



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1087549  
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: \_\_\_\_\_

1087549

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
--	---

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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Dusty 3
Doc ID	1087549

All Electric Logs Run

Geological Log
Sector Bond / Gamma Ray CCL Log
Dual Induction
Dual Compensated

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Dusty 3
Doc ID	1087549

Tops

Name	Top	Datum
Heebner	3536	-2056
Toronto	3549	-2069
Kansas City	4052	-2572
Hushpuckney Sh.	4250	-2770
Cherokee Sh.	4450	-2970
Mississippian	4490	-3010
Chattanooga Sh.	4761	-3281
Viola	4802	-3322
Simpson Sd.	4894	-3414
Arbuckle	5055	-3575
Total Depth	5108	-3628



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Chieftain Oil Co.Inc.

**9-33s-10w Barber Ks.**

605 S.6th, P.O.Box 124  
Kiowa Ks.67070

**Dusty#3**

Job Ticket: 47536

**DST#: 1**

ATTN: David Barker

Test Start: 2012.05.22 @ 08:49:03

## GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:03:03

Time Test Ended: 16:52:48

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

**Interval: 4753.00 ft (KB) To 4814.00 ft (KB) (TVD)**

Reference Elevations: 1480.00 ft (KB)

Total Depth: 4814.00 ft (KB) (TVD)

1472.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

**Serial #: 8352 Outside**

Press @ Run Depth: 77.86 psig @ 4754.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.05.22

End Date: 2012.05.22

Last Calib.: 2012.05.22

Start Time: 08:49:08

End Time: 16:52:47

Time On Btm: 2012.05.22 @ 11:02:03

Time Off Btm: 2012.05.22 @ 14:07:18

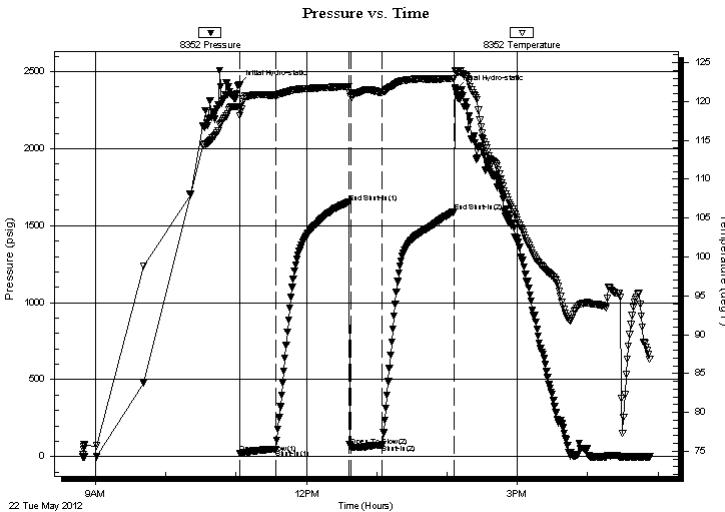
**TEST COMMENT:** IF: Strong blow . B.O.B. in 3 1/2 mins.

IS: No blow .

FF: Strong blow . B.O.B. in 2 secs. GTS in 5 mins. (see gas flow report)

FS: No blow .

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2412.99	119.34	Initial Hydro-static
1	22.31	118.19	Open To Flow (1)
32	49.80	120.72	Shut-In(1)
94	1650.98	121.93	End Shut-In(1)
96	65.14	120.62	Open To Flow (2)
123	77.86	121.16	Shut-In(2)
184	1590.95	122.94	End Shut-In(2)
186	2383.93	123.92	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
120.00	GOCM 41%g 15%o 44%m	0.59
40.00	GOCM 11%g 9%o 80%m	0.56

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.25	3.00	27.60
Last Gas Rate	0.25	3.00	27.60
Max. Gas Rate	0.25	3.00	27.60



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Chieftain Oil Co.Inc.

