



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	L. D. Drilling, Inc.
Well Name	ANDRESS B 1-2
Doc ID	1150333

Tops

Name	Top	Datum
ANHYDRITE	704	+1179
BASE ANHYDRITE	710	+1155
HOWARD	2744	-879
TOPEKA	2832	-967
HEEBNER	3108	-1243
BROWN LIME	3232	-1367
LANSING	3248	-1383
BASE KANSAS CITY	3463	-1598
ARBUCKLE	3502	-1637



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

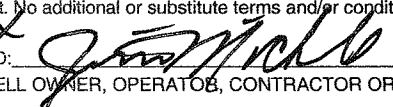
FIELD SERVICE TICKET
1718 07610 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2-7-2013	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 ADDRESS: 'B'		WELL NO: 1-2					
ADDRESS	COUNTY: STAFFORD	STATE: Ks.						
CITY	STATE	SERVICE CREW: LESLEY, MARQUEZ, LAWRENCE						
AUTHORIZED BY	JOB TYPE: CNW - 4 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
37586	6						2-7-13	PM 1:00
19889-19843	6					ARRIVED AT JOB		PM 3:00
19826-19860	6					START OPERATION		PM 3:15
						FINISH OPERATION		PM 6:00
						RELEASED		PM 7:00
						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: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100C	COMMON CMT.	SK	175		2,800.00
CP 103	60/40 POZ	SK	30		360.00
CC 105	C-41P DEFORMER	lb	42		168.00
CC 111	SALT	lb	1422		711.00
CC 112	CMT. FRICTION REDUCER	lb	124		744.00
CC 113	GYPSUM	lb	825		618.75
CC 201	GILSONITE	lb	875		586.25
CF 102	TOP RUBBER PLUG, 4 1/2"	EA	1		80.00
CF 250	REGULAR GUIDE SHOE, 4 1/2"	EA	1		225.00
CF 1450	FLAPPER TYPE INSERT FLOAT VALVE, 4 1/2"	EA	1		200.00
CF 1650	TURBOLIZER, 4 1/2"	EA	6		510.00
CC 154	SUPER FLUSH	EA	330	1980.	808.50
E 100	PICKUP MILEAGE	MI	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	90		630.00
E 113	BULK DELIVERY CHARGE	TM	430		687.60
CE 204	DEPTH CHARGE; 3001'-4000'	HR	1-4		2,160.00
CE 240	BLENDING CHARGE	SK	205		287.00
CE 504	PLUG CONTAINER CHARGE	JB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00
CC 154	super flush		330 gal		808.50
SUB TOTAL					9144.26

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		9144.26

SERVICE REPRESENTATIVE: 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

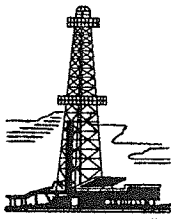
Customer	LD DRILLING CO., INC.	Lease No.		Date	2-7-2013		
Lease	ADDRESS 'B'	Well #	1-2				
Field Order #	07610	Station	PRATT, KS.	Casing	4 1/2"	Depth	
Type Job	CNW - 4 1/2" L.S.	Formation	TD - 31230'	County	STAFFORD	State	KS.
						Legal Description	2-21-13

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
4 1/2" x 10.5"			CMT. -	175 SK. COMMON				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
3028'				@ 1.36 CWT ³	Min		10 Min.	
Volume	Volume	From	To	Pad	Avg		15 Min.	
57.8 BBL				Frac	HHP Used		Annulus Pressure	
Max Press	Max Press	From	To	Flush	Gas Volume		Total Load	
1500				57.6 BBL				
Well Connection	Annulus Vol.	From	To					
P.C.								
Plug Depth	Packer Depth	From	To					
3014'								

Customer Representative	LD DAVIS	Station Manager	D. SCOTT	Treater	K. LESLEY
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Service Units	37586	19889	19843	19826	19860				
Driver Names	LESLEY	MARQUEZ	---	LAWRENCE	---				

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
3:00 PM					ON LOCATION - SAFETY MEETING
3:15 PM					RUN 87 JTS. 4 1/2" x 10.5" CSG. (OLD)
{					TURBO - 1, 3, 5, 7, 9, 11
4:20 PM					CSG. ON BOTTOM
4:25 PM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
5:29 PM	300		5	6	H ₂ O AHEAD
5:30 PM	300		12	6	SUPERFLUSH (SODIUM SILICATE)
5:32 PM	250		5	6	H ₂ O SPACER
5:33 PM	200		42	6	MIX 175 SKS. COMMON @ 15.5 PPG
5:40 PM					CLEAR TUB, PUMP & LINE / DROP T.R. PLUG
5:44 PM	0		0	5	START DISPLACEMENT
5:53 PM	200		38	4	LIFT PRESSURE
5:55 PM	400		47	2	SLOW RATE
6:00 PM	8900		57.6	2	PLUG DOWN - HELD
					CIRC. THRU JOB
6:05 PM					PLUG R.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY



