



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: _____



1099434

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 06876 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-8-2012 DISTRICT: PRATT, Ks.		NEW WELL	OLD WELL	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> WDW	<input type="checkbox"/> CUSTOMER ORDER NO.:		
CUSTOMER: LD DRILLING, INC.		LEASE: UNRUH OWWO			WELL NO. 4				
ADDRESS:		COUNTY: STAFFORD		STATE: Ks.					
CITY:		STATE:		SERVICE CREW: LESLEY, MARQUEZ, REED					
AUTHORIZED BY:		JOB TYPE: J-5 1/2" L.S. Old Well							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	5					9-8-12			11:00
19829-19843	5								1:00
19826-19860	5								1:30
									5:00
									6:00
						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: *Jim Michle*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	COMMON CEMENT	SK	150		2,400.00
CP 103	60/40 POZ	SK	60		720.00
CC 105	C-4IP DEFOAMER	lb	36		144.00
CC 111	SALT	lb	1216		608.00
CC 112	CEMENT FRICTION REDUCER	lb	106		636.00
CC 113	GYPSUM	lb	705		528.25
CC 201	GILSONITE	lb	750		502.50
CF 103	TOP RUBBER CMT. PLUG, 5 1/2"	EA	1		105.00
CF 251	REGULAR GUIDE SHOE, 5 1/2"	EA	1		250.00
CF 1451	FLAPPER TYPE INSERT FLOAT VALVE, 5 1/2"	EA	1		215.00
CF 1651	TURBOLIZER, 5 1/2"	EA	6		660.00
E 100	PICKUP MILEAGE	MI	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	90		630.00
E 113	BULK DELIVERY CHARGE	TM	434		694.80
CE 204	DEPTH CHARGE; 300'-4000'	HR	1-4		2,160.00
CE 240	BLENDING SERVICE CHARGE	SK	210		294.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL: *8,373.25*

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Lesley</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Jim Michle</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.:	

BASIC

energy services, L.P.

TREATMENT REPORT

Customer LD DRILLING, INC.	Lease No.	Date 9-8-2012
Lease UNROH OWWO	Well # 4	
Field Order # 06876	Station PRATT, Ks.	Casing 5 1/2"
Type Job Old Well ' 2 - 5 1/2" L.S.	Depth	County STAFFORD State Ks.
	Formation TD-3938'	Legal Description 4-22-14

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2" x 14#			CMTI-	30SK SCAVENGER			5 Min.	
Depth 3934'	Depth	From	To	Pre-Pad 150SK Common	Max		10 Min.	
Volume 960 BBL	Volume	From	To	Pad @ 1.36 CU FT³	Min		15 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		HHP Used	
Well Connection P.C.	Annulus Vol.	From	To				Annulus Pressure	
Plug Depth 3900'	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative **LD DAVIS** Station Manager **D. SCOTT** Treater **K. LESLEY**

Service Units	37586	19889	19843	19806	19860				
Driver Names	LESLEY	MARQUEZ	---	REED	---				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 PM					ON LOCATION - SAFETY MEETING
1:30 PM					RUN 5 1/2" x 14# CSG.
5					TURBO - 1, 3, 5, 7, 9, 11
3:15 PM					INSERT @ 3920'
3:20 PM					CSG. ON BOTTOM
4:25 PM	250		5	5	HOOK UP TO CSG. / BREAK CIRC. W/ RIG
4:26 PM	250		9.13	6	H2O AHEAD
4:32 PM	200		36.3	6	MIX 30SKS. SCAVENGER @ 12.8 PPG
5					MIX 150SKS. COMMON @ 15.5 PPG
4:37 PM					LEAVE TUB 1/2 FULL OF CMTI.
4:38 PM					WASH TUB, PUMP & LINE CLEAN!
4:40 PM	0		0	6	DROP T.R. PLUG
4:52 PM	200		75	4	START DISPLACEMENT
4:55 PM	500		85.5	2	LIFT PRESSURE
5:00 PM	900		95.6	2	SLOW RATE
					PLUG DOWN - HELD
					CIRC. THRU JOB
					PLUG R.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY