



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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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P.O. Box 1438
Great Bend, KS 67530



620-793-7356
620-617-8426 Cell

TD 4842

PIPE TALLY

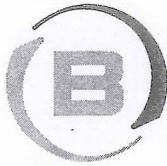
DATE DEL. _____

CHARGE TO L.D. Drilling Inc

LEASE Briney Trust OWWO WELL NO. 1-30

DESCRIPTION Run 114 Jfs 4 1/2 11.6 ppf Csg
Set @ 4830.17 PB TD @ 4816.14

	1		2		3		4		5		6	
	FEET	INCH	FEET	INCH	FEET	INCH	FEET	INCH	FEET	INCH	FEET	INCH
1	40	03	38	08	44	19	44	15	41	32	41	31
2	44	88	43	32	40	29	44	18	44	22	43	35
3	41	33	41	36	44	46	39	68	44	15	44	19
4	39	63	43	32	44	21	44	18	44	21	38	34
5	41	26	43	45	44	16	41	28	41	17	44	21
6	41	29	41	61	44	18	44	44	44	14	44	18
7	43	31	43	30	43	45	44	16	43	30	41	16
8	41	53	43	32	43	30	44	18	43	40	44	19
9	43	30	41	17	43	46	44	20	43	28	41	30
10	40	73	41	16	43	44	44	38	41	29	44	19
11	43	33	41	18	44	23	44	18	41	12	44	20
12	42	98	41	35	41	21	44	16	37	90	43	30
13	43	29	41	15	44	19	44	16	41	16	44	21
14	43	30	44	41	41	26	38	31	41	20	41	16
15	43	30	43	02	44	46	44	20	43	40	44	20
16	41	30	43	28	43	30	43	06	43	32	14	53
17	41	13	43	45	44	19	44	19	40	65	14	03
18	43	29	41	10	44	14	44	23	43	30		
19	43	31	41	07	44	23	44	17	41	31		
20	43	30	41	26	44	20	44	16	43	45		
1	851	82	841	36	870	65	869	65	847	31	672	05
2	841	36	THE ABOVE <u>117</u> JOINTS RECEIVED IN GOOD ORDER.									
3	870	55	BY _____									
4	869	65										
5	847	31										
6	672	05										
	4952	74	ORIGINAL TO REMAIN IN BOOK DUPLICATE TO CUSTOMER									



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 07173 A

DATE OF JOB: 12-14-2012 DISTRICT	NEW WELL <input checked="" type="checkbox"/> 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: BRINEY TRUST OWNED WELL NO: 1-30							
ADDRESS	COUNTY: RAWLINS STATE: Ks.							
CITY STATE	SERVICE CREW: LESLEY, MARQUEZ, PLYE							
AUTHORIZED BY	JOB TYPE: CHD - 4 1/2" L.S. ACEW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
37586	5.5						12-13-12	PM 4:00
19959-19843	5.5					ARRIVED AT JOB		PM 10:00
70959-19918	5.5					START OPERATION	12-13-12	PM 10:30
						FINISH OPERATION	12-14-12	AM 2:30
						RELEASED		AM 3:30
						MILES FROM STATION TO WELL		

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: *David L. Boese*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100C	COMMON CMT.	SK	200		3,200.00
CP 100C	COMMON CMT.	SK	60		960.00
CC 105	C-41P DEFOAMER	lb	62		248.00
CC 111	SALT	lb	2112		6,056.00
CC 112	CMT. FRICTION REDUCER	lb	184		1,104.00
CC 113	GYPSSUM	lb	1225		918.75
CC 201	GILSONITE	lb	1300		871.00
CF 102	TOP RUBBER CMT. PLUG, 4 1/2"	EA	1		80.00
CF 250	REGULAR GUIDE SHOE, 4 1/2"	EA	1		225.00
CF 1450	FLAPPER TYPE INSERT FLOAT VALVE, 4 1/2"	EA	1		200.00
CF 1650	TORBOLIZER, 4 1/2"	EA	7		595.00
CF 1900	BASKET, 4 1/2"	EA	1		270.00
E 100	PICKUP MILEAGE	MI	175		743.75
E 101	HEAVY EQUIPMENT MILEAGE	MI	350		2,450.00
E 113	BULK DELIVERY CHARGE	TM	2144		3,430.00
CE 205	DEPTH CHARGE; 4001'-5000'	HR	1-4		2,520.00
CE 240	BLENDED SERVICE CHARGE	SK	260		364.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00
SUB TOTAL #					14,745.38

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>David L. Boese</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer	LD DRILLING CO., INC.	Lease No.		Date	12-14-2012
Lease	BRINEY TRUST OWWO	Well #	1-30		
Field Order #	07173	Station	PRATT, KS.	Casing	4 1/2"
Type Job	CLSPW - 4 1/2" L.S.	Depth		County	RAWLINS
		Formation	TD = 4842'	State	KS.
		Legal Description			30-5-36

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	4 1/2" x 11.6	Shots/Ft	CMT -	Acid	30SKS. SCAVENGER	RATE	PRESS	ISIP
Depth	4830.17	From	To	Pre Pad	@ 1.8 CU FT	Max		5 Min.
Volume	15.06 BBL	From	To	Pad	200SKS. COMMON	Min	SJ = 14.03'	10 Min.
Max Press	1500	From	To	Frac	@ 1.36 CU FT	Avg		15 Min.
Well Connection	P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	4810.14	Packer Depth	From	To	Flush	74.8 BBL	Gas Volume	Total Load

Customer Representative	LD	Station Manager	D. SCOTT	Treater	K. LESLEY
Service Units	37586	19959	19843	70959	19918
Driver Names	LESLEY	MARQUEZ	PHYE		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00 PM	12-13-2012				ON LOCATION - SAFETY MEETING
10:30 PM					RUN 114 JTS. 4 1/2" x 11.6" CSG.
					TURBO. - 1, 3, 5, 7, 9, 11, 13 BASKON S.J.
12:15 AM	12-14-2012				CSG. ON BOTTOM
12:25 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
1:45 AM	250		5	5	H ₂ O AHEAD
1:53 AM	250		10	5	MIX 30SKS. SCAVENGER @ 13 PPG
1:56 AM	200		48.5	5	MIX 200SKS. COMMON @ 15.5 PPG
2:05 AM					CLEAR TUB, PUMP, LINE / DROPT. R. PLUG
2:13 AM	0		0	5	START DISPLACEMENT
2:21 AM	200		40	4	LIFT PRESSURE
2:25 AM	500		6.5	2	SLOW RATE - 10 BBL BEFORE PLUG LANDS
2:30 AM	1300		74.8	2	PLUG DOWN - HELD
					CIRC. THRU JOB
			6	2	PLUG R.H.

JOB COMPLETE,
THANKS -
KEVEN LESLEY