



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1078366
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: _____

1078366

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
-------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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	Newby 1-15
Doc ID	1078366

All Electric Logs Run

Dual Induction
Compensated Density/Neutron
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Edison Operating Company LLC
Well Name	Newby 1-15
Doc ID	1078366

Tops

Name	Top	Datum
Heebner	3814	-1770
Douglas	3893	-1849
Brown Lime	3972	-1928
Lansing	3991	-1947
Muncie Creek	4135	-2091
Stark	4263	-2219
Hushpuckney	4294	-2250
Base Kansas City	4326	-2282
Marmaton	4369	-2325
Cherokee	4440	-2396
Cherokee Sand	4448	-2404
Mississippian	4478	-2434
Kinderhook	4516	-2472
Kinderhook Sand	4547	-2503
Viola	4579	-2535



PAGE	CUST NO	INVOICE DATE
1 of 1	1007020	01/17/2012
INVOICE NUMBER		
1718 - 90804468		

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 Newby 1-15
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40418825	27463		Net - 30 days	02/16/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/14/2012 to 01/14/2012</i>				
0040418825				
171805634A Cement-New Well Casing/Pi 01/14/2012				
Lost Circulation				
Thixotropic	150.00	EA	18.96	2,844.01
Celloflake	38.00	EA	2.92	111.07
Calcium Chloride	141.00	EA	0.83	116.96
Unit Mileage Charge-Pickups, Vans & Cars	20.00	HR	3.36	67.15
Heavy Equipment Mileage	40.00	MI	5.53	221.20
Proppant and Bulk Delivery Charges	141.00	MI	1.26	178.22
Depth Charge; 501-1000'	1.00	HR	948.00	948.00
Blending & Mixing Service Charge	150.00	MI	1.11	165.90
Supervisor	1.00	HR	138.25	138.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,790.76
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	4,790.76
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 05634 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-14-12 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 Edison Operating	LEASE Newby WELL NO. 115								
ADDRESS	COUNTY Pratt STATE KS								
CITY STATE	SERVICE CREW Orlando, Mitchell, Marguec								
AUTHORIZED BY	JOB TYPE: CNW - Lost Circulation								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	1/2						1-14-12	PM	4:20
27463	1/2					ARRIVED AT JOB		AM	6:30
19832-21010	1/2					START OPERATION		AM	8:15
						FINISH OPERATION		AM	8:45
						RELEASED		AM	9:15
						MILES FROM STATION TO WELL			20

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
CP102	Thixotropic	SK	150		3600 00
CC102	Cellulose	Lb	38		140 60
CE109	Calcium Chloride	Lb	141		148 05
E100	Pickup Mileage	Mi	20		85 00
E101	Heavy Equipment Mileage	Mi	40		280 00
E113	Bulk Delivery	Tm	141		225 60
CE201	Depth Charge 501-10001	ea	1		1200 00
CE240	Blending & Mixing	SK	150		210 00
S003	Service Supervisor	ea	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL	DL5	479076
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

