



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1137934
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
-----------------------------------	-----------------	---

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: _____



1137934

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 <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 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				

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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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

May 04, 2013

Ron Prater
Prater Oil & Gas Operations, Inc.
1303 N Main
PRATT, KS 67124-3207

Re: ACO1
Banks 3
Sec.-S-
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 Prater

PAGE	CUST NO	INVOICE DATE
1 of 1	1005628	03/04/2013
INVOICE NUMBER		
1718 - 91133161		

Pratt (620) 672-1201
 B PRATER OIL & GAS
 I 1303 N MAIN ST
 L PRATT
 L KS US 67124
 T
 O ATTN:

J LEASE NAME Banks 3 new well
 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
40570577	20920		Net - 30 days	04/03/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/02/2013 to 03/02/2013				
0040570577				
171807984A Cement-New Well Casing/Pi 03/02/2013 Cement 8 5/8" Surface				
60/40 POZ	275.00	EA	9.00	2,475.14 T
Celloflake	69.00	EA	2.78	191.49 T
Calcium Chloride	711.00	EA	0.79	559.94 T
"Wooden Cmt Plug, 8 5/8" "	1.00	EA	120.01	120.01
"Unit Mileage Chg (PU, cars one way)"	25.00	MI	3.19	79.69
Heavy Equipment Mileage	50.00	MI	5.25	262.51
"Proppant & Bulk Del. Chgs., per ton mil	296.00	EA	1.20	355.22
Depth Charge; 0-500'	1.00	EA	750.04	750.04
Blending & Mixing Service Charge	275.00	BAG	1.05	288.77
Plug Container Util. Chg.	1.00	EA	187.51	187.51
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.26	131.26

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,401.58
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	235.54
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,637.12
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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

A

DATE _____ TICKET NO. _____

DATE OF JOB				DISTRICT		NEW WELL <input 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:										
EQUIPMENT#		HRS	EQUIPMENT#		HRS	EQUIPMENT#		HRS	TRUCK CALLED		DATE	AM	PM	TIME
									ARRIVED AT JOB					
									START OPERATION					
									FINISH OPERATION					
									RELEASED					
									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

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:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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

FIELD SERVICE TICKET
 1718 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		NEW WELL <input 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:					

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						MILES FROM STATION TO WELL				

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: _____
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
				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:
	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer		Lease No.			Date		
Lease		Well #					
Field Order #	Station			Casing	Depth	County	State
Type Job				Formation		Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad		Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative			Station Manager			Treater		
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Service Units								
Driver Names								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log

PAGE	CUST NO	INVOICE DATE
1 of 1	1005628	03/04/2013
INVOICE NUMBER		
1718 - 91133162		

itt (620) 672-1201
 B PRATER OIL & GAS
 I 1303 N MAIN ST
 L PRATT
 L KS US 67124
 T
 O ATTN:

J LEASE NAME Banks 3 new well
 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
40570635	20920		Net - 30 days	04/03/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/02/2013 to 03/02/2013				
0040570635				
171807985A Cement-New Well Casing/Pi 03/02/2013 Cement Surface				
Common Cement	25.00	EA	12.00	300.00
Calcium Chloride	80.00	EA	0.79	63.00
"Unit Mileage Chg (PU, cars one way)"	25.00	MI	3.19	79.69
Heavy Equipment Mileage	50.00	MI	5.25	262.50
"Proppant & Bulk Del. Chgs., per ton mil	30.00	EA	1.20	36.00
"Cement Pumper, Add'l hrs. on Location"	1.00	HR	375.00	375.00
Blending & Mixing Service Charge	25.00	BAG	1.05	26.25
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	1,273.69
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	26.50
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	1,300.19
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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

A

DATE _____ TICKET NO. _____

DATE OF JOB				DISTRICT				NEW WELL <input 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:															
EQUIPMENT#		HRS		EQUIPMENT#		HRS		EQUIPMENT#		HRS		TRUCK CALLED		DATE		AM		PM		TIME			

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

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
------------------------	---

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 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		NEW WELL <input 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:					
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

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____



TREATMENT REPORT

Customer			Lease No.			Date		
Lease			Well #					
Field Order #	Station		Casing	Depth	County		State	
Type Job				Formation		Legal Description		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad		Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative				Station Manager				Treater			
-------------------------	--	--	--	-----------------	--	--	--	---------	--	--	--

