



KANSAS CORPORATION COMMISSION 1083097
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- 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: _____



1083097

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
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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
_____ 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
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Carrie Exploration & Development, a General Partnership
Well Name	NEELAND C-6
Doc ID	1083097

Tops

Name	Top	Datum
TOPEKA	2596	-826
HEEBNER SHALE	2853	-1083
TORONTO	2874	-1104
BROWN LIME	2974	-1204
LKC	2984	-1214
BKC	3254	-1484
ARBUCKLE	3264	-1494
RTD	3380	-1610
LTD	3383	-1613

HERB DENNES
CONSULTING GEOLOGIST
109 W. 35th ST.
PH. 785-625-3890
HAYS, KS 67601

COMPANY **Carnegie Exploration & Development**
WELL **Neelwood # C-6**
FIELD **Chase-Slicks**

COUNTY **Bartow** STATE **Kansas**
LOCATION: **1854-FSL-4580-FEL, SE4**
Elevations: KB 1770', DF 1763', GL 1763'

Logging by: **SEC 36 TWP 19S RGE 11W**
Supervisor: **193**
Contractor: **11-24-2011**
Carnegie: **11-24-2011**
Carnegie: **11-24-2011**
Carnegie: **11-24-2011**

Production casing 5/8" used set to 3325 w/ 12585 MAR. RNTC@hmc@7888

Drilling Time **2500' - RTD** Samples **2500' - RTD**
Daily Penetration Rate

Date	Depth	Activity
11-19	471'	Spud SAT SP
11-21	1711'	DNB
11-22	1711'	DNB
11-23	2785'	DNB
11-23	2785'	DNB
11-23	3262'	RTD Legs Banded
11-24	3380'	Final Cementing

REMARKS: **Recommendation To Run casing based on favorable structural development in upper Arbuckle.**

Handwritten: *Handwritten notes*

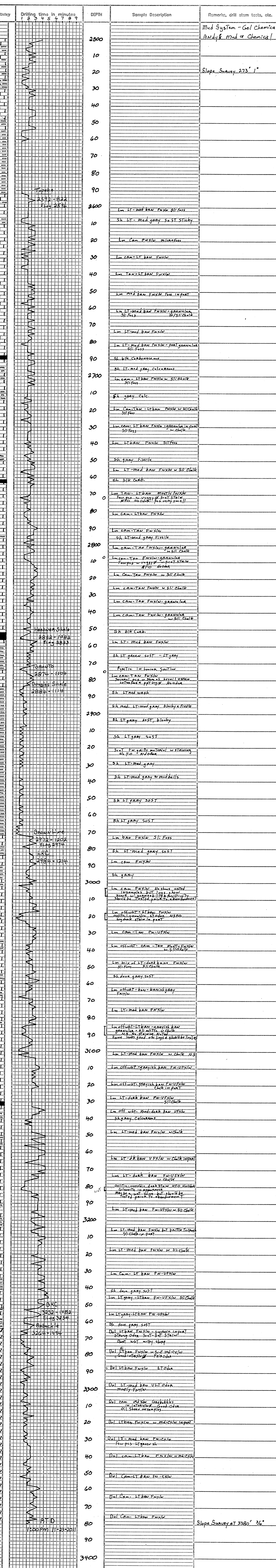
Formation	Sample	Log	Datum	%	Formation	Sample	Log	Datum	%
Topoka		2576	-826						
Hoobner Shale		2853	-1083						
Tomato		2874	-1104						
Douglas Shale		2884	-1114						
Brown Lime		2974	-1204						
LKC		2984	-1214						
BKC		3254	-1484						
Arbuckle		3264	-1494						
RTD	3380								
LTD		3383	-1613						

* Structural Position to:

LEGEND

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SCALE " = 100'



Customer HARRIE EXP. & DEV. LLC		Lease No.		Date	
Lease NEELAND		Well # C-6		11-19-2011	
Field Order # 04992	Station PRATT, KS.	Casing 8 5/8"	Depth	County BARTON	State KS.
Type Job CNW-8 5/8" S.P.			Formation TD-273'	Legal Description 30-19-11	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
8 5/8" x 24"			CMT-	175SK COMMON			5 Min.	
Depth 273.37'	Depth	From	To	Pre Pad @ 1.34 CUFT ³	Max		10 Min.	
Volume	Volume	From	To	Pad	Min		15 Min.	
Max Press 500	Max Press	From	To	Frac	Avg		Annulus Pressure	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Total Load	
Plug Depth 253'	Packer Depth	From	To	Flush 16 BBL	Gas Volume			

Customer Representative RON HAROLD			Station Manager D. SCOTT			Treater K. LESLEY		
Service Units	37586	19889	19842	19960	19918			
Driver Names	LESLEY	LAWRENCE	—	YOUNG	—			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:30 PM					ON LOCATION - SAFETY MEETING
2:40 PM					SPOT TRUCKS
3:00 PM					RUN 8 5/8" x 24" # CSG.
4:30 PM					CSG. ON BOTTOM
4:45 PM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
4:56 PM	100		5	5	H2O AHEAD
4:57 PM	50		42	5	MIX 175SK COMMON @ 15.0 PPG
5:05 PM					SHUT DOWN - RELEASE PLUG
5:10 PM	0		0	4	START DISPLACEMENT
5:12 PM	50		10	3	SLOW RATE
5:15 PM	100		16	3	PLUG DOWN - CLOSE IN AT HEAD
					CIRC. CMT THRU JOB
					CIRC. 10 BBL TO PIT
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY

