



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: _____



1098299

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 (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

| | |
|-----------|----------------------------|
| Form | ACO1 - Well Completion |
| Operator | Reif Oil & Gas Company LLC |
| Well Name | Carr 3 |
| Doc ID | 1098299 |

All Electric Logs Run

| |
|-------------------------|
| |
| Sonic Bond Log |
| Dual Induction Log |
| Dual Coup. Porosity Log |
| Microresistivity Log |

GENERAL INFORMATION

Client Information:

Company: REIF OIL+GAS LLC

Contact: DON REIF

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: CARR #3

Operator: REIF OIL+GAS LLC

Location-Downhole:

Location-Surface: S1/21S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOTT

Test Type: DST #1 CONVENTIONAL Job Number: D1175

Test Unit:

Start Date: 2012/07/14 Start Time: 10:20:00

End Date: 2012/07/14 End Time: 17:00:00

Report Date: 2012/07/14 Prepared By: JOHN RIEDL

Remarks: Qualified By: KURT TALBOTT

GAS TO SURFACE 5 MIN 1ST FLOW; RECOVERY: 80' GASSY OIL IN DRILL COLLARS



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: _____

TIME ON: _____
 TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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.

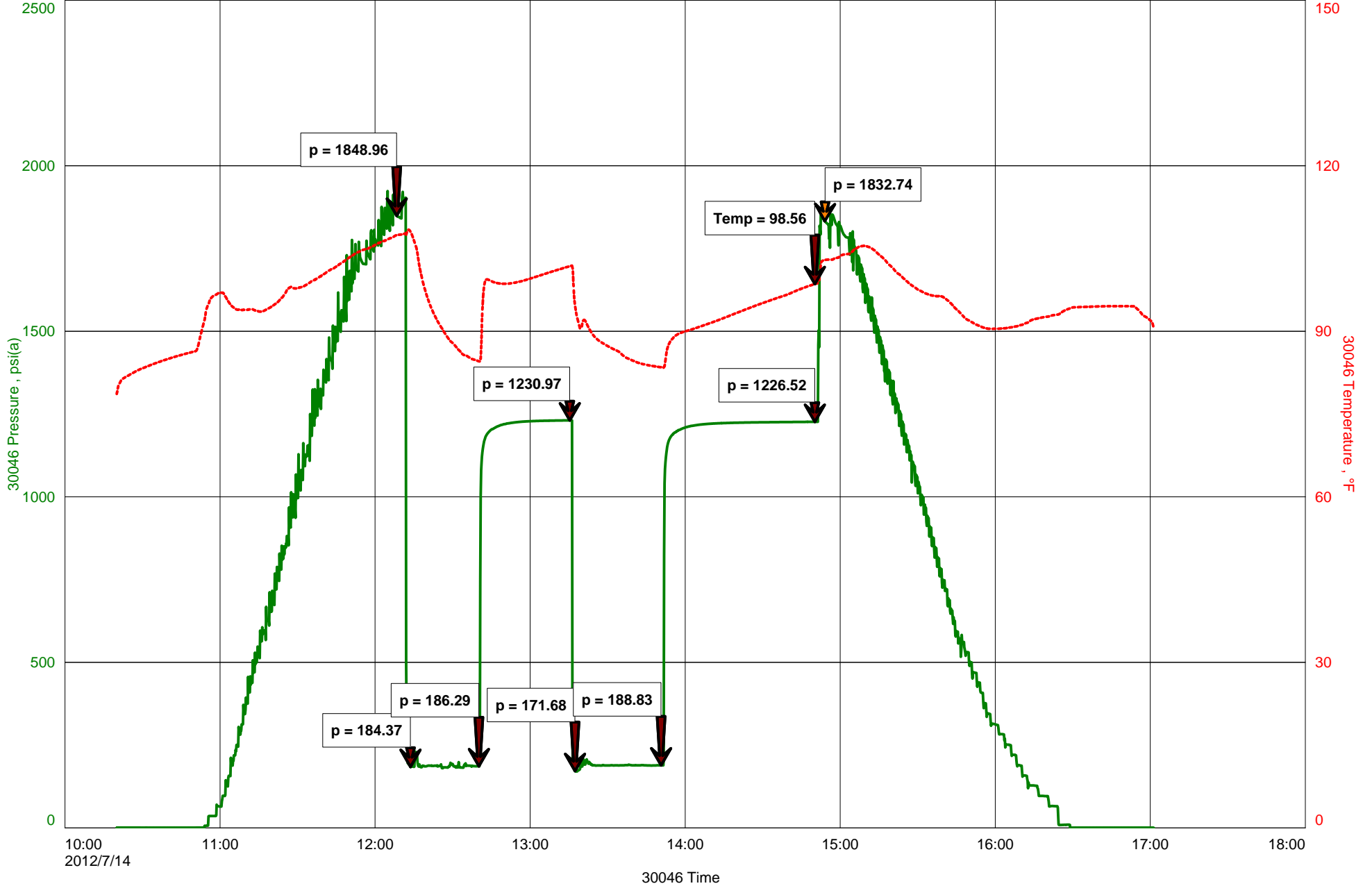
Blow: 1st Open: _____
 2nd Open: _____

| | |
|------------------------------|---------------|
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | Price Job |
| Recovered _____ ft. of _____ | Other Charges |
| Remarks: _____ | 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.

CARR #3



GENERAL INFORMATION

Client Information:

Company: REIF OIL+GAS

Contact: DON REIF

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: CARR #3

Operator: REIF OIL+GAS LLC

Location-Downhole:

Location-Surface: S1/21S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOTT

Test Type: DST #2 CONVENTIONAL Job Number: D1176

Test Unit:

Start Date: 2012/07/15 Start Time: 00:10:00

End Date: 2012/07/15 End Time: 09:00:00

Report Date: Prepared By:

Remarks: Qualified By:

GAS TO SURFACE 1ST FLOW PERIOD; RECOVERY: 670' GASSY OIL, 1800' GASSY WATER



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____ | Price Job Other Charges Insurance Total |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Remarks: _____ | |

