



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: _____



1075480

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	C J & M, INC. 1-24
Doc ID	1075480

All Electric Logs Run

DUAL COMPENSATED POROSITY LOG
DUAL INDUCTION LOG
MICRORESISTIVITY LOG
SONIC CEMENT BOND LOG

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	C J & M, INC. 1-24
Doc ID	1075480

Tops

Name	Top	Datum
ANHYDRITE	854	+1066
BASE ANHYDRITE	880	+1040
TOPEKA	2853	-933
HEEBNER	3193	-1273
BROWN LIME	3289	-1369
LANSING	3297	-1378
BASE KANSAS CITY	3489	-1569
ARBUCKLE	3552	-1632

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	C J & M, INC. 1-24
Doc ID	1075480

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Tyep and Percent Additives
SURFACE	12.25	8.625	24	899	A-CONN	200	
SURFACE CONT	12.25	8.625	24	899	COMMON	200	2% Gel, 3%CC, 1/4#CF
PRODUC TION	7.875	5.5	14	3683	COMMON	175	
RATHOLE	7.875	5.5	14	3683	60/40 POZMIX	30	

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRLG	Job Number	M256
Well Name	C.J.M.INC. #1-24	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3490-3574 ARBUCKLE	Well Operator	L.D. DRLG
Surface Location	SEC.24-20S-15W BARTON CO.KS.	Report Date	2012/01/04
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3490-3574 ARBUCKLE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/01/04	Start Test Time	22:30:00
Final Test Date	2012/01/05	Final Test Time	06:30:00
		Well Fluid Type	01 Oil
Gauge Name	E1150		
Gauge Serial Number			

