



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: \_\_\_\_\_



1158406

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3897

Date	11-20-09	Sec.	22	Twp.	31	Range	8	County	HARPER	State	Ks	On Location		Finish	12:30 AM
Lease	WILLIAMS	Well No.	1	Location		MAG PLANT 3 E to NW 70th									
Contractor	STEELING OILS #4	Owner		ZIBS W INTO											
Type Job	SURFACE	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.													
Hole Size	12 1/4"	T.D.	225												
Csg.	8 5/8"	Depth	220												
Tbg. Size		Depth	Street												
Tool		Depth	City State												
Cement Left in Csg.	15	Shoe Joint	15'												
Meas Line		Displace	13 Bbls												

EQUIPMENT				Amount Ordered		
Pumptrk	5	No.	Cementer	220	60/40 Poz	2% GEL 3% CL
			Helper	132		
Bulktrk	11	No.	Driver			
			Driver	88		
Bulktrk	PV	No.	Driver			
			Driver	4		
JOB SERVICES & REMARKS				Calcium	7	294 00

Remarks:

Run 5 1/2" 8 5/8" 23" CSG

MIX 1 Pump 220 x 60/40 Poz  
2% GEL 3% CL 1/4" CF  
14.7 gal 1.25 1/3

SHUT DOWN  
Release 8 5/8" wooden plug

FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
	1 8 5/8" wooden plug 50 00

DISP 13 Bbls total

Close value on CSG 200<sup>FE</sup>

Good circ thru JOB

Circ CNT TO PST

Pumptrk Charge SURFACE 450 00

Mileage 30 180 00

Tax 97.52

Discount 860 00

Total Charge 2899.52

Thanks  
TODD JOE & RICK

Signature *Terry S. Salazar*

PLEASE CALL AGAIN





**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 1009 A

Continued 11-30-09

DATE 11-30-09 TICKET NO. 1718 1010 A

DATE OF JOB: 11-30-09	DISTRICT: 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: MESSENGER Petroleum	LEASE: Williams	#1	WELL NO.:						
ADDRESS:	COUNTY: Harper 22-31-8	STATE: KS							
CITY:	STATE:	SERVICE CREW: A. Worth, K. Lasley, D. Phye							
AUTHORIZED BY:	JOB TYPE: 5 1/2" L.S.	CNW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
28443 P.U.	1 1/2						11-30-09	AM	1700
19959-20920	1 1/2					ARRIVED AT JOB	11-30-09	AM	2130
19960-19918	1 1/2					START OPERATION	11-30-09	AM	0200
						FINISH OPERATION	11-30-09	AM	0330
						RELEASED	11-30-09	AM	0400
						MILES FROM STATION TO WELL			

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.

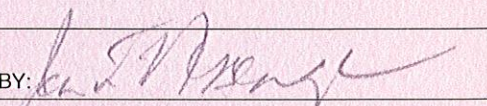
SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA 2 Cement		150-SK		
CP103	60/40 Poz		75-SK		
CC102	cell FLAKE		38-lb		
CC111	SALT (FINE)		780-lb		
CC129	FIA-302		71-lb		
CM04	CS-1L KCL Sub.		5-gal		
CC151	MUD Flush		500-gal		
CF103	Top Rubber cement Plug 5 1/2"		1-en		
CF251	Guide Shoe Reg. 5 1/2" Blue		1-en		
CF1451	Flapper Type Insert float valve 5 1/2"		1-en		
CF1651	Turbulizer 5 1/2" (Blue)		6-en		
CF2002	Cement scratchers		30-SA		

SUB TOTAL

CHEMICAL / ACID DATA:			

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

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





**BASIC** SM  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 1010 A

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

DATE OF JOB: 11-30-09		DISTRICT: 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: messenger Petroleum				LEASE: Williams #1				WELL NO.:			
ADDRESS:				COUNTY: Harper 22-31-8				STATE: KS			
CITY:				STATE:				SERVICE CREW: A. Worth, K. Lesley, D. Phye			
AUTHORIZED BY:				JOB TYPE: 5 1/2" L.S.				C.M.W.			

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
28443 P.F.	1 1/2						11-29-09	PM	1740
19959-20920	1 1/2					ARRIVED AT JOB	11-29-09	AM	2130
19960-19918	1 1/2					START OPERATION	11-30-09	AM	2020
						FINISH OPERATION	11-30-09	AM	0200
						RELEASED	11-30-09	AM	0330
						MILES FROM STATION TO WELL			50-miles

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
E101	Heavy Equip. mileage		100-mi		
E113	Bulk Delivery Charge		515-Tm		
E100	Unit mileage charge Pickup		50-mi		
CE240	Blending & mixing service chg.		225-sk		
5002	Service supervisor first 8 hrs on job		1-hr		
CE205	Depth Charge 4001-5000'		1-4hrs		
CE504	Plug container utilization chg.		1-80b		
CE501	Casing Swivel Rental		1-hr		

SUB TOTAL

SERVICE & EQUIPMENT %TAX ON \$

MATERIALS %TAX ON \$

TOTAL \$6272.30

CHEMICAL / ACID DATA:			

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



Customer Messinger Petroleum		Lease No.		Date 11-30-09	
Lease W. H. Hines		Well # 1			
Field Order # 1181009A	Station Pratt KS	Casing 5/2	Depth 4873.64	County Harper	State KS
Type Job 5/2 L.S.	Formation C.M.W.	Legal Description 10 4880 22-31-8			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5/2			12 BBL	acid flush				
Depth 4873.64	Depth	From	To 23.5'	Pre Pad	Max	Scavenger 12	15 Min.	
Volume 115.66	Volume	From	To 150.5'	Pad	Min		10 Min.	
Max Press 1500#	Max Press	From	To 50.5'	Frac	Avg	60/40 Pol	15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 1351.79	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative New Messinger	Station Manager Dave Scott	Treater Alfred F. Worth
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Service Units	28913	19959	20920	19960	19918				
Driver Names	A	Kenneth	Lesly	Dale	Phye				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2130					Start 11:51
					on loc. B. veins salt. Solu. 1000 lbs.
					Rig layout down Drill Collars
					Rig up to base 5/2 casing
1215					Start 5/2 casing 15.5" Show 42.15'
					up 6' under shoe - 1 joint 6 1/2
					cont - 2-10-11-12 13-15-16
0130					Tag bottom @ 4880' Pipe out @
					4873.64 end of rig & station
0220	1500#		5	5	Pump 5 BBL 1000# spacer
	2000#		12	5	Pump 12 BBL acid flush
	2500#		5	5	Pump 5 BBL 1000# spacer
	3000#		6	5	mix 4 Pump 2000# scavenger 60/40 12"
	3500#				mix 4 Pump 1000# AA2 @ 15.3"
	4000#		36 1/2		Finish in 8' cont. wash out Pump 1200
	4500#			6 1/2	Drop Top Rubber Plug 5/2 St. D. up.
				5	caught 1st 1000# of gravel at
0300			115		Plug down - Rig - 15.5" &
					Plug 2nd time - 1st 1000#
0315					Plug 11' weight of 1st. 1000#
0330					wash out 1st 1000# spacer
0410					Tag bottom @ 4880'
					Thank you to Ken & Dale