



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
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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

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: _____



1095451

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	Reif Oil & Gas Company LLC
Well Name	Haines A 1
Doc ID	1095451

All Electric Logs Run

Sonice Cement Bong Log
Dual Induction
Dual Compensated Porosity
Microlog
Borehole Compensated Sonic

Form	ACO1 - Well Completion
Operator	Reif Oil & Gas Company LLC
Well Name	Haines A 1
Doc ID	1095451

Tops

Name	Top	Datum
Anhydrite	931	+1007
Base anhydrite	961	+977
Heebner	3095	-1157
Toronto	3110	-1172
Lansing	3157	-1219
Base Kansas City	3391	-1453
Conglomerate	3397	-1459
Reworked Arbuckle	3451	-1513
Arbuckle	3461	-1523
RTD	3515	-1577
LTD	3516	-1578



Office
 (620) 588-4250 212 Main St. • P.O. Box 215 • Canlin, KS 67525 Home
 (620) 587-3444

GEOLOGIST'S REPORT

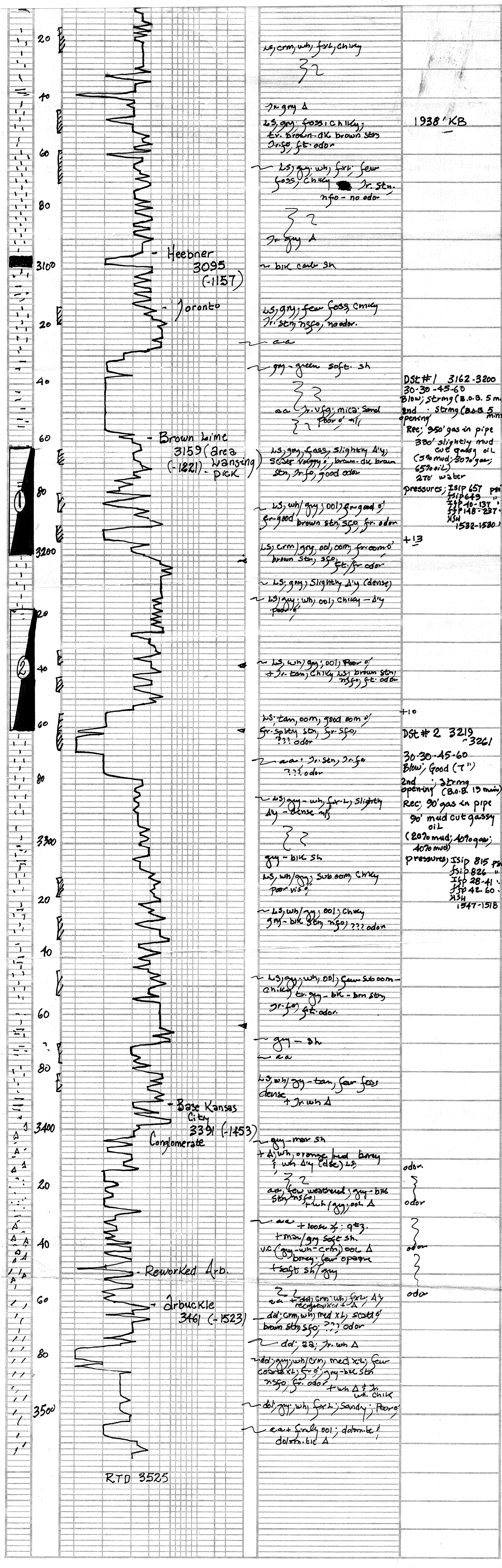
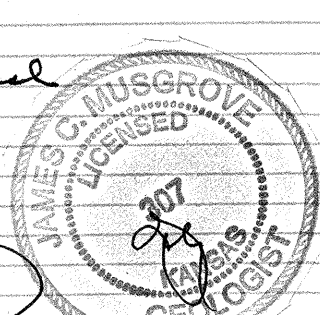
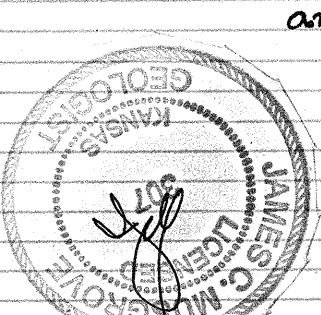
DRILLING TIME AND SAMPLE LOG