Service Units										Driver Names									
Driver Names																			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log

Taylor Printing, Inc. 620-672-3656

PAGE	CUST NO	INVOICE DATE
1 of 1	1005628	03/19/2013
INVOICE NUMBER		
1718 - 91144671		

Pratt (620) 672-1201

B PRATER OIL & GAS
 I 1303 N MAIN ST
 L PRATT
 L KS US 67124
 T
 O ATTN:

J LEASE NAME Banks 3
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Acid Clean Tub / Casing-N
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40576297	33703		Net - 30 days	04/18/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/15/2013 to 03/15/2013				
0040576297				
171808203A Acid Clean Tub / Casing-N 03/15/2013 Acid Job				
10% HCL Acid	3,000.00	GAL	1.19	3,570.00
MCA Acid Conversion	3,000.00	EA	0.46	1,365.00
CIA-1 EP Acid Inhibitor	6.00	EA	52.50	315.00
S-285	3.00	EA	28.00	84.00
Ball Sealer 1.3 S.G. 7/8"	126.00	EA	1.75	220.50
Heavy Equipment Mileage	25.00	MI	4.90	122.50
Unit Mileage Charge-pickups, vans & cars	25.00	HR	2.98	74.38
Acid Pump	1.00	HR	630.00	630.00
Perf Ball Injector Selective	1.00	EA	420.00	420.00
Service Supervisor	1.00	HR	122.50	122.50

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,923.88
BASIC ENERGY SERVICES,LP	BASIC ENERGY SERVICES,LP	TAX	0.00
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,923.88
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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

A

DATE _____ TICKET NO. _____

DATE OF JOB	DISTRICT	NEW WELL <input 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:							
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).

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SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
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:
------------------------	---

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

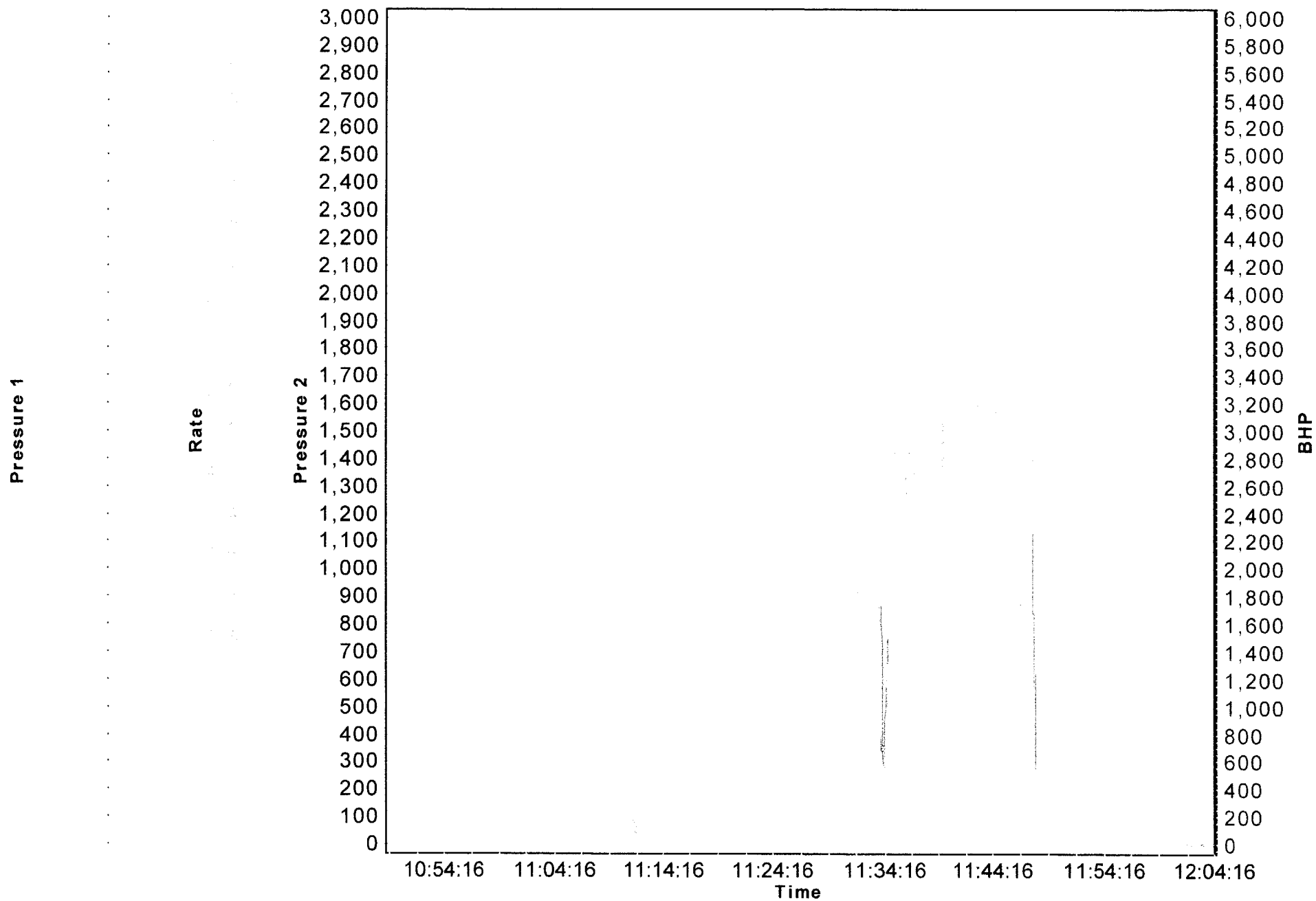
Customer		Lease No.		Date		
Lease		Well #				
Field Order #	Station		Casing	Depth	County	State
Type Job			Formation		Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative				Station Manager				Treater			
Service Units											
Driver Names											

