



**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: \_\_\_\_\_



1083993

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 05623 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>4-13-12</b> DISTRICT <b>KANSAS</b>		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 <b>L.O. Drilling INC.</b>		LEASE <b>Waherman DWWO 1-32</b> WELL NO.:							
ADDRESS		COUNTY <b>Barton 32-18-14</b> STATE							
CITY STATE		SERVICE CREW <b>Allen, Kevin, Edmundo, Dale</b>							
AUTHORIZED BY		JOB TYPE:							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<b>28443 P.U.</b>	<b>2</b>					<b>4-13-12</b>	<b>4-13-12</b>	<b>AM</b>	<b>200</b>
<b>19889-19843</b>	<b>2</b>					<b>ARRIVED AT JOB</b>	<b>4-13-12</b>	<b>AM</b>	<b>430</b>
<b>19960-19918</b>	<b>2</b>					<b>START OPERATION</b>	<b>4-13-12</b>	<b>AM</b>	<b>600</b>
						<b>FINISH OPERATION</b>	<b>4-13-12</b>	<b>AM</b>	<b>800</b>
						<b>RELEASED</b>	<b>4-13-12</b>	<b>AM</b>	<b>845</b>
						<b>MILES FROM STATION TO WELL 65 miles</b>			

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
CP100C	Common	SK	200		\$ 3200 00
CP100C	Common	SK	30		\$ 480 00
CC102	cell FLAKE	lb	58		\$ 214 60
CC112	cement Friction Reducer	lb	66		\$ 396 00
CC113	Gypsum	lb	1085		\$ 813 75
CC129	FLA-322	lb	66		\$ 495 00
CC200	Cement Gel	lb	434		\$ 108 50
CF102	Top Rubber cement Plug 4 1/2"	EA	1		\$ 80 00
CF250	Guide Shoe Reg. 4 1/2" Blue	EA	1		\$ 225 00
CF1450	Flapper Type Insert Float Valve 4 1/2" Blue	EA	1		NC
CF1650	Turbolizer 4 1/2" Blue	EA	6		\$ 510 00
CC151	MUD Flush	gal	1000		\$ 860 00
E100	Unit mileage Charge P.U.	mi	65		\$ 276 25
E101	Heavy Equip Mileage	mi	130		\$ 910 00
E113	Bulk Delivery Chg.	Tm	705		\$ 1128 40
CE204	Depth Charge 3601-4000'	4-hr	1		\$ 2160 00
CE240	Blending & mixing Service chg.	SK	230		\$ 322 00
CE504	Plug Container Utilization chg.	EA	1		\$ 200 00
S003	Service Supervisor first 8 hrs on call	EA	1		\$ 175 00
SUB TOTAL					\$ 9,957.66

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE <b>Allen F. Ward</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <b>Jim Michels</b>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <i>L.D. Drilling Inc</i>		Lease No.		Date <i>4-13-12</i>	
Lease <i>maberman own</i>		Well # <i>#1-32</i>			
Field Order # <i>05623A</i>	Station <i>Pratt KS</i>	Casing <i>4 1/2"</i>	Depth <i>3557'</i>	County <i>Barton</i>	State <i>KS</i>
Type Job <i>4 1/2" L.S.</i>	Formation <i>CNW</i>		Legal Description <i>T10 3558'</i>		<i>32-18-14</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>4 1/2"</i>				<i>200sks common @ 15"</i>				
Depth <i>3557</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>56</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1000</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>3539</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>Jim TP</i>	Station Manager <i>scotty</i>	Treater <i>Allen</i>
--	----------------------------------	-------------------------

