



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1071924
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1071924

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Edison Operating Company LLC
Well Name	M. Waters 1-22
Doc ID	1071924

All Electric Logs Run

Dual Receiver Cement Bond
Dual Induction
Compensated Density / Nuetron PE
Micro
Sonic



PAGE	CUST NO	INVOICE DATE
1 of 1	1007020	09/29/2011
INVOICE NUMBER		
1718 - 90712330		

Pratt (620) 672-1201
 B EDISON OPERATING COMPANY LLC
 I 1223 NORTH ROCK ROAD BLDG I-100
 L WICHITA
 L KS US 67206
 T
 O ATTN: DAVID WITHROW

J LEASE NAME M. Waters 1-22
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40375807	19905		Net - 30 days	10/29/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/27/2011 to 09/27/2011</i>				
0040375807				
171805103A Cement-New Well Casing/Pi 09/27/2011 Surface				
60/40 POZ	350.00	EA	9.48	3,317.86 T
Celloflake	88.00	EA	2.92	257.21 T
Calcium Chloride	903.00	EA	0.83	749.01 T
Wooden Cement Plug 8 5/8"	1.00	EA	126.39	126.39
Unit Mileage Charge-Pickups, Vans & Cars	35.00	HR	3.36	117.51
Heavy Equipment Mileage	70.00	MI	5.53	387.08
Proppant and Bulk Delivery Charges	527.00	MI	1.26	666.10
Depth Charge; 0-500'	1.00	HR	789.97	789.97
Blending & Mixing Service Charge	350.00	MI	1.11	387.08
Plug Container Utilization Charge	1.00	EA	197.49	197.49
Supervisor	1.00	HR	138.24	138.24

10/14

*9232 - H/w/c surf Pipe
 Cement Newwell Casing surface 8 5/8"*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,133.94
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	315.66
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	7,449.60
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



PAGE 1 of 1	CUST NO 1007020	INVOICE DATE 10/06/2011
INVOICE NUMBER 1718 - 90719501		

Pratt (620) 672-1201
 B EDISON OPERATING COMPANY LLC
 I 1223 NORTH ROCK ROAD BLDG I-100
 L WICHITA
 L KS US 67206
 T
 O ATTN: DAVID WITHROW

J LEASE NAME M. Waters 1-22
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40379306	19905		Net - 30 days	11/05/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/04/2011 to 10/04/2011</i>				
0040379306				
171804864A Cement-New Well Casing/Pi 10/04/2011 5 1/2" Longstring				
AA2 Cement	150.00	EA	13.43	2,014.49 T
60/40 POZ	50.00	EA	9.48	474.00 T
C-41P	36.00	EA	3.16	113.76 T
Salt	684.00	EA	0.40	270.18 T
C-44	141.00	EA	4.07	573.66 T
FLA-322	71.00	EA	5.93	420.68 T
Gilsonite	750.00	EA	0.53	396.98 T
Super Flush II	500.00	EA	1.21	604.35 T
Latch Down Plug & Baffle 5 1/2" (Blue)	1.00	EA	316.00	316.00
Auto Fill Float Shoe 5 1/2" (Blue)	1.00	EA	284.40	284.40
Turbolizer 5 1/2" (Blue)	7.00	EA	86.90	608.30
Unit Mileage Charge-Pickups, Vans & Cars	35.00	HR	3.36	117.51
Heavy Equipment Mileage	70.00	MI	5.53	387.10
Proppant and Bulk Delivery Charges	322.00	MI	1.26	407.01
Depth Charge; 4001-5000'	1.00	HR	1,990.80	1,990.80
Blending & Mixing Service Charge	200.00	MI	1.11	221.20
Plug Container Utilization Charge	1.00	EA	197.50	197.50
Supervisor	1.00	HR	138.25	138.25

*9245 - Run Cement Production Csg
5 1/2" Longstring*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,536.17
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	355.37
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	9,891.54
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

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 04864 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-4-2011 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 EDISON OPERATING CO., LLC.		LEASE M. WATERS WELL NO. 1-22							
ADDRESS		COUNTY STAFFORD STATE Ks.							
CITY STATE		SERVICE CREW LESLEY, MATEL, MCKASKEY							
AUTHORIZED BY		JOB TYPE: CNW - 5 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	1						10-4-11	PM	4:45
19903-19905	1					ARRIVED AT JOB		AM	6:00
19832-21010	1					START OPERATION		AM	10:00
						FINISH OPERATION		AM	11:00
						RELEASED		AM	11:45
						MILES FROM STATION TO WELL	35		