Test Results

Remarks

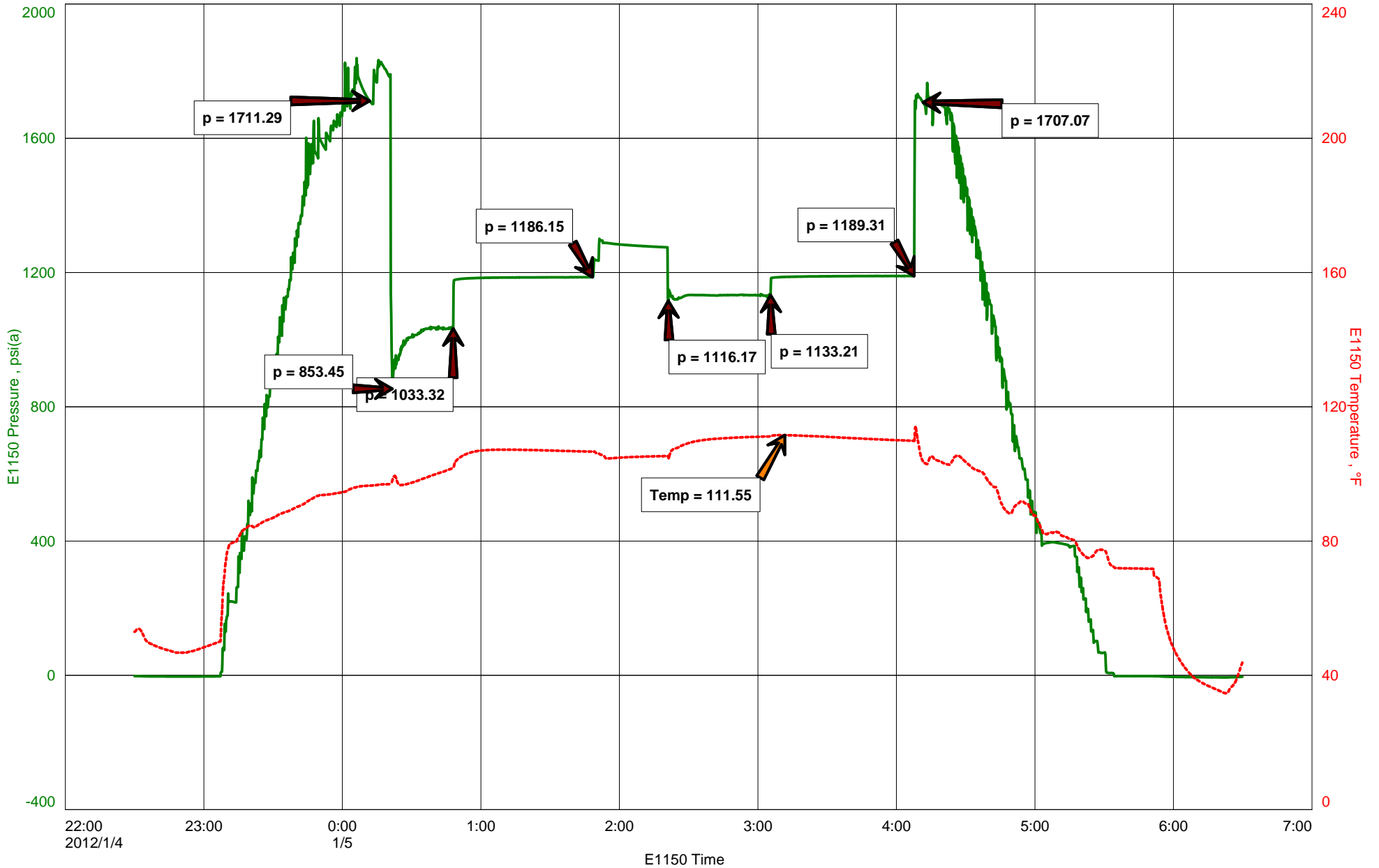
RECOVERED:
10' DM
10' TOTAL FLUID

TOOL SAMPLE: 100% GAS

L.D. DRLG
DST#1 3490-3574 ARBUCKLE
Start Test Date: 2012/01/04
Final Test Date: 2012/01/05

C.J.M.INC. #1-24
Formation: DST#1 3490-3574 ARBUCKLE
Pool: WILDCAT
Job Number: M256

C.J.M.INC. #1-24





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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

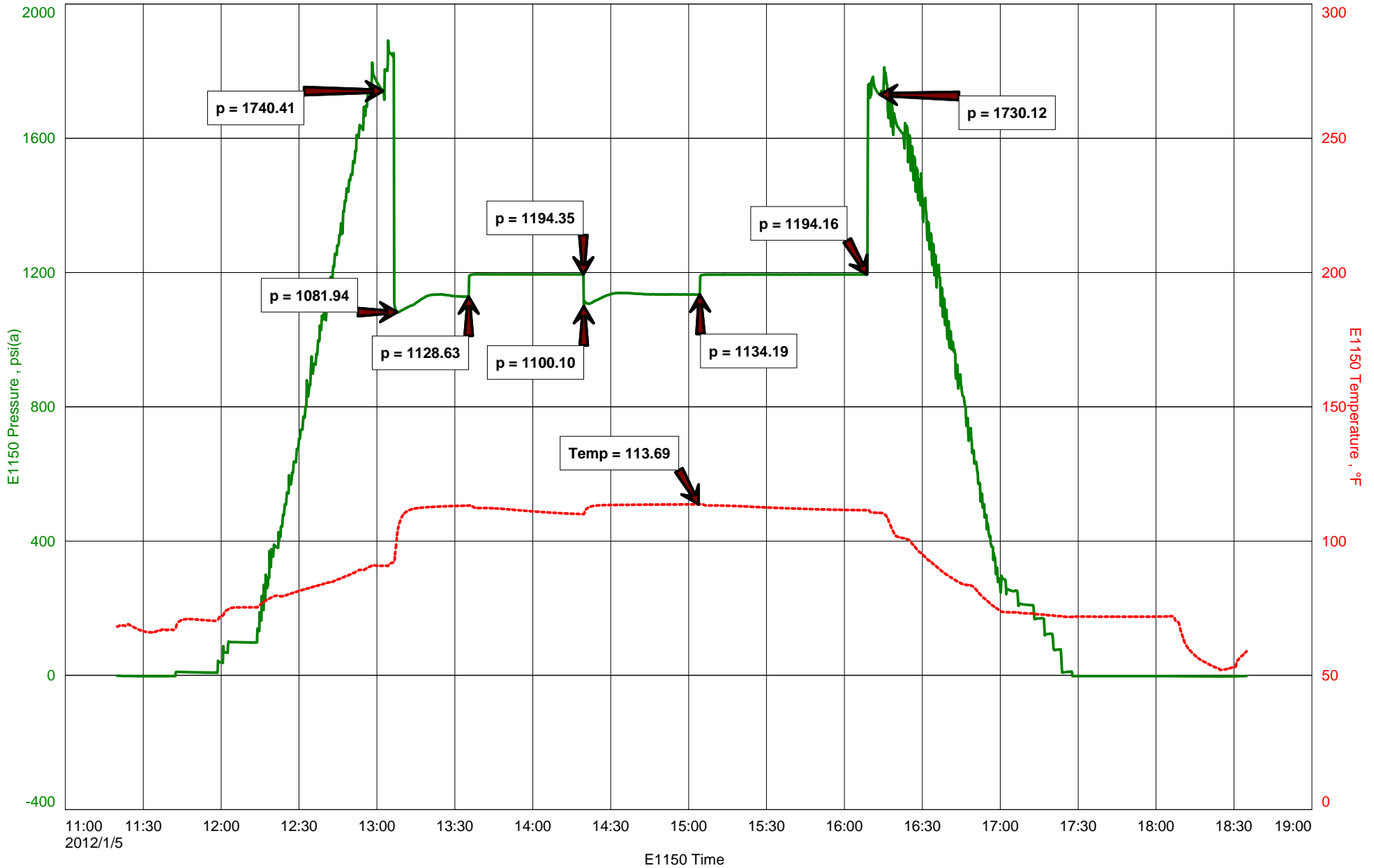
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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. DRLG
DST#2 3571-3590 ARBUCKLE
Start Test Date: 2012/01/05
Final Test Date: 2012/01/05

