



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: _____



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 <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;">Name</td> <td style="width:15%; border: none;">Top</td> <td style="width:15%; border: none;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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				

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Janice 3
Doc ID	1151974

Tops

Name	Top	Datum
Elgin Zone	3406	-1920
Lansing	3671	-2185
Stark	4045	-2559
B/KC	4140	-2654
Mississippi	4214	-2728
Kinderhook	4364	-2877
Viola	4462	-2976
Simpson	4570	-3084
Sand	4589	-3103



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 07977 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>02-07-13</u> DISTRICT <u>Pratt KS</u>		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 <u>GRIFFIN MANAGEMENT</u>		LEASE <u>JANICE</u>		WELL NO. <u>3</u>					
ADDRESS		COUNTY <u>BARBER</u>		STATE <u>KS</u>					
CITY STATE		SERVICE CREW <u>Scott, Jason, metson, gibson</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW 8 3/4 Service</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>33708-20970</u>	<u>30</u>					<u>02-07-13</u>	<u>02-07-13</u>	<u>PM</u>	<u>5:00</u>
<u>77686-73768</u>	<u>30</u>					ARRIVED AT JOB		<u>AM</u>	<u>8:30</u>
<u>37900</u>						START OPERATION		<u>AM</u>	<u>11:00</u>
						FINISH OPERATION		<u>AM</u>	<u>11:30</u>
						RELEASED	<u>02-07-13</u>	<u>AM</u>	<u>11:50</u>
						MILES FROM STATION TO WELL			<u>35</u>

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

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Bill J. Janner
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

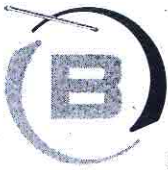
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100 C	Common cement	SK	200		3,200.00
CC 102	Cellulose	lb	50		195.00
CC 109	Cement chloride	lb	376		394.80
CP 153	Woodbar Plug 8 3/4	SA	1		160.00
E 100	gravel sand	cu	35		146.75
E 101	Heavy Spot mix	cu	70		490.00
E 113	Buildk Pellets	TM	329		526.40
CE 300	Depth change	SA	1		1,000.00
CE 240	Blocker - mixing	SK	200		280.00
CE 504	Plug cement 8 3/4	SA	1		250.00
S 003	Schedule Supplement	SA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>DLS</u>	<u>5107</u>	<u>46</u>
SERVICE & EQUIPMENT	%TAX ON \$			
MATERIALS	%TAX ON \$			
TOTAL		<u>Mark Janner</u>		

SERVICE REPRESENTATIVE <u>Robert J. Janner</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Mark Janner</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



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 07846 A

9-325-12W

DATE _____ TICKET NO. _____

DATE OF JOB: 2-13-13	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: Janice	WELL NO. 3							
ADDRESS:	COUNTY: Barber	STATE: Kansas							
CITY:	STATE:	SERVICE CREW: C. Messick: M. Mattal: M. Lawrence							
AUTHORIZED BY:	JOB TYPE: C.N.W. - Longstring								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
37216	1						2-13-13	AM	3:30
						ARRIVED AT JOB		AM	7:45
19,959-19,905	1					START OPERATION		AM	1:00
						FINISH OPERATION		AM	2:00
19,826-19,860	1					RELEASED	2-13-13	AM	2:15
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 Blend Cement	sh	200		\$ 3,400.00
CP 105	AA2 Blend Cement	sh	50		\$ 850.00
CC 102	Cellflite	Lb	63		\$ 233.10
CC 111	Salt	Lb	1,141		\$ 570.50
CC 112	Cement Friction Reducer	Lb	118		\$ 708.00
CC 115	Gas Blot	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	7		\$ 770.00
CF 1901	Basket, 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: *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.