Petromark Drilling

TD 3630

PIPE TALLY

CUSTOMER LD Success B #1-2 DATE 2/6

CARRIER _____ /B.L.# _____ CUST. ORDER NO. _____

STORE LOCATION _____ P.O.# _____ LOCATION: _____

SIZE 4 1/2 WT. _____ GRADE _____ MILL _____ RANGE _____ THREAD _____

No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.	No.	Ft.	In.
1	13	4 1/2	26	42	80	51	42	81	76	42	78	101			126			137	73	35	176		
2	40	56	27	40	09	52	40	19	77	40	47	102			127			152	20	67	177	1 out	
3	42	62	28	42	64	53	42	79	78	42	73	103			128			153	75	26	178		
4	42	77	29	38	65	54	42	88	79	42	60	104			129			154	43	17	179	2 out	
5	42	71	30	42	54	55	39	86	80	42	59	105			130			155	70	9	180		
6	41	21	31	38	72	56	38	10	81	42	64	106			131			156	42	60	181	3 out	
7	42	82	32	42	64	57	42	61	82	42	74	107			132			157	66	6	182		
8	42	64	33	38	62	58	42	60	83	40	94	108			133			158	42	67	183	4 out	
9	42	72	34	42	54	59	42	43	84	38	98	109			134			159	62	4	184		
10	42	70	35	42	52	60	42	73	85	42	73	110			135			160			185		
11	42	54	36	38	93	61	42	74	86	42	77	111			136			161			186		
12	42	48	37	42	63	62	43	45	87	42	15	112			137			162			187		
13	42	40	38	42	77	63	42	73	88	42	67	113	out		138			163			188		
14	42	63	39	42	76	64	41	55	89	42	60	114	out		139			164	24		189		
15	42	64	40	43	15	65	42	73	90	43	17	115	out		140			165			190		
16	42	52	41	42	38	66	42	66	91	20	67	116	out ground		141			166			191		
17	42	84	42	42	71	67	42	70	92			117			142			167			192		
18	42	67	43	42	62	68	42	58	93			118			143			168			193		
19	41	31	44	42	74	69	42	64	94			119			144			169			194		
20	42	66	45	42	80	70	42	65	95			120			145			170			195		
21	38	16	46	42	73	71	42	75	96			121			146			171			196		
22	42	65	47	40	96	72	42	81	97			122			147			172			197		
23	40	03	48	42	61	73	38	26	98			123			148			173			198		
24	42	63	49	43	22	74	38	90	99			124			149			174			199		
25	42	78	50	42	02	75	42	77	100			125			150			175			200		
Total	1025	20		1046	79		1048	78		652	58												

362
 +
 41.24
 41.00
 3628.24
 Total 3628.24
 J+

NO. JOINTS 91

TALLIED BY ME

FOOTAGE _____ TOTAL _____ FT. _____

RECEIVED BY _____

KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.

LEASE # 1-2 ADDRESS "B"

FIELD WILDCAT

LOCATION 2310' ENL & 990' FEL SW SE NE

SEC 2 TWP 21s RGE 13W

COUNTY STAFFORD STATE KANSAS

CONTRACTOR PETROMARK DRILLING RIG 2

SPUD 2-1-13 COMP 2-7-13

RTD 3630 LTD 3635

MUD UP 2816 TYPE MUD CHEMICAL

ELEVATIONS

KB 1865

DF _____

GL 1860

Measurements Are All
From 1865 KB

CASING

SURFACE 8 5/8" @ 384'

PRODUCTION 4 1/2" @

ELECTRICAL SURVEYS
DUAL IND., DENS-N., MICRO

SAMPLES SAVED FROM 2900 TO 3630

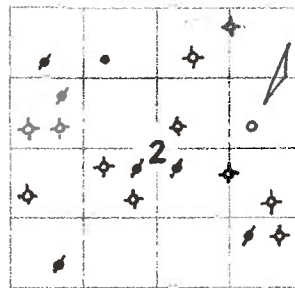
DRILLING TIME KEPT FROM 2700 TO 3630

SAMPLES EXAMINED FROM 2900 TO 3630

GEOLOGICAL SUPERVISION FROM 3200 TO 3630

GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	704+1161	686+1179
B/ANH.	710+1155	709+1156
HOWARD	2744-879	2742-877
TOPEKA	2832-967	2832-967
HEEBNER	3108-1243	3104-1239
BROWN LIME	3232-1367	3229-1364
LANSING	3248-1383	3244-1379
B/KC	3463-1598	3460-1595
ARBUCKLE	3502-1637	3500-1635



REMARKS

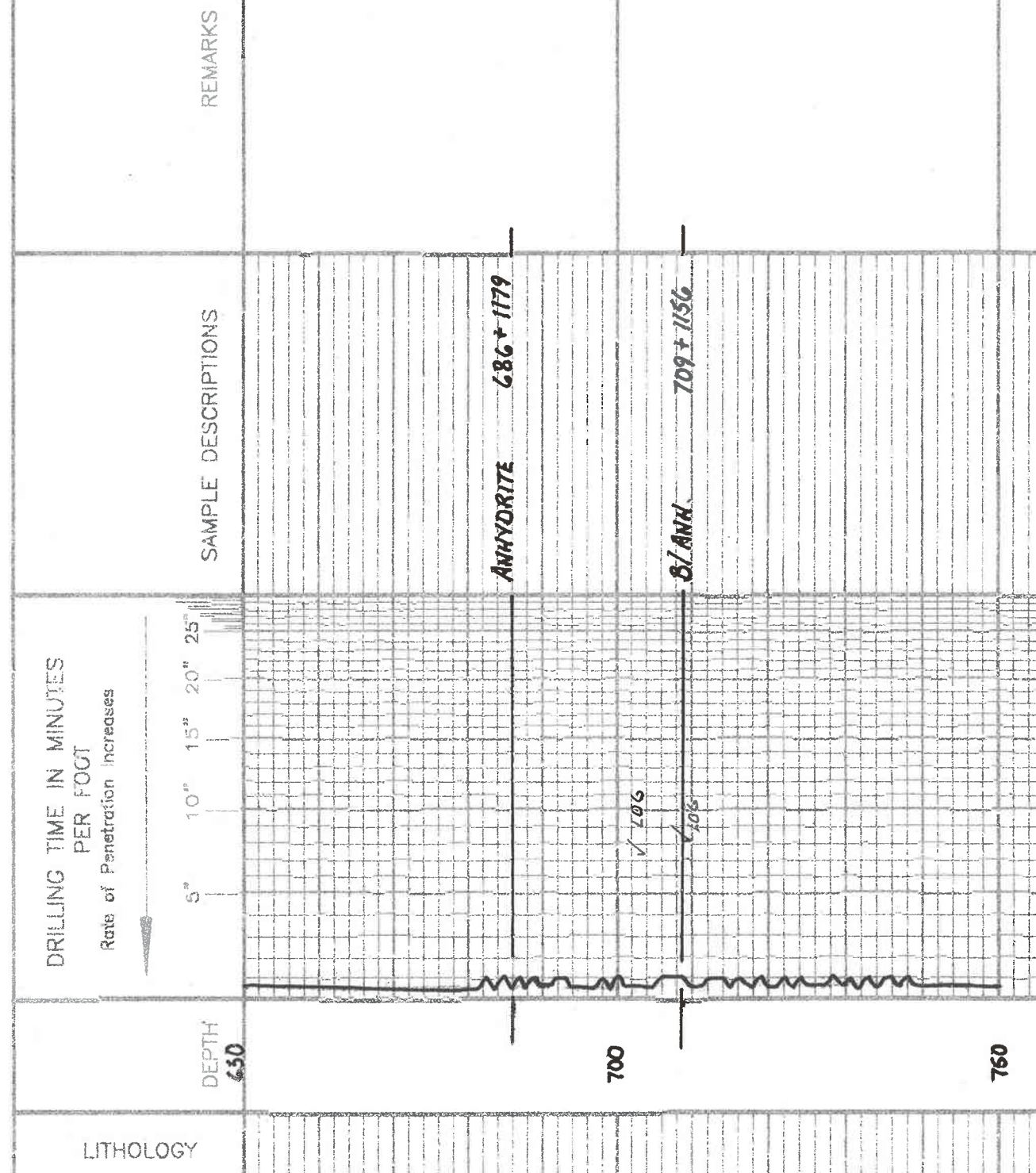
2-1-13 SPUD
2-2 @ 388'
2-3 @ 1980'
2-4 @ 2974'
2-5 @ 3320'
2-6 @ 3520'
2-7 @ 3630'

