



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: _____



1159200

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PRESSURE PUMPING & WIRELINE

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

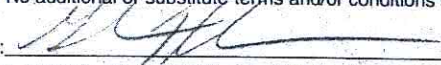
FIELD SERVICE TICKET
1718 08396 A

DATE _____ TICKET NO. _____


DATE OF JOB: 07-25-13 DISTRICT: PRATT KS				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: GRIFFEN Management				LEASE: Cunningham / WELL NO.:					
ADDRESS:				COUNTY: BARBER STATE: KS					
CITY: STATE:				SERVICE CREW: Sullivan, Melharon, Phye					
AUTHORIZED BY:				JOB TYPE: CNW 8 7/8 Sandbar					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33708-20920	30 min						07-24-13	AM	10:30
20959-19918	30 min						7-25-13	PM	12:30
37900								PM	2:25
								PM	9:50
								AM	3:30
						MILES FROM STATION TO WELL	35		

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

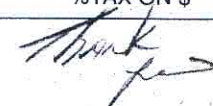
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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.

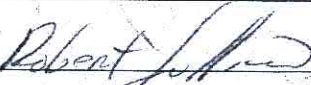
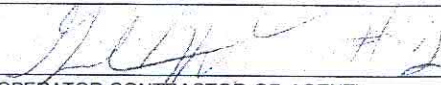
SIGNED: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 100 c	Common cement	SK	185		2,940 00
CC 102	cellulose	lb	47		173 90
CC 109	Calcium chloride	lb	348		365 40
CF 153	Wooden Plug 8 7/8	SA	1		160 00
E 100	pump ms	ms	35		148 75
E 101	Heavy Spot ms	ms	70		490 00
E 113	Bulk Deflag	TON	305		487 20
CE 200	Dripless Cement	SA	1		1,000 00
CE 240	Blender & mixing	SK	185		259 00
CE 504	Plug Container Spindle	SA	1		250 00
S 003	Spinner Superline	SA	1		175 00

SUB TOTAL  4,205 01

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:  #2
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>JOHN MANNA</i>		Lease No.		Date	
Lease <i>CUNNINGHAM</i>		Well # <i>1</i>		Date <i>07-25-13</i>	
Field Order # <i>8396</i>	Station <i>PRATT</i>	Casing <i>8 7/8</i>	Depth <i>263'</i>	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>CNW 8/8</i>	Formation			Legal Description <i>10-32-12</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 7/8</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>263</i>	Depth	From	To	Pre Pad		Max		5 Min.
Volume <i>15</i>	Volume	From	To	Pad		Min		10 Min.
Max Press <i>300</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection <i>P.C</i>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <i>248</i>	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative			Station Manager <i>DAVE SCOT</i>			Treater <i>Robert Jullio</i>		
Service Units	<i>37900</i>	<i>33708</i>	<i>20920</i>	<i>70959</i>	<i>19918</i>			
Driver Names	<i>Sullivan</i>	<i>melhorn</i>	<i>Phyc</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:30</i>					<i>on the Sully meeting</i>
					<i>Run to 545 8 7/8 24 csg.</i>
<i>2:10</i>					<i>CASING ON BOTTOM</i>
<i>2:20</i>					<i>Hook Up To circ.</i>
<i>2:25</i>			<i>3</i>	<i>4.5</i>	<i>AT SPICARE</i>
			<i>40</i>		<i>mix cont 185 sk comm - 2 1/2 hrs 1/4 cf</i>
					<i>cont mix-D shut down</i>
					<i>Release Plug</i>
				<i>3</i>	<i>At Disp.</i>
<i>2:50</i>	<i>150</i>		<i>15</i>		<i>plug down</i>
					<i>circ 12 BBL cont Pit</i>
					<i>SOB Complete</i>
					<i>THANK YOU</i>



