



**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: \_\_\_\_\_



1153809

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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	L.D. DRLG	Job Number	M484
Well Name	BETTY #1-12	Representative	MIKE COCHRAN
Unique Well ID	DST#1 2865-2900 TOPEKA	Well Operator	L.D. DRLG
Surface Location	SEC.12-6S-18W ROOKS CO.KS.	Report Date	2013/03/31
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 2865-2900 TOPEKA		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/03/31	Start Test Time	07:50:00
Final Test Date	2013/03/31	Final Test Time	13:40:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

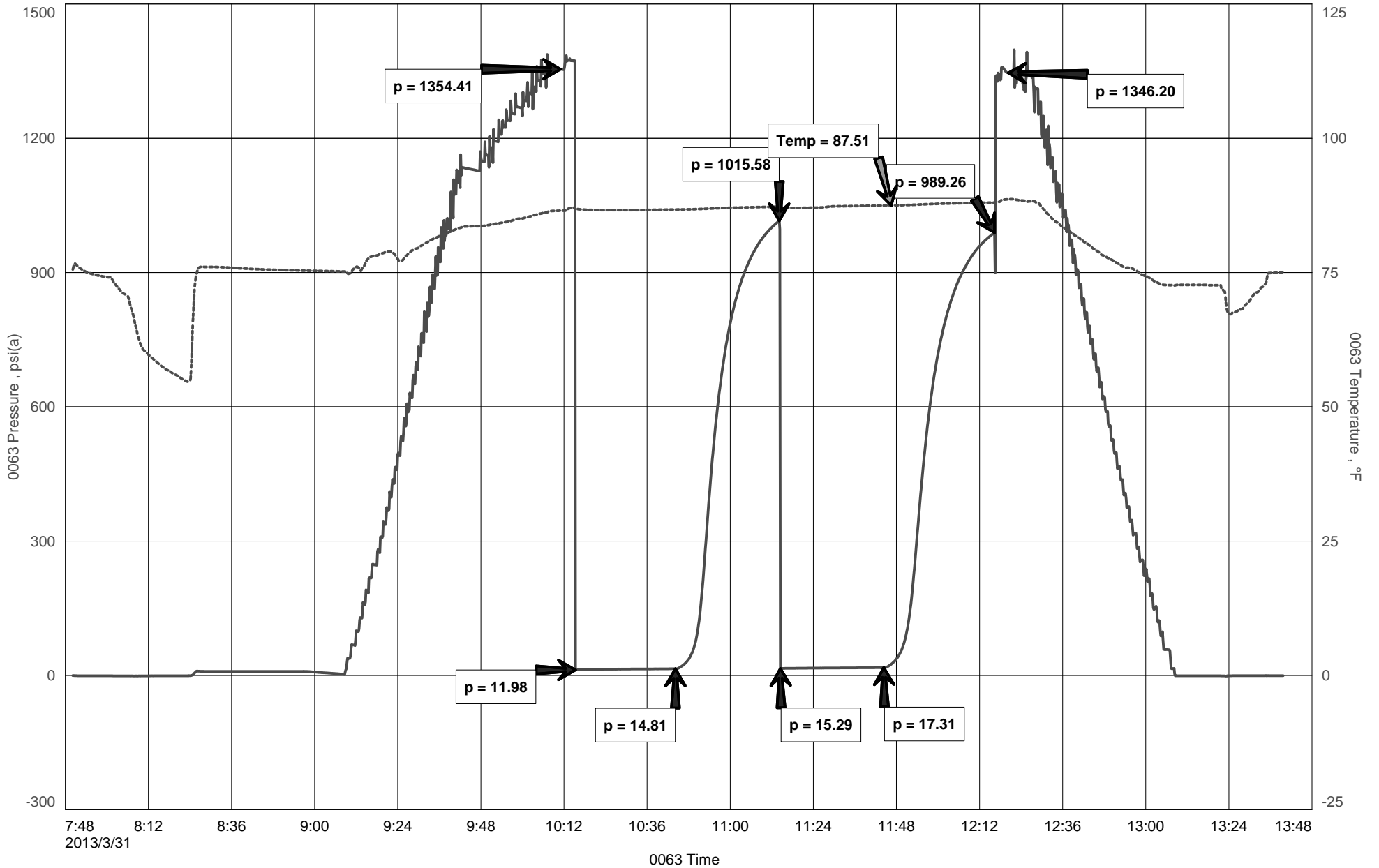
Remarks RECOVERED:  
5' GSOSM 1% GAS, 1% OIL, 98% MUD  
5' TOTAL FLUID

TOOL SAMPLE: 100% GASSY DRLG MUD W/ SOME SPOTS OF OIL

L.D. DRLG  
DST#1 2865-2900 TOPEKA  
Start Test Date: 2013/03/31  
Final Test Date: 2013/03/31

BETTY #1-12  
Formation: DST#1 2865-2900 TOPEKA  
Pool: WILDCAT  
Job Number: M484