API: 15-185-23787

LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Cerb. sh.
- Limestone
- Ool. Lime
- Chert
- Dolomite

SHOEO1-06



760

2700

2800

2900

HOWARD 2792-877

TOPEKA 2832-967

Samples are logged

LS. Tan. V.S. Foss. Sh. Calcitic.

Sh. 624

LS. Bl. Lig. Sh. Foss.

Sh. Lig. Silty.

LS. Tan. Sh. Foss. Silty.

DISP

V. 151-516

VIS: 56
WT: 89
VL: 7.2
CMC: 1800

LS. med. Sil. Foss. V.Sil. Chilly

Sh. Calc.

LS. med. to Sil. med. Foss. Greenish

LS. med. med. Chilly

LS. silty. V.Sil. Foss.

LS. med. V.Sil. Foss. Chilly

HEEBNER 3104-1239
Sh. Calc. 1306

LS. med. V.Sil. Foss.

Sh. Calc.

LS. med. to Sil. Foss. Sil. Calc.

Sh. med. Calc.

Sh. silty. Silty. Silty.

Sh. med. silty.

Sh. med. silty.

Sh. med. silty.

BROWN LIME 3229-1364
LS. med. V.Sil. Foss.

Sh. med. Silty.

LANSING 3244-1379

LS. med. Sil. Foss. Silty. Silty. P. V. med. Calc. D. med. Sil. Foss. to Bottom Bucket 28 1/2 ft
LS. med. Sil. Foss. to Bottom Bucket 28 1/2 ft

A. med.

LS. med. Chilly.

LS. med. Sil. Foss. Foss. Calc. P. V. med. Calc. D. med. Sil. Foss. to Bottom Bucket 28 1/2 ft
LS. med. Sil. Foss. to Bottom Bucket 28 1/2 ft

LS. med. V.Sil. Foss. V.Sil. Chilly.

LS. med. med. D. med. to Bottom Bucket 28 1/2 ft
LS. med. Sil. Foss. V.Sil. Foss. D. med. Sil. Foss.

LS. med. Foss. D. med.

Sh. Calc.

LS. med. Sil. Foss. P. V. med. Calc. D. med. Sil. Foss. to Bottom Bucket 28 1/2 ft
LS. med. Sil. Foss. to Bottom Bucket 28 1/2 ft

Sh. Calc.

3000

3100

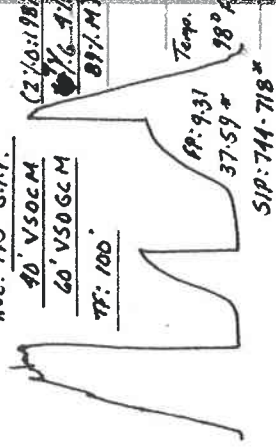
TORONTO

DOUGLAS

3200

3300

DST (1)



89: None
88: "

DST (1) 3231-3320

1st OPEN: Blow count to Bottom Bucket 28 1/2 ft
2nd OPEN: " " " " 30 1/2 ft

Rec. 195' S.I.P.