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



PAGE	CUST NO	INVOICE DATE
1 of 1	1007020	01/24/2012
INVOICE NUMBER		
1718 - 90811026		

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 Newby 1-15
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40421210	20920		Net - 30 days	02/23/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/21/2012 to 01/21/2012</i>				
0040421210				
171805661A Cement-New Well Casing/Pi 01/21/2012 5 1/2" Longstring				
AA2 Cement	160.00	EA	13.43	2,148.80
60/40 POZ	50.00	EA	9.48	474.00
C-41P	38.00	EA	3.16	120.08
Salt	733.00	EA	0.40	289.54
C-44	151.00	EA	4.07	614.34
FLA-322	76.00	EA	5.93	450.30
Gilsonite	804.00	EA	0.53	425.56
Super Flush II	500.00	EA	1.21	604.35
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	20.00	HR	3.36	67.15
Heavy Equipment Mileage	40.00	MI	5.53	221.20
Proppant and Bulk Delivery Charges	194.00	MI	1.26	245.22
Depth Charge; 4001-5000'	1.00	HR	1,990.80	1,990.80
Blending & Mixing Service Charge	210.00	MI	1.11	232.26
Supervisor	1.00	HR	138.25	138.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,230.55
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	9,230.55
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 05661 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>1-21-12</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>EDISON - OPERATING</i>		LEASE <i>NEWBY 1-15</i>		WELL NO.					
ADDRESS		COUNTY <i>PRATT</i>		STATE <i>KS</i>					
CITY STATE		SERVICE CREW <i>Sullivan, molson, McCoy, Pappas</i>							
AUTHORIZED BY		JOB TYPE: <i>cnw 5 1/2 long string</i>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <i>1-21-12</i>	DATE	AM	TIME
<i>33708-20920</i>	<i>45</i>					ARRIVED AT JOB		PM	<i>10:00</i>
<i>19831-19862</i>	<i>45</i>					START OPERATION		PM	<i>4:50</i>
<i>37900</i>						FINISH OPERATION		PM	<i>5:30</i>
						RELEASED		PM	<i>6:15</i>
						MILES FROM STATION TO WELL			<i>20</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: *Bob Pappas*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cmt	SK	160		2,720.00
CP 103	60/40 p02 cmt	SK	50		600.00
CC 105	C-41P	lb	38		152.00
CC 111	SALT	lb	733		366.50
CC 115	C-44	lb	151		777.65
CC 129	FLA-322	lb	76		570.00
CC 201	citronita	lb	804		538.68
CF 607	Latch down Plug - BAWY 5 1/2	SA	1		400.00
CF 1251	Auto Fill Shoe	SA	1		360.00
CF 1651	Turbidizer	SA	7		770.00
CG 185	Super Truck II	gal	500		765.00
E 100	pickup truck	mi	20		85.00
E 101	Heavy Equip	mi	10		280.00
E 113	Beck Delug	tm	194		310.40
CE 205	Depth chg 4001-500'	SA	1		2,520.00
CE 240	Blending - mixing	SK	210		294.00
S 003	Service expenditure	SA	1		175.00
				SUB TOTAL	9,169.64

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<i>9230.55</i>

SERVICE REPRESENTATIVE: *Robert Pappas*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Bob Pappas*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



PAGE 1 of 1	CUST NO 1007020	INVOICE DATE 02/14/2012
INVOICE NUMBER 1718 - 90829473		

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 Newby 1-15
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40429712	20920		Net - 30 days	03/15/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 02/09/2012 to 02/09/2012</i>				
0040429712				
171805801A Cement-New Well Casing/Pi 02/09/2012 Cement Squeeze				
Common Cement	50.00	EA	13.12	656.00
C-41P	6.00	EA	3.28	19.68
FLA-322	24.00	EA	6.15	147.60
CIA-1 EP Acid Inhibitor	1.00	EA	61.50	61.50
Heavy Equipment Mileage	40.00	MI	5.74	229.60
15% HCL Acid	200.00	GAL	1.64	328.00
Unit Mileage Charge-Pickups, Vans & Cars	20.00	HR	3.49	69.70
Proppant and Bulk Delivery Charge	48.00	MI	1.31	62.98
Blending & Mixing Service Charge	50.00	MI	1.15	57.40
Depth Charge; 4001-5000'	1.00	HR	2,066.40	2,066.40
Cement Squeeze Manifold	1.00	EA	352.60	352.60
Service Supervisor	1.00	HR	143.50	143.50

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,194.96
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	4,194.96
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 05801 A

DATE _____ TICKET NO. _____

DATE OF JOB 02-09-12 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 - Pending		LEASE NEWBY 1-15		WELL NO.						
ADDRESS		COUNTY PRATT		STATE KS						
CITY		STATE		SERVICE CREW melson, Sattin, McCaskey						
AUTHORIZED BY		JOB TYPE: CWV Squeeze Packer								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
33708-20920	2 1/2						02-09-12			10:00
19832-21010	2 1/2					ARRIVED AT JOB				2:30
37900						START OPERATION				3:45
						FINISH OPERATION				6:20
						RELEASED				6:45
						MILES FROM STATION TO WELL				20