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

FIELD SERVICE TICKET

1718 00001 A

10-325-12W

DATE _____ TICKET NO. _____

DATE OF JOB 7-30-13 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 Cunningham WELL NO. 1								
ADDRESS		COUNTY Barber STATE Kansas								
CITY STATE		SERVICE CREW C. Messick, M. McGraw, J. Pierson								
AUTHORIZED BY		JOB TYPE: C.N.W. - Longstring								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37216	1.5						7-29-13			10:00
						ARRIVED AT JOB	7-30-13			6:45
77686-19905	1.5					START OPERATION				12:15
						FINISH OPERATION				1:45
19960-21010	1.5					RELEASED	7-30-13			2:00
						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: J.R. [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	st	225	\$	3,825 00
CP105	AA2 cement	st	30	\$	510 00
CC102	Cellflute	Lb	64	\$	236 80
CC111	Salt	Lb	1,170	\$	585 00
CC112	Cement Friction Reducer	Lb	121	\$	726 00
CC115	Gas Blot	Lb	241	\$	1,241 15
CC201	Gilsonite	Lb	1,278	\$	856 26
CF6007	Latch Down Plug and Baffle, 5 1/2"	ea	1	\$	400 00
CF1251	AutoFill Float Shoe, 5 1/2"	ea	1	\$	360 00
CF1651	Turbolizer, 5 1/2"	ea	5	\$	550 00
CF1901	Basket, 5 1/2"	ea	1	\$	290 00
CT04	Claymax	Gal	6	\$	210 00
CC151	Mud Flush	Gal	500	\$	430 00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer: Griffin Management	Lease No.	Date: 7-30-13
Lease: Cunningham	Well # 1	
Field Order # 8801	Station Pratt, Kansas	Casing 5 1/2 15.5 lb
Type Job C.N.W. - Longstring	Formation	Depth 4,799 Ft.
		County Barber
		State Kansas
		Legal Description 10-325-12W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size 5 1/2 15.5 Lb/ft.	Tubing Size 4 1/2 11.7 Lb/ft.	Shots/Ft	225	AA 2 cement with	Rate	Pressure	ISIP	
Depth 4,799 Feet	Depth	From	To 108	Salt, 25 Lb./stk. cell	Max	Friction Reducer, 18 Gas blk	5 Min.	
Volume 114.2 Bbl.	Volume	From	To	15.3 Lb./Gal., 5	Min	late, 5 Lb./stk. Gilsonite	10 Min.	
Max Press 1,800 P.S.I.	Max Press	From	To	Flush	Avg		15 Min.	
Well Connection Plug Container	Annulus Vol.	From 30	To	sacks of above blend to Plug Rat Hole	HHP Used		Annulus Pressure	
Plug Depth 4,780 Feet	Packer Depth	From	To	113.8 Bbl. 28	Gas Volume		Total Load	

Customer Representative **Jr Griffin** Station Manager **Kevin Gordley** Treater **Clarence R. Messick**

Service Units	37,216	77,686	19,905	19,960	21,010				
Driver Names	Messick	McGraw	Pierson						

Time AM	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:45					Trucks on location and hold safety meeting.
9:15					Fossil Drilling start to run Auto Fill Float Shoe, Shoe Joint with Latch Down Baffle screwed into Collar and a total of 115 Joints new 15.5 Lb/Ft. 5 1/2 casing. A Basket was installed above shoe joint collar. A Turbolizer was installed on Collars # 9, 10, 11, 12, and # 13.
11:30					Casing in well. Circulate for 40 minutes
12:15		2,000			Shut in well. Pressure Test. Open Well.
12:17	200			6	Start 28 tcl Pre-Flush.
			20	6	Start Mud Flush.
			32	6	Start Fresh water spacer.
12:31	400		52	5	Start mixing 225 sacks AA 2 cement.
	-0-		106		Stop pumping. Shut in well. Wash pump and lines. Release Latch Down Plug. Open Well.
12:47	150			6.5	Start 28 tcl Displacement.
			86	5	Start to lift cement.
1:12	900		113.8		Plug down.
					Pressure up
					Release pressure. Float Shoe held
	-0-		7	3	Plug Rat Hole
					Wash up pump truck.
2:00					Job Complete.
					Thank You Clarence, Milte, Jesse