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: *Bob Kasper*
(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	150		2550 -
CP 103	60/40 P02	SK	50		600 -
CC 105	C-41P	lb	36		144 -
CC 111	SALT	lb	684		342 -
CC 115	C-44	lb	141		726 15
CC 129	FLA-322	lb	71		532 10
CC 201	GILSONITE	lb	750		502 10
CF 607	CATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400 -
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360 -
CF 1651	TURBOLIZER, 5 1/2"	EA	7		770 -
CC 155	SUPERFLUSH IT	GAL	500		765 -
F 100	PICKUP MILEAGE	MI	35		148 15
E 101	HEAVY EQUIPMENT MILEAGE	MI	70		490 -
E 113	BULK DELIVERY CHARGE	TM	322		515 20
CE 205	DEPTH CHARGE, 4001'-5000'	HR	1-4		2520 -
CE 240	BLENDING SERVICE CHARGE	SK	200		280 -
CE 504	PLUG CONTAINER CHARGE	JOB	1		250 -
S 003	SERVICE SUPERVISOR	EA	1		175 -

SUB TOTAL *9,536*

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Devon Lesley</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Bob Kasper</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

January 18, 2012

David G. Withrow
Edison Operating Company LLC
9427 E. Cross Creek
WICHITA, KS 67206

Re: ACO1
API 15-185-23710-00-00
M. Waters 1-22
NE/4 Sec.22-25S-15W
Stafford County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
David G. Withrow



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Edison Operating Company LLC

22-25s-15w Stafford Ks

9427 E.Cross Creek
Wichita Ks.67206

M.Waters#1-22

Job Ticket: 43976

DST#: 2

ATTN: Derek Patterson

Test Start: 2011.10.02 @ 08:50:08

GENERAL INFORMATION:

Formation: **Miss.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:28:08

Time Test Ended: 18:46:08

Test Type: Conventional Bottom Hole (Reset)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 4232.00 ft (KB) To 4270.00 ft (KB) (TVD)

Reference Elevations: 2034.00 ft (KB)

Total Depth: 4270.00 ft (KB) (TVD)

2024.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 8167

Inside

Press @RunDepth: 204.17 psig @ 4233.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.10.02

End Date: 2011.10.02

Last Calib.: 2011.10.02

Start Time: 08:50:13

End Time: 18:46:08

Time On Btm: 2011.10.02 @ 11:23:38

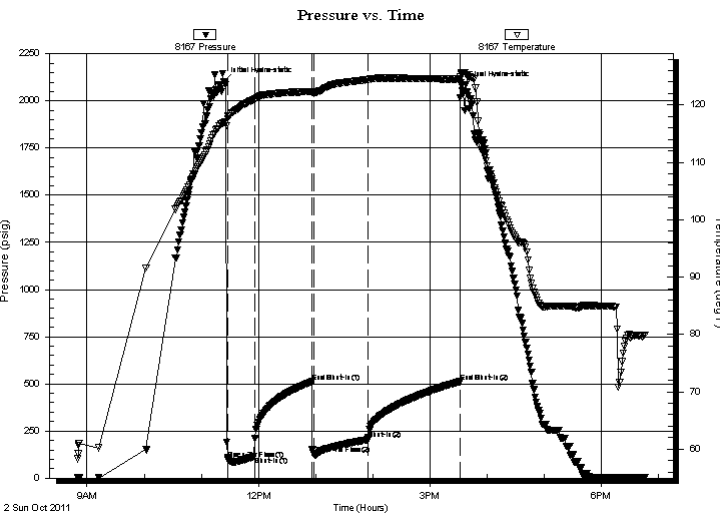
Time Off Btm: 2011.10.02 @ 15:33:08

TEST COMMENT: IF:Strong blow . B.O.B. in 10 secs.GTS in 9 mins.(see gas flow report)

IS:Strong blow . B.O.B.

