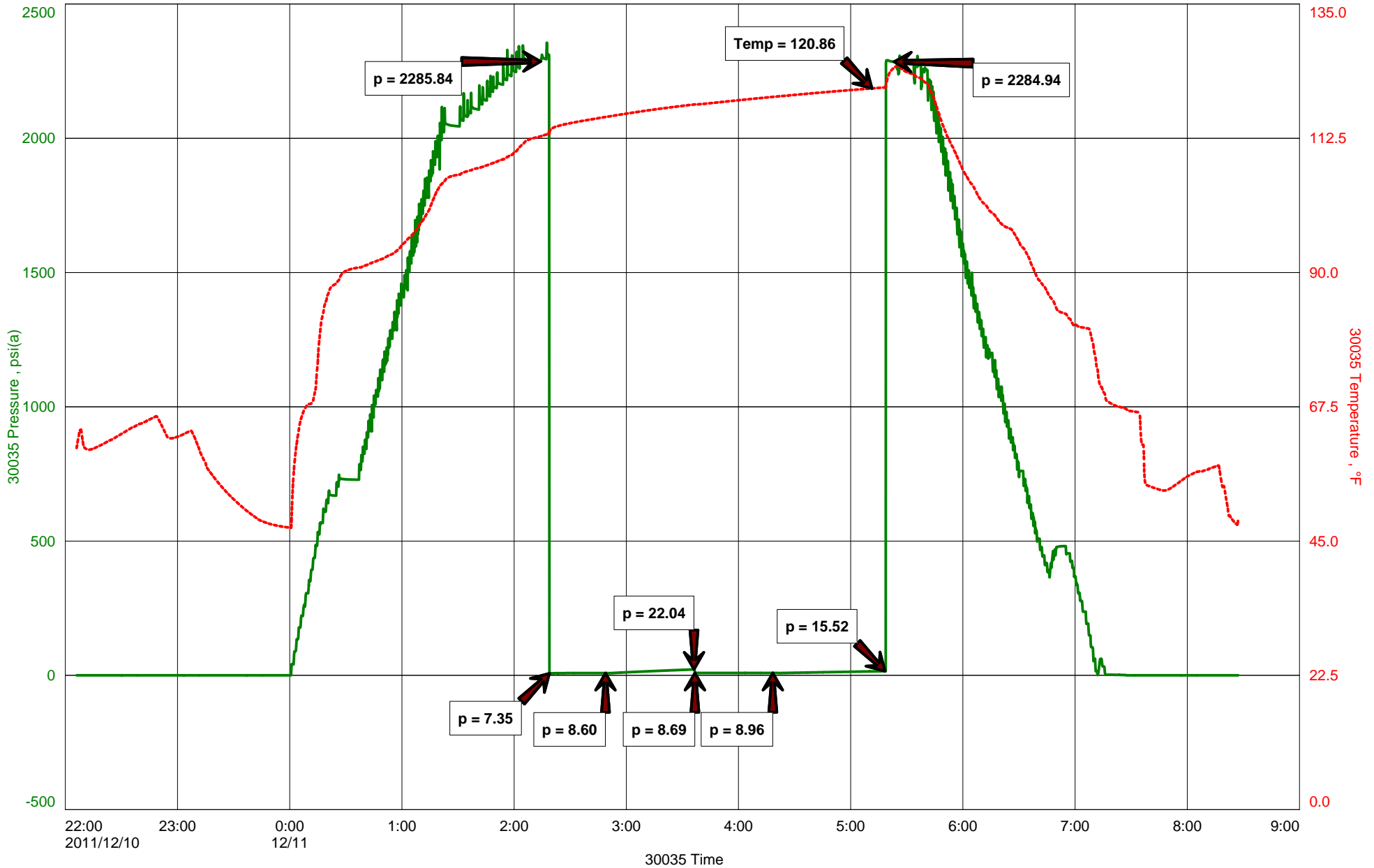
Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period..... Minutes \_\_\_\_\_ (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.