90' V50CM

60' V506CM

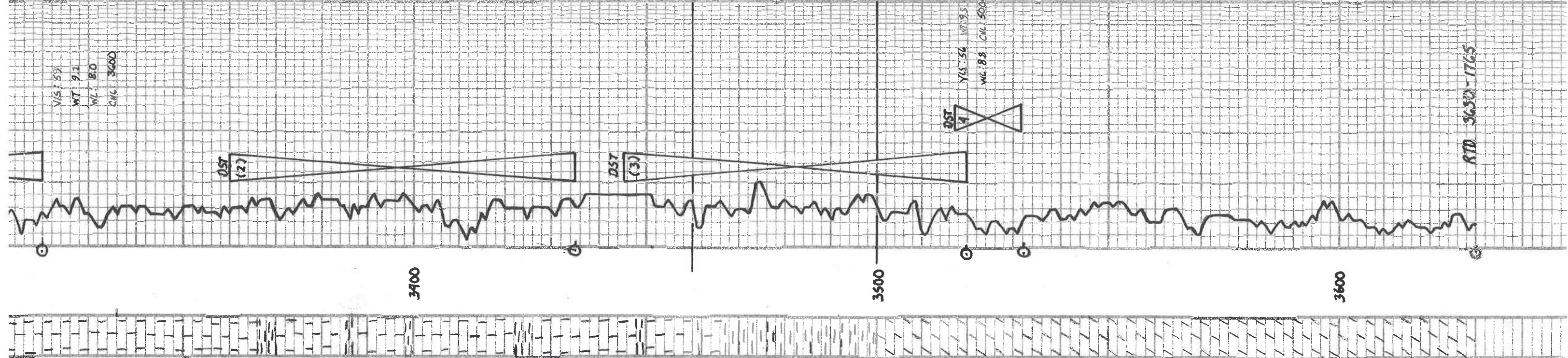
TP: 100'

PP: 9.31

37.59*

SIP: 741.718*

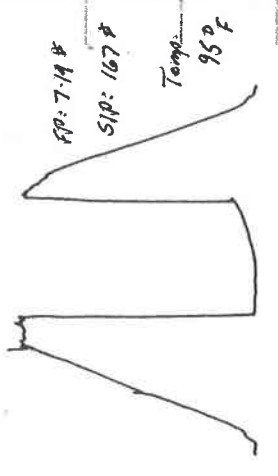
VS: 59
WT: 9.1
WL: 8.0
CML 3600



DST (2) 3360-3435

15' OPEN: Blow built to 1/2"

30-30 Rec. 10 Mud



LS. 7' wt. silty sh. to 5" silty sh. No odor
LS. wt. cherty
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor

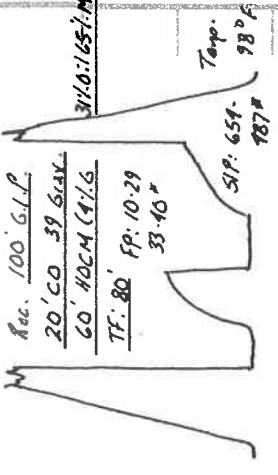
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor

3400

DST (3)

DST (3) 3445-3520

15' OPEN: Blow built to 5"
2' OPEN: " " " 3"
30-45-15-60



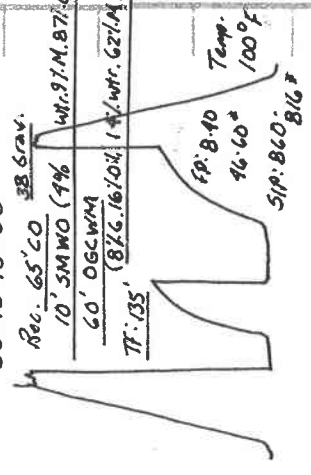
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor

3500

ARBUCKLE 3500-1635

DST (4) 3517-3532

15' OPEN: Blow built to 5"
2' OPEN: " " " 5 1/2"



LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor
LS. 7' silty sh. to 5" silty sh. No odor

3600

RTD 3630-1765



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 07841 A

2-215-13W

DATE _____ TICKET NO. _____

DATE OF JOB: 4-2-13	DISTRICT: Pratt, Kansas	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: L. D. Drilling, Incorporated		LEASE: Address "B"				WELL NO. 1-2			
ADDRESS:		COUNTY: Stafford		STATE: Kansas					
CITY:		STATE:		SERVICE CREW: C. Messick, M. Mattal, S. Young					
AUTHORIZED BY:		JOB TYPE: C.N.W. - Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
37,216	.5						4-1-13	AM	10:00
						ARRIVED AT JOB	4-2-13	PM	12:30
19,903-19,905	.5					START OPERATION)	PM	2:00
						FINISH OPERATION)	PM	2:30
77,686-73,768	.5					RELEASED	4-2-13	PM	3:00
						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: Brandon d Wilks
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P CP 101	A-CON Blend Cement	sh	175	\$	3,150 00
P CP 100C	Common Cement	sh	175	\$	2,800 00
P CC 102	Cellflake	Lb	88	\$	325 60
P CC 109	Calcium Chloride	Lb	825	\$	866 25
P CF 153	Wooden Plug, 8 5/8"	ea	1	\$	160 00
P E 100	Pickup Mileage	Mi	45	\$	191 25
P E 101	Heavy Equipment Mileage	Mi	90	\$	630 00
P E 113	Bulk Delivery	tm	743	\$	1,188 00
P CE 200	Cement Pump: 0 Feet To 500 Feet	hrs	4	\$	1,000 00
P CE 240	Blending and Mixing Service	sh	350	\$	490 00
P CE 504	Plug Container	Job	1	\$	250 00
P S 003	Service Supervisor	hrs	8	\$	175 00

SUB TOTAL \$8,419 58

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Debra R. Messick THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Brandon d Wilks
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer L.D. Drilling, Incorporated		Lease No.	Date 2-2-13		
Lease Address "B"		Well # 1-2			
Field Order # 7841	Station Pratt, Kansas	Casing 8 5/8" 23Lb.	Depth 388 Feet	County Stafford	State Kansas
Type Job C.N.W. - Surface			Formation	Legal Description 2-215-13W	

PIPE DATA		PERFORATING DATA		CEMENT USED	TREATMENT RESUME		
Casing Size 8 5/8" 23Lb.	Tubing Size	Shots/Ft	175 sacks A-con with 38 Calcium Chloride, 25Lb./St. Cell Plate		RATE	PRESS	ISIP
Depth 388 Feet	Depth	From	To	12 Lb./Gal., 1	4.49 Gal./St.	2.47 CU. FT./St.	5 Min.
Volume 24.8 Bbl.	Volume	From	To	175 sacks common with 28 Calcium Chloride, 25Lb./St. Cell Plate	Min		10 Min.
Max Press 300 P.S.I.	Max Press	From	To	15.6 Lb./Gal., 5	2.3 Gal./St., 1.20 CU. FT./St.		15 Min.
Well Connection Plug Container	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 378 Feet	Packer Depth	From	To	Flush 24 Bbl. Fresh Water	Gas Volume		Total Load