C.J.M.INC. #1-24
Formation: DST#2 3571-3590 ARBUCKLE
Pool: WILDCAT
Job Number: M257

C.J.M.INC. #1-24



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRLG	Job Number	M257
Well Name	C.J.M.INC. #1-24	Representative	MIKE COCHRAN
Unique Well ID	DST#2 3571-3590 ARBUCKLE	Well Operator	L.D. DRLG
Surface Location	SEC.24-20S-15W BARTON CO.KS.	Report Date	2012/01/05
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 3571-3590 ARBUCKLE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/01/05	Start Test Time	11:20:00
Final Test Date	2012/01/05	Final Test Time	18:35:00
		Well Fluid Type	01 Oil
Gauge Name	E1150		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
458' CO 100% OIL (383 D.P. 75' D.C.)
45' WTR 100% WTR
503' TOTAL FLUID

GRAVITY:32.6 @ 60
CHLOR: 23,000 PPM
PH:8.5
RW: .44 @ 45 DEG

TOOL SAMPLE: 2% GAS, 20% OIL, 66% WTR, 12% MUD



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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	L.D. DRLG	Job Number	M258
Well Name	C.J.&M.INC. #1-24	Representative	MIKE COCHRAN
Unique Well ID	DST#3 3587-3610 ARBUCKLE	Well Operator	L.D. DRLG
Surface Location	SEC.24-20S-15W BARTON CO.KS.	Report Date	2012/01/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 3587-3610 ARBUCKLE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/01/05	Start Test Time	23:30:00
Final Test Date	2012/01/06	Final Test Time	08:45:00
		Well Fluid Type	01 Oil
Gauge Name	E1150		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
378' GOCMW 6% GAS, 24% OIL, 56% WTR, 14% MUD
1197' HOCW 40% OIL, 60% WTR
1191' WTR 100% WTR (1071 DP, 120 DC)
2766' TOTAL FLUID