COMPANY	Reef Oil & Gas Co LLC	ELEVATIONS	KB 1938
LEASE	HAYNES - A #1	DF	1930
FIELD		CL	1930
LOCATION	SW-SE-NW-SE	Measurements Are All	
SEC	19	From-KB-	
TWP	16S		
RGE	14W		
COUNTY	Barbon	STATE	Kansas
CONTRACTOR	Southward Drilling Co (Frign #6)	PRODUCTION	CASING SURFACE 8 5/8" I.D. 939
SPUD	5-17-2012	COIL P	5-23-2012
RTD	3515	LTD	3516
MUD UP	2608	TYPE MUD	Chemical
SAMPLES SAVED FROM	3000		By log Tech
DRILLING TIME KEPT FROM	3000		Oil, Calc, Gels, Nels, Bkcs
SAMPLES EXAMINED FROM	3000		
GEOLOGICAL SUPERVISION FROM	3050		
GEOLOGIST ON WELL	Jim Musgrove		
FORMATION TOPS	LOG	SAMPLES	
Carlydrite	931	41007	
Base sandrite	961	+917	
Heebner	3095	-1157	
London to	3110	-1172	
London to	3157	-1219	
London to	3391	-1453	
Base Kansas City	3397	-1459	
Comp conglomerate	3451	-1513	
Reworked Arbuckle	3461	-1523	
Arbuckle	3515	-1577	
RTD	3516	-1578	

REMARKS

5 1/2" production casing was set and cemented.

Respectfully Submitted
 James C. Musgrove
 Petroleum Geologist



GENERAL INFORMATION

Client Information:

Company: REIF OIL+GAS CO LLC

Contact: DON REIF

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: HAINES A #1

Operator: REIF OIL+GAS CO LLC

Location-Downhole:

Location-Surface:

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D1136

Test Unit:

Start Date: 2012/05/21 Start Time: 20:00:00

End Date: 2012/05/22 End Time: 02:45:00

Report Date: 2012/05/22 Prepared By: JOHN RIEDL

Remarks: Qualified By: JIM MUSGROVE

RECOVERY: 950' GAS IN PIPE, 330' SLIGHTLY MUD CUT GASSY OIL, 270' WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

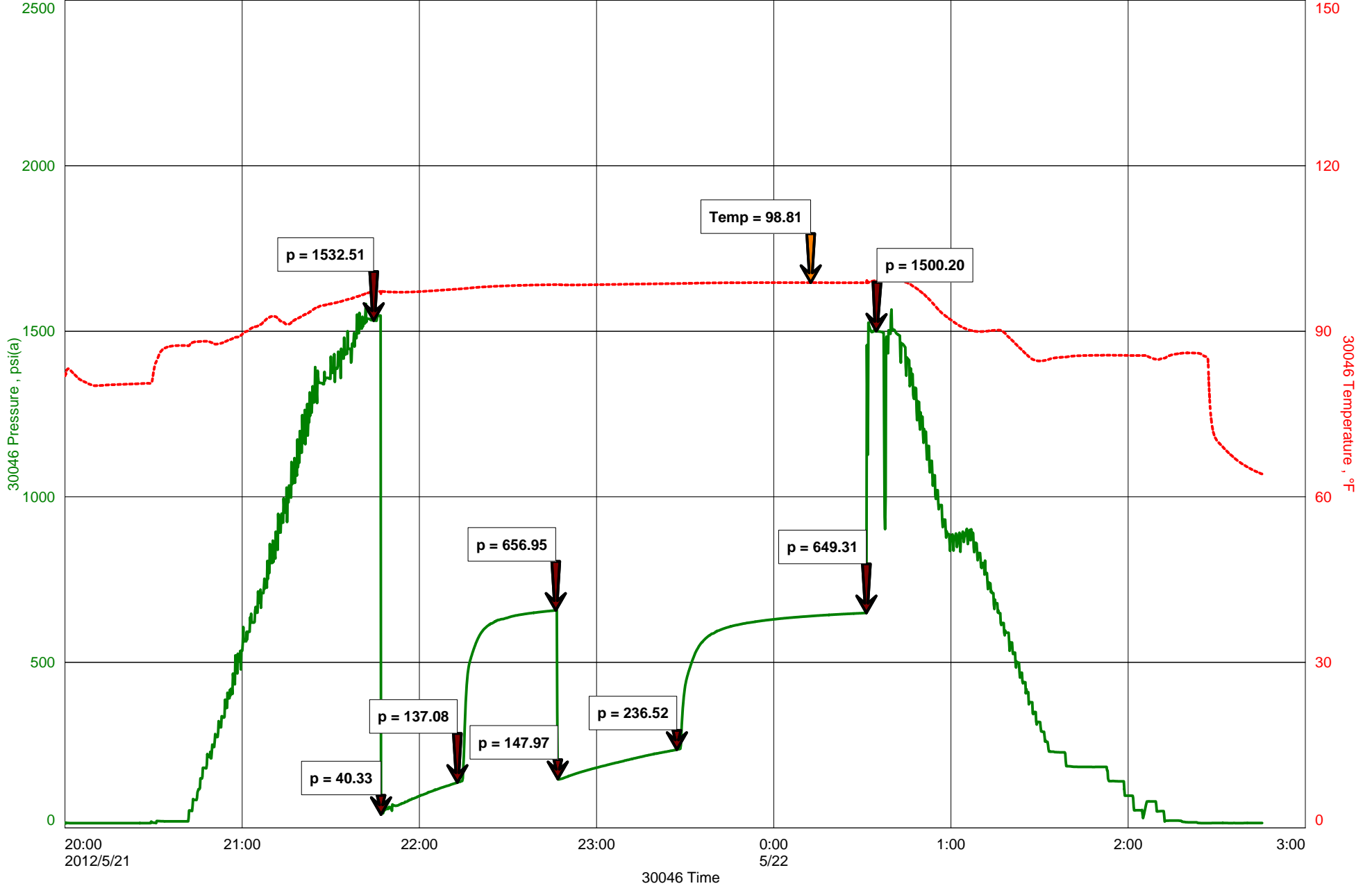
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HAINES A #1



