



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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	REH Oil and Gas LLC
Well Name	Conrad 30-1
Doc ID	1149409

Tops

Name	Top	Datum
Heebner Shale	4285	-2363
Douglas Shale	4440	-2518
Lansing	4485	-2563
Stark	4923	-3001
Marmaton	5051	-3129
Pawnee	5147	-3225
Cherokee group	5212	-3290
Morrow Shale	5331	-3409
Mississippian	5489	-3567
Viola	6679	-4757
Simpson	6938	-5016
Arbuckle	7007	-5085

QUALITY WELL SERVICE, INC.

5716

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	11-1-12	Sec.	30	Twp.	33	Range	21	County	Clark	State	KS	On Location		Finish	2:00	
Lease	Casper		Well No. 30-1			Location Sitka + 193 2 South East into										
Contractor	Mid Continent Conductor							Owner								
Type Job	Conductor							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	32		T.D. 76													
Csg.	20"		Depth 76													
Tbg. Size								Charge To Beh oil + Cng								
Tool								Street								
Cement Left in Csg.								City State								
Meas Line								The above was done to satisfaction and supervision of owner agent or contractor.								
EQUIPMENT							Cement Amount Ordered 220 sx Common 2% Gel									
Pumptrk	6	No.	David		3% CC											
Bulktrk	7	No.	Dank		Common 220											
Bulktrk		No.			Poz. Mix											
Pickup		No.			Gel. 4											
JOB SERVICES & REMARKS							Calcium 8									
Rat Hole								Hulls								
Mouse Hole								Salt								
Centralizers								Flowseal								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
							CFL-117 or CD110 CAF 38									
							Sand									
Mixed 220sx Common 2% Gel							Handling 242									
3% CC Pumped down 32" hole							Mileage 5									
to surface							FLOAT EQUIPMENT									
							Guide Shoe									
							Centralizer									
							Baskets									
							AFU Inserts									
							Float Shoe									
							Latch Down									
							Pumptrk Charge Conductor									
							Mileage 5									
							Tax									
							Discount									
X Signature Bob Kasper							Total Charge									

QUALITY WELL SERVICE, INC.

5751

Federal Tax I.D. # 42-1187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	11-15-12	Sec.	30	Twp.	33	Range	21	County	Clark	State	KS	On Location		Finish	11:45-12:15pm
Lease	Well No.		30-1		Location										
Contractor											Owner				
Type Job											To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Hole Size											T.D.				
Csg.											Depth				
Tbg. Size											Depth				
Tool											Depth				
Cement Left in Csg.											Shoe Joint				
Meas Line											Displace				
EQUIPMENT											Charge To				
Pumptrk	No.	8		redy		Common									
Bulktrk	No.	5		m. cc		Poz. Mix									
Bulktrk	No.			Heath		Gel.									
Pickup	No.					Calcium									
JOB SERVICES & REMARKS											Hulls				
Rat Hole											Salt				
Mouse Hole											Flowseal				
Centralizers											Kol-Seal				
Baskets											Mud CLR 48				
D/V or Port Collar											CFL-117 or CD110 CAF 38				
Run 9 hrs of 13 3/8 and landing											Sand				
1+											Handling				
											Mileage				
Fst Circulation with mud pump											FLOAT EQUIPMENT				
Thru up to 13 3/8 sledge and in rd											Guide Shoe				
450 x 200m 3%CC 2%gel - disp											Centralizer				
58 1/4 bbl of H2O - shut in @ psi											Baskets				
											AFU Inserts				
											Float Shoe				
											Latch Down				
Cement did circulate to surface											No additional hours chg for wait time				
											Pumptrk Charge				
											Mileage				
											Tax				
											Discount				
											Total Charge				
Signature															



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 07411 A

DATE _____ TICKET NO. _____

DATE OF JOB: 12-04-12		DISTRICT: PRATT KS		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: REH. OIL, GAS				LEASE: CONRAD		30-1		WELL NO.:	
ADDRESS:				COUNTY: CLARK		STATE: KS			
CITY:				STATE:		SERVICE CREW: Sullivan, W.D. Pitt, Callaway			
AUTHORIZED BY:				JOB TYPE: CNW 5 1/2 LBS/STK					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33705-20970	50 md						12-4-12	AM	
19900-71010	50 md					ARRIVED AT JOB	12-4-12	PM	5:19
37900						START OPERATION		AM	10:00
						FINISH OPERATION		AM	11:40
						RELEASED		AM	12:30
						MILES FROM STATION TO WELL			85