**9-33s-10w Barber Ks.**

605 S.6th, P.O.Box 124  
Kiowa Ks.67070

**Dusty#3**

Job Ticket: 47536

**DST#: 1**

ATTN: David Barker

Test Start: 2012.05.22 @ 08:49:03

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

5000 ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 0.20 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	GOCM 41%g 15%o 44%m	0.590
40.00	GOCM 11%g 9%o 80%m	0.561

Total Length: 160.00 ft

Total Volume: 1.151 bbl

Num Fluid Samples: 0

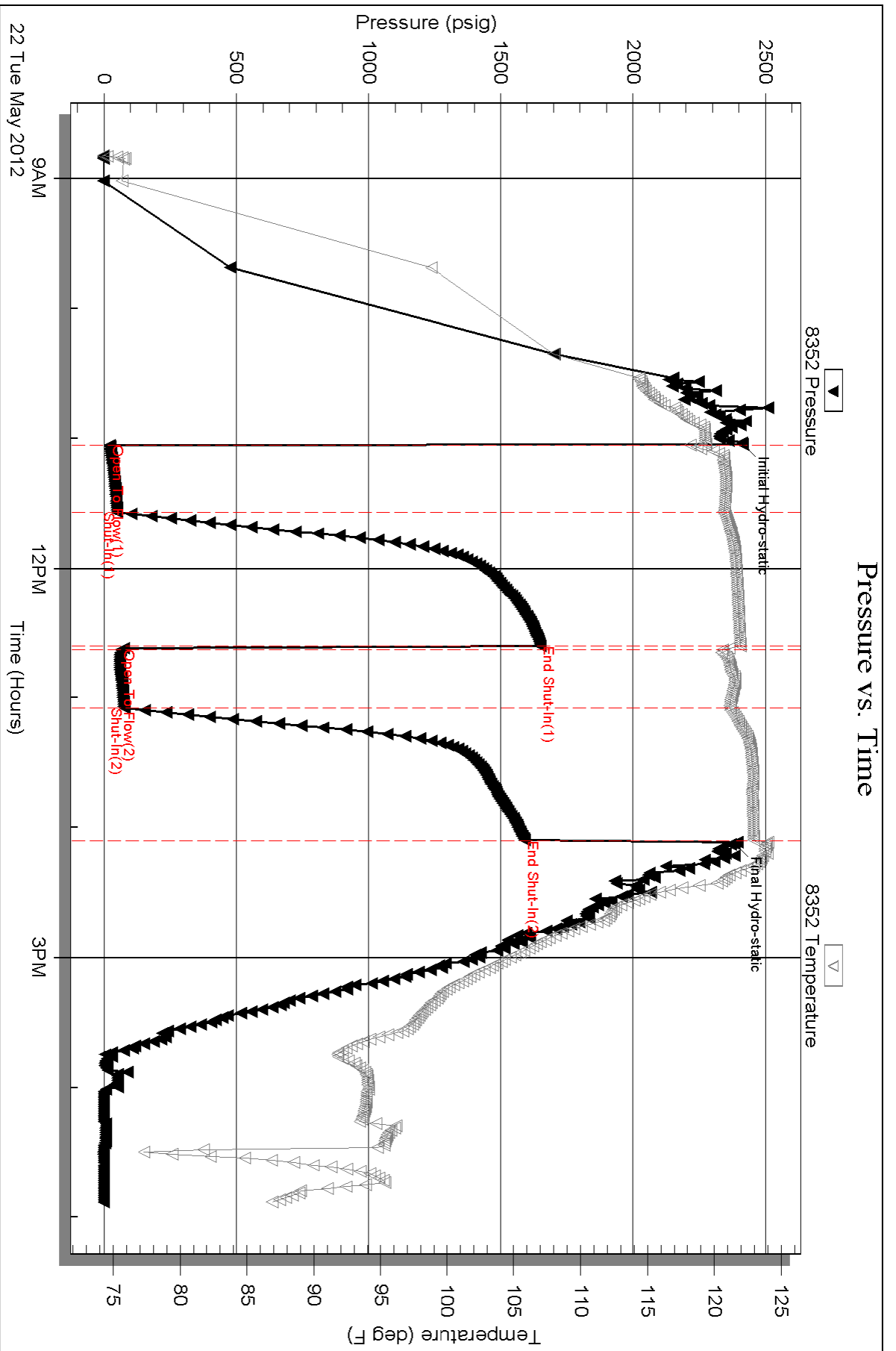
Num Gas Bombs: 1

Serial #: gp-1

Laboratory Name: Caraway

Laboratory Location: Liberal, KS

Recovery Comments:



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

July 17, 2012

Ron Molz  
Chieftain Oil Co., Inc.  
101 S. 5th St.; PO Box 124  
KIOWA, KS 67070-1912

Re: ACO1  
API 15-007-23875-00-00  
Dusty 3  
NE/4 Sec.09-33S-10W  
Barber 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,  
Ron Molz