L.D. Drilling Inc.  
DST # 1 4741-4790' Marrow Sand  
Start Test Date: 2011/12/10  
Final Test Date: 2011/12/11

#2 Markel Inc.  
Formation: DST # 1 4741-4790' Marrow Sand  
Pool: Wildcat  
Job Number: S0065

# #2 Markel Inc.



# Diamond Testing

## General information Report

### General Information

**Company Name** L.D. Drilling Inc.

<b>Contact</b>	L.D. Davis	<b>Job Number</b>	S0065
<b>Well Name</b>	#2 Markel Inc.	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST # 1 4741-4790' Marrow Sand	<b>Well Operator</b>	L.D.Drilling Inc
<b>Surface Location</b>	SEC 8-24S-29W Gray County	<b>Report Date</b>	2011/12/11
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	McQueen		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test	<b>Start Test Time</b>	22:06:00
<b>Formation</b>	DST # 1 4741-4790' Marrow Sand	<b>Final Test Time</b>	08:28:00
<b>Well Fluid Type</b>	01 Oil		
<b>Start Test Date</b>	2011/12/10		
<b>Final Test Date</b>	2011/12/11		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
2' Oil Specked Mud 100% Mud  
2' TOTAL FLUID

**TOOL SAMPLE:**  
100 Mud

**KIM B. SHOEMAKER**  
 CONSULTING GEOLOGIST  
 316-684-9709 \* WICHITA, KS

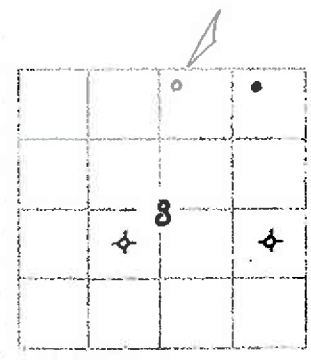
**GEOLOGIST'S REPORT**  
 DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.  
 LEASE #2 MARKEL INC.  
 FIELD McQUEEN  
 LOCATION 330' FNL & 2310' FEL  
 SEC 8 TWP 24s RGE 29w  
 COUNTY GRAY STATE KANSAS  
 CONTRACTOR VAL ENERGY RIG 3  
 SPUD 12-3-11 COMP 12-11-11  
 RTD 4790 LTD \_\_\_\_\_  
 MUD UP 3600 TYPE MUD CHEMICAL

ELEVATIONS  
 KB 2795  
 DF \_\_\_\_\_  
 CL 2785  
 Measurements Are All  
 From 2795 KB  
 CASING  
 SURFACE 8 5/8" @ 453'  
 PRODUCTION \_\_\_\_\_  
 ELECTRICAL SURVEYS  
 None

SAMPLES SAVED FROM 3900 TO 4790  
 DRILLING TIME KEPT FROM 3800 TO 4790  
 SAMPLES EXAMINED FROM 3900 TO 4790  
 GEOLOGICAL SUPERVISION FROM 4000 TO 4790  
 GEOLOGIST ON WELL KIM B. SHOEMAKER