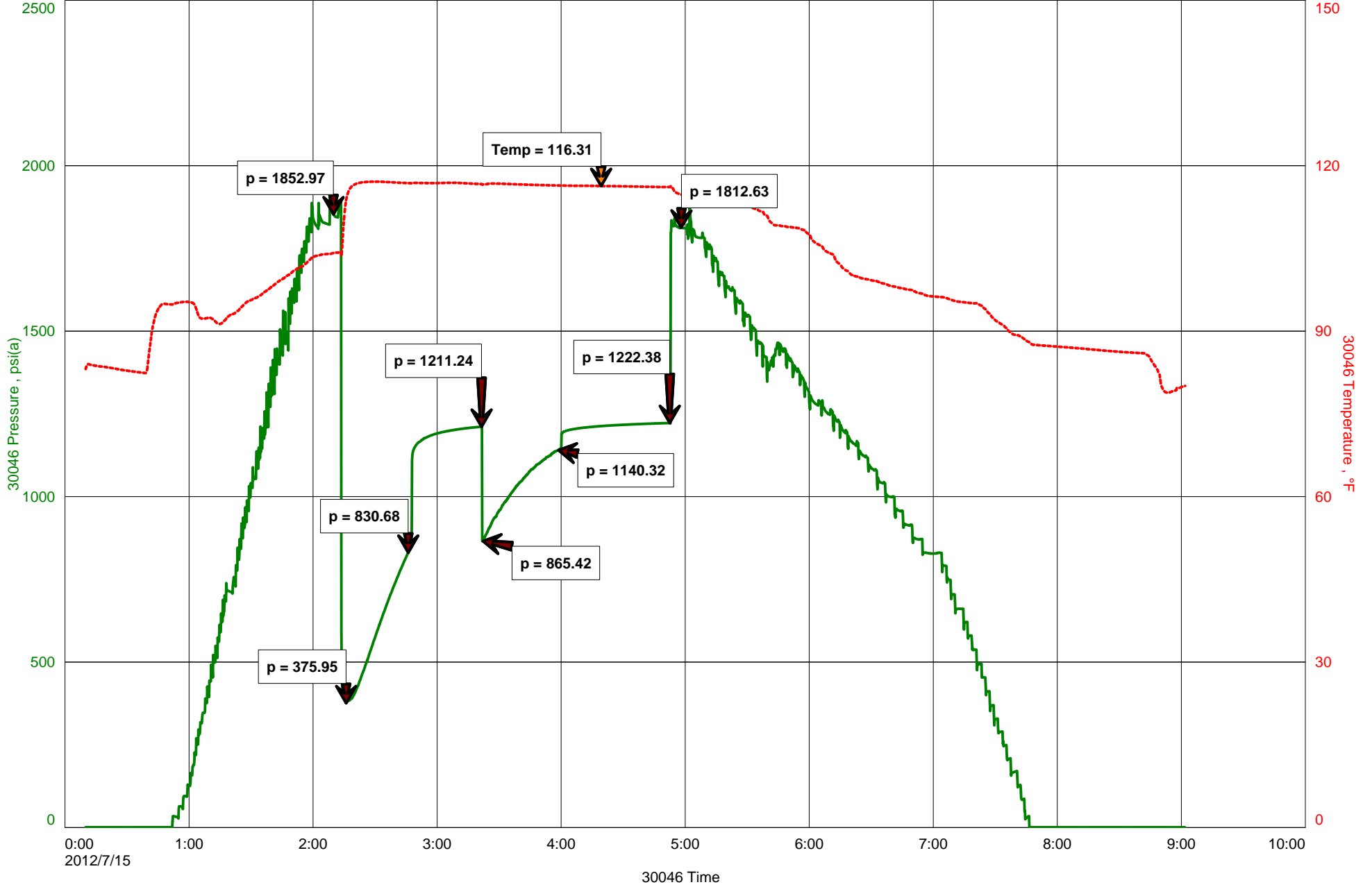
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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REIF OIL+GAS
Start Test Date: 2012/07/15
Final Test Date: 2012/07/15

CARR #3
Formation: ARBUCKLE
Job Number: D1176

CARR #3



GENERAL INFORMATION

Client Information:

Company: REIF OIL+GAS LLC

Contact: DON REIF

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: CARR #3

Operator: REIF OIL+GAS LLC

Location-Downhole:

Location-Surface: S1/21S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOTT

Test Type: DST #3 CONVENTIONAL Job Number: D1177

Test Unit:

Start Date: 2012/07/15 Start Time: 17:00:00

End Date: 2012/07/16 End Time: 00:40:00

Report Date: Prepared By:

Remarks: Qualified By:

GAS+ OIL TO SURFACE DURING 1ST FLOW PERIOD; RECOVERY: 400' GASSY OIL, 2400' GASSY WATER



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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.

