



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: _____



1078828

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

*Frac - Morrow Sd.
recompletion*



PAGE	CUST NO	INVOICE DATE
1 of 1	1004072	12/06/2010
INVOICE NUMBER		
1718 - 90471416		

Pratt (620) 672-1201
 B STRATA EXPLORATION
 I PO Box: 401
 L FAIRFIELD
 L IL US 62837
 T
 O **ATTN:**

J **LEASE NAME** Stapleton 2-10
 O **LOCATION**
 B **COUNTY** Haskell
 S **STATE** KS
 I **JOB DESCRIPTION** Frac Job-New Well
 T **JOB CONTACT**
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40259734	19845		Net - 30 days	01/05/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 12/02/2010 to 12/02/2010				
0040259734				
171803327A Frac Job-New Well 12/02/2010 ProFrac 2500 LG Frac				
ProFrac LG 2500	32,500.00	EA	0.21	6,825.00
ProGel LG 250	7,500.00	EA	0.14	1,080.00
Bio-3 Powdered Biocide	2.00	EA	39.84	79.68
Activator 730	24.00	EA	45.00	1,080.00
KNE-1 Non-emulsifier	20.00	EA	22.20	444.00
S-2 Premium Surfactant	40.00	EA	27.00	1,080.00
Breaker-10-L	2.00	EA	105.00	210.00
16-30 mesh Brown Sand-Kansas	365.00	BAG	13.20	4,818.00
Resin Coated 16/30 mesh	80.00	BAG	48.00	3,840.00
Heavy Equipment Mileage	840.00	MI	4.20	3,528.00
Unit Mileage Charge-Pickups, Vans & Cars	120.00	HR	2.55	306.00
Proppant and Bulk Delivery Charges	2,670.00	MI	0.96	2,563.20
1800 HHP Triplex Frac Pump Charge	1.00	EA	3,900.00	3,900.00
Chemical Injector Pump	2.00	EA	240.00	480.00
Densimeter	1.00	EA	360.00	360.00
Treatment Van	1.00	EA	1,320.00	1,320.00
Blender 11-20 BPM	1.00	EA	2,100.00	2,100.00
16/30 mesh or larger Prop Pump Charge	445.00	EA	0.68	304.38
.1 to 4 ppg Proppant Concentration Chg	21,000.00	EA	0.01	252.00
3" Frac Valve Rental	1.00	EA	300.00	300.00
Supervisor	1.00	HR	105.00	105.00
Cambelt Sand Lizard	1.00	EA	600.00	600.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	35,575.26
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	35,575.26
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 03327 A

10-305-32W DATE 12-2-10 TICKET NO. _____

12-2-10 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 STRATA EXPLORATION		LEASE STAPLETON WELL NO. 2-10	
ADDRESS		COUNTY HASKELL STATE KANSAS	
CITY STATE		SERVICE CREW PRATT FRAC	
AUTHORIZED BY MIKE POLLEY		JOB TYPE: PROFRAC 2500 LG FRAC 1/2	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
19495	1	19874-19852	1				12-2-10	AM	8:30
25632	1	19900-19853	1				12-2-10	AM	12:53
19830-19845	1	21959					12-2-10	AM	2:17
19834-19847	1						12-2-10	AM	3:15
25907-22029	1						12-2-10	AM	
19892	1								120

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: Mike Polley
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
5Y142	PROFRAC LG 2500	GA1	32500		11375 00
5Y162	PROGEL LG 250	GA1	7500		1800 00
C604	BIO-3	lb	2		132 80
C1807	KNE-1	GA1	20		740 00
C2307	S-2	GA1	40		1800 00
C507	BREAKER 10L	GA1	2		350 00
P504	ACTIVATOR 730	GA1	24		1800 00
PK102	14/30 MESH BROWN SAND KANSAS	CWT	365		8030 00
P402	RESIN COATED 14/30 MESH	CWT	80		6400 00
E101	HEAVY EQUIPMENT MILEAGE	MI	840		5880 00
E100	VAN - PICKUP MILEAGE	MI	120		510 00
E113	PROPPANT AND BULK DELIVERY CHARGE	TIM	2670		4272 00
E435	1500 HHP TRIPLEX FRAC PUMP CHARGE	EA	1		6500 00
E711	CHEMICAL INJECTOR PUMP	JOB	2		800 00
E729	DENSOMETER PER JOB	EA	1		600 00
T101	TREATMENT VAN	JOB	1		2200 00
B201	BLENDER 11-20 BPM	EA	1		3500 00
P801	14/30 MESH OR LARGER PROP PUMP CHARGE	CWT	445		507 30
P900	1 TO 4 PPG PROPPANT CONCENTRATION CHARGE	GA1	21000		420 00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE M. WELLS - M. BARBER THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mike Polley
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