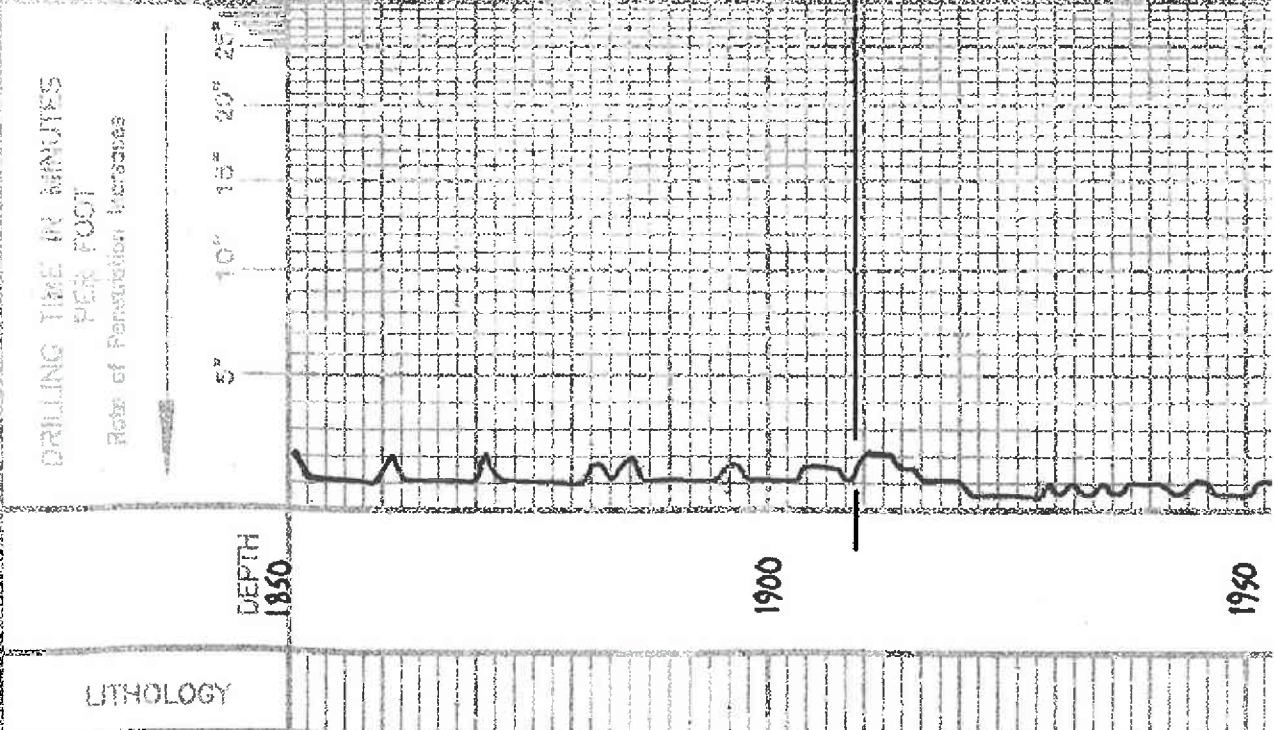
FORMATION TOPS	LOG	SAMPLES
ANHYDRITE		1909 + 886
B/ANH.		1984 + 811
HEEBNER		4022 - 1227
LANSING		4068 - 1273
B/KC		4511 - 1716
PAWNEE		4610 - 1815
FORT SCOTT		4644 - 1849
CHEROKEE		4656 - 1861
MORROW SAND		4758 - 1963
MISSISSIPPI		4783 - 1988



REMARKS  
 API: 15-089-20355  
 12-3-11 SPUD  
 12-4 @ 866'  
 12-5 @ 2162'  
 12-6 @ 2716'  
 12-7 @ 3140'  
 12-8 @ 3770'  
 12-9 @ 4265'  
 12-10 @ 4650'  
 12-11 @ 4790'

**LEGEND**

- Anhydrite
- Shale
- Sandstone
- Limestone
- Dolomite
- Chert
- Datomite



SAMPLE DESCRIPTIONS

REMARKS

1990

2000

2050

2800

2900

B/ANH. 1984+811

Samples are tagged

15 wt. Org. Nohly

15. Totaly fossil. Ginkgo

15. untagged fossil. Ginkgo

Vis. 99

WT. 91

WT. 87

WT. 8000



15. To V. Fossil. Foss. Sub.  
15. To G. Dm. V. S. A.  
15. To G. Foss. G. S. A.

**HEBNER 4022-1227**  
Sh. 604-1mb.

Sh. 116m.  
15. To W. V. Fossil. Foss. S. Cally.