Customer Carrie Explor. & Dev.		Lease No.		Date 11-24-11	
Lease NEELAND		Well # C-6			
Field Order # 05275A	Station Pratt KS	Casing 5/2	Depth 3382	County Barton	State KS
Type Job 5/2" Long string w/ P.C. csw			Formation TD 3383	Legal Description 36-19-11	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5/2	Tubing Size	Shots/Ft		Acid 20 BBL 2% KCL	RATE	PRESS	ISIP	
Depth 3378'	Depth	From	To	Pre Pad 12 BBL mud flush	Max		5 Min.	
Volume 81.7 BBL	Volume	From	To	Pad 125 SKS AA2 @ 15.3 gal	Min		10 Min.	
Max Press 1000'	Max Press	From	To	Frac 30 SKS 60/40 Poz Plug R.H.	Avg		15 Min.	
Well Connection PR	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3378'	Packer Depth	From	To	Flush Disp. H2O	Gas Volume		Total Load	

Customer Representative Ron Herald	Station Manager Scotty	Treater Allen
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Service Units	28443	19889	19842	19826	19860	37586				
Driver Names	Allen	Mike	Lawrence	Dale	Phye	Keaven				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
130 AM					ON Loc. Discuss Safety, Setup Plan Job
510					Start 5/2" casing 14" shoe jt 30.85
					w/ Reg. shoe, + Auto Fill insert collar
					cent 2-3-4-5-11-12-56
					Basket 57 Port collar 550
					Tag Bottom @ 3383 pickup
730					3378' cir w/ Rig.
	200'		20	5	Pump 20 BBL KCL 2%
			12	5	Pump 12 BBL mud flush
			3	5	Pump 3 BBL H2O
745				5	mix + pump 125 SKS AA2 @ 15.3 gal
			30		Finish mix, wash out PermaLine
800				7 1/2	Drop Rubber Plug Start Disp.
	500'			7	Caught Lift PSI 60 BBL out
815	1000'		8 1/2	4	Plug down
	0'				Release PSI TO TRK. 0'
			7		Plug R.H. w/ 30 SKS 60/40 Poz
					wash up + Rackup Equip.
					Job complete
					THANKS Allen, Keaven
					Mike Dale



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 05275 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-24-11		DISTRICT 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 Carrie Explor. + Dev. LLC		LEASE NEE land C-6		WELL NO.:	
ADDRESS		COUNTY Barton 36-19-11		STATE KANSAS	
CITY		STATE		SERVICE CREW Allen, Keenan, Lawrence, Dale	
AUTHORIZED BY		JOB TYPE: 5 1/2" L.S. w/ P.C. CIVIL			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS
28443 PU	1 1/2				
19889-19842	1 1/2				
37586 PU	1 1/2				
19826-19860	1 1/2				
TRUCK CALLED 11-23-11 DATE 11-24-11 AM/PM 1100 TIME					
ARRIVED AT JOB 11-24-11 AM/PM 130					
START OPERATION 11-24-11 AM/PM 0700					
FINISH OPERATION 11-24-11 AM/PM 0830					
RELEASED 11-24-11 AM/PM 0900					
MILES FROM STATION TO WELL 55-mile					

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
CP105	AA 2 Cement	SK	125		
CP103	60/40 Poz	SK	30		
CC105	C-41-P	lb	30		
CC111	SALT	lb	575		
CC115	C-44	lb	89		
CC128	FLA-322	lb	69		
CC201	Gilsonite	lb	625		
CF103	Top Rubber cnt Plug 5 1/2"	EA	1		
CF251	Guide Shoe 5 1/2" Blue	EA	1		
CF451	5 1/2" Port collar 5 1/2"	EA	1		
CF1451	Flapper Type Insert Float Valve 5 1/2"	EA	1		
CF1651	Turbolizer 5 1/2" Blue	EA	7		
CF1901	5 1/2" Basket Blue	EA	1		
C704	Clamax KCL sub	gal	1		
CC151	Mud Flush	gal	500		

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE **Allen f. Ward** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(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 05275 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-24-11		DISTRICT 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 Carrie Explor. + Dev. LLC		LEASE NEE land C-6		WELL NO.:	
ADDRESS		COUNTY Barton 36-19-11 STATE KANSAS			
CITY		STATE			
AUTHORIZED BY		SERVICE CREW Allen, Keenan, Lawrence, Dale			
		JOB TYPE: 5 1/2" L.S. w/ P.C. CIVIL			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS
28443 PU	1 1/2				
19889-19842	1 1/2				
37586 PU	1 1/2				
19826-19860	1 1/2				
TRUCK CALLED 11-23-11 DATE 11-24-11 AM 11:00 TIME					
ARRIVED AT JOB 11-24-11 AM 1:30					
START OPERATION 11-24-11 AM 6:00					
FINISH OPERATION 11-24-11 AM 8:30					
RELEASED 11-24-11 AM 9:00					
MILES FROM STATION TO WELL 55-mile					