FF:Strong blow . B.O.B.(see gas flow report)

FS:Strong blow . B.O.B.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2105.09	116.93	Initial Hydro-static
5	100.36	118.03	Open To Flow (1)
32	115.32	120.98	Shut-In(1)
93	510.66	122.36	End Shut-In(1)
95	127.06	122.10	Open To Flow (2)
152	204.17	124.40	Shut-In(2)
248	510.90	124.50	End Shut-In(2)
250	2080.88	125.60	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
445.00	CGO 14%g 86%o	6.24
90.00	GOCM 26%g 21%o 53%m	1.26

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.38	4.00	67.40
Last Gas Rate	0.25	1.00	24.43
Max. Gas Rate	0.25	5.00	30.78



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating Company LLC

22-25s-15w Stafford Ks

9427 E.Cross Creek
Wichita Ks.67206

M.Waters#1-22

Job Ticket: 43976

DST#: 2

ATTN: Derek Patterson

Test Start: 2011.10.02 @ 08:50:08

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

37.3 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

6400 ppm

Viscosity: 57.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6400.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
445.00	CGO 14%g 86%o	6.242
90.00	GOCM 26%g 21%o 53%m	1.262

Total Length: 535.00 ft

Total Volume: 7.504 bbl

Num Fluid Samples: 0

Num Gas Bombs: 1

Serial #: gp-2

Laboratory Name: Caraway

Laboratory Location:

Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Edison Operating Company LLC