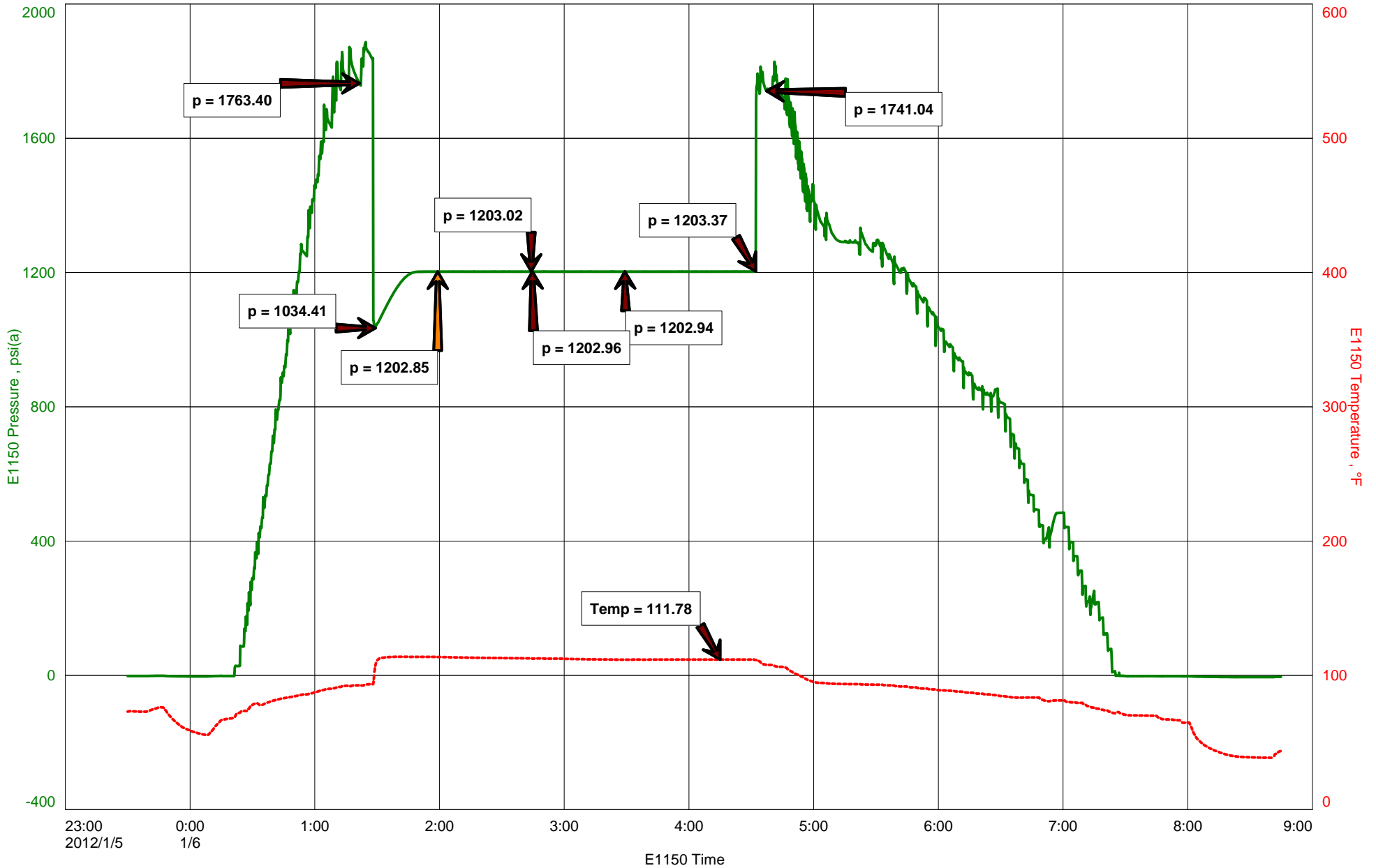
CHLOR: 22,000 PPM
PH:7.5
RW: .44 @ 46DEG

TOOL SAMPLE: TOOL SAMPLE: WATER W/ OIL SPOTS

L.D. DRLG
DST#3 3587-3610 ARBUCKLE
Start Test Date: 2012/01/05
Final Test Date: 2012/01/06

C.J.&M.INC. #1-24
Formation: DST#3 3587-3610 ARBUCKLE
Pool: WILDCAT
Job Number: M258

C.J.M.INC. #1-24





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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