# BETTY #1-12





**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

## Pressure Survey Report

### General Information

Company Name	L.D. DRLG	Job Number	M485
Well Name	BETTY #1-12	Representative	MIKE COCHRAN
Unique Well ID	DST#2 2977-3015 TOPEKA OREAD	Well Operator	L.D. DRLG
Surface Location	SEC.12-6S-18W ROOKS CO.KS.	Report Date	2013/04/01
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 2977-3015 TOPEKA OREAD		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/04/01	Start Test Time	01:45:00
Final Test Date	2013/04/01	Final Test Time	08:25:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

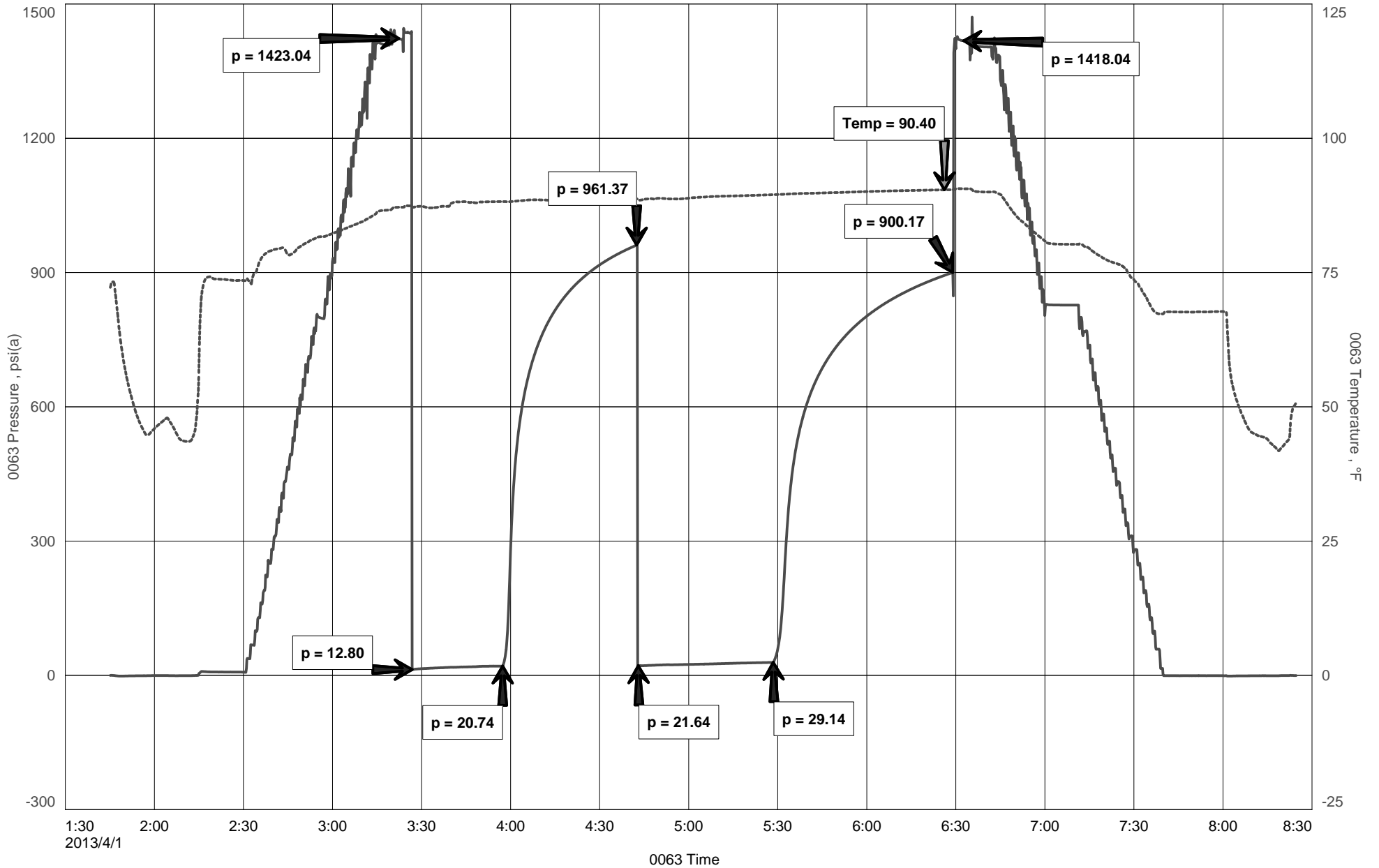
Remarks RECOVERED:  
35' MUD 100% MUD  
35' TOTAL FLUID

TOOL SAMPLE: 100% MUD

L.D. DRLG  
DST#2 2977-3015 TOPEKA OREAD  
Start Test Date: 2013/04/01  
Final Test Date: 2013/04/01

BETTY #1-12  
Formation: DST#2 2977-3015 TOPEKA OREAD  
Pool: WILDCAT  
Job Number: M485