22-25s-15w Stafford Ks

9427 E. Cross Creek
Wichita Ks. 67206

M. Waters #1-22

Job Ticket: 43976

DST#: 2

ATTN: Derek Patterson

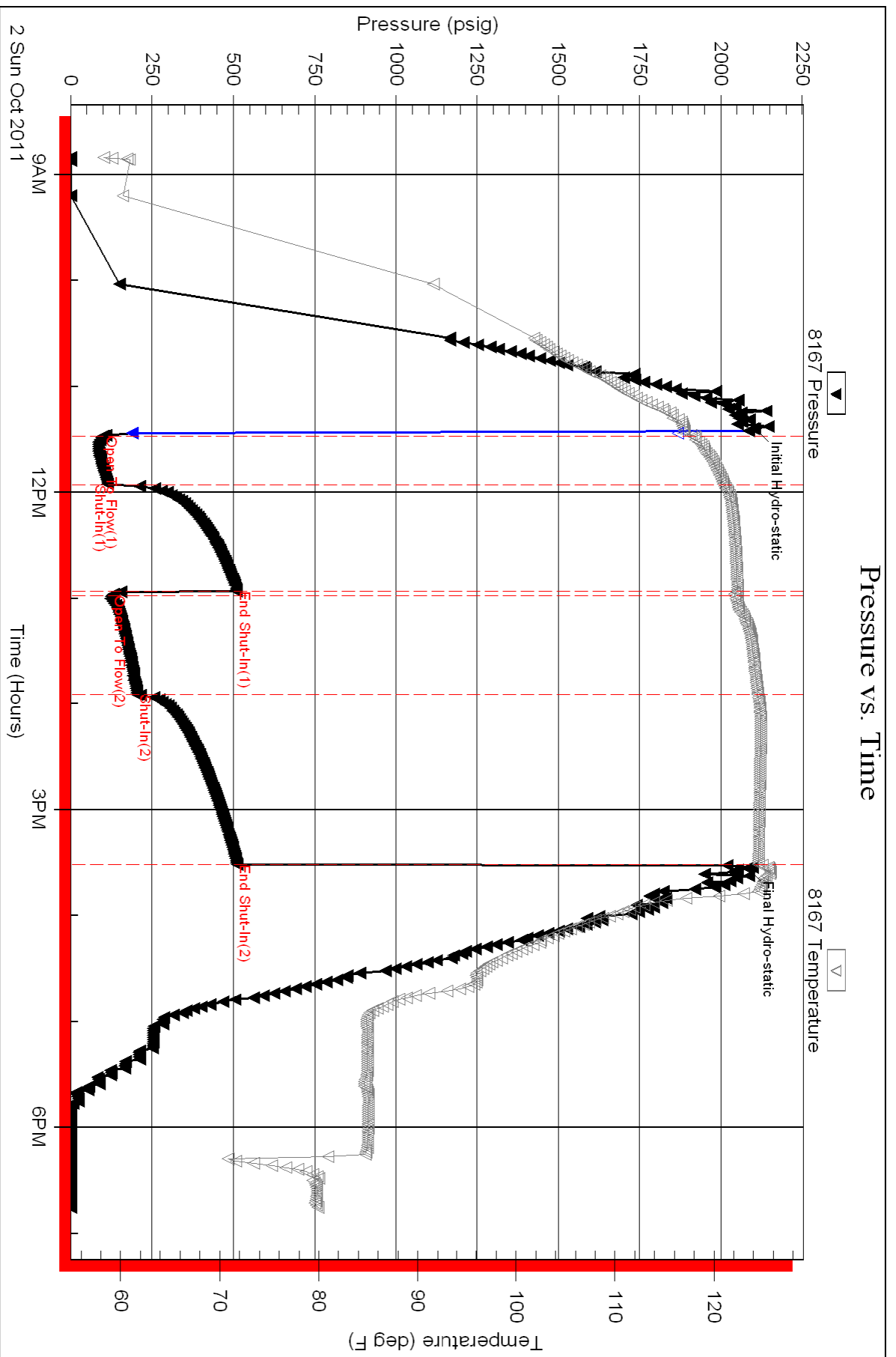
Test Start: 2011.10.02 @ 08:50:08

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
1	15	0.38	4.00	67.40
1	20	0.25	5.00	30.78
1	30	0.25	5.00	30.78
2	10	0.25	5.00	30.78
2	20	0.25	5.00	30.78
2	30	0.25	4.50	29.98
2	40	0.25	4.00	29.19
2	50	0.25	2.00	26.02
2	60	0.25	1.00	24.43





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Edison Operating Company LLC

22-25s-15w Stafford Ks

9427 E.Cross Creek
Wichita Ks.67206

M.Waters#1-22

Job Ticket: 43975

DST#: 1

ATTN: Derek Patterson

Test Start: 2011.09.30 @ 23:31:21

GENERAL INFORMATION:

Formation: **Lansing H**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:38:51

Time Test Ended: 08:05:36

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 3924.00 ft (KB) To 3946.00 ft (KB) (TVD)

Reference Elevations: 2034.00 ft (KB)

Total Depth: 3946.00 ft (KB) (TVD)

2024.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 8167 Inside

Press @RunDepth: 27.30 psig @ 3925.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.09.30

End Date: 2011.10.01

Last Calib.: 2011.10.01

Start Time: 23:31:26

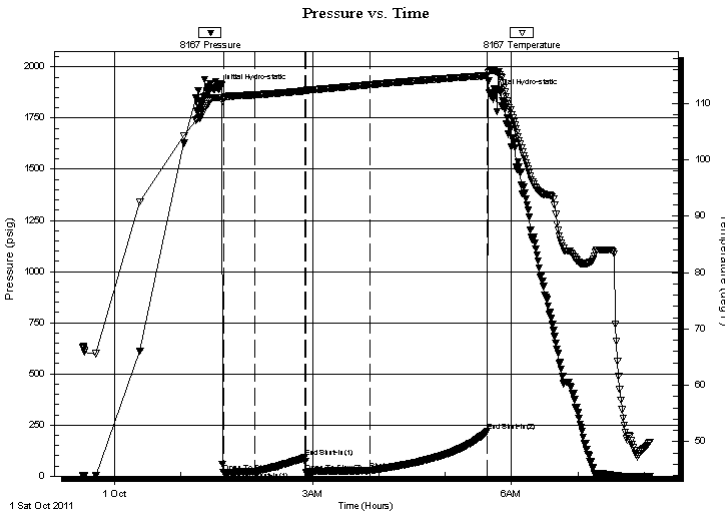
End Time: 08:05:36

Time On Btm: 2011.10.01 @ 01:34:06

Time Off Btm: 2011.10.01 @ 05:40:21

TEST COMMENT: IF:Fair blow . 14" in 30 mins.
IS:Very weak blow .(surface blow final 10 mins. of ISIP)
FF:Weak blow . 1 - 3 1/2".
FS:No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1892.71	111.07	Initial Hydro-static
5	16.99	110.70	Open To Flow (1)
34	22.25	111.51	Shut-In(1)
79	90.72	112.25	End Shut-In(1)
80	18.75	112.26	Open To Flow (2)
138	27.30	113.33	Shut-In(2)
244	218.45	114.96	End Shut-In(2)
247	1868.30	115.74	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
30.00	OCM 9%o 91%m/ clean oil@top of tool	0.42
0.00	215 ft.of GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating Company LLC