**LANSING 4068-1273**  
Sh. 089.6.

15. To W. Dm.  
A. S. G.  
Sh. G.  
15. To G. Dm.  
15. To W. S. Fossil. V. S. A. Cally.  
15. W. Sh. Fossil. Cally.

15. W. H. Fossil. V. S. A.  
A. To. G.

15. W. Cally.

15. To G. V. S. Fossil.

15. To Fossil. V. S. A. Fossil. Sub.  
A. W.

15. To G. Dm.  
Sh. 209.

15. To Fossil. Sub. S. Fossil.

15. To W. S. Cally.

A. To G.  
15. To G. W. Fossil. Sub.

15. To G. Dm.

Sh. 089.

15. To G. S. Fossil.

Sh. 214.

15. To G. V. S. Fossil. V. S. A. Cally.

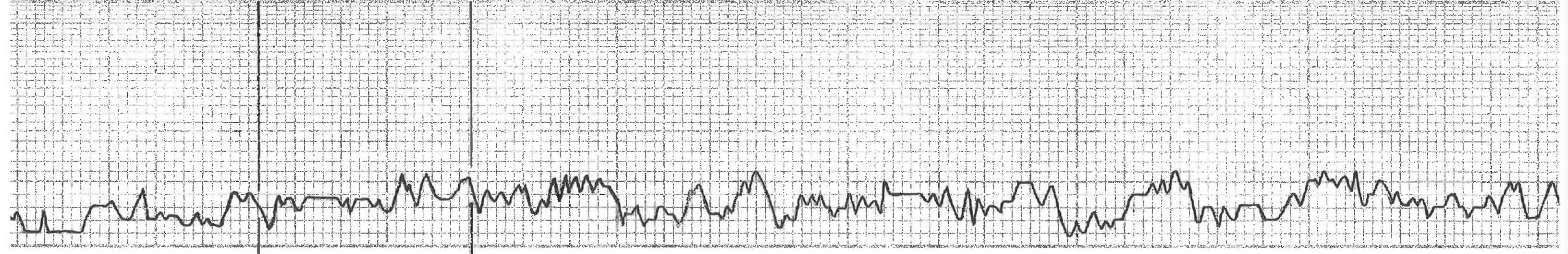
15. To G. V. Fossil. V. S. A. Fossil. Sub.

4000

4100

4200

4300



65. 100' Dry. V. Chalk.

11. To 214. 000. 0d. 000. p

65. 100' Dry. 000. V.S.H. Chalk.

65. Br. V.S.H. A

64. Dry. Blk.

36. 146.

65. To 14. V.S.H. Foss. Sil. Chalk.

65. To 14. V.S.H. Chalk.

36. 186.

65. To 14. Sil. Foss. Colerite.

A. 10. 4.

65. To 14. Colerite. Sil. Chalk.

65. To 14. Sil. Chalk.

65. To 14. Sil. Chalk.

65. To 14. Sil. Chalk.

65. To 14. Sil. Chalk.

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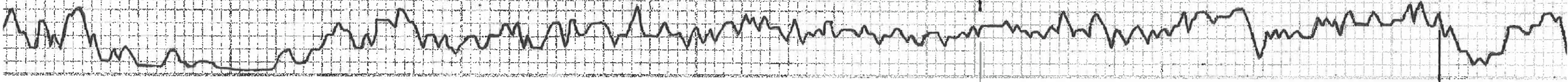
65. To 14. Sil. Chalk.

V.S. 59  
WT 83  
WG 80  
GWL 2800

4100

4500

4600



64. 1.9 gr. DM.  
Sh. blk. crub.  
**FORT SCOTT 4614-1849**  
Sh. blk. crub.  
65. 1.2 gr. VSS: F.A.  
**CHEROKEE 4656-1861**  
Sh. blk. crub.

4.4.  
65. To 41 gr. VSS: Chlg.  
65. To 41 gr. ool. w/ 100.0K ool.  
A. Blood.  
65. To ool. Sh. Chlg.  
sh. by silty  
65. Dry. VSS: F.A.  
65. To 41 gr. VSS: F.A.  
sh. by ool.  
65. To V. F. x. Sh. F. Si. Chlg.  
sh. by silty  
65. To 41 gr. VSS: F.A. Si. Chlg.