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 ~~03328~~ A

CONTINUATION

10-305-32W

12-2-10 DATE

TICKET NO. 03327A

OF 12-2-10 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 STATA EXPLORATION		LEASE STAPLETON WELL NO. 7-10	
ADDRESS		COUNTY HASKELL STATE KANSAS	
CITY STATE		SERVICE CREW PRATT FRAC	
AUTHORIZED BY MIKE POLLEY		JOB TYPE: PROFRAC 2500 LG FRAC ^{NW}	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
19795	1	19899-19852	1						
25432	1	19900-19853	1			ARRIVED AT JOB	12-2-10	AM PM	8:30
19830-19845	1	21959	1			START OPERATION	12-2-10	AM PM	12:53
19834-19847	1					FINISH OPERATION	12-2-10	AM PM	2:17
25907-22029	1					RELEASED	12-2-10	AM PM	3:15
19892	1					MILES FROM STATION TO WELL	120		

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: Mike Polley
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E706	3" FRAC VALVE RENTAL	JOB	1		500 00
5003	SERVICE SUPERVISOR	EA	1		175 00
F606	CAMBELT SAND LIZZARD	EA	1		1000 00

CHEMICAL / ACID DATA:			SUB TOTAL		
			SERVICE & EQUIPMENT	%TAX ON \$	
			MATERIALS	%TAX ON \$	
TOTAL					
DLS					35575 26

SERVICE REPRESENTATIVE M. WELLS - M. BARBER
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mike Polley
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



ASIC services, L.P.

TREATMENT REPORT

Lease No. Shank Expedition Date 12/2/10
 Well # Shank
 Order # 2277A Station Pratt Kansas Casing 5 1/2 Depth 5328 County Haskell State KS
 Job # 10-305-320 Formation Marrow Legal Description 10-305-320

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <u>5 1/2</u>	Tubing Size <u>2 3/8</u>	Shots/Ft	<u>3</u>	Acid	RATE	PRESS	ISIP	<u>1567</u>
Depth <u>5328</u>	Depth <u>5274</u>	From <u>5292</u>	To <u>5328</u>	Pre Pad <u>1922 Gallons</u>	Max <u>110</u>	<u>3110</u>	5 Min.	<u>892</u>
Volume <u>241</u>	Volume <u>2013</u>	From	To	Pad <u>13000 Gallons</u>	Min <u>110</u>	<u>1730</u>	10 Min.	<u>795</u>
Max Press <u>3000</u>	Max Press <u>3000</u>	From	To	Frac <u>4222 Gallons</u>	Avg <u>110</u>	<u>2420</u>	15 Min.	<u>734</u>
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush <u>1386 Gallons</u>	Gas Volume		Total Load <u>943 BBL.</u>	

Customer Representative Mike Walker Station Manager Dave Scott Treater Wells, Barber
 Service Units: 19892, 19834, 22007, 19822, 19899, 19852, 19853, 21949, 25032, 19795
 Driver Names: Banks, Sevemy, Tracy, Arion, Sason, Eric, Matt, Fred, Mark

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
					Orientation Safety Meeting Setup
	<u>125</u>	<u>3503</u>			Wipe Up Pressure Test
	<u>128</u>	<u>92</u>		<u>14</u>	Start 1922 Gallon Pre Pad
<u>1:01</u>	<u>249</u>	<u>193</u>	<u>45</u>	<u>60</u>	Hole Loaded
<u>1:01</u>	<u>249</u>	<u>193</u>	<u>46</u>	<u>60</u>	Start 13000 Gallon Pad
<u>1:07</u>	<u>1090</u>	<u>1730</u>	<u>100</u>	<u>110</u>	Establish Rate
<u>1:27</u>	<u>1022</u>	<u>2342</u>	<u>357</u>	<u>110</u>	Start 3222 Gallon 1/2" #16/32
<u>1:27</u>	<u>1022</u>	<u>2342</u>	<u>390</u>	<u>110</u>	1/2" On Bottom
<u>1:29</u>	<u>1056</u>	<u>2373</u>	<u>430</u>	<u>110</u>	Start 4222 Gallon 1" #16/32
<u>1:31</u>	<u>1079</u>	<u>2324</u>	<u>4103</u>	<u>110</u>	1" On Bottom
<u>1:35</u>	<u>1121</u>	<u>2358</u>	<u>530</u>	<u>110</u>	Start 5222 Gallon 2" #16/32
<u>1:38</u>	<u>1134</u>	<u>2374</u>	<u>563</u>	<u>110</u>	2" On Bottom
<u>1:43</u>	<u>1181</u>	<u>2323</u>	<u>6000</u>	<u>110</u>	Start 7022 Gallon 3" #16/32
<u>1:46</u>	<u>1203</u>	<u>2249</u>	<u>693</u>	<u>110</u>	3" On Bottom
<u>1:50</u>	<u>1422</u>	<u>2485</u>	<u>850</u>	<u>110</u>	Start 2222 Gallon 4" #16/32 PC
<u>1:58</u>	<u>1498</u>	<u>2544</u>	<u>883</u>	<u>110</u>	4" #16/32 PC On Bottom
<u>1:59</u>	<u>1581</u>	<u>2707</u>	<u>910</u>	<u>110</u>	Start 1386 Gallon Flush
<u>2:02</u>			<u>943</u>		Shut Down Sol Complete