900

2800

2900

3000

TOPEKA 2856-936

VIS: 62
WT: 8.7
ML: 7.2
CAL: 1000

Samples are logged

15. 219 USE CHLBY

16. Total Foss. 510A

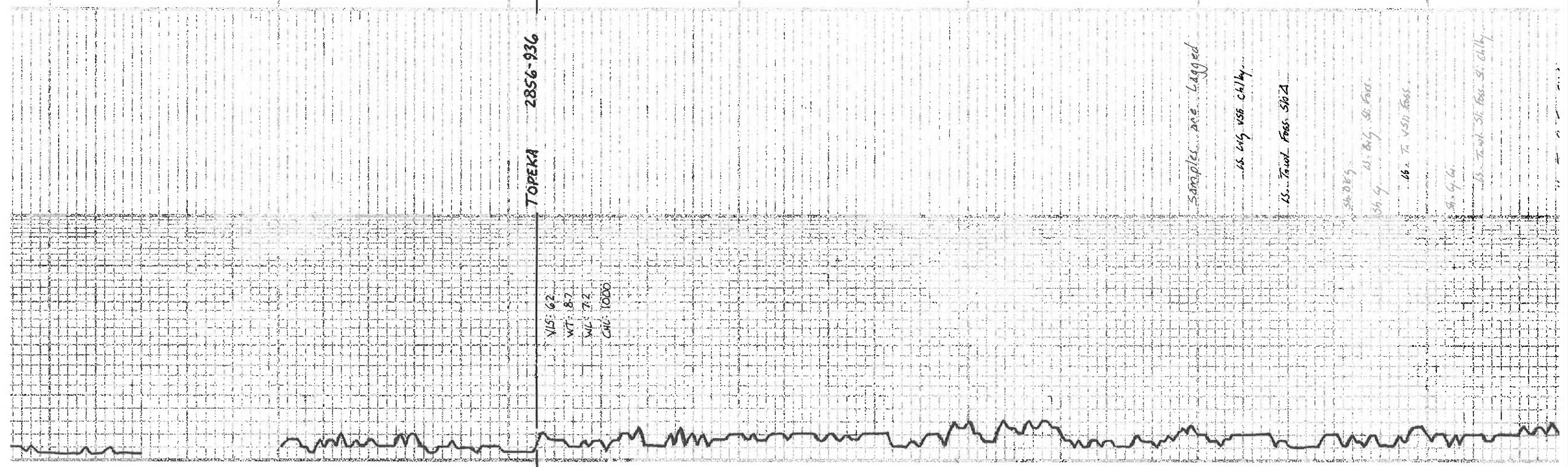
Sh. 289

Sh. 4 4. Big. St. Foss.

16. 7. 4. 4. 4. Foss.

Sh. 4. 6.

16. 7. 4. 4. 4. Foss. St. Chlby



13. To SA Foss. Sil. A

Sh. G. Silly

14. G. Dm.

Sh. DE G. Blk.

18. To Dm. VSI. Colitic.

19. To G. SA Foss.

Δ G.

15. wt. Shod. VSI. Chly.

16. G. Dm.

14. 14.8 To SA Foss. Sil. Chly.

14. 14.8. Bl. G. SA Foss.

15. G. Dm.

HEEBNER 3195-1275

Sh. Blk. Chng.

15. Bl. G. VSI. Foss.

Sh. G. Chly. G.

15. To wt. SA Foss. Colitic.

To wt. VSI. Foss. SA Chly.

Sh. Ch. G.

Sh. 14.8. G. Silly

Sh. 14.8. G. Silly

Sh. 14.8. G. Silly

BROWN LIME 3293-1373

15. Bl. VSI. Foss.

Sh. 14.8. Silly

LANSING 3305-1385

16. wt. 14.8. VSI. Foss. Sil. A

15. To 14.8. Dm.

Sh. G.

Auto. Bl. 15. wt. SA Foss.

Sh. G.

16. Bl. G. SA Foss. Foss.

16. 14.8. Sh. Foss. P. V. G. Bl. Sil. A

Sh. G. G.

15. To wt. Sil. Foss. Sil. A. P. V. G. No. order

DE Bl. G. SA VSI. Foss. No. order (3370.30)

15. wt. 14.8. Dm.

15. wt. To SA Foss. Sil. A. P. V. G. Bl. Sil. A

VSI. Foss. No. order (3380)

16. To wt. Dm. To 14.8. Bl. Sil. A. P. V. G.

15. wt. 14.8. Dm. SA Foss. No. order (3400.30)

VSI. G.