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log							

Prater Oil & Gas Banks # 3



— PSI 2

--- Clean Total



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Prater Oil & Gas Operations Inc.

36-30s-12w Barber Ks.

1303 N.Main
Pratt Ks. 67124

Banks #3

Job Ticket: 50849

DST#: 1

ATTN: Scott Alberg

Test Start: 2013.03.08 @ 19:02:38

GENERAL INFORMATION:

Formation: **Mis s.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 21:33:23

Time Test Ended: 03:50:53

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: **4262.00 ft (KB) To 4310.00 ft (KB) (TVD)**

Reference Elevations: 1657.00 ft (KB)

Total Depth: 4310.00 ft (KB) (TVD)

1648.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 9.00 ft

Serial #: 8352

Outside

Press@RunDepth: 118.17 psig @ 4263.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.03.08

End Date: 2013.03.09

Last Calib.: 2013.03.09

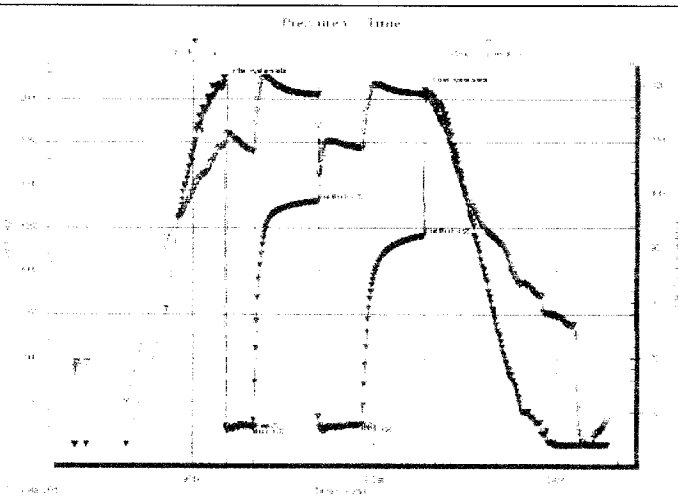
Start Time: 19:02:38

End Time: 03:50:53

Time On Btm: 2013.03.08 @ 21:31:08

Time Off Btm: 2013.03.09 @ 00:50:08

TEST COMMENT: IF: Strong blow . GTS in 6 mins. (see gas flow report)
IS: Very weak blow . (surface)
FF: Strong blow . (see gas flow report)
FSI: Weak blow . 1/4 - 1/2".



