



**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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<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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**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 07100 A

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

DATE OF JOB <b>1-18-13</b> DISTRICT <b>KANSAS</b>	NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:
CUSTOMER <b>L.O. Drilling INC.</b>	LEASE <b>HOLM OWWO #1-23</b> WELL NO.
ADDRESS	COUNTY <b>LOGAN 23-11-33</b> STATE <b>KS</b>
CITY STATE	SERVICE CREW <b>Allen, Joe, Mike L, Arrow</b>
AUTHORIZED BY	JOB TYPE: <b>4 1/2" - 2-Stage <del>Flow</del> CNU</b>

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
#28443 P.U.	4 1/2						1-17-13	AM	1200
427463 P+T	4 1/2						1-17-13	AM	1230
19831-19862	4 1/2						1-18-13	PM	1000
19826-19860	4 1/2						1-18-13	PM	830
							1-18-13	AM	330
						MILES FROM STATION TO WELL	175. mile		

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
CP100C	Common Cement	SK	200		\$3200.00
CP101	A-Cor Blend Common	SK	495		\$8910.00
CP101	A-Cor Blend Common	SK	30		\$540.00
CC102	Cell Flake	lb	132		\$488.40
CC105	C-418 Defoamer	lb	47		\$188.00
CC109	Calcium Chloride	lb	1985		\$1668.25
CC111	SALT	lb	1621		\$810.60
CC112	Cement Friction Reducer	lb	848		\$846.00
CC201	Gilsonite	lb	1000		\$670.00
CC113	Gypsum	lb	940		\$706.00
CF400	Two Stage Cement Collar 4 1/2" Red	EA	1		\$4560.00
CF600	4 1/2" Latch down Plug Assembly Red	EA	1		\$720.00
CF1250	Auto Fill Float 4 1/2" Blue	EA	1		\$330.00
CF1650	Turbolizer 4 1/2" Blue	EA	7		\$595.00
CF1900	4 1/2" Basket Blue	EA	1		\$270.00
CF154	Super Flush	gal	500		\$1235.00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE Allen F. Warch THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: RH W  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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



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PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 07051 A

DATE \_\_\_\_\_ TICKET NO. 07160

DATE OF JOB <u>1-18-13</u> DISTRICT <u>KANSAS</u>				NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:					
CUSTOMER <u>L.D. Drilling Inc.</u>				LEASE <u>Holm owned # 1-23</u> WELL NO.					
ADDRESS				COUNTY <u>Logan 23-11-35</u> STATE <u>Ks</u>					
CITY STATE				SERVICE CREW <u>Allen, Joe, Mike L., Arron</u>					
AUTHORIZED BY				JOB TYPE: <u>4 1/2" 2-Stage L.S.</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>#28443 P.U.</u>	<u>4 1/2</u>						<u>1-17-13</u>	<u>AM</u>	<u>1200</u>
<u>#27463 P.U.</u>	<u>4 1/2</u>					ARRIVED AT JOB	<u>1-17-13</u>	<u>AM</u>	<u>1130</u>
<u>19831-19862</u>	<u>4 1/2</u>					START OPERATION	<u>1-18-13</u>	<u>PM</u>	<u>1000</u>
<u>19826-19862</u>	<u>4 1/2</u>					FINISH OPERATION	<u>1-18-13</u>	<u>PM</u>	<u>230</u>
						RELEASED	<u>1-18-13</u>	<u>PM</u>	<u>330</u>
						MILES FROM STATION TO WELL			<u>mile-172</u>

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
E100	Unit mileage charge P.U.	mi	175		\$ 743.75
E101	Heavy Equip. mileage	mi	350		\$ 2450.00
E113	Bulk Delivery Chg.	TM	5976		\$ 9562.00
CE206	Depth Charge 4001-5000	4-hr	1		\$ 2520.00
CE370	Blending & mixing Service Chg.	SK	725		\$ 10150.00
CE504	Plus container 4 1/2"	SOB	1		\$ 250.00
CE203	Depth Chg. 2001-3000 Top Stage	4-hr	1		\$ 1800.00
S003	Service Supervisor first 8hrs	EA	1		\$ 175.00

SUB TOTAL \$33,054.60

CHEMICAL / ACID DATA:


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

SERVICE REPRESENTATIVE Alle F. Wood

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Phil W. R.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

# BASIC

energy services, L.P.