WT. 9.3

3100

3200

3300

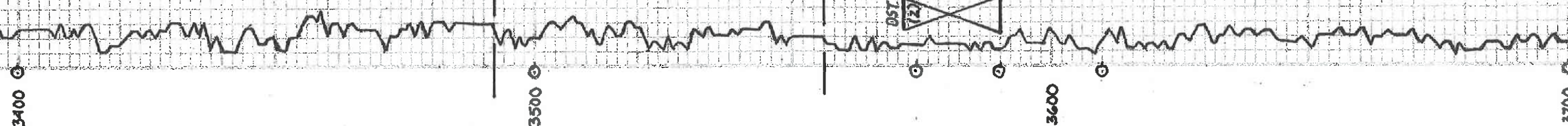
3400

TORONTO

DOUGLAS

3400
VTS 62
WT: 93
VE 80
CAL: 3000

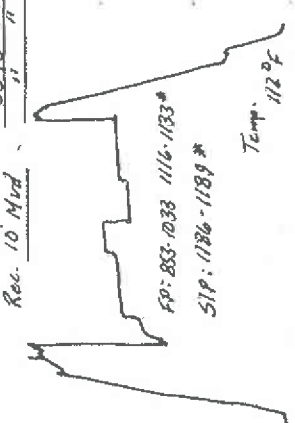
15. wt. caly.
16. Lty. G. Dm.
17. Tn. Dm.
18. B. Dk. B. St. Foss. 2/3 of Dk. B. Sh. No odor (3420)
19. Tn. Dm.
20. Tn. G. Dm. 2/3 of Dk. B. Sh. No odor (3440)
21. Tn. G. Dm. 2/3 of Dk. B. Sh. No odor (3460)



22. Tn. G. Dm. 2/3 of Dk. B. Sh. No odor (3480)
23. Tn. G. Dm. 2/3 of Dk. B. Sh. No odor (3500)

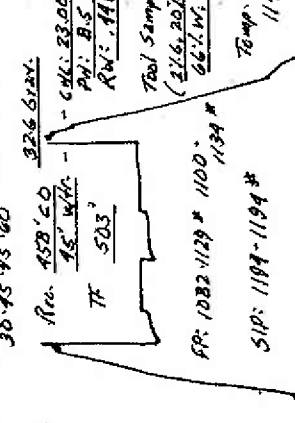
DST (1) 3490-3571
B/KC 3492-1572

1ST OPEN: Bottom bucket Jammed. GTS 5 MIN. 1430 MCF.
2ND OPEN: 1" Blow. Jammed. 2K. 808. 446.8 MCF. 5 MIN.
30-45-45-60 5463 MCF 70 MIN
Rec. 10 Mtd. 5583 MCF 35-7-11 45-7-11
FP: 833-1038 1116-1133*
SIP: 1186-1189*
Temp: 112°F



DST (2) 3571-3590
ARBUCKLE 3556-1636

1ST OPEN: Bottom bucket Jammed. GTS 5 MIN. DTS 10 MIN.
2ND OPEN: DTS 3 MIN. GAS SOAKING 2558-3592 MCF.
30-45-45-60 3226 G/M.
Rec. 458-60 3226 G/M.
1.5" WTR. - CHL: 23,000
TF 503' PA: B.S. RW: 110,452
Tool Sample: (216, 202, 201) 66-1/2" W. 12" L.M.
FP: 1082-1129* 1100-1134*
SIP: 1194-1194*
Temp: 114°F



DST (3) 3587-3610

1ST OPEN: Bottom bucket Jammed. GTS 5 MIN. 12.7 MCF.
2ND OPEN: 1" Blow. Jammed. 2K. 808. 446.8 MCF. 5 MIN.
30-45-45-60 3045 MCF 70 MIN
Rec. 328-100 WTR. (20/101, 607 W)
1197-1100 WTR. (20/101, 607 W)
1191 WTR. (20/101, 607 W)
CHL: 22,000
PA: 75
RW: 110,452
Tool Sample: (216, 202, 201) 66-1/2" W. 12" L.M.
FP: 1034-1203 1203-1203*
SIP: 1203-1203*
Temp: 112°F