PRESSURE SUMMARY

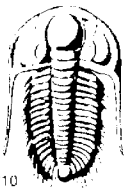
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2096.44	108.94	Initial Hydro-static
3	85.55	110.74	Open To Flow (1)
29	100.19	107.83	Shut-In(1)
93	1407.41	118.37	End Shut-In(1)
95	91.68	103.97	Open To Flow (2)
137	118.17	108.40	Shut-In(2)
198	1204.61	118.52	End Shut-In(2)
199	2049.10	117.40	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	GMCO 40%g 11%m 49%o	0.59
180.00	GMCO 40%g 18%m 42%o	1.71
90.00	GOCM 55%g 22%o 23%m	1.26

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.39	16.00	114.06
Last Gas Rate	0.50	9.00	157.85
Max Gas Rate	0.38	24.00	140.87



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. _____

Well Name & No. _____	Test No. _____	Date _____
Company _____	Elevation _____	KB _____ GL _____
Address _____		
Co. Rep / Geo. _____	Rig _____	
Location: Sec. _____	Twp. _____	Rge. _____ Co. _____ State _____

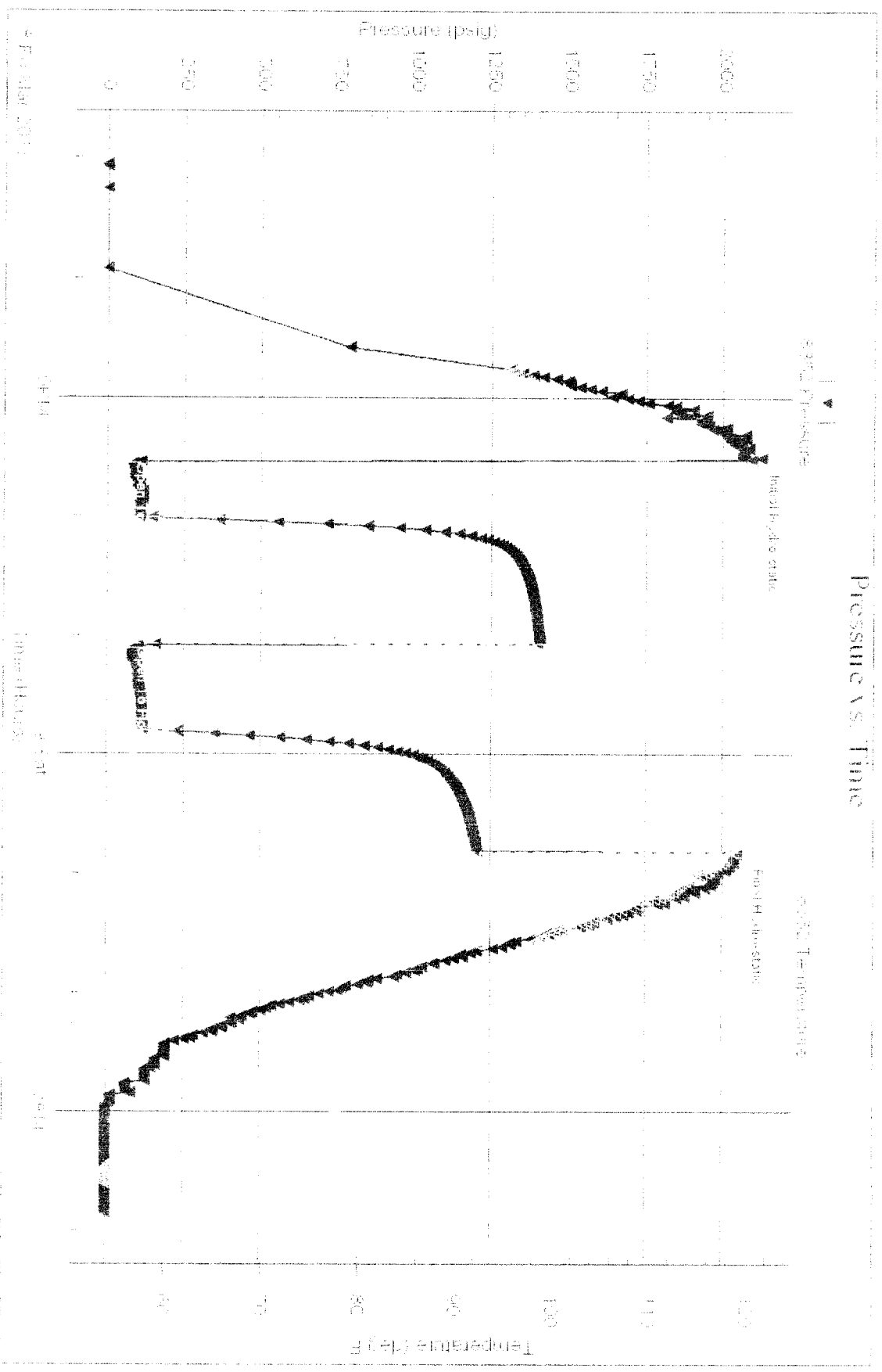
Interval Tested _____	Zone Tested _____
Anchor Length _____	Drill Pipe Run _____ Mud Wt. _____
Top Packer Depth _____	Drill Collars Run _____ Vis _____
Bottom Packer Depth _____	Wt. Pipe Run _____ WL _____
Total Depth _____	Chlorides _____ ppm System _____ LCM _____
Blow Description _____	