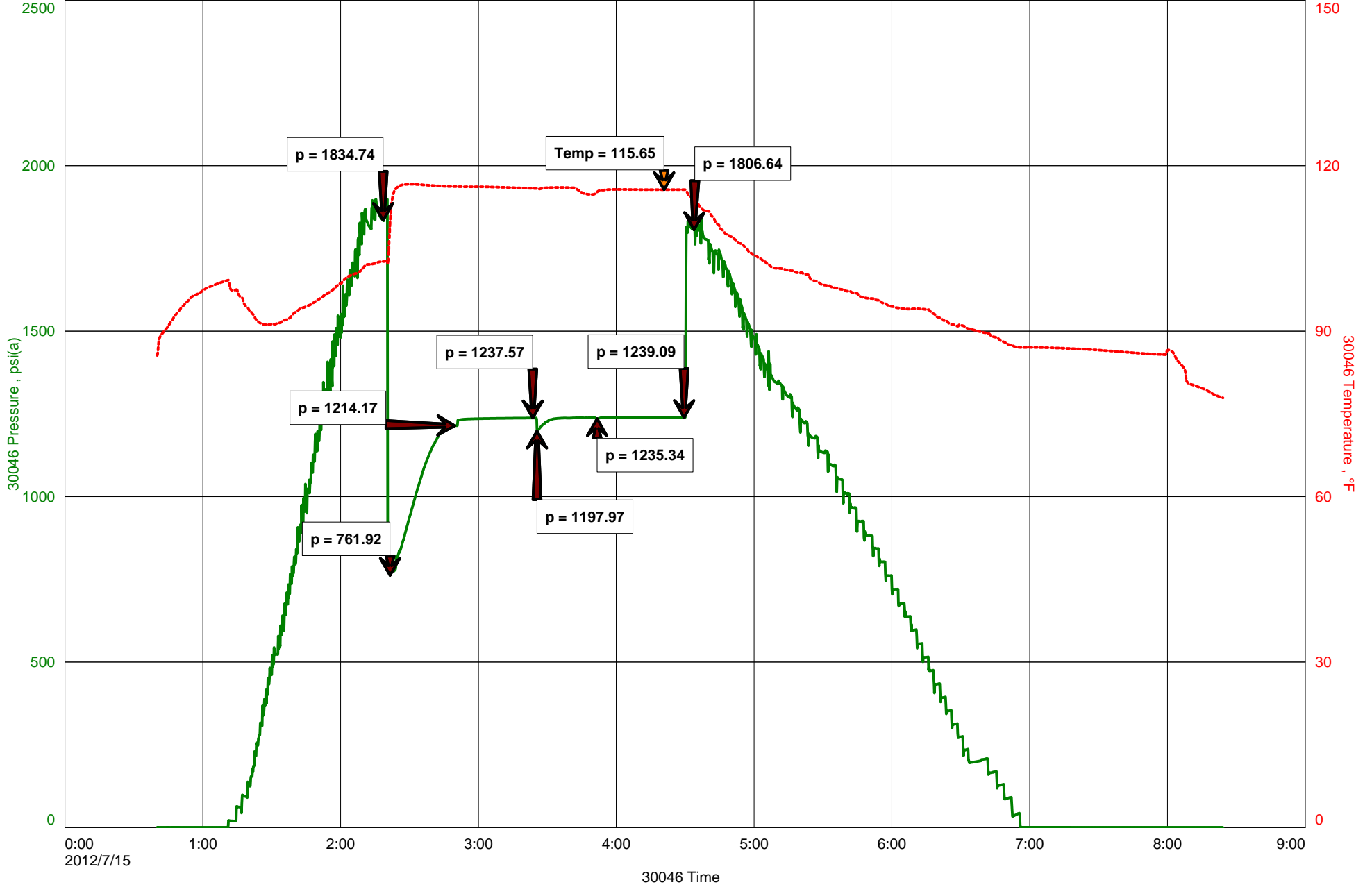
Blow: 1st Open: _____
2nd Open: _____

| | |
|------------------------------|--|
| Recovered _____ ft. of _____ | Price Job Other Charges Insurance Total |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Remarks: _____ | |

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.

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CARR #3



GENERAL INFORMATION

Client Information:

Company: REIF OIL+GAS LLC

Contact: DON REIF

Phone: Fax: e-mail:

Site Information:

Contact: KURT TALBOTT

Phone: Fax: e-mail:

Well Information:

Name: CARR #3

Operator: REIF OIL+GAS LLC

Location-Downhole:

Location-Surface: S1/21S/16W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KURT TALBOT

Test Type: DST #4 CONVENTIONAL Job Number: D1178

Test Unit:

Start Date: 2012/07/16 Start Time: 08:00:00

End Date: 2012/07/16 End Time: 17:00:00

Report Date: 2012/07/16 Prepared By: JOHN RIEDL

Qualified By: KURT TALBOTT

Remarks:

RECOVERY: 2800' GASSY WATER



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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.