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA 2 Cement	SK	125		
CP103	60/40 Poz	SK	30		
CC105	C-41-P	lb	30		
CC111	SALT	lb	575		
CC115	C-44	lb	89		
CC128	FLA-322	lb	69		
CC201	Gilsonite	lb	625		
CF103	Top Rubber cnt Plug 5 1/2"	EA	1		
CF251	Guide Shoe 5 1/2" Blue	EA	1		
CF451	5 1/2" Port collar 5 1/2"	EA	1		
CF1451	Flapper Type Insert Float Valve 5 1/2"	EA	1		
CF1651	Turbolizer 5 1/2" Blue	EA	7		
CF1901	5 1/2" Basket Blue	EA	1		
C704	Clamax KCL sub	gal	1		
CC151	Mud Flush	gal	500		

SUB TOTAL

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE **Allen f. Ward** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 04426 A

DATE _____ TICKET NO. 05275A

DATE OF JOB: 11-24-11		DISTRICT: 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: Carrie Explor. & Dev. LLC				LEASE: NEE Land 2-6				WELL NO.:		
ADDRESS:				COUNTY: Barton 36-19-11				STATE: KANS.		
CITY:				STATE:				SERVICE CREW: Allen Keever, Lawrence		
AUTHORIZED BY:				JOB TYPE: 5 1/2' L.C. w/P.C. CNW						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
28443 PU	1 1/2						11-23-11			1100
19889-19892	1 1/2					ARRIVED AT JOB	11-24-11			130
37586 PU	1 1/2					START OPERATION	11-24-11			700
19826-19860	1 1/2					FINISH OPERATION	11-24-11			830
						RELEASED	11-24-11			900
						MILES FROM STATION TO WELL	55 miles			

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SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
F100	unit mileage chg Pickup	mi	55		
F101	Heavy Equip. mileage	mi	110		
S113	Bulk Delivery Charge	mm	396		
CE204	Depth Charge 3001-4000	4hr	1		
CE240	Blending & Mixing Service Chg	SK	155		
CE601	Casing Swivel Rental	EA	1		
CE504	Plug container Utilization chg	Job	1		
3003	Service Supervisor first 8hrs on loc.	EA	1		

SUB TOTAL \$11,412.70

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Allen F. Wood* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR/CONTRACTOR OR AGENT)

Customer Carrie Exploration	Lease No.	Date 11-29-11	
Lease Neeland	Well # C-6		
Field Order # 5483	Station Pratt	Casing 5/2	Depth
Type Job CNW - Port Collar	Formation	County Barton	State KS
		Legal Description 36-19-11	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	400 sks	Acid	60/40 poz	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	1.36 yield	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	6.4	Gas Volume		Total Load

Customer Representative Ron Herald	Station Manager Dave Scott	Treater Steve Olan
Service Units 27283 27463 19820 19860		
Driver Names Orlando Mitchell, McGraw		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
3:00 PM					On location - Safety meeting
					Hook up to tubing + Annulus
					Run line from 8 5/8 Top IT
4:00 PM	800		1	1	Test casing to 800 #
					Open Port collar
					Lower tubing
	1700 #		5	3	Break circulation thru 8 5/8
		500	0	4	Mix 400 sks 60/40 poz @ 14 #/gal
		500	97	4	Start H2O Displacement
		500	6 1/2	2	Displacement complete TO P.C.
					pick up tubing + close P.C.
					Hook up to Annulus
	1500		1	1	PSI TO 1500 # - Hold
					Run 5 sts tubing
6:00 PM	400		20	4	Circulate well 20 bbl
					pull 10 sts Shut Down for night
					Job Complete
					Thanks, Steve



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 05482 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-29-11		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: Carria Exploration				LEASE: Noeland				WELL NO. D-C-6		
ADDRESS:				COUNTY: Barton		STATE: KS				
CITY:				STATE:		SERVICE CREW: Orlando, Mitchell, McGraw				
AUTHORIZED BY:				JOB TYPE: Cmw-Port Collar						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27285	2						11-29-11			1:30
27463	2					ARRIVED AT JOB				3:00
19826-17860	2					START OPERATION				4:00
						FINISH OPERATION				6:00
						RELEASED				6:00
						MILES FROM STATION TO WELL				55

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 P02	SK	400		
CC200	concrete	lb	344		
E100	Pickup Mileage	mi	55		
E101	Heavy Equipment Mileage	mi	110		
E113	Bulk Delivery	Ton	946		
CE202	Depth Charge 1001-2000	ea	1		
CE240	Blending & Mixing Charge	SK	400		
S003	Service Supervisor	ea	1		

SUB TOTAL 722876

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: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____