GENERAL INFORMATION

Client Information:

Company: REIF OIL+GAS CO LLC

Contact: DON REIF

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: BAINES "A" #1

Operator: REIF OIL+GAS CO LLC

Location-Downhole:

Location-Surface: S19/16S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D1137

Test Unit:

Start Date: 2012/05/22 Start Time: 13:30:00

End Date: 2012/05/22 End Time: 17:30:00

Report Date: 2012/05/22 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 90' GAS IN PIPE, 90' MUD CUT GASSY OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

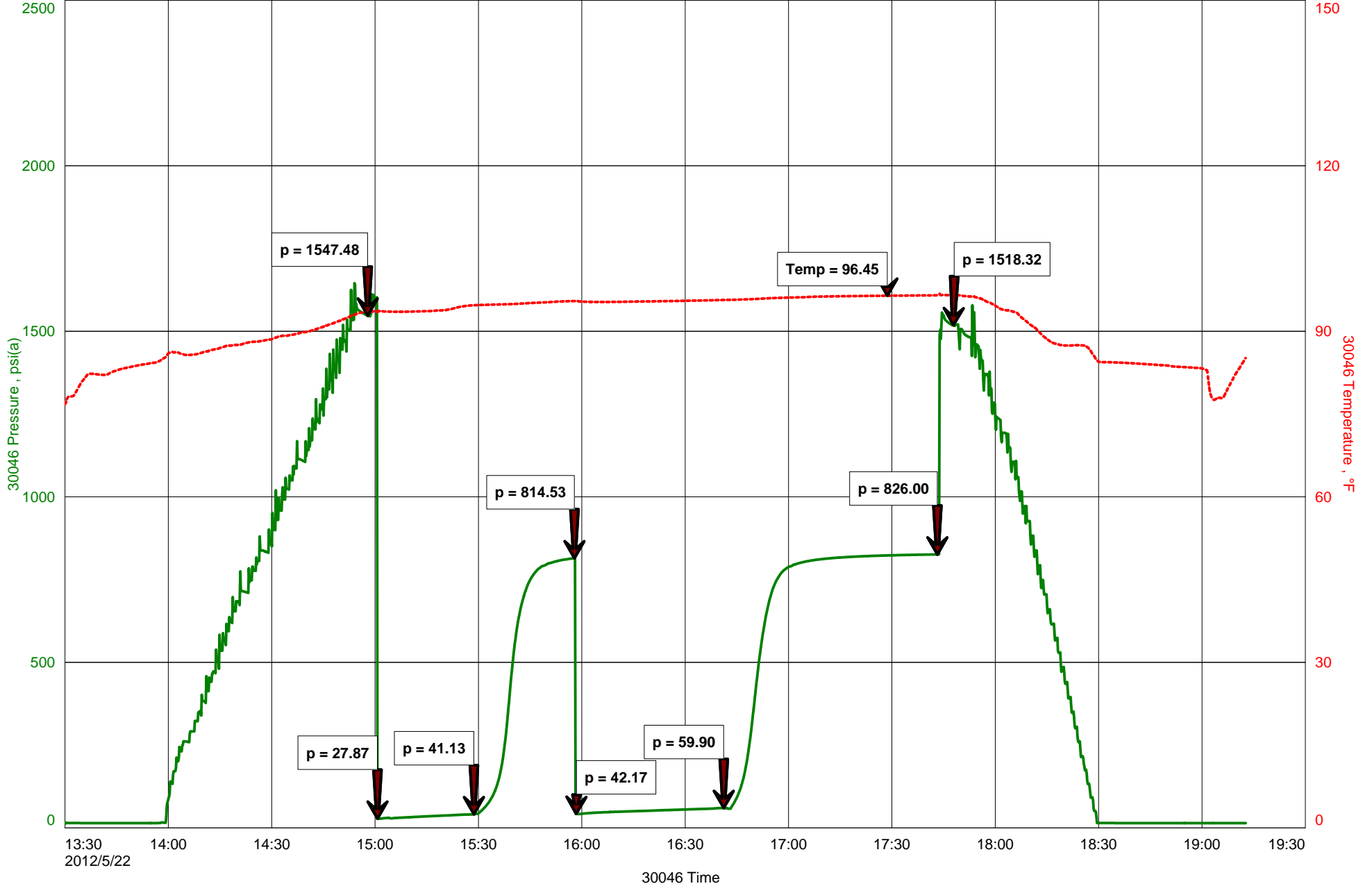
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)	P.S.I.	
Initial Flow Period		Minutes (B)	P.S.I. to (C)	P.S.I.
Initial Closed In Period		Minutes (D)	P.S.I.	
Final Flow Period		Minutes (E)	P.S.I. to (F)	P.S.I.
Final Closed In Period		Minutes (G)	P.S.I.	
Final Hydrostatic Pressure		(H)	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