VIS: 93  
WT: 92  
WL: 80  
CUC: 3000

**DST (1) 1741-1790**  
65. To VSS: A. No. AL. BL. CR. PH. 15' 00" DEN: Blow build to 314"  
No. DEN: No Blow  
30. 15. 15. 60

**MORROW SAND 4758** No. DEN: No Blow  
65. To VSS: A. No. DEN: No Blow  
Sh. blk. crub. VSS: F.A.  
65. To 41 gr. VSS: F.A. VSS: F.A.  
sh. by silty



**MISSISSIPPI 4783-1988**  
65. To 41 gr. VSS: F.A. VSS: F.A.  
sh. by silty

**RTD 4790-1995**  
VIS: 51  
WT: 93  
WL: 88  
CUC: 3100

4700

4800

DST (1)





**BASIC<sup>SM</sup>**  
**ENERGY SERVICES**  
 PRESSURE PUMPING & WIRELINE

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

**FIELD SERVICE TICKET**  
**1718 04998 A**

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <i>12-3-2011</i> DISTRICT <i>PRATT, KS.</i>	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>LD DRILLING</i>	LEASE <i>MARKEL, INC.</i> WELL NO. <i>2</i>					
ADDRESS _____	COUNTY <i>GRAY</i> STATE <i>Ks.</i>					
CITY _____ STATE _____	SERVICE CREW <i>LESLEY, LAWRENCE, YOUNG, JESSE</i>					
AUTHORIZED BY _____	JOB TYPE: <i>CNIW - 8 5/8" S.P.</i>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <i>12-2-11</i> DATE AM PM TIME <i>8:30</i>
<i>37586</i>						ARRIVED AT JOB <i>3</i> AM PM <i>11:00</i>
<i>19289-19292</i>						START OPERATION <i>12-3-11</i> AM PM <i>2:15</i>
<i>19232-2100</i>						FINISH OPERATION AM PM <i>3:15</i>
						RELEASED AM PM <i>3:45</i>
						MILES FROM STATION TO WELL <i>100</i>

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: *Andrew Strohman*  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	<i>60/40 POZ</i>	SK	<i>350</i>		<i>4,200.00</i>
CC 102	<i>CELL-FLAKE</i>	lb	<i>38</i>		<i>325.60</i>
CC 109	<i>CALCIUM CHLORIDE</i>	lb	<i>903</i>		<i>948.15</i>
CF 153	<i>WOOD CMT. PLUG, 8 5/8"</i>	EA	<i>1</i>		<i>160.00</i>
E 100	<i>PICKUP MILEAGE</i>	MI	<i>100</i>		<i>425.00</i>
E 101	<i>HEAVY EQUIPMENT MILEAGE</i>	MI	<i>200</i>		<i>1,400.00</i>
E 113	<i>BLK DELIVERY CHARGE</i>	TM	<i>1565</i>		<i>2,408.00</i>
CE 200	<i>DEPTH CHARGE; 0-500'</i>	HR	<i>1-4</i>		<i>1,000.00</i>
CE 240	<i>BLENDED SERVICE CHARGE</i>	SK	<i>350</i>		<i>490.00</i>
CE 504	<i>PLUG CONTAINER CHARGE</i>	XIB	<i>1</i>		<i>250.00</i>
S 003	<i>SERVICE SUPERVISOR</i>	EA	<i>1</i>		<i>175.00</i>

SUB TOTAL *9,307.58*

CHEMICAL / ACID DATA:


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

SERVICE REPRESENTATIVE <i>Lesley Young</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Andrew Strohman</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. \_\_\_\_\_

