



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: _____



1096509

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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Customer <i>Sunny Oil</i>	Lease No.	Date <i>9-5-12</i>	
Lease <i>Hubble</i>	Well # <i>1</i>		
Field Order # <i>6677</i>	Station <i>Pratt</i>	Casing	Depth
Type Job <i>CNW-PTA</i>	Formation	County <i>Hodgeman</i>	State <i>KS</i>
		Legal Description <i>1-24-24</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
				<i>60/40Poz</i>				5 Min.
Depth	Depth	From	To	Pre Pad	Max			10 Min.
Volume	Volume	From	To	Pad	Min			15 Min.
Max Press	Max Press	From	To	Frac	Avg			
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative <i>Brian Smith</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve Orlan</i>
Service Units <i>27283 27463 70952/19918</i>		
Driver Names <i>Widawski Mcbride Reed</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:00</i>					<i>On location Safety Meeting</i>
<i>12:30</i>			<i>1st plug @ 1650'</i>	<i>w/50 sks</i>	
			<i>25'</i>	<i>5'</i>	<i>H₂O</i>
			<i>12.7</i>	<i>5'</i>	<i>Mix 50 sks 60/40Poz @ 13.3#/gal</i>
			<i>5</i>	<i>5'</i>	<i>H₂O Displacement</i>
			<i>8</i>	<i>5'</i>	<i>Mud Displacement</i>
<i>1:10</i>			<i>2nd plug @ 810'</i>	<i>w/50 sks</i>	
			<i>10</i>	<i>5'</i>	<i>H₂O spacer</i>
			<i>12.7</i>	<i>5'</i>	<i>Mix 50 sks 60/40Poz</i>
			<i>3</i>	<i>5'</i>	<i>H₂O Displacement</i>
			<i>3</i>	<i>5'</i>	<i>H₂O Displacement</i>
<i>1:25</i>			<i>3rd plug @ 450'</i>	<i>w/50 sks</i>	
			<i>5</i>	<i>5'</i>	<i>H₂O</i>
			<i>12.7</i>	<i>5'</i>	<i>Mix 50 sks 60/40Poz</i>
			<i>1 1/2</i>	<i>5'</i>	<i>H₂O Displacement</i>
<i>1:39</i>			<i>4th plug @ 300'</i>	<i>w/50 sks</i>	
			<i>3</i>	<i>5'</i>	<i>H₂O</i>
			<i>12.7</i>	<i>5'</i>	<i>Mix 50 sks</i>
<i>2:00</i>			<i>1/4</i>	<i>5'</i>	<i>H₂O Displacement</i>
<i>2:10</i>			<i>5th plug @ 60'</i>	<i>w/50 sks</i>	<i>4 bbl</i>
			<i>Plug Kill with</i>	<i>30 sks</i>	<i>6 bbl</i>

Job Complete, Thanks Steve



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 06564 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-30-12	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 Siroky Oil Management	LEASE Hubble #1	WELL NO.								
ADDRESS		COUNTY Hodgeman 1-24-24	STATE KS							
CITY		SERVICE CREW Allen, Eric, Dale								
AUTHORIZED BY		JOB TYPE: 2 5/8" surface CNUW								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
#28443 P.U.	1/2						8-29-12			530
33708 20920	1/2						8-29-12			800
70959-19918	1/2						8-30-12			100
							8-30-12			130
							8-30-12			230
						MILES FROM STATION TO WELL	100-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	
CP103	60/40 Poz	SK	17.5		\$ 2100.00	
CC102	cell flake	lb	44		\$ 162.00	
CC106	calcium chloride	lb	483		\$ 475.65	
CC153	wooden cement Plug	EA	1		\$ 160.00	
E100	unit mileage charge P.U.	mi	100		\$ 425.00	
E101	Heavy Equip. mileage	mi	200		\$ 1400.00	
E113	Bulk Del Chg	Ton	7.55		\$ 1208.00	
CE200	Depth Chg 10'-500'	whr	1		\$ 1000.00	
CE240	Blending & mixing service chg	SK	17.5		\$ 245.00	
CF504	Plug Container Utilization chg	Job	1		\$ 250.00	
S002	Service Supervisor first 8hrs	EA	1		\$ 175.00	
					SUB TOTAL	\$4,940.94

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Allen & Wanda	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Rat... (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer SICOKY OIL MANAGEMENT		Lease No. 1		Date 8-30-12	
Lease #4 BB12		Well # 1			
Field Order # 06564A	Station Pratt KS	Casing 8 5/8"	Depth 270'	County Hodgeman	State KS
Type Job 8 5/8" Surface			Formation T0 275	Legal Description 1-24-24	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8"	Tubing Size 2 3/8"	Shots/Ft 175 SKS		Acid 60/40 Poz		RATE 2% gel	PRESS 3% CC	ISIP 1/4" C.F. 14.8"
Depth 270'	Depth 270'	From	To	Pre Pad		Max		5 Min.
Volume 16	Volume	From	To	Pad		Min		10 Min.
Max Press 500	Max Press	From	To	Frac		Avg		15 Min.
Well Connection PC	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 250	Packer Depth	From	To	Flush Disp H2O		Gas Volume		Total Load

Customer Representative Bob TP	Station Manager Scotty	Treater Allen
Service Units 28443 3370x 20920 70959 19918		
Driver Names Allen Eric Wright Dale Phye		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00 PM 8-29-12					DN Loc. Discuss Safety, Setup, Plan Job
11:25					Rig @ 130'
					Start 8 5/8" casing 24"
					Casing @ 270'
100 AM 8-30-12					CIR w/ Rig
110	200#			5	start mix MSKS 60/40poz
					2% gel, 3% CC, 1/4" C.F @ 15"
			38		Finish mixing cart
					Release Plug. 8 5/8" wooden
				5	start Disp.
	300#		16	3	Plug down
					Shut IN @ well
					Release PSI TO TRK.
					Washup Equip. & RACK UP.
230					Job complete.
					Cement CIR TO Pit
					Thanks Allen, Eric
					Date