Customer Representative Jim Nichols	Station Manager David Scott	Treater Clarence R. Messick
--	------------------------------------	------------------------------------

Service Units	37,216	19,903	19,905	77,686	73,768				
Driver Names	Messick	Mattal	Young						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30					Trucks on location and hold safety meeting.
1:00					Petromark Drilling start to run 9 Joints new 23Lb./Ft. 8 5/8" casing.
1:55					Casing in well. Circulate for 5 minutes.
2:05	250			5	Start Freshwater Pre-Flush.
	275		10	5	Start Mixing 175 sacks A-con Blend cement.
	175		87	5	Start Mixing 175 sacks common cement.
	0-		124		Stop pumping. Shut in well. Release Wooden Plug. Open Well.
2:24	100			5	Start Fresh Water Displacement.
2:30	300		24		Plug down. Shut in well.
					Circulated 10 sacks cement to pit.
					Wash up pump truck.
3:00					Job complete
					Thank You
					Clarence, Milte, Steve

DIAMOND TESTING

General Information Report

General Information

Company Name	L.D. DRILLING, INC.	Representative	TIM VENTERS
Contact	L.D. DAVIS	Well Operator	L.D. DRILLING, INC.
Well Name	ADDRESS "B" #1-2	Report Date	2013/02/05
Unique Well ID	DST #1, LANSING "A-F", 3234-3320	Prepared By	TIM VENTERS
Surface Location	SEC 2-21S-13W, STAFFORD CO. KS.	Qualified By	KIM SHOEMAKER
Field	WILDCAT		
Well Type	Vertical		
Test Type	CONVENTIONAL		
Formation	DST #1, LANSING "A-F", 3234-3320		
Well Fluid Type	01 Oil		
Start Test Date	2013/02/04	Start Test Time	22:51:00
Final Test Date	2013/02/05	Final Test Time	05:23:00

Test Recovery:

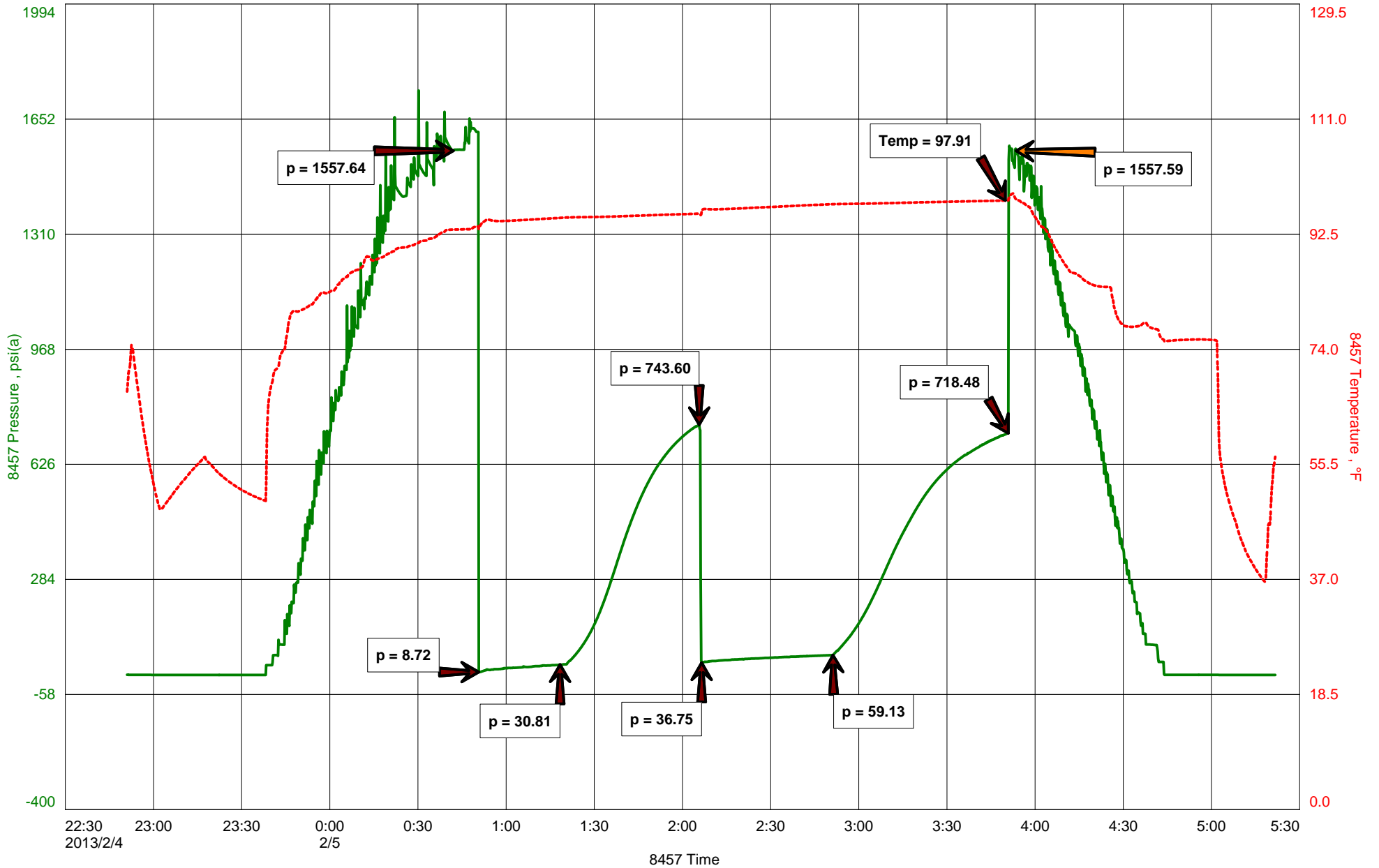
RECOVERED: 145' GAS IN PIPE
40' VSOCM, 2% OIL, 98% MUD
60' G,VSOCM, 7% GAS, 4% OIL, 89% MUD
100' TOTAL FLUID

