



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: _____



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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PAGE 1 of 1	CUST NO 1002724	INVOICE DATE 04/17/2012
INVOICE NUMBER 1718 - 90881187		

Pratt (620) 672-1201
 B MESSENGER PETROLEUM
 I 525 S MAIN ST
 L KINGMAN
 L KS US 67068
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Donald OWWO 2
 O LOCATION
 B COUNTY Kingman
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40452770	20920		Net - 30 days	05/17/2012	
<i>For Service Dates: 04/13/2012 to 04/13/2012</i>					
0040452770					
171806058A Cement-Casing Seat-Prod W 04/13/2012 Cement 4 1/2" Longstring					
AA2 Cement		100.00	EA	13.60	1,359.95 T
60/40 POZ		75.00	EA	9.60	719.97 T
Cello-flake(POLEFLAKE-C)		25.00	EA	2.96	74.00 T
Gas-Blok		71.00	EA	4.12	292.51 T
Salt		458.00	EA	0.40	183.19 T
Cement Friction Reducer		29.00	EA	4.80	139.19 T
FLA-322		47.00	EA	6.00	281.99 T
Gilsonite		498.00	EA	0.54	266.92 T
Mud Flush		500.00	EA	0.69	343.99 T
CS-1L KCl Substitute		6.00	EA	28.00	167.99 T
"Latch Down Plug & Baffle, 4 1/2"" (Blu		1.00	EA	295.99	295.99 T
"Auto Fill Float Shoe 4 1/2"" (Blue)"		1.00	EA	263.99	263.99 T
"Turbolizer, 4 1/2"" (Blue)"		4.00	EA	68.00	271.99 T
"Unit Mileage Chg (PU, cars one way)"		45.00	MI	3.40	152.99 T
Heavy Equipment Mileage		90.00	MI	5.60	503.98 T
"Proppant & Bulk Del. Chgs., per ton mil		358.00	EA	1.28	458.22 T
Depth Charge; 4001'-5000'		1.00	EA	2,015.95	2,015.95 T
Blending & Mixing Service Charge		175.00	BAG	1.12	195.99 T
Casing Swivel Rental		1.00	EA	159.99	159.99 T
Plug Container Util. Chg.		1.00	EA	199.99	199.99 T
"Service Supervisor, first 8 hrs on loc.		1.00	EA	139.99	139.99 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,488.77
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	598.46
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	9,087.23
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



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 06058 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>4-13-12</i> DISTRICT <i>PHH Ks</i>		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 <i>Messenger Petro</i>		LEASE <i>DONALD OWWO 2</i> WELL NO.								
ADDRESS		COUNTY <i>Kingman</i> STATE <i>Ks</i>								
CITY STATE		SERVICE CREW <i>Sullivan, mckay, Phye</i>								
AUTHORIZED BY		JOB TYPE: <i>CCSPW 4 1/2 hrs</i>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<i>33708-20910</i>	<i>30 min</i>					<i>4-12-12</i>	<i>4-12-12</i>			<i>4:00</i>
<i>19960-19918</i>	<i>30 min</i>									<i>8:30</i>
<i>37900</i>							<i>4-13-12</i>			<i>2:30</i>
										<i>2:30</i>
										<i>3:45</i>
						MILES FROM STATION TO WELL				<i>45</i>

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cont	SK	100		1,700.00
CP 103	60-40 per cont	SK	75		900.00
CC 102	ColHake	lb	25		92.50
CC 111	SALT	lb	459		229.00
CC 112	CMT Frayze Reducer	lb	29		174.00
CC 118	Gas-Blok	lb	71		365.65
CC 129	FHA-322	lb	47		352.50
CC 201	Gitsonite	lb	458		333.66
CF 606	Latex down Plug 4 1/2	SA	1		370.00
CF 1250	Airtex 711 Floet	SA	1		330.00
CF 1650	Turbidizer	SA	4		340.00
CC 151	Iron Floet	gal	500		430.00
C 704	KCL	gal	6		210.00
F 100	Pickup mi	mi	45		191.25
F 101	Upang Eqpt mi	mi	50		600.00
F 113	Ralk Ddug	Ton	350		572.40
CF 205	Dynal 450	SA	1		2,520.00
CF 240	Plastic mud	SK	175		245.00
CF 301	Carin Slurried Klat	gal	1		200.00
CF 304	Plug 6 1/2 - 1 1/2	gal	1		175.00
5003	CHEMICAL / ACID DATA:				
				SUB TOTAL	750.00
					175.00
					3,496.72
SERVICE & EQUIPMENT				%TAX ON \$	
MATERIALS				%TAX ON \$	
				TOTAL	

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



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 00058 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		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				LEASE				WELL NO.							
ADDRESS				COUNTY				STATE							
CITY				STATE				SERVICE CREW							
AUTHORIZED BY				JOB TYPE: <u>CCSPW</u>											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
						ARRIVED AT JOB		AM	PM						
						START OPERATION		AM	PM						
						FINISH OPERATION		AM	PM						
						RELEASED		AM	PM						
						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: _____

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
					1700 00
					700 00
					02 80
					229 00
					174 00
					365 65
					378 50
					333 00
					370 00
					330 00
					390 00
					430 00
					210 00
					111 00
					113 00
					316 40
					252 00
					245 00
					210 00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>MESSENGER P&H</i>		Lease No.		Date	
Lease <i>DONALD OWWD</i>		Well # <i>2</i>		<i>04-13-12</i>	
Field Order # <i>6028</i>	Station <i>PRA-7 K</i>	Casing <i>4 1/2</i>	Depth <i>4325'</i>	County <i>Kingman</i>	State <i>KS</i>
Type Job <i>OCSPW</i>	<i>4 1/2" Long String</i>			Formation	Legal Description <i>20-27-6</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>4 1/2</i>				Pre Pad	Max			5 Min.
Depth <i>4325'</i>	Depth	From	To	Pad	Min			10 Min.
Volume <i>68</i>	Volume	From	To	Frac	Avg			15 Min.
Max Press <i>1200</i>	Max Press	From	To		HHP Used			Annulus Pressure
Well Connection <i>P.C</i>	Annulus Vol.	From	To	Flush	Gas Volume			Total Load
Plug Depth <i>4285</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
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Service Units	<i>37900</i>	<i>33208</i>	<i>20920</i>	<i>19960</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>M. Plow</i>	<i>Phye</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:15 am</i>					<i>on the safety meeting</i>
					<i>Run 100% 5TS 4 1/2 10.5 csg.</i>
					<i>cont 2, 3, 5, 6</i>
<i>12:10</i>					<i>Casing on bottom</i>
<i>12:50</i>					<i>hook rig to circ.</i>
<i>2:20</i>	<i>250</i>		<i>12</i>	<i>3</i>	<i>at mud flush</i>
			<i>5</i>		<i>space</i>
			<i>7</i>	<i>4.5</i>	<i>mix 25sk 60/40 Seavenger cont</i>
	<i>250</i>		<i>24</i>		<i>mix 100sk AA-2 cont</i>
					<i>cont mixed shut down with pump, but</i>
					<i>Release Plug</i>
				<i>6</i>	<i>at Dip w/ 4% KCL 470</i>
	<i>400</i>		<i>40</i>		<i>lift B1</i>
	<i>600</i>		<i>56</i>	<i>3.5</i>	<i>Slow Rate</i>
<i>2:50</i>	<i>1500</i>		<i>68</i>		<i>Plug down</i>
			<i>7</i>		<i>plug R.H w/ 30 sk</i>
			<i>5</i>		<i>plug M.H w/ 20 sk</i>
					<i>JOB complete</i>

Thank you