PAGE	C NO	INVOICE DATE
1 of 1	1000719	05/29/2012
INVOICE NUMBER		
1718 - 90915552		

Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Dusty 3  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40468609	20920		Net - 30 days	06/28/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 05/25/2012 to 05/25/2012</i>				
0040468609				
171806233A Cement-New Well Casing/Pi 05/25/2012				
Cement 5 1/2" Longstring				
AA2 Cement	250.00	EA	13:43	3,357.41 T
C-41P	47.00	EA	3.16	148.52 T
Salt	1,238.00	EA	0.39	489.00 T
C-44	235.00	EA	4.07	956.08 T
FLA-322	188.00	EA	5.92	1,113.87 T
Gilsonite	1,250.00	EA	0.53	661.61 T
Mud Flush	500.00	EA	0.68	339.69 T
Super Flush II	500.00	EA	1.21	604.34 T
Claymax KCL Substitute	5.00	EA	27.65	138.25 T
"Latch Down Plug & Baffle, 5 1/2"" (Blu	1.00	EA	315.99	315.99
"Auto Fill Float Shoe 5 1/2"" (Blue)"	1.00	EA	284.39	284.39
"Turbolizer, 5 1/2"" (Blue)"	7.00	EA	86.90	608.29
"5 1/2"" Basket (Blue)"	2.00	EA	229.10	458.19
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.36	151.08
Heavy Equipment Mileage	90.00	MI	5.53	497.69
"Proppant & Bulk Del. Chgs., per ton mil	529.00	EA	1.26	668.64
Depth Charge; 5001-6000'	1.00	EA	2,275.15	2,275.15
Blending & Mixing Service Charge	250.00	BAG	1.11	276.49
Plug Container Util. Chg.	1.00	EA	197.50	197.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	138.25	138.25

*JUN 01 2012*  
*9/2/BC*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	13,680.43
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	570.04
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	14,250.47
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





**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 06233 A

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

DATE OF JOB: <u>5-25-12</u> DISTRICT: <u>Pratt</u>				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: <u>Chieftain Oil</u>				LEASE: <u>Dusty</u>		WELL NO. <u>3</u>				
ADDRESS:				COUNTY: <u>Barber</u>		STATE: <u>KS</u>				
CITY: _____ STATE: _____				SERVICE CREW: <u>Orlando, Wright, Pearson</u>						
AUTHORIZED BY:				JOB TYPE: <u>CNW-5 1/2 L.S.</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>27283</u>	<u>1</u>						<u>5-24-12</u>			<u>9:00</u>
<u>19959-20920</u>	<u>1</u>					ARRIVED AT JOB	<u>5-24-12</u>			<u>11:00</u>
<u>70959-1998</u>	<u>1</u>					START OPERATION #	<u>5-25-12</u>			<u>8:30</u>
						FINISH OPERATION				<u>9:30</u>
						RELEASED				<u>10:00</u>
						MILES FROM STATION TO WELL				<u>45</u>

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	AA2 Cement	SK	200	1	3400.00
CP105	AA2 Cement	SK	50	1	850.00
CL105	C-410	Lb	47	1	188.00
CL111	Salt	Lb	1238	1	619.00
CL115	C-44	Lb	235	1	1210.25
CL129	FLA-322	Lb	188	1	1410.00
CL201	Gilsonite	Lb	1250	1	837.50
CF607	Latch Down Plug + Buffer 5 1/2	ea	1	400.00	400.00
CF1251	Auto Fill Control 5.00 5 1/2	ea	1	360.00	360.00
CF1651	Turbolizers 5 1/2	ea	7	770.00	770.00
CF1901	Basket 5 1/2	ea	2	580.00	580.00
C704	Claymax	gal	5	175.00	175.00
CL151	Mud Flush	gal	500	430.00	430.00
CL165	Super Flush II	gal	500	765.00	765.00

SUB-TOTAL **DCS** 13680.43

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Steve Orlando</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO. _____	



**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

~~1718-06234-A~~

Continuation of  
 DATE \_\_\_\_\_ TICKET NO. 171806233

DATE OF JOB	<u>5-25-12</u> DISTRICT <u>Pratt</u>		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	<u>Chickasha Oil</u>		LEASE	<u>Dusty</u>			WELL NO. <u>3</u>	
ADDRESS	_____		COUNTY	<u>Barber</u>		STATE <u>KC</u>		
CITY	STATE		SERVICE CREW <u>Orlando, Pearson, Wright</u>					
AUTHORIZED BY			JOB TYPE: <u>CNW - 5 1/2 L.S.</u>					

