



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
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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: _____



1151933

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	Griffin, Charles N.
Well Name	McDaniel Farms 1
Doc ID	1151933

Tops

Name	Top	Datum
Elgin Zone	3390	-1907
Heebner	3502	-2019
Lansing	3682	-2199
Stark	4050	-2567
B/KC	4146	-2663
Mississippian	4220	-2737
Kinderhook	4401	-2918
Viola	4499	-3016
Simpson	4609	-3126
Simpson Sand	4625	-3142



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

9-325-12W

FIELD SERVICE TICKET
1718 08287 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-19-13	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 Griffin Management		LEASE McDaniel Farms		WELL NO. 1					
ADDRESS		COUNTY Barber		STATE Kansas					
CITY		STATE		SERVICE CREW C. Messick, E. Masquez, T. Melhorn					
AUTHORIZED BY		JOB TYPE: C.N.W. Longstring							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37,216	1.5						4-18-13	PM	8:00
						ARRIVED AT JOB	4-19-13	AM	12:30
19,889-19,843	1.5					START OPERATION		AM	4:00
						FINISH OPERATION		PM	5:30
19,960-21,010	1.5					RELEASED	4-19-13	AM	5:45
						MILES FROM STATION TO WELL			35

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: X *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA 2 Blend Cement	st	200		\$ 3,400 00
CP 105	AA 2 Blend Cement	st	50		\$ 850 00
CC 102	Cell Plate	Lb	63		\$ 233 10
CC 111	Salt	Lb	1,141		\$ 570 50
CC 112	Cement Friction Reducer	Lb	118		\$ 708 00
CC 115	Gas Bloat	Lb	235		\$ 1,210 25
CC 201	Gilsonite	Lb	1,250		\$ 837 50
CF 607	Latch Down Plug and Baffle, 5 1/2"	ea	1		\$ 400 00
CF 1251	Auto Fill Float Shoe, 5 1/2"	ea	1		\$ 360 00
CF 1651	Turbolizer, 5 1/2"	ea	5		\$ 550 00
CF 1901	Bastet, 5 1/2"	ea	1		\$ 290 00
C 704	Claymax	Gal	6		\$ 210 00
CC 151	Mud Flush	Gal	500		\$ 430 00

CHEMICAL / ACID DATA:			

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

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

ALLIED OIL & GAS SERVICES, LLC 059764

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge, KS

DATE <u>4-13-2013</u>	SEC. <u>9</u>	TWP. <u>32s</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>4:30 AM</u>	JOB FINISH <u>5:00 PM</u>
LEASE <u>McDaniels Farms</u>		WELL # <u>1</u>	LOCATION <u>Medicine Lodge, KS</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>2 west, north into</u>				

CONTRACTOR Fossil Drilling
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 268'
 CASING SIZE 8 5/8 DEPTH 268'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 20'
 PERFS.
 DISPLACEMENT 15 1/4 bbls Fresh water
 EQUIPMENT

OWNER Charles Griffin
 CEMENT
 AMOUNT ORDERED 175sr 60' 40' 2%
601 + 30%cc

PUMP TRUCK CEMENTER Derin F
 # 558-555 HELPER Jake W.
 BULK TRUCK
 # 421-250 DRIVER Joe H.
 BULK TRUCK
 # DRIVER

COMMON	<u>0195sr @ 165sr</u>	@	<u>17.90</u>	<u>1879.50</u>
POZMIX	<u>70sr</u>	@	<u>9.35</u>	<u>654.50</u>
GEL	<u>33sr</u>	@	<u>23.40</u>	<u>74.70</u>
CHLORIDE	<u>6sr</u>	@	<u>24.00</u>	<u>384.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>188.50 cc ft</u>	@	<u>2.45</u>	<u>467.48</u>
MILEAGE	<u>23.70 ten mile</u>			<u>61.62</u>
TOTAL				<u>3,517.30</u>

REMARKS:
See Cement log

Cement Circulator to collar

SERVICE

DEPTH OF JOB	<u>268'</u>		
PUMP TRUCK CHARGE			<u>1512.25</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>3</u>	@	<u>7.70</u>
MANIFOLD <u>Head run in</u>		@	<u>275</u>
<u>Light vehicle</u>	<u>3</u>	@	<u>9.40</u>
		@	

TOTAL 1823.55

CHARGE TO: Charles Griffin
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>			
<u>1-Wooden plug</u>	@		<u>0.00</u>
	@		
	@		
	@		

TOTAL _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Craig Blank

SIGNATURE [Signature]
Thank you!!!

SALES TAX (if Any) _____
 TOTAL CHARGES 3340.85
 DISCOUNT 1634.44 IF PAID IN 30 DAYS

Net \$ 3,647.41