# BETTY #1-12





**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

## Pressure Survey Report

### General Information

Company Name	L.D. DRLG	Job Number	M486
Well Name	BETTY #1-12	Representative	MIKE COCHRAN
Unique Well ID	DST#3 3076-3140 LANS. A-35	Well Operator	L.D. DRLG
Surface Location	SEC.12-6S-18W ROOKS CO.KS.	Report Date	2013/04/02
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 3076-3140 LANS. A-35		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/04/01	Start Test Time	20:05:00
Final Test Date	2013/04/02	Final Test Time	02:40:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

Remarks RECOVERED:

325' GIP  
83' GO 2% GAS, 98% OIL  
32' GOCM 7% GAS, 24% OIL, 69% MUD  
115' TOTAL FLUID

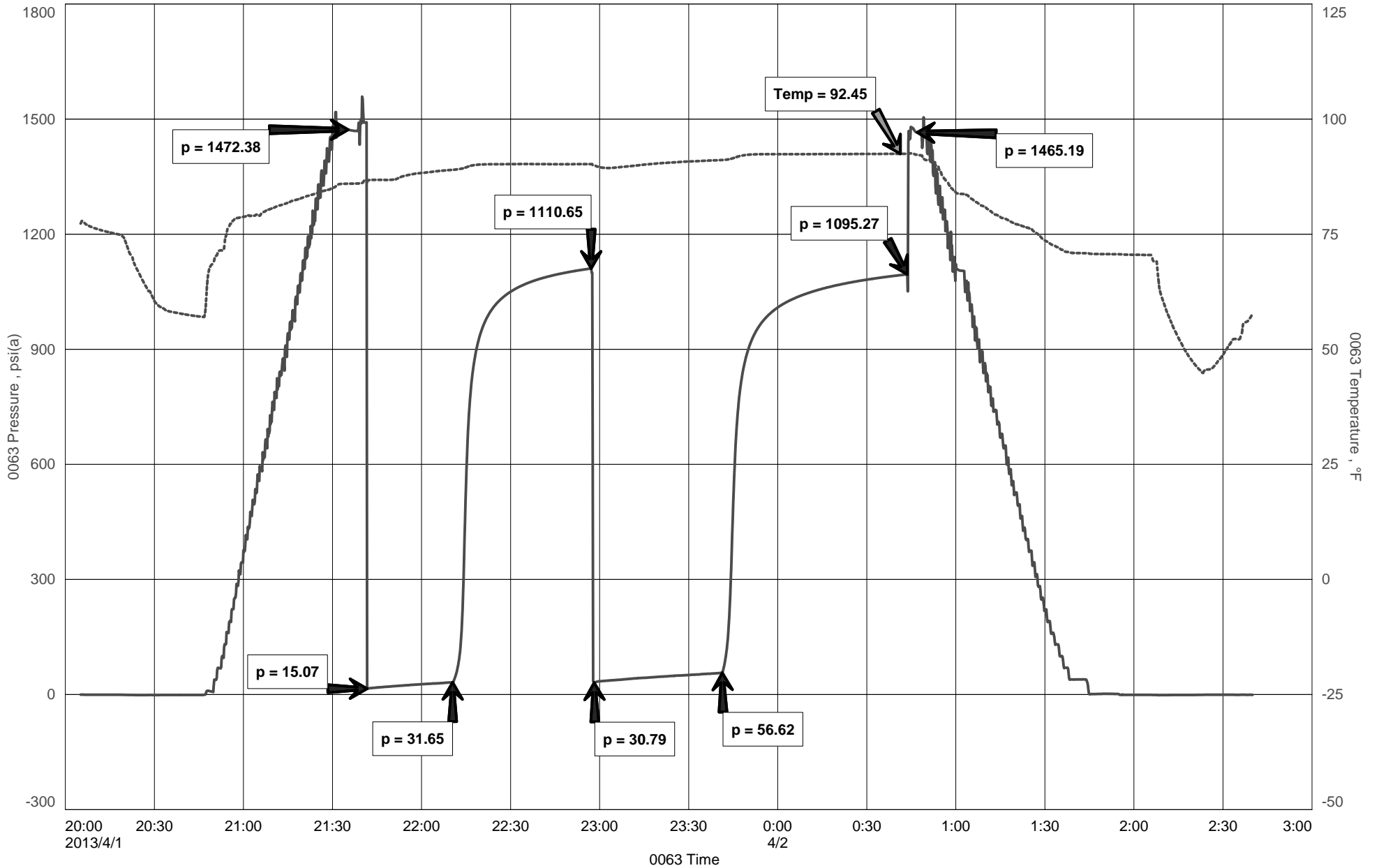
GRAVITY: 40.1 @ 60

TOOL SAMPLE: 3% GAS, 47% OIL, 1% WTR, 49% MUD

L.D. DRLG  
DST#3 3076-3140 LANS. A-35  
Start Test Date: 2013/04/01  
Final Test Date: 2013/04/02

BETTY #1-12  
Formation: DST#3 3076-3140 LANS. A-35  
Pool: WILDCAT  
Job Number: M486