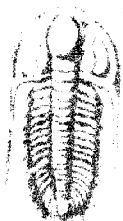
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec _____	Feet of _____	%gas _____	%oil _____	%water _____	%mud _____

Rec Total _____	BHT _____	Gravity _____	API RW _____	@ _____ ° F	Chlorides _____ ppm
(A) Initial Hydrostatic _____	<input type="checkbox"/> Test _____	T-On Location _____			
(B) First Initial Flow _____	<input type="checkbox"/> Jars _____	T-Started _____			
(C) First Final Flow _____	<input type="checkbox"/> Safety Joint _____	T-Open _____			
(D) Initial Shut-In _____	<input type="checkbox"/> Circ Sub _____	T-Pulled _____			
(E) Second Initial Flow _____	<input type="checkbox"/> Hourly Standby _____	T-Out _____			
(F) Second Final Flow _____	<input type="checkbox"/> Mileage _____	Comments _____			
(G) Final Shut-In _____	<input type="checkbox"/> Sampler _____	_____			
(H) Final Hydrostatic _____	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____			
Initial Open _____	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____			
Initial Shut-In _____	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____			
Final Flow _____	<input type="checkbox"/> Extra Recorder _____	Sub Total _____			
Final Shut-In _____	<input type="checkbox"/> Day Standby _____	Total _____			
	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____			
	Sub Total _____				

Approved By _____ Our Representative _____

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.





TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

GAS RATES

Prater Oil & Gas Operations Inc.

36-30s-12w Barber Ks.

1303 N.Main
Pratt Ks.67124

Banks #3

Job Ticket: 50849

DST#: 1

ATTN: Scott Alberg

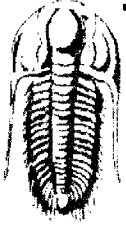
Test Start: 2013.03.08 @ 19:02:38

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
1	20	0.38	24.00	140.67
1	30	0.50	13.00	184.83
2	10	0.50	14.00	191.58
2	20	0.50	11.00	171.34
2	30	0.50	9.00	157.85
2	40	0.50	9.00	157.85
2	45	0.50	-999999.00	-999999.00
-	-	-999999.00	-999999.00	-999999.00
-	-	-999999.00	-999999.00	-999999.00
-	-	-999999.00	-999999.00	-999999.00



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

GAS RATES

Prater Oil & Gas Operations Inc.

36-30s-12w Barber Ks.

1303 N. Main
Pratt Ks. 67124

Banks #3

Job Ticket: 50849

DST#: 1

ATTN: Scott Alberg

Test Start: 2013.03.08 @ 19:02:38

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
1	15	0.38	16.00	111.36
1	15	0.38	16.00	111.36
1	20	0.38	24.00	140.67
1	30	0.50	13.00	184.83
2	10	0.50	14.00	191.58
2	20	0.50	11.00	171.34
2	30	0.50	9.00	157.85
2	40	0.50	9.00	157.85

2 95 0.5 8.5 154

PAGE	CUST NO	INVOICE DATE
1 of 1	1005628	03/11/2013
INVOICE NUMBER		
1718 - 91138409		

Pratt
 B PRATER OIL & GAS
 I 1303 N MAIN ST
 L PRATT
 L KS US 67124
 T
 O ATTN:

(620) 672-1201

J LEASE NAME Banks 3
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40573281	27463			Net - 30 days	04/10/2013
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/10/2013 to 03/10/2013					
0040573281					
171808151A Cement-New Well Casing/Pi 03/10/2013					
Cement 5 1/2" Longstring					
AA2 Cement		265.00	EA	12.75	3,378.58 T
Celloflake		67.00	EA	2.77	185.92 T
C-41P		50.00	EA	3.00	149.99 T
Salt		1,207.00	EA	0.37	452.60 T
Cement Friction Reducer		75.00	EA	4.50	337.48 T
C-44		250.00	EA	3.86	965.58 T
FLA-322		125.00	EA	5.62	703.09 T
Mud Flush		500.00	EA	0.64	322.48 T
Gilsonite		1,324.00	EA	0.50	665.28 T
"Top Rubber Cmt Plug, 5 1/2" ""		1.00	EA	78.75	78.75
"Guide Shoe - Regular. 5 1/2" (Blue)"		1.00	EA	187.49	187.49
"Turbolizer, 5 1/2" (Blue)"		10.00	EA	82.50	824.96
Flapper Type Inst Float Valve 5 1/2" (Blu		1.00	EA	161.24	161.24
Claymax KCL Substitute		1.00	EA	26.25	26.25 T
"Unit Mileage Chg (PU, cars one way)"		25.00	MI	3.19	79.68
Heavy Equipment Mileage		50.00	MI	5.25	262.49
"Proppant & Bulk Del. Chgs., per ton mil		313.00	EA	1.20	375.58
Depth Charge; 4001'-5000'		1.00	EA	1,889.90	1,889.90
Blending & Mixing Service Charge		265.00	BAG	1.05	278.24
High Head Charge (Over 6')		1.00	EA	224.99	224.99
Plug Container Util. Chg.		1.00	EA	187.49	187.49
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.24	131.24

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,869.30
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	524.67
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	12,393.97
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

PAGE	CUST NO	INVOICE DATE
1 of 1	1005628	03/04/2013
INVOICE NUMBER		
1718 - 91133162		

att (620) 672-1201
 B PRATER OIL & GAS
 I 1303 N MAIN ST
 L PRATT
 L KS US 67124
 T
 O ATTN:

J LEASE NAME Banks 3 new well
 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	
40570635	20920		Net - 30 days	04/03/2013	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/02/2013 to 03/02/2013					
0040570635					
171807985A Cement-New Well Casing/Pi 03/02/2013 Cement Surface					
Common Cement		25.00	EA	12.00	300.00 T
Calcium Chloride		80.00	EA	0.79	63.00 T
"Unit Mileage Chg (PU, cars one way)"		25.00	MI	3.19	79.69
Heavy Equipment Mileage		50.00	MI	5.25	262.50
"Proppant & Bulk Del. Chgs., per ton mil		30.00	EA	1.20	36.00
"Cement Pumper, Add'l hrs. on Location"		1.00	HR	375.00	375.00
Blending & Mixing Service Charge		25.00	BAG	1.05	26.25
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.25	131.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	1,273.69
BASIC ENERGY SERVICES,LP	BASIC ENERGY SERVICES,LP	TAX	26.50
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	1,300.19
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

PAGE	CUST NO	INVOICE DATE
1 of 1	1005628	03/04/2013
INVOICE NUMBER		
1718 - 91133161		

Pratt (620) 672-1201
 B PRATER OIL & GAS
 I 1303 N MAIN ST
 L PRATT
 L KS US 67124
 T
 O ATTN:

J LEASE NAME Banks 3 new well
 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	
40570577	20920		Net - 30 days	04/03/2013	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 03/02/2013 to 03/02/2013					
0040570577					
171807984A Cement-New Well Casing/Pi 03/02/2013					
Cement 8 5/8" Surface					
60/40 POZ		275.00	EA	9.00	2,475.14 T
Celloflake		69.00	EA	2.78	191.49 T
Calcium Chloride		711.00	EA	0.79	559.94 T
"Wooden Cmt Plug, 8 5/8" "		1.00	EA	120.01	120.01
"Unit Mileage Chg (PU, cars one way)"		25.00	MI	3.19	79.69
Heavy Equipment Mileage		50.00	MI	5.25	262.51
"Proppant & Bulk Del. Chgs., per ton mil		296.00	EA	1.20	355.22
Depth Charge; 0-500'		1.00	EA	750.04	750.04
Blending & Mixing Service Charge		275.00	BAG	1.05	288.77
Plug Container Util. Chg.		1.00	EA	187.51	187.51
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.26	131.26

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,401.58
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	235.54
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,637.12
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		