22-25s-15w Stafford Ks

9427 E.Cross Creek
Wichita Ks.67206

M.Waters#1-22

Job Ticket: 43975

DST#: 1

ATTN: Derek Patterson

Test Start: 2011.09.30 @ 23:31:21

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:

3800 ppm

Viscosity: 57.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.59 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3800.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	OCM 9%o 91%m/ clean oil@top of tool	0.421
0.00	215 ft.of GIP	0.000

Total Length: 30.00 ft Total Volume: 0.421 bbl

Num Fluid Samples: 0

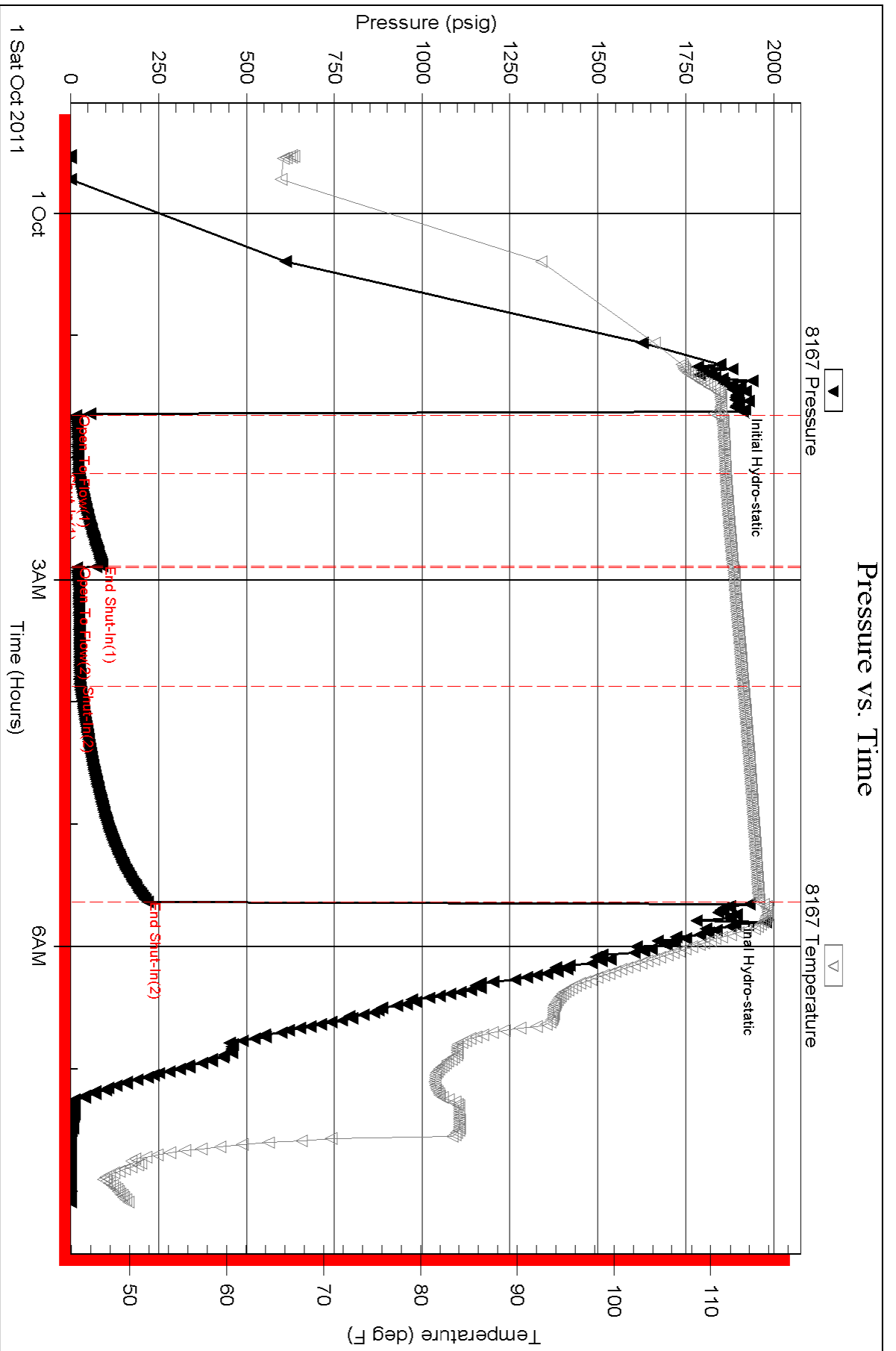
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:



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 04864 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-4-2011 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 EDISON OPERATING CO., LLC.		LEASE M. WATERS WELL NO. 1-22							
ADDRESS		COUNTY STAFFORD STATE Ks.							
CITY STATE		SERVICE CREW LESLEY, MATEL, MCKASKEY							
AUTHORIZED BY		JOB TYPE: CNW - 5 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	1						10-4-11	PM	4:45
19903-19905	1					ARRIVED AT JOB		AM	6:00
19832-21010	1					START OPERATION		AM	10:00
						FINISH OPERATION		AM	11:00
						RELEASED		AM	11:45
						MILES FROM STATION TO WELL			35

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: *Bob Kasper*
(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	150		2550 -
CP 103	60/40 P02	SK	50		600 -
CC 105	C-41P	lb	36		144 -
CC 111	SALT	lb	684		342 -
CC 115	C-44	lb	141		726 15
CC 129	FLA-322	lb	71		532 10
CC 201	GILSONITE	lb	750		502 10
CF 607	CATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400 -
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360 -
CF 1651	TURBOLIZER, 5 1/2"	EA	7		770 -
CC 155	SUPERFLUSH IT	GAL	500		765 -
F 100	PICKUP MILEAGE	MI	35		148 15
E 101	HEAVY EQUIPMENT MILEAGE	MI	70		490 -
E 113	BULK DELIVERY CHARGE	TM	322		513 20
CE 205	DEPTH CHARGE, 4001'-5000'	HR	1-4		2520 -
CE 240	BLENDING SERVICE CHARGE	SK	200		280 -
CE 504	PLUG CONTAINER CHARGE	JOB	1		250 -
S 003	SERVICE SUPERVISOR	EA	1		175 -

SUB TOTAL *9,536*

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Devon Lesley</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Bob Kasper</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



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

FIELD SERVICE TICKET
1718 05103 A

PRESSURE PUMPING & WIRELINE

22-255-15W

DATE _____ TICKET NO. _____

DATE OF JOB: 9-27-11	DISTRICT: Pratt, Kansas	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: Edison Operating Company, LLC.	LEASE: M. Waters	WELL NO. 1-22								
ADDRESS:	COUNTY: Stafford	STATE: Kansas								
CITY:	STATE:	SERVICE CREW: C. Messick; M. Mattal; J. McCaskey								
AUTHORIZED BY:	JOB TYPE: C.N.W. - Surface 9-27-11									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37,216	.5						2:45			2:45
						ARRIVED AT JOB				5:00
19,903-19,905	.5					START OPERATION				8:30
						FINISH OPERATION				9:00
19,832-21,010	.5					RELEASED	9-27-11			9:15
						MILES FROM STATION TO WELL	35			

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 103	60/40 Poz Cement	sh	350	\$	4,200.00
CC 102	Cellflake	Lb	88	\$	325.60
CC 109	Calcium Chloride	Lb	903	\$	948.15
CF 153	Wooden Plug, 8 5/8"	ea	1	\$	160.00
E 100	Pickup Mileage	mi	35	\$	148.75
E 101	Heavy Equipment Mileage	mi	70	\$	490.00
E 113	Bult Delivery	tm	527	\$	842.80
CE 200	Cement Pump: 0 Feet To 500 Feet	hrs.	4	\$	1,000.00
CE 240	Blending and Mixing Service	sh	350	\$	490.00
CE 504	Plug Container	Job	1	\$	250.00
5003	Service Supervisor	hrs.	8	\$	175.60

SUB TOTAL
DLS \$ 7,133.94

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

TOTAL

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: <i>Arena R. Messick</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Paul E. Jenner</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.