



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1120676  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1120676

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Lorraine A 1
Doc ID	1120676

All Electric Logs Run

Geologist Log
Dual Compensated Porosity Log
Dual Induction Log
Microresistivity Log
Sector Bond / Gamma Ray CCL Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Lorraine A 1
Doc ID	1120676

Tops

Name	Top	Datum
Heebner	3620	-2165
Kansas City	4110	-2665
Cherokee Sh.	4498	-3043
Mississippian	4557	-3102
Viola	4816	-3371
Upper Simpson Sd.	4933	-3478
Lower Simpson Sd.	5040	-3585
Arbuckle	5052	-3597
Total Depth	5059	-3604

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Lorraine A 1
Doc ID	1120676

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4642-4647	500 Gal 7.5% HCL Acid	4642-4647
		500 Gal 15% HCL Acid	4642-4647
		60,500# Sand 1500 BBLs Slick Water	
2	4550-4580	1000 Gal. 7.5% Acid	4550-4580
		2000 Gal. 15% Acid	4550-4580
		170,900# Sand 10,000 BBLs Slick Water	

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 01, 2013

Ron Molz  
Chieftain Oil Co., Inc.  
101 S. 5th St.; PO Box 124  
KIOWA, KS 67070-1912

Re: ACO1  
API 15-007-23864-00-00  
Lorraine A 1  
SW/4 Sec.22-33S-11W  
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Ron Molz



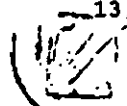
PAGE 1 of 1	CUST NO 10 719	INVOICE DATE 11/28/2012
INVOICE NUMBER <b>1718 - 91060088</b>		

Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Lorraine A 1  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40538657	19843			Net - 30 days	12/28/2012
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/21/2012 to 11/21/2012</i>					
0040538657					
171807163A Cement-New Well Casing/Pi 11/21/2012 Cement 5 1/2" Longstring					
Cement		250.00	EA	12.75	3,187.41 T
C-41P		47.00	EA	3.00	141.00 T
Salt		1,238.00	EA	0.37	464.24 T
C-44		235.00	EA	3.86	907.67 T
FLA-322		188.00	EA	5.62	1,057.48 T
Gilsonite		1,250.00	EA	0.50	628.11 T
Claymax KCL Substitute		5.00	EA	26.25	131.25 T
Mud Flush		500.00	EA	0.64	322.49 T
Super Flush II		500.00	EA	1.15	573.74 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)		1.00	EA	299.99	299.99
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00	EA	269.99	269.99
"Turbolizer, 4 1/2" (Blue)"		7.00	EA	82.50	677.49
"5 1/2" Basket (Blue)"		2.00	EA	217.50	434.99
"Unit Mileage Chg (PU, cars one way)"		45.00	MI	3.19	143.43
Heavy Equipment Mileage		90.00	MI	5.25	472.49
"Proppant & Bulk Del. Chgs., per ton mil		529.00	EA	1.20	634.79
Depth Charge; 5001-6000'		1.00	EA	2,159.95	2,159.95
Blending & Mixing Service Charge		250.00	BAG	1.05	262.49
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.25	131.25
Plug Container Util. Chg.		1.00	EA	187.50	187.50
PLEASE REMIT TO:		SEND OTHER CORRESPONDENCE TO:		SUB TOTAL	12,987.75
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		TAX	541.18
PO BOX 841903		801 CHERRY ST, STE 2100		INVOICE TOTAL	13,528.93
DALLAS, TX 75284-1903		FORT WORTH, TX 76102			

DEC 06 2012  
 9304 BC





**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

11-21-12  
FIELD SERVICE TICKET  
1718 07163 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>11-21-2012</b> 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 <b>CHIEFTAIN OIL CO., INC.</b>		LEASE <b>LORRAINE 'A'</b> WELL NO. <b>1</b>						
ADDRESS _____		COUNTY <b>BARBER</b> STATE <b>Ks.</b>						
CITY _____ STATE _____		SERVICE CREW <b>LESLEY, MARQUEZ, PHYE</b>						
AUTHORIZED BY _____		JOB TYPE: <b>CNW-5 1/2" L.S.</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>11-21-12</b> DATE	AM PM	TIME
<b>37586</b>	<b>6</b>							<b>2:00</b>
<b>1889-19843</b>	<b>6</b>					ARRIVED AT JOB	AM PM	<b>3:30</b>
<b>70959-19918</b>	<b>6</b>					START OPERATION	AM PM	<b>4:00</b>
						FINISH OPERATION	AM PM	<b>8:45</b>
						RELEASED	AM PM	<b>9:30</b>
						MILES FROM STATION TO WELL		<b>4.5</b>