TOOL SAMPLE: 10% GAS, 6% OIL, 84% MUD

L.D. DRILLING, INC.
DST #1, LANSING "A-F", 3234-3320
Start Test Date: 2013/02/04
Final Test Date: 2013/02/05

ADDRESS "B" #1-2
Formation: DST #1, LANSING "A-F", 3234-3320
Pool: WILDCAT
Job Number: T159

ADDRESS "B" #1-2





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

DIAMOND TESTING

General Information Report

General Information

Company Name	L.D. DRILLING, INC.	Representative	TIM VENTERS
Contact	L.D. DAVIS	Well Operator	L.D. DRILLING, INC.
Well Name	ADDRESS "B" #1-2	Report Date	2013/02/05
Unique Well ID	DST #2, LKC "H-K", 3360-3435	Prepared By	TIM VENTERS
Surface Location	SEC 2-21S-13W, STAFFORD CO. KS.	Qualified By	KIM SHOEMAKER
Field	WILDCAT		
Well Type	Vertical		
Test Type	CONVENTIONAL		
Formation	DST #2, LKC "H-K", 3360-3435		
Well Fluid Type	01 Oil		
Start Test Date	2013/02/05	Start Test Time	14:56:00
Final Test Date	2013/02/05	Final Test Time	19:23:00

Test Recovery:

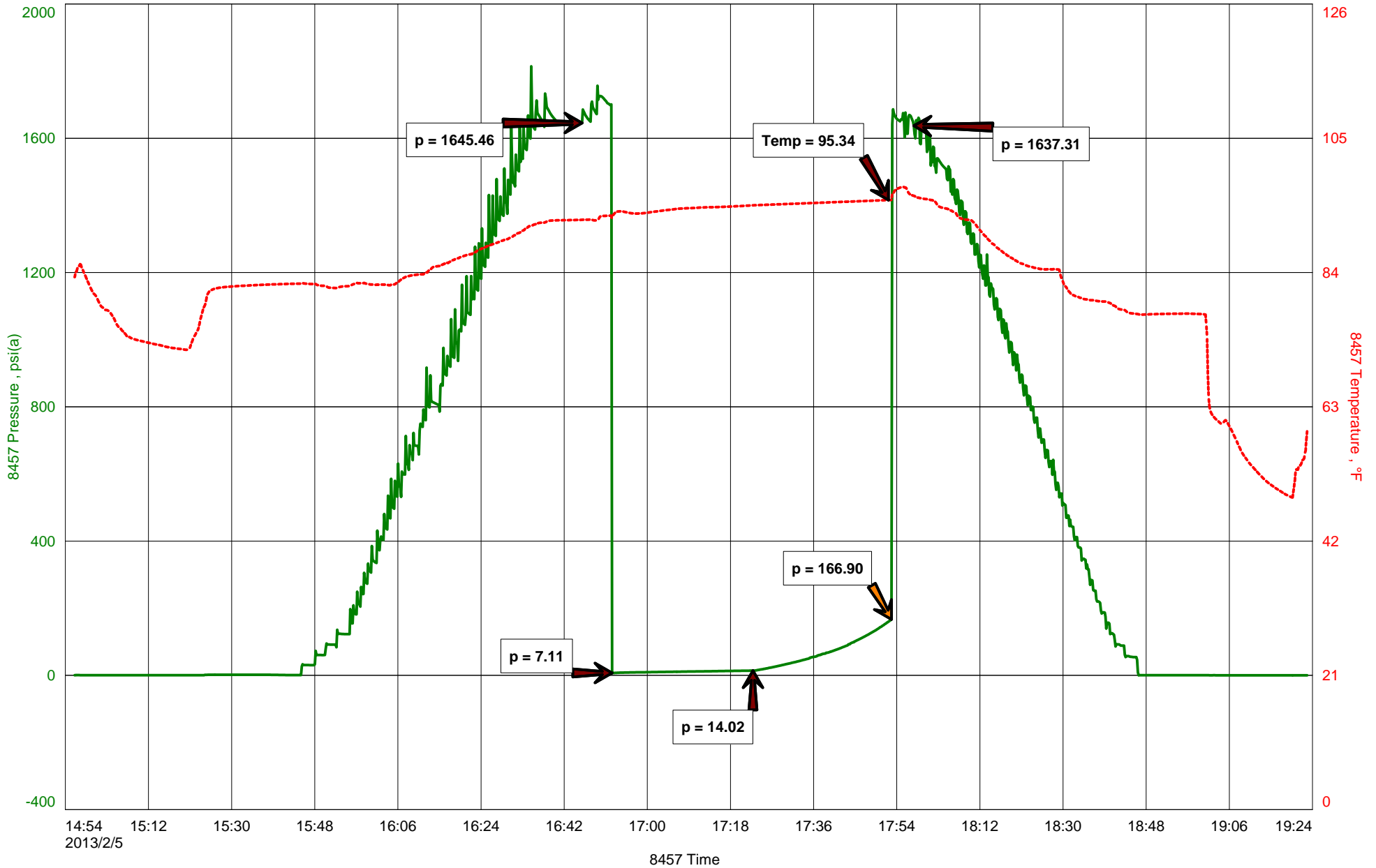
RECOVERED: 10' MUD

TOOL SAMPLE: SPECS OIL, 100% MUD

L.D. DRILLING, INC.
DST #2, LKC "H-K", 3360-3435
Start Test Date: 2013/02/05
Final Test Date: 2013/02/05