# BETTY #1-12





**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

## Pressure Survey Report

### General Information

Company Name	L.D. DRLG	Job Number	M487
Well Name	BETTY #1-12	Representative	MIKE COCHRAN
Unique Well ID	DST#4 3137-3175 L/KC 50-70	Well Operator	L.D. DRLG
Surface Location	SEC.12-6S-18W ROOKS CO.KS.	Report Date	2013/04/02
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 3137-3175 L/KC 50-70		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/04/02	Start Test Time	10:05:00
Final Test Date	2013/04/02	Final Test Time	15:15:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

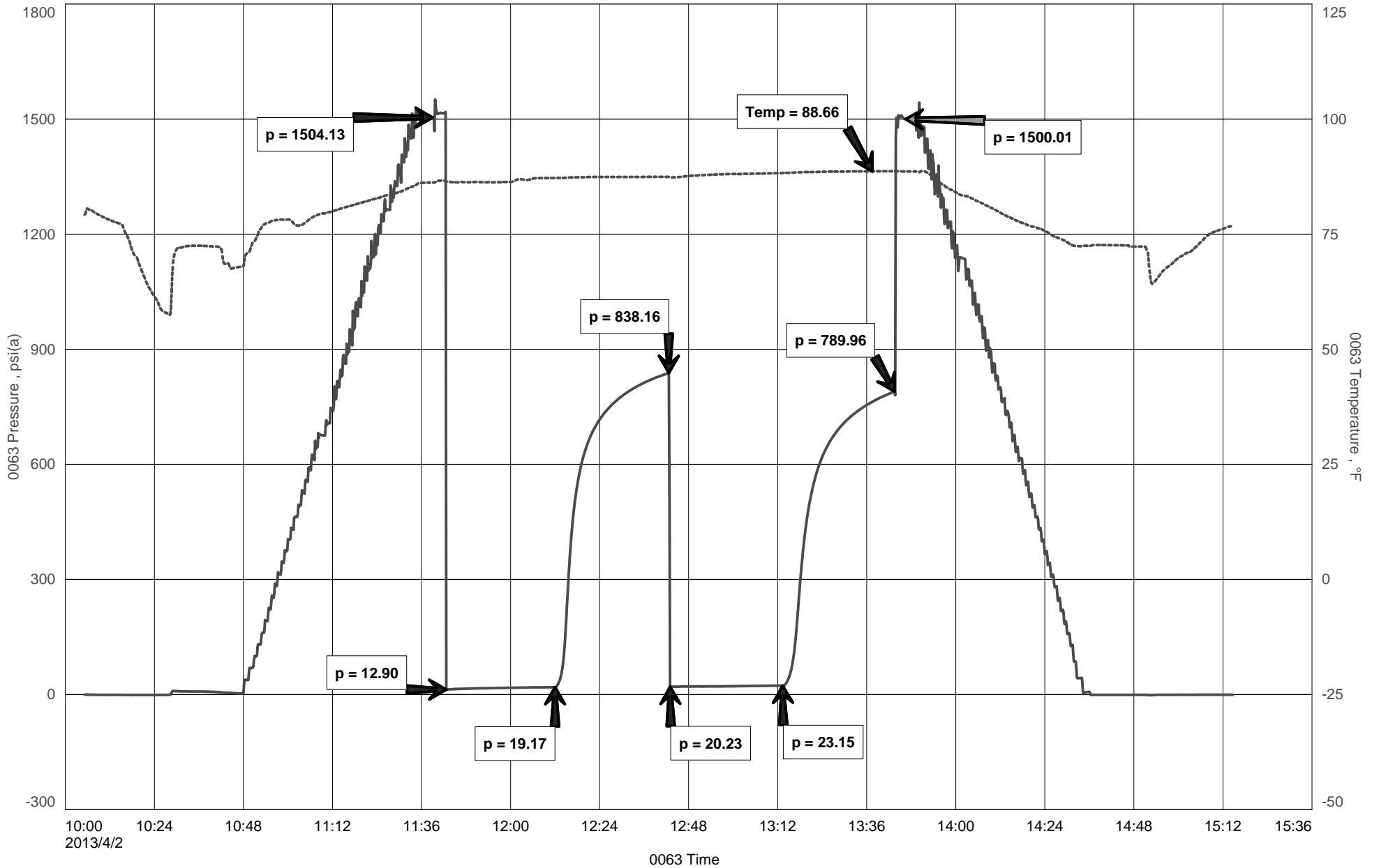
Remarks RECOVERED:  
25' DM 100% DRLG MUD W/ A SCUM OF OIL  
25' TOTAL FLUID

TOOL SAMPLE: 100% DRLG MUD W/ A SCUM OF OIL, SLIGHT GASSY ODOR

L.D. DRLG  
DST#4 3137-3175 L/KC 50-70  
Start Test Date: 2013/04/02  
Final Test Date: 2013/04/02

BETTY #1-12  
Formation: DST#4 3137-3175 L/KC 50-70  
Pool: WILDCAT  
Job Number: M487