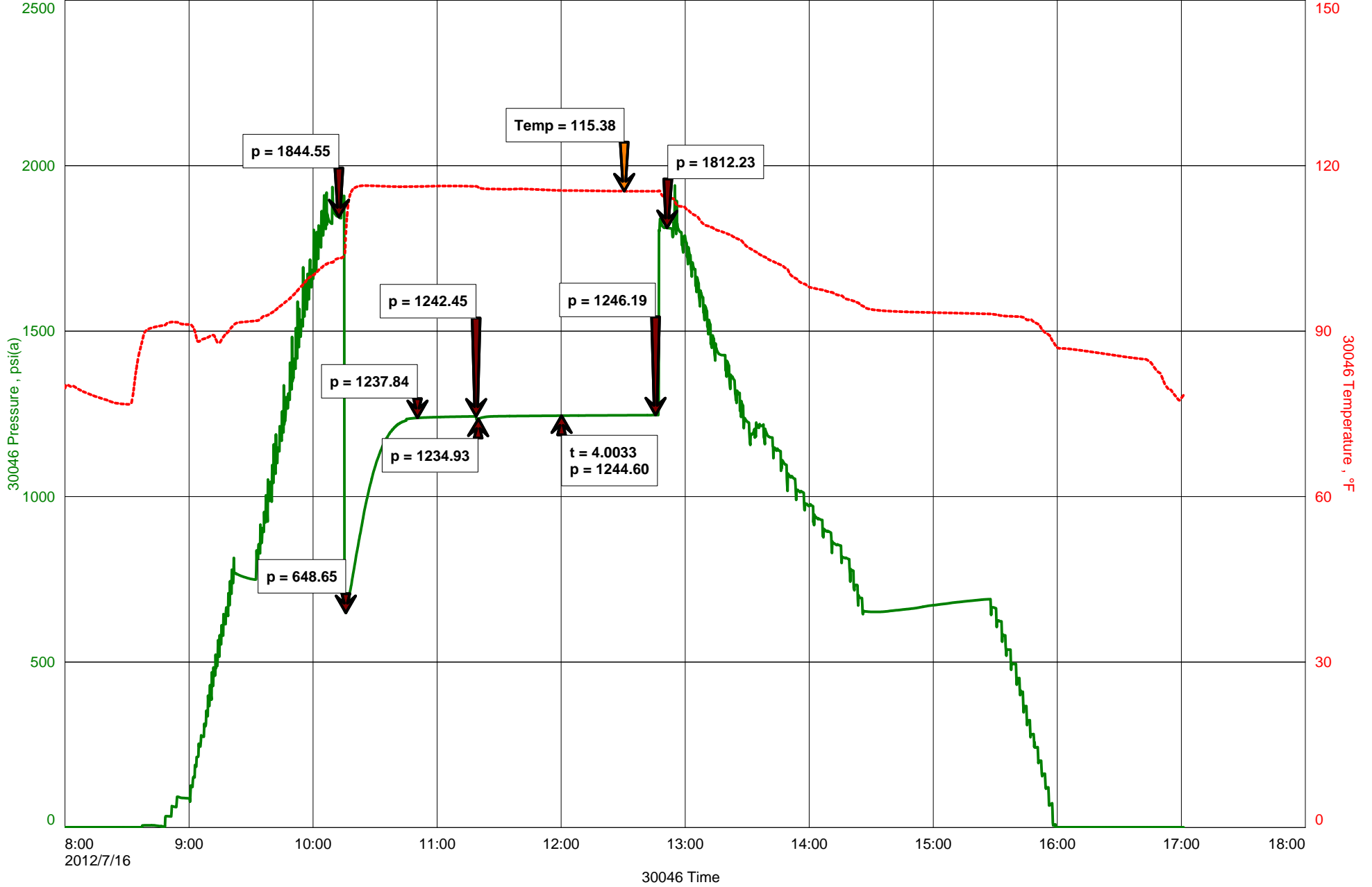
Blow: 1st Open: _____
2nd Open: _____

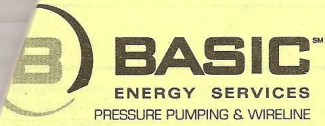
| | |
|------------------------------|--|
| Recovered _____ ft. of _____ | Price Job Other Charges Insurance Total |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Recovered _____ ft. of _____ | |
| Remarks: _____ | |

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.

CARR #3





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

FIELD SERVICE TICKET
1718 06707 A

DATE _____ TICKET NO. _____

| | | | | | | | | | |
|----------------------------|-------------------|--|-----------------------------------|-------------------------------|------------------------------|------------------------------|---------------------|----|-------|
| DATE OF JOB 7-17-12 | 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 Reif Oil & Gas | LEASE Larr | WELL NO. 3 | | | | | | | |
| ADDRESS | | COUNTY Pawnee | STATE KS | | | | | | |
| CITY | | STATE | | | | | | | |
| AUTHORIZED BY | | SERVICE CREW Orlando, Mcbraw, Pierson, Myrtou | | | | | | | |
| EQUIPMENT# | | JOB TYPE: COW-5 1/2" S | | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | AM | TIME |
| 27283 | 1 | | | | | | 7-17-12 | PM | 7:00 |
| 27463 | 1 | | | | | ARRIVED AT JOB | | AM | 10:00 |
| 19831-19862 | 1 | | | | | START OPERATION | | AM | 7:30 |
| | | | | | | FINISH OPERATION | | AM | 2:30 |
| | | | | | | RELEASED | | AM | 9:30 |