1ST OPEN: Bottom bucket Jammed. GTS 5 MIN. 12.7 MCF.
2ND OPEN: 1" Blow. Jammed. 2K. 808. 446.8 MCF. 5 MIN.
30-45-45-60 3045 MCF 70 MIN
Rec. 328-100 WTR. (20/101, 607 W)
1197-1100 WTR. (20/101, 607 W)
1191 WTR. (20/101, 607 W)
CHL: 22,000
PA: 75
RW: 110,452
Tool Sample: (216, 202, 201) 66-1/2" W. 12" L.M.
FP: 1034-1203 1203-1203*
SIP: 1203-1203*
Temp: 112°F

RTD 3700-1780



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 04439 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>1-1-12</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.O. Drilling INC.</u>		LEASE <u>CI+M INC #1-24</u>		WELL NO.					
ADDRESS		COUNTY <u>Barton 20-20-15</u> STATE <u>KANS.</u>							
CITY STATE		SERVICE CREW <u>Allen, Mike, McGraw</u>							
AUTHORIZED BY		JOB TYPE: <u>8 5/8 surface</u> <u>CRW</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<u>28443 P.U.</u>	<u>1 1/2</u>						<u>1-1-12</u>		<u>1100</u>
<u>27463 Pt.</u>	<u>1 1/2</u>					ARRIVED AT JOB	<u>1-1-12</u>	AM PM	<u>130</u>
<u>19826-19860</u>	<u>1 1/2</u>					START OPERATION	<u>1-1-12</u>	AM PM	<u>530</u>
						FINISH OPERATION	<u>1-1-12</u>	AM PM	<u>700</u>
						RELEASED	<u>1-1-12</u>	AM PM	<u>730</u>
						MILES FROM STATION TO WELL			<u>55 m.le</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
CP101	A-Cow Blend Cement	SK	200		\$ 3600 00
CP102	Cement	SK	200		\$ 3200 00
CC102	Cell Flake	lb	100		\$ 370 00
CC109	Calcium Chloride	lb	940		\$ 987 00
CF105	Top Rubber cement Plug	EA	1		\$ 225 00
F100	Unit mileage charge Pickup	Mi	55		\$ 233 75
F101	Heavy Equip Mileage	Mi	110		\$ 770 00
F113	Bulk Delivery Charge	Tm	1074		\$ 1654 40
CF201	Depth Charge 581-1000'	4-hr	1		\$ 1200 00
CF240	Blending + mixing Service Chg	SK	400		\$ 560 00
CF504	Plug container Utilization Chg	Job	1		\$ 250 00
5003	Service Supervisor first 8hrs @ 21.875 loc	EA	1		\$ 175 00

SUB TOTAL DL\$ 110,447.87

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Allen f. Wirth</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
--	---

FIELD SERVICE ORDER NO. _____

Customer L.O. Drilling Inc.		Lease No.		Date	
Lease CJ+m INC		Well # 1-24		1-1-12	
Field Order # # 04439A	Station Pratt KS	Casing 8-5/8"	Depth 899'	County Barton	State KS.
Type Job 8-5/8" Surface	Formation CNW	TO 901'		Legal Description 24-20-15	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8-5/8"	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
899'		From	To	Pre Pad	Max		5 Min.	
Volume 56.6 bbl	Volume	From	To	Pad	Min		10 Min.	
Max Press 500 #	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 877'	Packer Depth	From	To	Flush DISP H ²⁰ Fresh	Gas Volume		Total Load	

Customer Representative Jim T.P.	Station Manager scotty	Treater Allen
Service Units 28443 27463 19826 19860		
Driver Names Allen Mike Mike McGraw		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
130 PM					D&S casing ON Loc. Discuss Safety, Setup Plan Job
140					Hole cut 901' circ hole. 12 1/4" MAKE SHORT TRIP.
3:58					START 8-5/8" CASING. 23'
5:30					CASING @ 899' Hook up + circ w/Rig.
5:45	200 #		88	5	Mix + Pump 200 SKS A-CON - 12 #
				5	Mix + Pump 200 SKS Common 2% Gel, 3% CC, 1/4" C.F @ 15 #
			48		Finish mix cement
					Release 8-5/8" Top Rubber Plug.
6:15				5	Start Disp.
6:30	500 #		56	2	Plug down
	500 #				Shot in @ well
	0 #				Release PSI
					Wash up + Rack up Equip.
7:30					Job complete.
					Thanks Allen
					(cont sir. To pit) Mike McGraw