# BETTY #1-12





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

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

## Pressure Survey Report

### General Information

Company Name	L.D. DRLG	Job Number	M488
Well Name	BETTY #1-12	Representative	MIKE COCHRAN
Unique Well ID	DST#5 3208-3310 L/KC H-L	Well Operator	L.D. DRLG
Surface Location	SEC.12-6S-18W ROOKS CO.KS.	Report Date	2013/04/03
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KIM SHOEMAKER
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#5 3208-3310 L/KC H-L		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/04/03	Start Test Time	03:20:00
Final Test Date	2013/04/03	Final Test Time	10:50:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

Remarks **RECOVERED:**

273' SOSGWM 2% GAS, 1% OIL, 41% WTR, 56% MUD  
442' SOSGMW 1% GAS, 95% WTR, 4% MUD, THIN SCUM OF OIL  
715' TOTAL FLUID

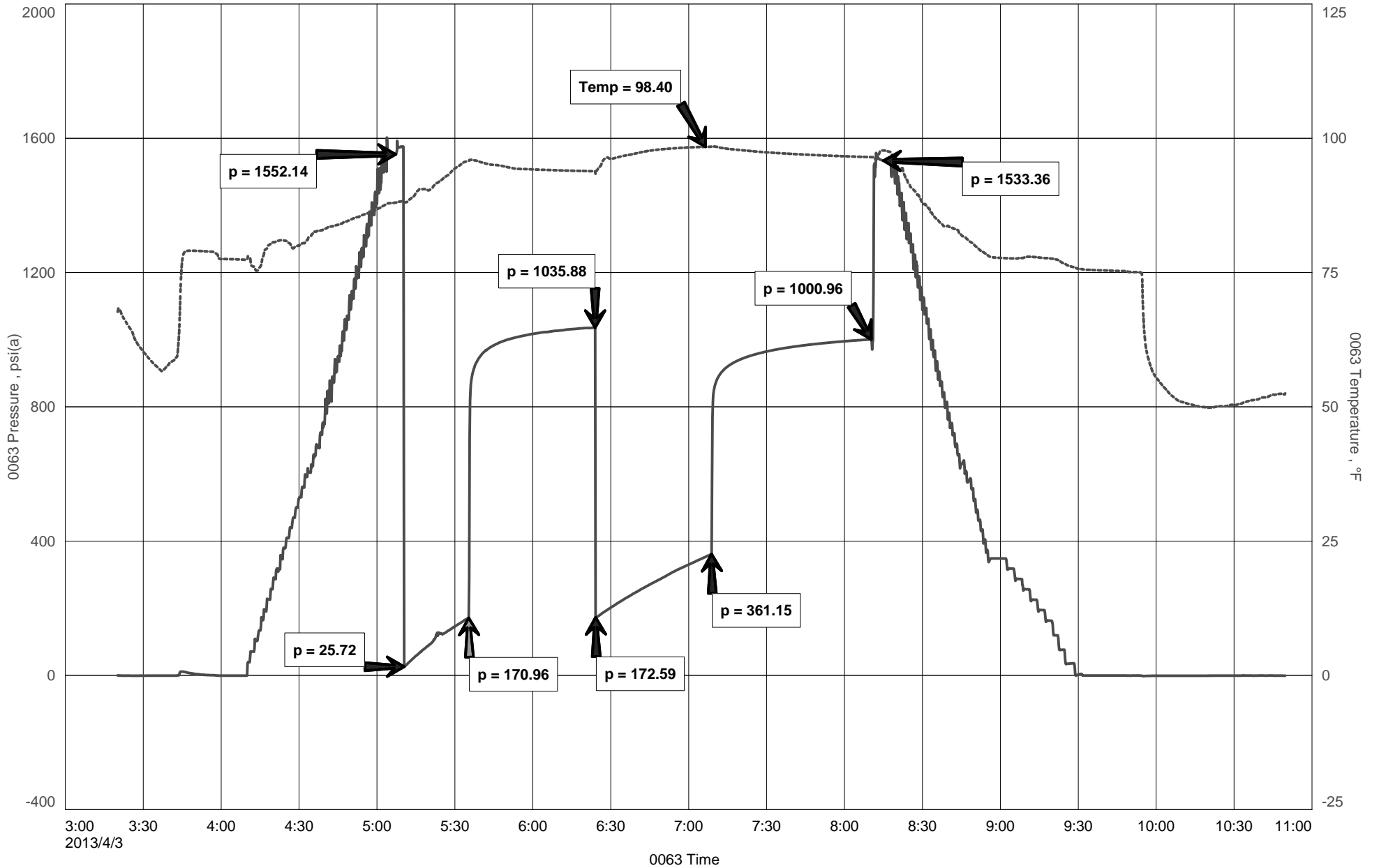
CHLOR: 32,000 PPM  
PH:7.0  
RW: .25 @ 55 DEG

TOOL SAMPLE: 1% GAS, 98% WTR, 1% MUD, THIN SCUM OF OIL

L.D. DRLG  
DST#5 3208-3310 L/KC H-L  
Start Test Date: 2013/04/03  
Final Test Date: 2013/04/03

BETTY #1-12  
Formation: DST#5 3208-3310 L/KC H-L  
Pool: WILDCAT  
Job Number: M488

# BETTY #1-12







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

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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# KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 \* WICHITA, KS

## GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.

LEASE # 1-12 BETY

FIELD FAUBION

LOCATION 919' ENL & 1408' FWL

SEC 12 TWP 6S RGE 18W

COUNTY ROOKS STATE KANSAS

CONTRACTOR L. D. DRILLING, INC.