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: *Bob Kasper*
(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	275		4,675 00
CP 105	AA-2 cont	SK	50		850 00
CC 105	Op FOAMER	16	77		208 00
CC 111	Salt	16	1627		813 50
CC 112	Fracturing Volume	16	92		552 00
CC 129	Fluid loss	16	245		1,837 50
CC-201	silicate	16	1625		1,038 75
CF 607	Latch down 2 Ply Baffle	SA	1		400 00
CF 1001	Packer shoe (200)	SA	1		3,700 00
CF 1651	Turbolizer	SA	9		990 00
CF 1701	Baffle	SA	1		290 00
C 204	CLAYMAX	GAL	7		245 00
CC 151	mw fluid	GAL	500		430 00
C 100	Decking mat	sq	85		361 25
C 101	Heavy Surt mat	sq	120		1,190 00
C 113	Bulk Debruy	TN	1301		2,080 80
CE 208	Deck th clamp	SA	1		3,400 00
CE 240	Biochly - mrvic	SK	325		435 00
CE 504	Chem container Ventral	TA	1		250 00
S 003	Solun Superlamin	sq	1		175 00
SUB TOTAL					
DLS					16,032 59
SERVICE & EQUIPMENT				%TAX ON \$	
MATERIALS				%TAX ON \$	
TOTAL					

Thank you

SERVICE REPRESENTATIVE: <i>Robert J. [Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Bob Kasper</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Reh Oil & Gas LLC

30-33S-21W Clark

1501 E First St
Pratt, KS 67124

Conrad 30-1

Job Ticket: 49635

DST#: 1

ATTN: Scott Alberg

Test Start: 2012.11.25 @ 16:02:01

GENERAL INFORMATION:

Formation: **Morrow**

Deviated: **No Whipstock:** ft (KB)

Time Tool Opened: 19:15:01

Time Test Ended: 01:07:16

Test Type: **Conventional Bottom Hole (Initial)**

Tester: **Leal Cason**

Unit No: **45**

Interval: **5324.00 ft (KB) To 5421.00 ft (KB) (TVD)**

Reference Elevations: **1922.00 ft (KB)**

Total Depth: **5421.00 ft (KB) (TVD)**

1913.00 ft (CF)

Hole Diameter: **7.97 inches** Hole Condition: **Good**

KB to GR/CF: **9.00 ft**

Serial #: 6798

Inside

Press@RunDepth: **96.19 psig @ 5325.00 ft (KB)**

Capacity: **8000.00 psig**

Start Date: **2012.11.25**

End Date:

2012.11.26

Last Calib.: **2012.11.26**

Start Time: **16:02:01**

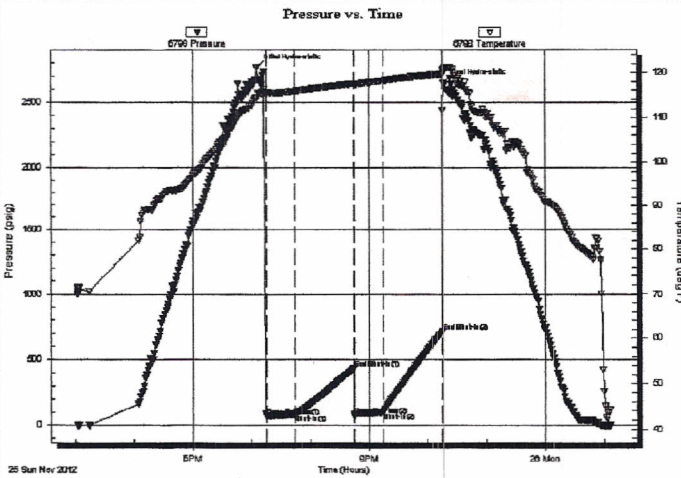
End Time:

01:07:16

Time On Btm: **2012.11.25 @ 19:05:16**

Time Off Btm: **2012.11.25 @ 22:16:01**

TEST COMMENT: IF: Fair Blow, BOB in 12 minutes
IS: 1/2 Inch Blow Back
FF: Strong Blow, BOB in 30 seconds
FSI: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2766.37	114.34	Initial Hydro-static
10	65.05	115.64	Open To Flow (1)
39	83.37	115.90	Shut-In(1)
100	433.19	117.59	End Shut-In(1)
100	74.74	117.45	Open To Flow (2)
129	96.19	118.19	Shut-In(2)
190	712.48	119.77	End Shut-In(2)
191	2651.33	120.50	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	GIP 426 Feet	0.00
70.00	SGCM 2%G 98%M	0.34

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