## TREATMENT REPORT

1st Stage

Customer L.D. Drilling Inc.	Lease No.	Date 1-17-13
Lease Holm OWWO	Well # 1-23	
Field Order # 07100	Station Pratt KS	Casing 4 1/2"
Type Job 4 1/2" - 2-Stage L.S. Cement	Depth 4396	County Logan
	Formation T0 4403	State KS
		Legal Description 23-11-33

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2"	Tubing Size	Shots/Ft		Acid 12- BBI super flush	RATE	PRESS	ISIP	
Depth 4396	Depth	From	To	Pre Pad 200 SKs common @ 15.5 #/gal	Max		5 Min.	
Volume 68	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4379	Packer Depth	From	To	Flush Disc H <sub>2</sub> O mud	Gas Volume		Total Load	

Customer Representative Rick TP	Station Manager scotty	Treater Allen
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Service Units	28433	27463	19831	19862	19826	19860			
Driver Names	Allen	Joe	Arnon		mike	Lawrence			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Notes
100 AM					Bottom Stage Service Log L.D. Drilling on Loc. Discuss Safety, Setup. Plan J
845					START 4 1/2" csg. 11.6 #
					Shoe Joint 16.52' w/ Float shoe
					Latch down Baffle in collar.
					Cent. 1-3-5-7-9-11-43
					DV Top @ #42 2660.77'
1045					TAG TD 4403 - CIR w/ Rig @ 439
		2000*	5	5	Pump 5 BBI H <sub>2</sub> O (Test Iron 2)
	200*		12	5	Pump 12 BBI super Flush
			48 1/2	6	Mix 200SKs common @ 15.5'
					Finish mix cent.
					WASH OUT Pump & Line
1200				6 1/2	Drop Plug 4 1/2" Start Rig
					Lift P.S.I. - 35 BBI out
1210	1500*		68		Plug down
					Release P.S.I. - OK.
	900*				Drop opening Part
					open PV
					CIR w/ Rig.

# BASIC

energy services, L.P.

## TREATMENT REPORT

2nd Stage

Customer E.D. Drilling Inc	Lease No.	Date 1-18-13
Lease Holm dww	Well # 1-23	
Field Order # 5700	Station Pratt KS	Casing 4 1/2"
Type Job 4 1/2 - 2-Stage L.S. CNW	Depth 2660	County Logan
	Formation	State KS
		Legal Description 23-11-33

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2"	Tubing Size	Shots/Ft		Acid 495 SKS A-COV	RATE @ 11.6	PRESS	ISIP	
Depth 2660	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 41	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 2660	Packer Depth	From	To	Flush Disp H2O	Gas Volume		Total Load	

Customer Representative Rick TP	Station Manager Sletty	Treater Allen
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Service Units	28443	27463	19831	19862	19826	19860
Driver Names	Allen	Joe	Arrow		Mike	Lawrence

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Notes
11:5 PM	100*			6	TOP Stage Start Mix 495 SKS A-COV @ 11.6 ph
			244		Finish mix WASH OUT Pump + Line
				5	Drop DV Closing Plug. Start Disp.
12:5	1500*		41		Plug down - 700' Lift PS. Release PST OK
	0#		7		Plug Rat Hole w/ 30 SKS A-COV
					WASH UP + RACK UP Equip Job complete
					THANKS
					Allen
					Joe
					Mike
					Arrow

(15 BBL cmt.)  
circ. To Pit