ADDRESS "B" #1-2
Formation: DST #2, LKC "H-K", 3360-3435
Pool: WILDCAT
Job Number: T160

ADDRESS "B" #1-2





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size **6 3/4** in. Packer depth _____ ft. Size **6 3/4** in.
Packer Depth _____ ft. Size **6 3/4** in. Packer depth _____ ft. Size **6 3/4** in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. **2 1/4** in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. **2 7/8** in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. **3 1/2** in.
Jars: Make **STERLING** Serial Number _____ Test Tool Length _____ ft. Tool Size **3 1/2-IF** in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size **4 1/2-FH** in.
Main Hole Size **7 7/8** Tool Joint Size **4 1/2** in. Surface Choke Size **1** in. Bottom Choke Size **5/8** in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

General Information Report

General Information

Company Name	L.D. DRILLING, INC.	Representative	TIM VENTERS
Contact	L.D. DAVIS	Well Operator	L.D. DRILLING, INC.
Well Name	ADDRESS "B" #1-2	Report Date	2013/02/06
Unique Well ID	DST #3, ARUCKLE, 3445-3520	Prepared By	TIM VENTERS
Surface Location	SEC 2-21S-13W, STAFFORD CO. KS.	Qualified By	KIM SHOEMAKER
Field	WILDCAT		
Well Type	Vertical		
Test Type	CONVENTIONAL		
Formation	DST #3, ARBUCKLE, 3445-3520		
Well Fluid Type	01 Oil		
Start Test Date	2013/02/06	Start Test Time	04:41:00
Final Test Date	2013/02/06	Final Test Time	11:01:00

Test Recovery:

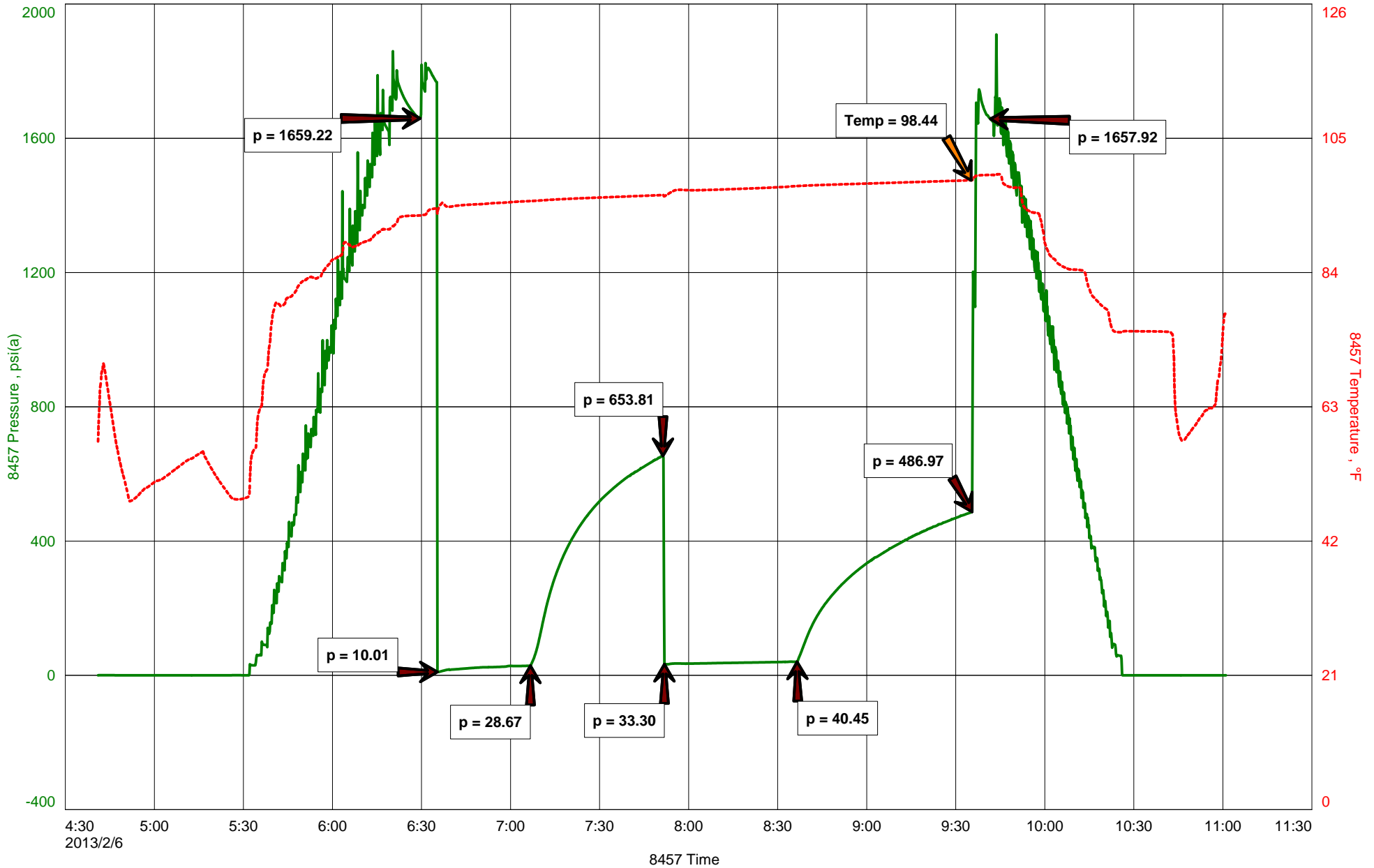
RECOVERED: 100' GIP
20' CO 100% OIL, GRAVITY: 39
60' G,OCM, 4% GAS, 31% OIL, 65% MUD
80' TOTAL FLUID