SPUD 3-27-13 COMP 4-4-13

RTD 3483 LTD 3480

MUD UP 2594 TYPE MUD CHEMICAL

ELEVATIONS

KB 1912

DF \_\_\_\_\_

GL 1907

Measurements Are All  
From 1912 KB

CASING

SURFACE 8 5/8" @ 311'

PRODUCTION 4 1/2" @

ELECTRICAL SURVEYS

DUAL IND., DENS.-N., MICRO

SAMPLES SAVED FROM 2700 TO 3483

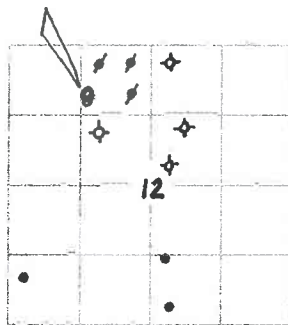
DRILLING TIME KEPT FROM 2700 TO 3483

SAMPLES EXAMINED FROM 2700 TO 3483

GEOLOGICAL SUPERVISION FROM 2800 TO 3483

GEOLOGIST ON WELL KIM B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	1370 + 542	1371 + 541
B/ANH.	1375 + 537	1377 + 535
TOPEKA	2896 - 939	2844 - 932
HEEBNER	3047 - 1135	3044 - 1132
LANSING	3088 - 1176	3088 - 1176
B/KC	3320 - 1408	3310 - 1398
ARBUCKLE	3440 - 1528	3437 - 1525

REMARKS

3-27-580D  
3-28 @ 349'  
3-29 @ 1400'  
3-30 @ 2365'  
3-31 @ 2906'  
4-1 @ 3015'  
4-2 @ 3166'  
4-3 @ 3310'  
4-4 @ 3483'

APR 15 1913 2102

### LEGEND



Anhydrite  
Salt  
Sandstone  
Shale  
Carb sh  
Limestone  
Ool. Lime  
Chert  
Dolomite

SHOE01-06

DRILLING TIME IN MINUTES  
PER FOOT  
Rate of Penetration Increases

DEPTH  
1300  
5" 10" 15" 20" 25"

1400

LITHOLOGY

SAMPLE DESCRIPTIONS

REMARKS

ANHYDRITE 1371+541  
B/ANH 1377+535





VFD 0007  
(3260)

Sh. Lt. G. Sst  
Ls. Lt. G. SiA

Sh. Dk. G.

Ls. Lt. G. VSE. 885. T. DEK. SK. GEO.  
No. Deter  
(3300)

Sh. G. G.

Ls. Lt. Yellow. Si. Fos. SiA  
BIKC 3310-1398

Sh. Lt. G.

Sh. Lt. Lt. Lt. Maroon

Sh. Lt. Lt. G. Yellow. Sdy. Ls.

Sh. Lt. Blue. G. w/ Lt. Lt. Sst

Ls. Lt. Lt. Lt. Dk.

Sh. Purple

Ls. Lt. Lt. Dk. w/ Purple. Sh. Sst  
Ls. Yellow. Si. Fos. Quartzite

Sh. Lt. Lt. Lt.

Sh. Lt. Lt. Lt. Blue

Ls. Yellow. Orange

Sh. Blue

ARBUCKLE 3437-1525

Dol. F. G. Pk. Md. Lt. Lt. Si. A. "Veggy"  
Dol. Floor

Dol. Lt. Lt. Md. Lt. Lt. Si. A. Dk.

Dol. Pk. Md. Lt. Lt. Si. A.

Dol. Lt. Lt. Lt. Lt. Si. A. Dk.

Dol. Pk. Lt. Lt. Lt. w/ Pyrite.

RTD 3483-1571

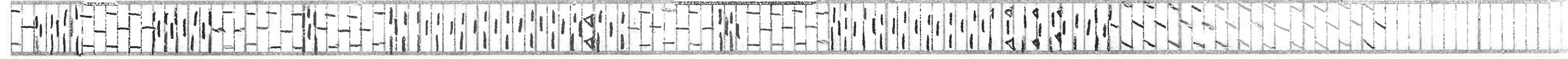
3300

3400

3500

VIS. 56  
WT. 91  
ME. 80  
CIL. 1000

BIKC  
406





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 08351 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>4-4-13</b> DISTRICT <b>1718/ Pratt KS</b>		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 <b>L.D. Drilling Inc</b>		LEASE <b>Betty</b>		1-12 WELL NO.					
ADDRESS		COUNTY <b>Rooks</b>		STATE <b>KS</b>					
CITY STATE		SERVICE CREW <b>Pratt KS</b>							
AUTHORIZED BY		JOB TYPE: <b>CNW 4 1/2 2 stage L.S.</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
33708	2						4-4-13		0900
20920	2					ARRIVED AT JOB		AM/PM	1159
19831	2					START OPERATION		AM/PM	
19862	2					FINISH OPERATION		AM/PM	
19960	2					RELEASED		AM/PM	
21010	2					MILES FROM STATION TO WELL			160