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
CP 105	AA2 CEMENT	SK	800		3,400.00
CP 105	AA2 CEMENT	SK	50		850.00
CC 105	C-41P DEFOAMER	lb	47		188.00
CC 111	SALT	lb	1238		619.00
CC 115	C-44	lb	235		1,210.25
CC 129	FLA-322 LOW FLUID LOSS	lb	188		1,410.00
CC 201	GILSONITE	lb	1250		837.50
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
"F 1251	AUTOFILL FLOAT SHOE, 5 1/2"	EA	1		360.00
"F 1651	TURBOLIZER, 5 1/2"	EA	7		770.00
CF 1901	BASKET, 5 1/2"	EA	2		580.00
C 204	CLAYMAX, KCL SUB.	GAL	5		175.00
CC 151	MUD FLUSH	GAL	500		430.00
CC 155	SUPER FLUSH	GAL	500		765.00
E 100	PICKUP MILEAGE	MI	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	90		630.00
E 113	BULK DELIVERY CHARGE	TM	529		846.00
CE 206	DEPTH CHARGE: 5001'-6000'	HR	1-4		2,840.00
CE 240	BLENDING SERVICE CHARGE	SK	250		350.00
CE 504	PLUG CONTAINER CHARGE	JOB	1	250.00	
5003	CHEMICAL ACID DATA SERVICE SUPERVISOR	EA	1	175.00	
				SUB. TOTAL	12,987.25
SERVICE & EQUIPMENT				%TAX ON \$	
MATERIALS				%TAX ON \$	
				TOTAL	12,987.25

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



# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer	CHIEFTAIN OIL CO, INC.	Lease No.		Date	11-21-2012		
Lease	LORRAINE 'A'	Well #	1				
Field Order #	071123	Station	PRATT, KS.	Casing	5 1/2"	Depth	
Type Job	CNW - 5 1/2" C.S.	Formation	TD = 5080'	County	BARBER	State	KS.
				Legal Description	22-33-11		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	5 1/2" x 15.5	Shots/Ft	CMTT -	Acid	200 SKS. AA2	RATE	PRESS	ISIP
Depth	5010-22'	From	To	Pre Pad	@ 1.43 WPT	Max	SJ = 25.46'	5 Min.
Volume	120 BBL	From	To	Pad		Min	MJ = 25.58' #10	10 Min.
Max Press	1500	From	To	Frac		Avg		15 Min.
Well Connection	5" C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	5044.76'	Packer Depth	From	To	Flush	120 BBL / KCL	Gas Volume	Total Load

Customer Representative	RON MULLZ	Station Manager	D. SCOTT	Treater	K. LESLEY
-------------------------	-----------	-----------------	----------	---------	-----------

Service Units	37526	19889	19843	2959	19918				
Driver Names	LESLEY	MARQUEZ	—	HALE	—				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30 AM					ON LOCATION - SAFETY MEETING
4:00 AM					RUN 119 JTS. 5 1/2" x 15.5" CSG.
					TURRD. - 4, 5, 10, 11, 12, 13, 15
					BASKET - 2, 18
5:00 AM - 5:30 AM					CIRC. 1/2 WAY IN
6:35 AM					CSG. ON BOTTOM
6:45 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
7:45 AM	500		12	6	MUD FLUSH
7:47 AM	500		3	6	H2O SPACER
7:48 AM	500		12	6	SUPER FLUSH
7:50 AM	450		3	6	H2O SPACER
7:51 AM	300		51	6	MIX 200 SKS. AA2 @ 15 PP3
7:59 AM					CLEAR PUMP & LINE / DROPL.D. PLUG
8:08 AM	0		0	6	START DISPLACEMENT W/ 2% KCL
8:23 AM	400		85	5	LIFT PRESSURE
8:28 AM	900		110	4	SLOW RATE
8:30 AM	1500		120	3	PLUG DOWN - HELD
					CIRC. THRU. KB
			6, 4	2	PLUG R.H. & M.H.
					JOB COMPLETE
					THANKS -
					KEVEN LESLEY