BAINES "A" #1





BASIC 10244 NE Hwy. 61
 ENERGY SERVICES P.O. Box 8613
 PRATT, KANSAS 67124
 PRESSURE PUMPING & WIRELINE Phone 620-672-1201

FIELD SERVICE TICKET
 1718 05093 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-24 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: Reif O.L. + GAS CO		LEASE: Haines A #1 WELL NO.:							
ADDRESS:		COUNTY: Barton 19-16-19 STATE: KS							
CITY: STATE:		SERVICE CREW: Allen, Eric, Jessie							
AUTHORIZED BY:		JOB TYPE: 5/2" L.S. CNW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 5-23-12	AM	TIME
#28443 PU	2							PM	7:00
19959-20920	2							PM	17:00
19831-19862	2							PM	3:00
								PM	5:00
								PM	5:30
						MILES FROM STATION TO WELL: 70-miles			

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
CP103	60/40 Poz	SK	150		\$1800.00
CP103	60/40 Poz	SK	50		\$600.00
CC106	C-41P	16	33		\$132.00
CC111	SAIT	16	939		\$469.50
CC112	Cement Friction Reducer	16	97		\$582.00
CC201	Gilsonite	16	750		\$502.50
CF103	Top Rubber Cement Plug 5/2"	EA	1		\$125.00
CF251	Guide Shoe Reg. 5/2" Blue	EA	1		\$250.00
CF1751	Finger Type In Sort Float Valve	EA	1		\$215.00
CF1631	Turbolizer 5/2" Blue	EA	5		\$550.00
CF1901	5/2" Basket Blue	EA	1		\$290.00
C704	CLA-MAT KCL Sub.	gal	5		\$175.00
CC151	AMCO Flush	gal	500		\$430.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Allen Wood* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



BASIC 10244 NE Hwy. 61
 ENERGY SERVICES P.O. Box 8613
 PRATT, KANSAS 67124
 PRESSURE PUMPING & WIRELINE Phone 620-672-1201

FIELD SERVICE TICKET
 1718 05093 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-24 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: Reif O.L. + GAS CO		LEASE: Haines A #1 WELL NO.:							
ADDRESS:		COUNTY: Barton 19-16-19 STATE: KS							
CITY: STATE:		SERVICE CREW: Allen, Eric, Jessie							
AUTHORIZED BY:		JOB TYPE: 5/8" L.S. CNW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
#28443 PU	2					5-23-12	5-23-12	AM	7:00
19959-20920	2						5-24-12	PM	17:00
19831-19862	2						5-24-12	PM	3:00
							5-24-12	PM	5:00
							5-24-12	AM	5:30
						MILES FROM STATION TO WELL: 70-miles			

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CF1751	Finger Type In-Sort Float Valve	EA	1		\$215.00
CF1631	Turbolizer 5/8" Blue	EA	5		\$550.00
CF1901	5/8" Basket Blue	EA	1		\$290.00
C704	Clammat KCL Sub.	gal	5		\$175.00
CC151	AMCO Flush	gal	500		\$430.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Allen Wood* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