Customer <b>LD DRILLING</b>	Lease No.	Date
Lease <b>MARKEL, INC.</b>	Well # <b>2</b>	<b>12-3-2011</b>
Field Order # <b>0499B</b>	Station <b>PRATT, Ks.</b>	Casing <b>8 5/8"</b> Depth
Type Job <b>CN/W - 8 5/8" S.P.</b>	Formation <b>TD - 449'</b>	County <b>GRAY</b> State <b>Ks.</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>8 5/8"</b>	Tubing Size <b>4 1/2"</b>	Shots/Ft	<b>CMT-</b>	Acid <b>350 SK 60/40 P02</b>	RATE	PRESS	ISIP	
Depth <b>453.87'</b>	Depth	From	To	Pre Pad <b>@ 1.21 CUFT<sup>3</sup></b>	Max		5 Min.	
Volume <b>25.0103 BBL</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>300</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <b>P.C.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>433'</b>	Packer Depth	From	To	Flush <b>27.5 BBL</b>	Gas Volume		Total Load	

Customer Representative **LD DAVIS** Station Manager **D. SCOTT** Treater **K. LESLEY**

Service Units	<b>37526</b>	<b>19889</b>	<b>19842</b>	<b>19832</b>	<b>21010</b>				
Driver Names	<b>LESLEY LAWRENCE - YOUNG/JESSE</b>								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>1:00 PM</b>					<b>ON LOCATION - SAFETY MEETING</b>
<b>1:00 AM</b>					<b>RUN 11 JTS. 8 5/8" x 24" CSG.</b>
<b>2:10 PM</b>					<b>CSG. ON BOTTOM</b>
<b>2:15 PM</b>					<b>HOOK UP TO CSG. / BREAK CIRC. W/ 21G</b>
<b>2:20 AM</b>	<b>250</b>		<b>5</b>	<b>6</b>	<b>H2O AHEAD</b>
<b>2:40 AM</b>	<b>150</b>		<b>75.5</b>	<b>6</b>	<b>MIX 350 SK 60/40 P02 @ 14.8 PPG</b>
<b>2:50 AM</b>					<b>SHUT DOWN - RELEASE PLUG</b>
<b>2:51 AM</b>	<b>0</b>		<b>0</b>	<b>5</b>	<b>START DISPLACEMENT</b>
<b>3:12 AM</b>	<b>200</b>		<b>17</b>	<b>4</b>	<b>SLOW RATE</b>
<b>3:15 AM</b>	<b>300</b>		<b>27.5</b>	<b>3</b>	<b>PLUG DOWN - CLOSE IN @ HEAD</b>
					<b>CIRC. THRU JOB</b>
					<b>CIRC. 5 BBL TO PIT</b>
					<b>JOB COMPLETE,</b>
					<b>THANKS -</b>
					<b>KEVEN LESLEY</b>



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

**FIELD SERVICE TICKET**

1718 04431 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>12-11-11</u> DISTRICT <u>KANSAS</u>		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 <u>L. D. Drilling Inc.</u>		LEASE <u>MARKEL #2</u> WELL NO.:							
ADDRESS		COUNTY <u>Gray 8-24-29</u> STATE <u>KANSAS</u>							
CITY STATE		SERVICE CREW <u>Allen, Mike, Dale</u>							
AUTHORIZED BY		JOB TYPE: <u>PTA</u> <u>CNW</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>28443 P.U.</u>	<u>2hr</u>						<u>12-11-11</u>		<u>930</u>
<u>19903-19905</u>	<u>2hr</u>					ARRIVED AT JOB	<u>12-11-11</u>	AM	<u>1237</u>
<u>19831-19862</u>	<u>2hr</u>					START OPERATION	<u>12-11-11</u>	AM	
						FINISH OPERATION	<u>12-11-11</u>	AM	<u>500</u>
						RELEASED	<u>12-11-11</u>	AM	
						MILES FROM STATION TO WELL <u>100-miles</u>			