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: Richard Wilson  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100	Common Cement		200sk		3200 -
CP101	A-Con Cement		290sk		5220 -
CP101	A-Con Cement		30sk		540 -
CC102	Cellflake		81 lb		299 70
CC105	Defoamer C-41		47 lb		188 -
CC109	Calcium Chloride		906 lb		951 30
CC111	Salt		126 lb		810 50
CC112	Friction Reducer		141 lb		846 -
CC113	Gypsum		940 lb		705 -
CC201	Gilsonite		1000 lb		690 -
CF400	Two Stage Cmt Collar	4 1/2	1 eq		4500 -
CF600	<del>Float Shoe</del> Latch Down Plug	4 1/2	1 eq		720 -
CF1250	Float Shoe	4 1/2	1 eq		330 -
CF1650	Turbolizers	4 1/2	8 eq		680 -
CF1900	Cement Baskets	4 1/2	2 eq		540 -
CC159	Flow Seal II		300 gal		1980 -

SUB TOTAL

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>D. Scott</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>RW Wilson</u>
--	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





TREATMENT REPORT

Customer L.D. Drilg Inc	Lease No.	Date 4-4-13
Lease Betty	Well # 1-12	
Field Order # 28351	Station Pratt KS	Casing 4 1/2
		Depth 3308
Type Job NW 4 1/2 2 Stage L.S.	Formation	County Rooks
		State KS
		Legal Description 12-6-18

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
4 1/2				200 sk.				
Depth 3301	Depth PBTD	From	To	Pre Pad L.D. Blend	Max	1500	5 Min.	
Volume 51.1	Volume	From	To	Pad 15.5 ppq	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac 1.36 ft <sup>3</sup>	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To	5.40 gal/sk	HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush 330 gal Sodium	Gas Volume		Total Load	

Customer Representative Rick	Station Manager D. Scott	Treater D. Scott
Service Units 33708 20920 1980 19862 19960 21010		
Driver Names Melson J Pierson Gibson		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12500					Called out
1200					On loc w/Trks
					Cent 1-3-5-7-9-11 P.V. @ 1883 Top 46
					Cent 45-47 Basket pin 46
					Casing in Circ 1 hr
1415	300		5	5	st H2O spacer
1417	300		7	5	st Sodium Silicate
1419	300		5	5	st H2O spacer
1421	400		48.4	6	Mix Cmt @ 15.5 ppq 200 ski AA-2
1428	Ø		10	5	Shut Down & Wash pump & line
					Drop Bottom stage Plug
1430	100		29.7	6	st Disp w/H2O
1435	200		21.4	6	st Mud Disp Slow Rate last 10 Bbl!
1445	1500		51.1	Ø	Plug Down @ psi Test Csg
1447	Ø				Release psi
					Lift Cmt w/38 Bbls Out
					Drop opening Dart
	900				Open P.V. Tool & Circ w/Rig





**TREATMENT REPORT**

Customer <b>L.D. Drilling Inc</b>	Lease No.	Date <b>4-4-13</b>
Lease <b>Betty</b>	Well # <b>1-12</b>	
Field Order # <b>08351</b>	Station	Casing <b>4 1/2</b> Depth
Type Job	Formation	County <b>Rooks</b> State <b>KS</b>
		Legal Description <b>12-6-18</b>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <b>4 1/2</b>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <b>1383</b>	Depth <b>D.V. Tool</b>	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press <b>1500</b>	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 <b>Rick</b>	Station Manager <b>D. Scott</b>	Treater
-------------------------------------	---------------------------------	---------

Service Units									
Driver Names									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1600	300		130	6	Mix Cmt @ 12.0ppg 290 sk/s
1621	0		10	5	Close In + Wash Pump + line
1622	100			5	Release Plug ~ 5' Disp w/H2O
1626	400		15	4	Good Circ Cmt Surface
1628	1500		0	0	Plug Down + Close Tool
1630	0				Release psi Tool Closed
					when setting skips no fluid in cell
					Circ 7 Bbls Cmt = 16 sk/s
					Job Complete
					Thank you
					Scotty

CHARGE TO L. D. Dr-18 FMC

LEASE BETTY

WELL NO. 1-12

DESCRIPTION NEW 4 1/2"

