



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
_____ 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 <i>(Specify)</i> _____	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 07927 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-17-2013 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 LD DRILLING, INC.	LEASE GRIMES GOLDEN BELT SWD 1-20 WELL NO. _____					
ADDRESS _____	COUNTY STAFFORD STATE Ks.					
CITY _____ STATE _____	SERVICE CREW GORDLEY, LESLEY, MARQUEZ, PIERSON					
AUTHORIZED BY _____	JOB TYPE: CNW - 5 1/2" L.S.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 3-17-13 DATE AM TIME 2:00
37586	8.5					ARRIVED AT JOB AM 5:30
19907	8.5					START OPERATION AM 6:00
19959-19843	8.5					FINISH OPERATION AM 9:30
70959-19918	8.5					RELEASED AM 10:30
						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 Mickle
(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	30		480.00
CC 105	C-41P DEFAMER	lb	55		220.00
CC 111	SALT	lb	1870		935.00
CC 112	CMT. FRICTION REDUCER	lb	1163		978.00
CC 113	GYPSON	lb	1085		813.75
CC 201	GILSONITE	lb	1150		770.50
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1001	CMT. PACKER SHOE, 5 1/2"	EA	1		3,700.00
CF 1651	TURBOLIZER, 5 1/2"	EA	6		660.00
CF 1901	BASKET, 5 1/2"	EA	1		290.00
CC 154	SUPER FLUSH	GAL	500		1,225.00
E 100	PICKUP MILEAGE	MI	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	90		630.00
E 113	BULK DELIVERY CHARGE	TM	488		781.20
CE 204	DEPTH CHARGE; 3001 - 4000	HR	1-4		2,160.00
CE 240	BLENDING SERVICE	SK	230		322.00
CE 504	PLUG CONTAINER CHARGE	CB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00
SUB TOTAL					13,636.28

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Devin Fisher
FIELD SERVICE ORDER NO. _____

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

Customer LD DRILLING, INC.	Lease No.	Date 3-17-2013
Lease GRIMES GOLDEN BELT SWD	Well # 1-20	
Field Order # 01927	Station PRATT, KS.	Casing 5 1/2"
Type Job CNW - 5 1/2" L.S. w/PACKER SHOE	Formation TD - 3906'	Legal Description 20-22-13
	Depth	County STAFFORD
		State Ks.

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2" X 15.5				CMT - 200SK COMMON				
Depth 3906'	Depth	From	To	Pre Pad @ 1.36 COF³	Max		5 Min.	
Volume 92.9 BBL	Volume	From	To	Pad	Min	SI = 14'	10 Min.	
Max Press 1300	Max Press	From	To	Frac		*SET PKRSHOE @ 1300 PSI		
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3892'	Packer Depth	From	To	Flush 92.6 BBL	Gas Volume		Total Load	

Customer Representative LD	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37586 19907 19959 19843 70959 19918		
Driver Names LESLEY GORDLEY MARQUEZ — PIERSON —		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
5:30AM					ON LOCATION - SAFETY MEETING
6:15 AM					RUN 90 JTS. 5 1/2" X 15.5 CSG.
7:30AM					TURBO - 1, 3, 5, 7, 9, 11
7:45AM					BASKET - #1
8:50AM	450		5	6	CSG. ON BOTTOM
8:55AM	450		12	6	H2O AHEAD
8:57AM	400		5	6	SUPER FLUSH
8:59AM	300		48.5	6	H2O SPACER
9:07AM					MIX 200SKS. COMMON @ 15.5 PPG
9:11AM	0		0	6	WASH TUB, PUMP & LINE / DROP LD PLUG
9:25AM	500		59	5	START DISPLACEMENT
9:25AM	800		82	2	LIFT PRESSURE
9:30AM	2000		92.6	2	SLOW RATE
					PLUG DOWN - HELD
					CIRC. THRU JOB
			6	2	PLUG R.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY

TD - 4300', TOP ARBUCKLE - 3838

92 JTS TALLIED = 3975.59'
- 36.48' - #91
- 37.12' - #89

RUN 90 JTS = 3901.99

SET PACKER SHOE AT 3906'

LATCH DOWN PLUG AT 3892'

CENTRALIZER - 1-3-5-7-9-11

BASKET - #1