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 05631 A

DATE _____ TICKET NO. _____

DATE OF JOB: 1-7-12		DISTRICT: Pratt		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: L.D. Drilling, Inc		LEASE: C J & M, Inc		WELL NO. 124						
ADDRESS:		COUNTY: Barton		STATE: KS						
CITY:		STATE:		SERVICE CREW: Orlando, Mitchell, McBraw						
AUTHORIZED BY:		JOB TYPE: CNW-5 1/2 L.S.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1						1-7-12			11:30
27463	1									2:00
19826-19860	1									4:15
										5:15
										6:15
						MILES FROM STATION TO WELL				

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	Cummins	SK	175		2800.00
CP103	60/40 P02	SK	30		360.00
CC105	C-41 P	Lb	33		132.00
CC111	Salt	Lb	869		434.50
CC115	C-44	Lb	165		849.75
CC129	FLA-322	Lb	132		990.00
CC201	Gilsonite	Lb	875		586.25
CF103	Top Rubber Comp. Plug 5 1/2"	ea	1		105.00
CF251	Guide Shoe 5 1/2"	ea	1		250.00
CF1451	Flapper Type Insert 5 1/2"	ea	1		215.00
CF1651	Turbolizer 5 1/2"	ea	7		770.00
CE151	Mud Flush	gal	1000		860.00
E100	Pickup Mileage	mi	55		233.75
E101	Heavy Equipment Mileage	mi	110		770.00
E113	Bulk Holiday	TN	525		840.40
CE204	Depth Charge @ -3001-4000	ea	1		2160.00
CE240	Bleeding & Mixing Service Charge	SK	205		287.00
CE504	Plug Container	ea	1		250.00
S003	Service Supervisor	ea	1		175.00
SUB TOTAL					10384.23

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Steve Orlando	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
---------------------------------------	---

FIELD SERVICE ORDER NO.

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>1-7-13</i>
Lease <i>CJM</i>	Well # <i>1-24</i>	
Field Order # <i>5631</i>	Station <i>Pratt</i>	Casing <i>5 1/2 14"</i>
		Depth <i>3683</i>
Type Job <i>CNW-5 1/2 L.S.</i>	Formation	County <i>Barton</i>
		State <i>Ks</i>
		Legal Description <i>24-20-15</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2 14"</i>	Tubing Size	Shots/Ft	<i>175</i>	Acid <i>Common</i>	RATE	PRESS	ISIP	
Depth <i>3683</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>278</i>	Volume	From	To <i>305</i>	Pad <i>60/40 po2</i>	Min		10 Min.	
Max Press <i>1500</i>	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 <i>87.8</i>	Gas Volume		Total Load	

Customer Representative <i>L.D. Drilling</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve Orlando</i>
Service Units <i>27283 27463 17826/17860</i>		
Driver Names <i>Orlando, Miller, McGraw</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2:00 AM</i>					<i>On location - Safety meeting</i>
					<i>3471 5 1/2 casing</i>
					<i>Centralizer 1-3-5-7-9-11-13</i>
					<i>Casing on bottom Break Circ w/a.</i>
<i>4:30</i>	<i>350</i>		<i>24</i>	<i>4.5</i>	<i>Mud flush</i>
<i>4:34</i>	<i>350</i>		<i>5</i>	<i>4.5</i>	<i>H2O spacer</i>
<i>4:35</i>	<i>300</i>		<i>44</i>	<i>4.5</i>	<i>Mix 175 lbs @ 15#/Gal (100% 1/2 inch)</i>
					<i>Shot Down - Clear pump line</i>
					<i>Release plug</i>
<i>4:58</i>	<i>0</i>		<i>0</i>	<i>6</i>	<i>Start H2O Displacement</i>
<i>5:08</i>	<i>300</i>		<i>60</i>	<i>5</i>	<i>L.G. Pressure</i>
<i>5:17</i>	<i>600</i>		<i>80</i>	<i>4</i>	<i>Slow Rate</i>
<i>5:15 AM</i>	<i>1500</i>		<i>90</i>	<i>4</i>	<i>Plug Down - Hold</i>
					<i>Plug R II w Basic 60/40 po2</i>
					<i>Job Complete</i>
					<i>Thanks Steve</i>