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>27283</u>	<u>1</u>						<u>5-24-12</u>	<u>PM</u>	<u>9:00</u>
<u>19954-20920</u>	<u>1</u>						<u>5-24-12</u>	<u>PM</u>	<u>11:00</u>
<u>70954-19918</u>	<u>1</u>						<u>5-25-12</u>	<u>PM</u>	<u>8:30</u>
								<u>PM</u>	<u>9:30</u>
								<u>PM</u>	<u>10:00</u>
						MILES FROM STATION TO WELL	<u>45</u>		

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
<u>E100</u>	<u>P. chop mileage</u>	<u>Mi</u>	<u>45</u>		<u>191.25</u>
<u>E101</u>	<u>Heavy Equipment mileage</u>	<u>Mi</u>	<u>90</u>		<u>630.00</u>
<u>E113</u>	<u>BULK Delivery</u>	<u>Tm</u>	<u>529</u>		<u>846.00</u>
<u>CE206</u>	<u>Depth Charge 5000-6000'</u>	<u>ea</u>	<u>1</u>		<u>2780.00</u>
<u>CE240</u>	<u>Blending &amp; mixing</u>	<u>sq</u>	<u>250</u>		<u>350.00</u>
<u>CE504</u>	<u>Plus Container</u>	<u>ea</u>	<u>1</u>		<u>250.00</u>
<u>5003</u>	<u>Service Supervisor</u>	<u>ea</u>	<u>1</u>		<u>175.00</u>

CHEMICAL / ACID DATA:			

SUB TOTAL	<u>DL\$ 13680.43</u>
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE <u>Steve Orlando</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
---	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_

Customer <i>Cherokee Oil</i>	Lease No.	Date <i>5-25-12</i>	
Lease <i>Dusty</i>	Well # <i>3</i>		
Field Order # <i>63331</i>	Station <i>Pratt</i>	Casing <i>5 1/2"</i>	Depth <i>5108</i>
Type Job <i>CNW-5 1/2 L.S.</i>	Formation	County <i>Barber</i>	State <i>KS</i>
		Legal Description <i>9-37-10</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2"</i>	<i>5 1/2"</i>	<i>200</i>		<i>AAJ</i>				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
<i>5097</i>	<i>5097</i>		<i>50</i>	<i>1.137-11d</i>				
Volume	Volume	From	To	Pad	Min		10 Min.	
<i>1500</i>	<i>1500</i>			<i>AAJ 124/ml</i>				
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
<i>1500</i>	<i>1500</i>			<i>1.137-11d</i>				
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
<i>P.C.</i>								
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
<i>1500</i>								

Customer Representative	Station Manager <i>Dave Scott</i>	Treater <i>Steve Wilcox</i>
Service Units <i>2720</i>	<i>19959/20920</i>	<i>70959/19918</i>
Driver Names <i>Wilcox</i>	<i>Pratt</i>	<i>Pratt</i>

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
<i>11:00 PM</i>					<i>On location - Safety Meeting</i>
					<i>Run 5097' Casing</i>
					<i>Central well 4-7-8-13-14-15-17</i>
					<i>Basket 2-11 Shows 21'</i>
					<i>Marker 71 #11 21'</i>
					<i>Circular 1/2 way in</i>
					<i>Casing on bottom - Break Casing/18'</i>
<i>8:43</i>	<i>300</i>		<i>12</i>	<i>5</i>	<i>Mudflum</i>
<i>8:46</i>	<i>300</i>		<i>3</i>	<i>5</i>	<i>H2O Spacer</i>
<i>8:47</i>	<i>300</i>		<i>12</i>	<i>5</i>	<i>Super Flush</i>
<i>8:49</i>	<i>300</i>		<i>3</i>	<i>5</i>	<i>H2O Spacer</i>
<i>8:50</i>	<i>300</i>		<i>51</i>	<i>5</i>	<i>mix 200 v. AAJ cement 0.15"/6-1</i>
			<i>12</i>		<i>Close Pump Lines</i>
					<i>Remove Plug</i>
<i>9:10</i>	<i>0</i>		<i>0</i>	<i>6</i>	<i>SI - H2O Displacement w/ water</i>
<i>9:24</i>	<i>300</i>		<i>75</i>	<i>5</i>	<i>kill pressure</i>
<i>9:37</i>	<i>800</i>		<i>110</i>	<i>4</i>	<i>slow kill</i>
<i>9:50</i>	<i>1500</i>		<i>121</i>	<i>4</i>	<i>plug down - hold</i>
					<i>Plug 14/1 ml w/ - 50% AAJ</i>
					<i>Sub complete</i>
					<i>Thank you Steve</i>