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100	Common cement	SK	25		400.00
CP 100	Common cement	SK	25		400.00
CC 105	C-41P	lb	6		24.00
CC 129	FLA-322	lb	24		144.00
AK 325	15% Acid	gal	200		400.00
C 204	Inhibitor	gal	1		75.00
E 100	pickup mile	mi	20		85.00
E 101	Heavy Equip mile	mi	40		280.00
C 113	Bulk Deling	tn	48		76.80
CE 205	Depth Change 4001-5000'	SA	1		2,520.00
CE 240	Blending - mixing	SK	50		70.00
S 003	Serum Separator	SA	1		175.00
CE 500	Squeeze modified	SA	1		430.00

SUB TOTAL
DLS 4,194.96

CHEMICAL / ACID DATA:			

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

Thank you

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

FIELD SERVICE ORDER NO.



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

J LEASE NAME Newby 1-15
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT

PAGE	CUST NO	INVOICE DATE
1 of 1	1007020	01/16/2012
INVOICE NUMBER		
1718 - 90802772		

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40418008	20920		Net - 30 days	02/15/2012
For Service Dates: 01/13/2012 to 01/13/2012				
0040418008				
171805657A Cement-New Well Casing/Pi:01/13/2012				
8 5/8" Surface				
A Serv Lite		175.00 EA	10.27	1,797.25
Premium/Common		175.00 EA	12.64	2,212.00
Celloflake		88.00 EA	2.92	257.22
Calcium Chloride		954.00 EA	0.83	791.34
Cement Gel		330.00 EA	0.20	65.18
Wooden Cement Plug 8 5/8"		1.00 EA	126.40	126.40
Unit Mileage Charge-Pickups, Vans & Cars		20.00 HR	3.36	67.15
Heavy Equipment Mileage		40.00 MI	5.53	221.20
Proppant and Bulk Delivery Charges		318.00 MI	1.26	401.95
Depth Charge; 0-500'		1.00 HR	790.00	790.00
Blending & Mixing Service Charge		350.00 MI	1.11	387.10
Plug Container Utilization Charge		1.00 EA	197.50	197.50
Supervisor		1.00 HR	138.25	138.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	SUB TOTAL
PO BOX 841903	PO BOX 10460	TAX
DALLAS, TX 75284-1903	MIDLAND, TX 79702	INVOICE TOTAL
		7,452.54
		0.00
		7,452.54



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

BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

FIELD SERVICE TICKET
1718 05657 A

DATE TICKET NO. _____

DATE OF JOB 1-13-12	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.	LEASE NEWBY	1-15					WELL NO.
ADDRESS CITY	COUNTY PRATT	STATE KS					
AUTHORIZED BY	SERVICE CREW Sullivan, Mdsen, Pousa	JOB TYPE: Crew & Subsoil					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE
33788-20820	20 m					1-12-12	AM PM 5:30
19826-19860	30 m					ARRIVED AT JOB	AM PM 9:00
39900						START OPERATION	AM PM 12:15
						FINISH OPERATION	AM PM 12:45
						RELEASED	AM PM 1:15
						MILES FROM STATION TO WELL	
							20

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP-106	A-Service-life cont	SK	175		2,275 00
CP 100	Premium Concrete	SK	175		2,800 00
CG 102	Collar	lb	88		325 00
CC 109	Calcium chloride	lb	954		1,001 20
CC 200	Cement 1st	SA	330		82 50
CF 153	TOP wooden plug 856	mi	20		160 00
E 100	Picked rollers 1	m	40		95 00
E 101	Head Feet m/hgs	mm	315		280 00
E 113	Bulk Doping	SA	1		508 80
CE 200	Depth Charles D-500'	SK	950		1,000 00
CE 240	Blender - m/hgs charge	SA	1		490 00
CE 504	Play Christman Ported	SA	1		250 00
S003	Schud Suppense	SA	1		175 00
				SUB TOTAL	7,452 54
				SERVICE & EQUIPMENT	%TAX ON \$
				MATERIALS	%TAX ON \$
				TOTAL	

CHEMICAL / ACID DATA:	

SERVICE REPRESENTATIVE *[Signature]*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

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

April 10, 2012

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

Re: ACO1
API 15-151-22386-00-00
Newby 1-15
NE/4 Sec.15-27S-15W
Pratt 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