



**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: \_\_\_\_\_



1102774

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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<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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PAGE 1 of 1	CUST NO 1000159	INVOICE DATE 01/16/2012
INVOICE NUMBER 1717 - 90802482		

**Liberal** (620) 624-2277  
 B AGV CORP  
 I PO Box: 377  
 L ATTICA  
 L KS US 67009  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Spicer A-6  
 O LOCATION  
 B COUNTY Barber 71730  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40418053	38117		Net - 30 days	02/15/2012
<i>For Service Dates: 01/13/2012 to 01/13/2012</i>				
0040418053				
171702607A Cement-New Well Casing/Pi 01/13/2012 8 5/8" Surface				
60/40 POZ	200.00	EA	9.48	1,896.00 T
Celloflake	50.00	EA	2.92	146.15 T
Calcium Chloride	516.00	EA	0.83	428.02 T
Wooden Cement Plug - 8 5/8"	1.00	EA	126.40	126.40
Pickup Mileage	45.00	MI	3.36	151.09
Heavy Equipment Mileage	90.00	MI	5.53	497.70
Proppant and Bulk Delivery Charge	387.00	MI	1.26	489.17
Depth Charge; 0-500'	1.00	EA	790.00	790.00
Blending & Mixing Service Charge	200.00	MI	1.11	221.20
Service Supervisor	1.00	HR	138.25	138.25

PAID JAN 31 2012

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,883.98
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	180.32
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	5,064.30
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



Pratt  
 B AGV CORP  
 I PO BOX: 377  
 L ATTICA  
 T KS US 67009  
 O ATTN:

(620) 672-1201

ACCOUNTS PAYABLE

J LEASE NAME Spicer A-6  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/PI  
 T JOB CONTACT  
 E

PAGE	1 of 1
CUST NO	1000159
INVOICE DATE	01/24/2012
INVOICE NUMBER 1718-90811042	

JOB #	40421325	EQUIPMENT #	19905	PURCHASE ORDER NO.	Net - 30 days	TERMS	02/23/2012	DUE DATE
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QTY	U OF	UNIT PRICE	INVOICE AMOUNT
200.00	EA	13.43	2,685.99 T
60.00	EA	9.48	568.80 T
38.00	EA	3.16	120.08 T
909.00	EA	0.40	359.06 T
57.00	EA	4.74	270.18 T
188.00	EA	4.07	764.88 T
94.00	EA	5.93	556.95 T
1,000.00	EA	0.53	529.30 T
5.00	EA	27.65	138.25 T
1.00	EA	316.00	316.00
1.00	EA	284.40	284.40
10.00	EA	86.90	869.00
2.00	EA	229.10	458.20
45.00	HR	3.36	151.09
90.00	MI	5.53	497.70
540.00	MI	1.26	682.56
1.00	HR	1,990.80	1,990.80
260.00	MI	1.11	287.56
1.00	EA	197.50	197.50
1.00	HR	138.25	138.25

For Service Dates: 01/22/2012 to 01/22/2012

0040421325

17180525A Cement-New Well Casing/PI 01/22/2012

AA2 Cement  
 60/40 POZ  
 C-41P  
 Salt  
 Cement Friction Reducer  
 C-44  
 FLA-322  
 Gilsontite  
 Claymax KCL Substitute  
 Latch Down Plug & Baffle 5 1/2" (Blue)  
 Auto Fill Float Shoe 5 1/2" (Blue)  
 Turbolizer 5 1/2" (Blue)  
 5 1/2" Basket (Blue)  
 Unit Mileage Charge-Pickups, Vans & Cars  
 Heavy Equipment Mileage  
 Proppant and Bulk Delivery Charges  
 Depth Charge: 4001-5000  
 Blending & Mixing Service Charge  
 Plug Container Utilization Charge  
 Supervisor

PAID JAN 31 2012

PLEASE REMIT TO: SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP  
 PO BOX 841903  
 MIDLAND, TX 79702

SUB TOTAL  
 TAX  
 INVOICE TOTAL

11,866.55  
 437.52  
 12,304.07