PAGE 1 of 1	C NO 1000719	INVOICE DATE 05/17/2012
INVOICE NUMBER 1718 - 90907313		

Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Dusty 3  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40464541	27463		Net - 30 days	06/16/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 05/16/2012 to 05/16/2012</i>				
0040464541				
171806410A Cement-New Well Casing/Pi 05/16/2012				
Cement 8 5/8 Surface				
60/40 POZ	300.00	EA	9.48	2,843.74 T
Celloflake	75.00	EA	2.92	219.20 T
Calcium Chloride	774.00	EA	0.83	641.97 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	126.39	126.39
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.36	151.07
Heavy Equipment Mileage	90.00	MI	5.53	497.65
"Proppant & Bulk Del. Chgs., per ton mil	581.00	EA	1.26	734.31
Depth Charge; 0-500'	1.00	EA	789.93	789.93
Blending & Mixing Service Charge	300.00	BAG	1.11	331.77
Plug Container Util. Chg.	1.00	EA	197.48	197.48
"Service Supervisor, first 8 hrs on loc.	1.00	EA	138.24	138.24

*MAY 29 2012*  
*9121 BC*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,671.75
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	270.46
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	6,942.21
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 06:10 A

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

DATE OF JOB <b>5-16-12</b> DISTRICT <b>Pratt</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>Ch. Etain Oil Co.</b>		LEASE <b>DUSTY</b> 3 WELL NO.							
ADDRESS		COUNTY <b>Barber</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>M. Tschell, Blasi, Meloy</b>							
AUTHORIZED BY		JOB TYPE: <b>CAW 5 5/8 surface</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27463	30						5-15	PM	10:30
14462 14418	30					ARRIVED AT JOB	5-16	AM	12:15
37586	30					START OPERATION	5-16	AM	5:00
						FINISH OPERATION	5-16	AM	3:30
						RELEASED	5-16	AM	6
						MILES FROM STATION TO WELL			45

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 103	CO/40 POZ	SK	300		315 00
CE 102	Calc flake	lb	75		277 50
CC 109	Calcium chloride	lb	774		812 70
CF 153	Woolen Plug	ea	1		160 00
E 100	Pickup Mileage	mi	45		191 25
E 101	Heavy Mileage	mi	90		630 00
E 113	Bulk Delivery	TM	581		928 90
CE 200	Depth Charge	4hr	1		1,000 00
CE 240	Mixing Charge	SK	300		420 00
CE 504	Plug Container	JCB	1		250 00
S 003	Supervisor	ea	1		175 00

SUB TOTAL **6671 75**

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>Chirstain Oil Co</b>	Lease No.	Date <b>5-16-12</b>
Lease <b>DUSTY</b>	Well # <b>3</b>	
Field Order # <b>6410</b>	Station <b>Pratt</b>	Casing <b>8 5/8</b>
		Depth <b>338</b>
Type Job <b>CNW 8 5/8 surface</b>	Formation <b>TD</b>	Legal Description <b>9-33-10</b>
		County <b>Barber</b>
		State <b>KS</b>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<b>8 5/8</b>							5 Min.
Depth <b>338</b>	Depth	From	To	Pre Pad	Max		
Volume <b>20</b>	Volume	From	To	Pad	Min		10 Min.
Max Press <b>500</b>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <b>323</b>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <b>D. SCOTT</b>	Treater <b>JOE MELSON</b>
Service Units <b>27463</b>	<b>19960</b>	<b>19918</b>
Driver Names <b>MITCHELL</b>	<b>BL 951</b>	<b>MELSON</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:15					ON Location - Safety Meeting
					Run 8 JTS 8 5/8 casing 24# 0.0637
					Casing on BOTTOM
					Break circulation with Rig
			3	5	H2O Splice
1:15			64	5	300 SK 60/40 POZ 14.8#
					shut down
					Release Plug
5:15			0		START H2O DISP.
5:30			20	5	Plug DOWN
					crit. 15 BBL cement TO PMP
					JOB COMPLETE
					Thank you JOE MELSON