



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: _____



1082347

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	Empire Energy E&P, LLC
Well Name	WOKATY 7
Doc ID	1082347

All Electric Logs Run

Dual Induction
Micro
Sonic
Compensated Density
Neutron Prosimity

Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	WOKATY 7
Doc ID	1082347

Tops

Name	Top	Datum
Anhydrite	602	1231
base Anhydrite	624	1209
Heebner	3100	-1267
Toronto	3118	-1285
Lansing	3251	-1418
Viola	3513	-1680
Simpson Sand	3550	-1717
Arbuckle	3600	-1767

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 154

Date	10-25-11	Sec.	12	Twp.	22	Range	12	County	Stafford	State	Ks	On Location	7:00 AM	Finish	12:00 PM
------	----------	------	----	------	----	-------	----	--------	----------	-------	----	-------------	---------	--------	----------

Lease Wokaty Well No. #7 Location Ike & Joe's - KS, E/S

Contractor Ninnescah Rig #101 Owner _____

Type Job Surface To Quality Oilwell Cementing, Inc.

Hole Size 12 1/4" T.D. 600' 610 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Csg. 8 5/8" Depth 600' Charge To Empire Energy

Tbg. Size _____ Depth _____ Street _____

Tool _____ Depth _____ City _____ State _____

Cement Left in Csg. 40.22' Shoe Joint 40.22' The above was done to satisfaction and supervision of owner agent or contractor.

Meas Line _____ Displace 360 BLS Cement Amount Ordered 350 sx Common 3% CC

EQUIPMENT

Pumptrk 1 No. Cisco Cementer 36 2% Gel 1/4 Flowseal

Bulktrk 13 No. Doug Driver 350 Common

Bulktrk 14 No. Rick Driver 7 Poz. Mix

JOB SERVICES & REMARKS

Remarks: Cement did Circulate. Calcium 13

Rat Hole _____ Hulls _____

Mouse Hole _____ Salt _____

Centralizers _____ Flowseal 87#

Baskets _____ Kol-Seal _____

D/V or Port Collar _____ Mud CLR 48 _____

Start mixing Cement @ 11:30 A.M. CFL-117 or CD110 CAF 38

Done at 12:00 PM Sand _____

Handling 370 Mileage _____

FLOAT EQUIPMENT

Guide Shoe _____

Centralizer _____

Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

1 - Rubber plug

1 - Baffle plate

Pumptrk Charge Long Surface

Mileage 23

X Signature Richard P. Barry

Tax _____
Discount _____
Total Charge _____



BASIC
ENERGY SERVICES
A DIVISION OF THE ENERGY COMPANY OF AMERICA

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

FIELD SERVICE TICKET
1718 05100 A

DATE: _____ TICKET NO: _____

WELL NO: _____ DISTRICT: _____

CUSTOMER: EMPIRE ENERGY E.P. LLC LEASE: W. KITT WELL NO: 7

ADDRESS: _____ COUNTY: STILLWATER STATE: KS

CITY: _____ STATE: _____ SERVICE CREW: Bill / [unclear]

AUTHORIZED BY: _____ JOB TYPE: ITA

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
1160-1117	95					ARRIVED AT JOB		AM		
37100						START OPERATION		AM		1:0
						FINISH OPERATION		AM		1:4
						RELEASED		AM		2:0
						MILES FROM STATION TO WELL				15

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
23	air cost	sk	200		2,400.00
200	cost per	lb	344		56.00
101	...	...	45		191.25
11	...	...	2		630.00
24	...	...	1		619.20
24	...	sk	300		2,500.00
203	...	...	1		175.00
<p># 9250 OK Kerr 11-2-11 PSK</p>					

SUB TOTAL		DIS	5167.75
SERVICE & EQUIPMENT	% TAX ON \$		
MATERIALS	% TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: _____ THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer	EMPIRE ENERGY E.P.		Lease No.			Date	10-29-11	
Lease	WOKATI		Well #	7		County	STAFFORD	
Field Order #	Station	PRA TT KS		Casing	D.P.		Depth	3600
Type Job	CNW P.T.A		Formation			Legal Description	12-22-12	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size D.P.	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager		Treater	
	DAVE SCOTT		Robert Sullivan	

Service Units	3700	33708	20920	19960	19918				
Driver Names	Sullivan	melson	ORLANDO						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					on for set, waiting
					P.T.A.
1030			10		Set Bottom Plug 3600'
5	200		12	3	SPACE
1045			40	1	cont 50 sk
					Disp AND shut down
1245			5	1	Set Plug @ 630' 50sk
5			12		SPACE
1255			6		cont
					Disp AND shut down
110			5		Set Plug @ 300' 50sk
5			10		SPACE
116			1		cont
130			5		Disp shut down
			5		Plug TOP 60' 20sk
140			4		plug PH
					plug NH
					SOB complete

Frank Jones