| | | | | | | MILES FROM STATION TO WELL | | PM | 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 |
|---------------------|---------------------------------------|------|----------|------------|-----------|
| CP103 | 60/40 Poz | SK | 175 | | 2100 00 |
| CP103 | 60/40 Poz | SK | 50 | | 600 00 |
| CL105 | C-41P | Lb | 38 | | 152 00 |
| CC111 | Salt | Lb | 1562 | | 781 00 |
| CC112 | Friction Reducer | Lb | 114 | | 684 00 |
| CC201 | Gilsonite | Lb | 275 | | 586 25 |
| CG103 | Top Rubber Plug 5 1/2" | ea | 1 | | 105 00 |
| CF251 | Guide Shoe 5 1/2" | ea | 1 | | 250 00 |
| CF1451 | Flapper Type Inset Float Valve 5 1/2" | ea | 1 | | 215 00 |
| CF1651 | Tribolizer 5 1/2" | ea | 5 | | 550 00 |
| CF1901 | Bracket 5 1/2" | ea | 2 | | 580 00 |
| C704 | Claymat | Gal | 1 | | 35 00 |
| CC161 | Mud Sol | Gal | 500 | | 430 00 |
| E100 | Pickup Mileage | mi | 65 | | 276 25 |
| E101 | Heavy Equipment Mileage | Mi | 150 | | 910 00 |
| E113 | Bulk Delivery | Tm | 631 | | 1008 80 |
| CE204 | Depth Charge 3000-4000' | ea | 1 | | 2160 00 |
| CE240 | Blending Machine | SK | 225 | | 315 00 |
| CE504 | Plug Container | ea | 1 | | 250 00 |
| S003 | Service Supervisor | ea | 1 | | |
| SUB TOTAL | | | | | 9122 48 |

| | | | |
|-----------------------|--|---------------------|------------|
| CHEMICAL / ACID DATA: | | SERVICE & EQUIPMENT | %TAX ON \$ |
| | | MATERIALS | %TAX ON \$ |
| | | TOTAL | |

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