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
<u>CE703</u>	<u>60/40 P02</u>	<u>SK</u>	<u>250</u>		<u>\$ 3000.00</u>
<u>CC103</u>	<u>cell FLAKE</u>	<u>lb</u>	<u>63</u>		<u>\$ 233.10</u>
<u>CC200</u>	<u>Cement Gel</u>	<u>lb</u>	<u>430</u>		<u>\$ 107.50</u>
<u>E100</u>	<u>unit mileage charge</u>	<u>mi</u>	<u>100</u>		<u>\$ 425.00</u>
<u>E101</u>	<u>Heavy Equip mileage chg.</u>	<u>mi</u>	<u>200</u>		<u>\$ 1404.00</u>
<u>E113</u>	<u>Bulk Delivery Charge</u>	<u>Tm</u>	<u>1075</u>		<u>\$ 1720.00</u>
<u>CE202</u>	<u>Depth Charge 1001-2000</u>	<u>4-hr</u>	<u>1</u>		<u>\$ 1500.00</u>
<u>CE240</u>	<u>Blending + mixing Service chg.</u>	<u>SK</u>	<u>250</u>		<u>\$ 350.00</u>
<u>S003</u>	<u>Service Supervisor first 8 hrs on loc.</u>	<u>SA</u>	<u>1</u>		<u>\$ 175.00</u>

SUB TOTAL DLS \$ 7,039.57

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Allen F. Wood</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>_____</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. \_\_\_\_\_

Customer <i>L.D. Drilling Inc</i>	Lease No.	Date <i>12-11-11</i>
Lease <i>Market</i>	Well # <i>2</i>	
Field Order # <i>04431A</i>	Station <i>Pratt</i>	Casing
Type Job <i>PTA</i>	Formation <i>CNW</i>	Depth
		County <i>Gray</i>
		State <i>KS</i>
		Legal Description <i>8-24-29</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
	<i>7 7/8" O.D.</i>	<i>250</i>		<i>50SKs 60/40 Porz 4% gel @ 14.8 #</i>	<i>470 gpm</i>	<i>14 #</i>	<i>14.8 #</i>	
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 <i>Greg T.P.</i>	Station Manager <i>Scotty</i>	Treater <i>Allen</i>
Service Units <i>28443 19903 19905 19831 19862</i>		
Driver Names <i>Allen Mike MATHAN Dale Phye</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:52 pm</i>					<i>on Loc. Discuss Safety, Setup, Plan Job</i>
<i>3:55</i>					<i>Rig Laying down Drill Pipe</i>
<i>5:00</i>					<i>Start in hole w/Plugging stands</i>
					<i>1st Plug 1930' 50SKs</i>
			<i>15</i>	<i>5</i>	<i>Pump 15 BBLs H<sub>2</sub>O</i>
			<i>10 1/2</i>	<i>5</i>	<i>Pump 50SKs 60/40 Porz 4% gel @ 14.8 #</i>
			<i>5</i>	<i>5</i>	<i>Pump 5 BBL H<sub>2</sub>O</i>
					<i>Pump 20 BBLs MUD (Pull D.P.)</i>
<i>5:45</i>					<i>2nd Plug 1150' 80SKs</i>
			<i>15</i>	<i>5</i>	<i>Pump 15 BBL H<sub>2</sub>O</i>
			<i>17</i>	<i>5</i>	<i>mix + Pump 80SKs 60/40 Porz 4% gel @ 14.8 #</i>
			<i>5</i>	<i>5</i>	<i>Pump 5 BBL H<sub>2</sub>O (Pull D.P.)</i>
<i>6:35</i>					<i>3rd Plug 480' 50SKs</i>
			<i>10</i>	<i>5</i>	<i>Pump 10 BBLs H<sub>2</sub>O</i>
			<i>10 1/2</i>	<i>5</i>	<i>mix + Pump 50SKs 60/40 Porz 4% gel @ 14.8 #</i>
			<i>2</i>	<i>3</i>	<i>Pump 2 BBLs H<sub>2</sub>O (Pull D.P.)</i>
<i>9:00</i>			<i>4</i>	<i>2</i>	<i>4th Plug 60' to surface 20SKs</i>
			<i>6 1/2</i>	<i>2</i>	<i>(5th Plug) Plug R.H. 30SKs</i>
					<i>(6th Plug) Plug M.H. 20SKs</i>
<i>9:15</i>					<i>washup Equip + Rackup.</i>
<i>10:00</i>					<i>Job complete</i>
					<i>Thanks Allen, Mike, Dale.</i>