	1		2		3		4		5		6	
	FEET	INCH	FEET	INCH	FEET	INCH	FEET	INCH	FEET	INCH	FEET	INCH
1	41	60	43	37	42	28	43	30	44	10		
2	42	23	42	28	42	26	37	20	42	30	out	
3	36	76	42	29	42	30	38	23	39	51	out	
4	43	54	42	20	42	14	42	24	42	26	out	
5	42	28	42	28	42	32	39	23	39	37	out	
6	42	21	41	59	40	83	38	20	42	25	out	
7	38	23	42	25	42	25	42	29	35	75	out	
8	42	22	42	30	37	98	42	25				
9	41	40	42	28	42	28	38	88				
10	37	86	42	66	37	76	41	45				
11	42	24	38	51	42	25	42	27	52	4 1/2	3308.64	
12	35	85	42	10	42	26	42	33				
13	42	28	42	33	36	02	39	61	PV TOP	31	46	
14	42	30	42	27	42	50	42	26	13	23.49		
15	42	12	41	97	38	49	40	50				
16	43	35	42	23	39	49	42	22				
17	42	30	40	68	42	23	35	58				
18	42	26	42	29	41	27	42	32				
19	42	32	37	58	39	91	43	29			15.02	
20	43	34	39	56	41	30	42	65			55.6	71
1	826	47	833	02	818	12	819	50	285	54		
2	833	02	THE ABOVE 87 JOINTS RECEIVED IN GOOD ORDER.									
3	818	48										
4	285	54	BY									
5	818	12										
6	358	065										

ORIGINAL TO REMAIN IN BOOK  
DUPLICATE TO CUSTOMER



Customer <i>L.D. Drilling</i>	Lease No.	Date <i>3-28-13</i>	
Lease <i>Betty</i>	Well # <i>1-12</i>		
Field Order # <i>8156</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>	Depth <i>345</i>
Type Job <i>CNW - 8 5/8 Surface</i>		Formation	Legal Description <i>10-6-12</i>
County <i>Rooks</i>		State <i>KS</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size <i>3 1/2</i>	Shots/Ft <i>225</i>	<i>205</i>	Acid <i>60/40 PZ</i>		RATE	PRESS	ISIP
Depth <i>345</i>	Depth	From	To	Pre Pad <i>1.01</i>		Max		5 Min.
Volume <i>201</i>	Volume	From	To	Pad		Min		10 Min.
Max Press <i>300</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <i>20.6</i>	Packer Depth	From	To	Flush <i>20.6</i>		Gas Volume		Total Load

Customer Representative <i>Roch</i>	Station Manager <i>Dave Smith</i>	Treater <i>Steve Wilkins</i>
--	--------------------------------------	---------------------------------

Service Units <i>27325 27463 15831 15760</i>									
Driver Names <i>Dickson, P. &amp; S.</i>									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:30 PM</i>					<i>On location - Safety Meeting</i>
					<i>Run 8 5/8 8 5/8 Csg</i>
					<i>Casing on bottom</i>
					<i>Break Circ w/ris</i>
<i>4:00 PM</i>	<i>300</i>		<i>418.11</i>	<i>5</i>	<i>Mix 225 lbs 60/40 PZ</i>
<i>4:10</i>	<i>300</i>		<i>0</i>	<i>5</i>	<i>Start H2O Displacement</i>
<i>4:13</i>	<i>300</i>		<i>1200</i>	<i>5</i>	<i>Return to Surface</i>
<i>4:15 AM</i>	<i>300</i>		<i>20.6</i>	<i>5</i>	<i>plug down</i>
					<i>Spot In Valve</i>
					<i>Job Complete</i>
					<i>Circulate This Job</i>
					<i>Completed 8566 TOP +</i>



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 07775 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>4-19-13</u> DISTRICT <u>KANSAS</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>L.O. Drilling Inc.</u>		LEASE <u>Betty 1-12</u>		WELL NO.:					
ADDRESS		COUNTY <u>Rooks 12-6-18</u>		STATE <u>KS</u>					
CITY STATE		SERVICE CREW <u>Allen, Joe, Mike L.</u>							
AUTHORIZED BY		JOB TYPE: <u>1' cent Job, Top off crew</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>28443 P.U.</u>	<u>2 1/2</u>						<u>4-19-13</u>	<u>AM</u>	<u>10:00</u>
<u>33708-20520</u>	<u>2 1/2</u>						<u>4-19-13</u>	<u>AM</u>	<u>2:00</u>
<u>19826-19860</u>	<u>2 1/2</u>						<u>4-19-13</u>	<u>AM</u>	<u>4:30</u>
							<u>4-19-13</u>	<u>AM</u>	<u>5:30</u>
							<u>4-19-13</u>	<u>AM</u>	<u>6:15</u>
						MILES FROM STATION TO WELL <u>160-mile</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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP101	A-con Blend	SK	150		\$ 2700.00
CC102	cell flake	lb	38		\$ 190.60
CC109	calcium chloride	lb	423		\$ 444.15
E100	unit mileage chg.	mi	160		\$ 680.00
E101	heavy Equip. mileage	mi	320		\$ 2240.00
E113	Bulk Delivery chg.	Tm	1128		\$ 1804.80
CE201	Depth chg. 1501-1000'	4-hr	1		\$ 1200.00
CE240	Blending & mixing Service chg.	SK	150		\$ 210.00
SO03	Service Supervisor f. rat 8hrs	EA	1		175.00

SUB TOTAL  
DL5 \$ 5,756.73

CHEMICAL / ACID DATA:			

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

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