TOOL SAMPLE: 6% GAS, 34% OIL, 60% MUD

L.D. DRILLING, INC.
DST #3, ARUCKLE, 3445-3520
Start Test Date: 2013/02/06
Final Test Date: 2013/02/06

ADDRESS "B" #1-2
Formation: DST #3, ARBUCKLE, 3445-3520
Pool: WILDCAT
Job Number: T161

ADDRESS "B" #1-2





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

General Information Report

General Information

Company Name	L.D DRILLING, INC.	Representative	TIM VENTERS
Contact	L.D. DAVIS	Well Operator	L.D. DRILLING, INC.
Well Name	ADDRESS "B" #1-2	Report Date	2012/02/06
Unique Well ID	DST #4, ARBUCKLE, 3517-3532	Prepared By	TIM VENTERS
Surface Location	SEC 2-21S-13S, STAFFORD CO. KS.	Qualified By	KIM SHOEMAKER
Field	WILDCAT		
Well Type	Vertical		
Test Type	CONVENTIONAL		
Formation	DST #4, ARBUCKLE, 3517-3532		
Well Fluid Type	01 Oil		
Start Test Date	2013/02/06	Start Test Time	16:56:00
Final Test Date	2013/02/06	Final Test Time	22:17:00

Test Recovery:

RECOVERED: 65' CO, 100% OIL, GRAVITY: 38
10' VSW&MCO, 87% OIL, 4% WATER, 9% MUD
60' G,O&WCM, 8% GAS, 16% OIL, 14% WATER, 62% MUD
135' TOTAL FLUID

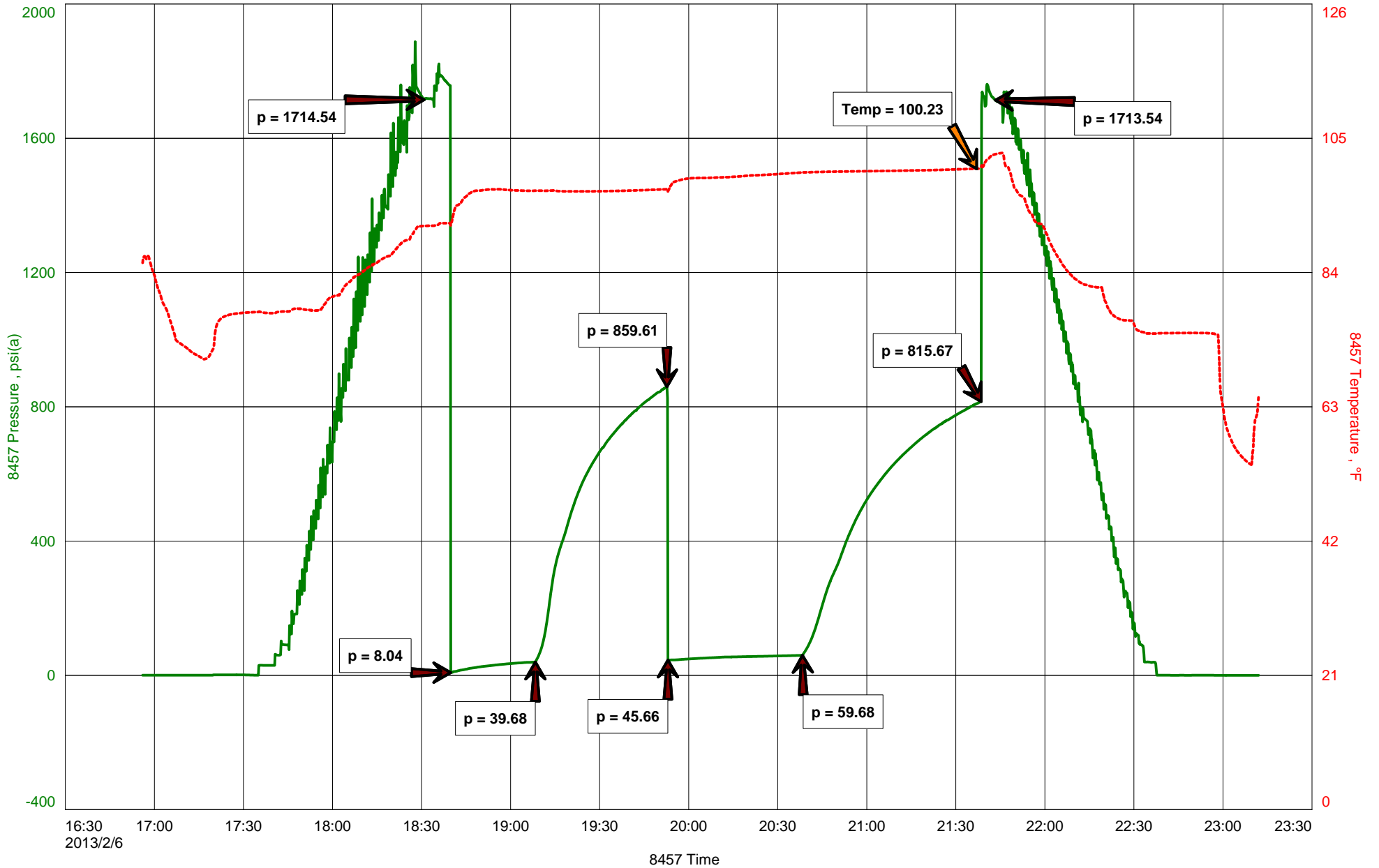
TOOL SAMPLE: 31% OIL, 16% WATER, 53% MUD

CHLORIDES: 16,000 ppm
PH: 8.0
RW: .42 @ 79 deg.

L.D DRILLING, INC.
DST #4, ARBUCKLE, 3517-3532
Start Test Date: 2013/02/06
Final Test Date: 2013/02/06

ADDRESS "B" #1-2
Formation: DST #4, ARBUCKLE, 3517-3532
Pool: WILDCAT
Job Number: T162

ADDRESS "B" #1-2





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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