Service Units <i>28443</i>	<i>12889</i>	<i>19843</i>	<i>Dale Pyle</i>					
Driver Names <i>Allen</i>	<i>Edmund</i>	<i>19960</i>	<i>19918</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>430</i>					<i>on Loc. Discuss Safety Set up, Plans</i>
<i>445</i>					<i>start 4 1/2" csq 10 5" shoe</i>
					<i>Joint + 18' w/ Reg. Guide shoe</i>
					<i>Insert float in collar</i>
					<i>Cent: 1-3-5-7-9-11</i>
<i>623</i>					<i>Tag Bottom Pickup @ 3557'</i>
<i>715</i>	<i>200*</i>		<i>24</i>	<i>5</i>	<i>Pump 24 Bbls MUD Flush</i>
			<i>5</i>	<i>5</i>	<i>Pump 5 Bbls H2O</i>
				<i>5</i>	<i>Mix + Pump 200sks com. @ 15"</i>
			<i>51</i>		<i>Finish mix wash out Pump Lin.</i>
				<i>5 1/2</i>	<i>Drop Top Rubber Plug, St. Disp.</i>
	<i>500*</i>			<i>5</i>	<i>caught lift 25 Bbls out</i>
	<i>1000*</i>		<i>56</i>	<i>3</i>	<i>Plug down</i>
	<i>0*</i>				<i>Release PSI. 0 H</i>
			<i>7</i>		<i>Plug Rat Hole w/ 30sks common</i>
					<i>washup equip. + Rackup.</i>
					<i>Job complete</i>
					<i>thanks Allen, Edmund</i>
					<i>Dale!</i>



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 06112 A

32-185-14W

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 4-17-12	DISTRICT: Pratt, Kansas	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input checked="" type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:			
CUSTOMER: L.D. Drilling, Incorporated	LEASE: Haberman Q.W. W.O.	WELL NO: 1-32								
ADDRESS:	COUNTY: Barton	STATE: Kansas								
CITY:	STATE:	SERVICE CREW: C. Messick, H. Lesley, E. Masquez, J. Pierson								
AUTHORIZED BY:	JOB TYPE: CSPW - Pumpdown Bradden Head Square									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37216	1.25	19889-19843	1.25				4-17-12			8:00
						ARRIVED AT JOB				2:00
						START OPERATION				2:15
37586	1.25	19960-19918	1.25			FINISH OPERATION				3:30
						RELEASED	4-17-12			3:45
						MILES FROM STATION TO WELL				65

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
PCEP 103	60/40 Poz Cement	sk	125		\$ 1,500.00
PCC 109	Calcium Chloride	Lb	324		\$ 340.20
PE 100	Pickup Mileage	mi	65		\$ 276.25
PE 101	Heavy Equipment Mileage	mi	130		\$ 910.00
PE 113	Bulk Delivery	tm	351		\$ 561.60
CE 201	Cement Pump: 50 Feet To 1000 Feet	hrs	4		\$ 1,200.00
CE 240	Blending and Mixing Service	sk	125		\$ 175.00
S003	Service Supervisor	hrs	8		\$ 175.00

SUB TOTAL

\$ 4,059.06

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *R. M. ...*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *L. D. Davis*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer D. Drilling, Incorporated	Lease No. ed	Date 4-17-12
Lease Haberman O.W.W.O.	Well # 1-32	
Field Order # 6-112	Station Pratt, Kansas	Casing
Type Job CSO W - Pump down Bradden Head	Depth	County Barton
	Formation	State Kansas
		Legal Description 22-183-14W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Acid	125 sacks 60/40 Poz	RATE	PRESS
Depth	Depth	From	To	Pre Pad	28 Gel, 38 Calcium Chloride		ISIP
Volume	Volume	From	To	Pad	14.8 Lb/Gal, 3.19 Gal/st, 1.21	Max	5 Min.
Max Press	Max Press	From	To	Frac		Min	10 Min.
Well Connection	Annulus Vol.	From	To			Avg	15 Min.
Plug Depth	Packer Depth	From	To	Flush	none	HHP Used	Annulus Pressure
						Gas Volume	Total Load

Customer Representative L.D. Davis	Station Manager David Scott	Treater Clarence R. Messick
---------------------------------------	--------------------------------	--------------------------------

Service Units	37,216	37,586	19,889	19,843	19,960	19,918			
Driver Names	Messick	Lesley	Masquez	Pierison					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00					Trucks on location and hold safety meeting.
2:15	1,000				Pressure up casing and shut it in.
2:20		400		1	Pumping Fresh water steady down Bradden Head.
2:25		400	4	1	Start mixing 60/40 Poz cement.
3:00		500	31		Stop mixing cement. Shut in Bradden Head.
					Washup pump trucks.
					Release pressure on casing.
3:45					Job Complete.
					Thank You
					Clarence, Kevin, Edmundo, Jesse