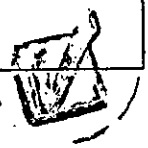


PAGE 1 of 1	CUST NO 1000719	INVOICE DATE 11/15/2012
INVOICE NUMBER <b>1718 - 91051457</b>		

Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Lorraine A 1  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40534683	19843			Net - 30 days	12/15/2012
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/13/2012 to 11/13/2012</i>					
0040534683					
171807157A Cement-New Well Casing/Pi 11/13/2012 Cement 13 3/8" Conductor					
<b>ENTERED</b> NOV 28 2012 912/BC					
60/40 POZ		350.00	EA	9.00	3,150.14 T
Celloflake		88.00	EA	2.78	244.21 T
Calcium Chloride		903.00	EA	0.79	711.14 T
"Unit Mileage Chg (PU, cars one way)"		45.00	MI	3.19	143.44
Heavy Equipment Mileage		90.00	MI	5.25	472.52
"Proppant & Bulk Del. Chgs., per ton mi.		677.00	EA	1.20	812.44
Depth Charge; 0-500'		1.00	EA	750.03	750.03
Blending & Mixing Service Charge		350.00	BAG	1.05	367.52
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.26	131.26
PLEASE REMIT TO:				SEND OTHER CORRESPONDENCE TO:	
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		SUB TOTAL	
PO BOX 841903		PO BOX 10460		TAX	
DALLAS, TX 75284-1903		MIDLAND, TX 79702		INVOICE TOTAL	
				6,782.70	
				299.70	
				7,082.40	





**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 07157 A

DATE: \_\_\_\_\_ TICKET NO.: \_\_\_\_\_

DATE OF JOB: <u>11-13-2012</u> 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: <u>CHIEFTAIN OIL CO., INC.</u>				LEASE: <u>LORRAINE 'A'</u>		WELL NO. <u>1</u>	
ADDRESS:				COUNTY: <u>BARBER</u>		STATE: <u>Ks.</u>	
CITY: _____ STATE: _____				SERVICE CREW: <u>LESLEY, MARQUEZ, LAURENCE</u>			
AUTHORIZED BY: _____				JOB TYPE: <u>CNW-13 3/8" C.P.</u>			

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586	5						11-13-12			6:30
19889-19843	5					ARRIVED AT JOB				8:30
19826-19860	5					START OPERATION				9:00
						FINISH OPERATION				1:00
						RELEASED				1:45
						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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 POZ	SK	350		4,200.00
CC 102	CELLOFLAKE	lb	88		325.60
CC 109	CALCIUM CHLORIDE	lb	903		948.15
E 100	PICKUP MILEAGE	MT	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MT	90		630.00
E 113	BULK DELIVERY CHARGE	TM	1677		1,083.60
CE 200	DEPTH CHARGE, 0-500'	HR	1-4		1,000.00
CE 240	BLENDED SERVICE CHARGE	SK	350		490.00
SO 23	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL \$6,782.70

CHEMICAL / ACID DATA:		

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

SERVICE REPRESENTATIVE: <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER-OPERATOR CONTRACTOR OR AGENT)
--	---

FIELD SERVICE ORDER NO. \_\_\_\_\_

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>CHIEFTAIN OIL CO., INC.</b>		Lease No.	Date <b>11-13-2012</b>	
Lease <b>LORRAINE 'A'</b>		Well # <b>1</b>		
Field Order #	Station <b>PRATT, Ks.</b>	Casing <b>3 3/8"</b>	Depth	County <b>BARBER</b> State <b>Ks.</b>
Type Job <b>CLW - 13 3/8" C.P.</b>	Formation <b>TD = 310'</b>		Legal Description <b>22-33-11</b>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>13 3/8" 48#</b>	Tubing Size	Shots/Ft	<b>CMT-</b>	Acid <b>350 SKS. 60/40 P02</b>	RATE	PRESS	ISIP	
Depth <b>308'</b>	Depth	From	To	Pre Pad <b>@ 1.21 CUFT<sup>3</sup></b>	Max		5 Min.	
Volume <b>48.3</b>	Volume <b>332L</b>	From	To	Pad	Min		10 Min.	
Max Press <b>500</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <b>S.V.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>290'</b>	Packer Depth	From	To	Flush <b>45.5 BBL</b>	Gas Volume		Total Load	

Customer Representative **RON MOLZ** Station Manager **D. SCOTT** Treater **K. LESLEY**

Service Units	<b>37586</b>	<b>19889</b>	<b>19843</b>	<b>19826</b>	<b>19860</b>			
Driver Names	<b>LESLEY</b>	<b>MARQUEZ</b>	<b>LAWRENCE</b>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30 AM					ON LOCATION - SAFETY MEETING
11:00 AM					RUN 7 ITS. 13 3/8" x 48# CSG.
12:05 PM					CSG. ON BOTTOM
12:15 PM					HOOKUP TO CSG. BREAK CIRC. W/RIG
12:30 PM	250		5	6	H <sub>2</sub> O AHEAD
12:35 PM	100		75	6	MIX 350 SKS. 60/40 P02 @ 14.8 PPG
12:48 PM	0		0	5	START DISPLACEMENT
12:55 PM	300		35	3	SLOW RATE
1:00 PM	300		45.5	3	CMT. @ DESIRED DEPTH CIRC. THRU JOB CIRC. 15 BBL CMT. TO PIT
					JOB COMPLETE, THANKS - KEVEN LESLEY