



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1167432  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1167432

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Young Cox Unit 1-27
Doc ID	1167432

All Electric Logs Run

CNL/CDL
DIL
BHCS
MEL

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Young Cox Unit 1-27
Doc ID	1167432

Tops

Name	Top	Datum
Heebner	2690	-1222
Lansing	2952	-1484
Kansas City	3159	-1691
Stark Shale	3335	-1867
Hushpuckney	3369	-1901
Base KC	3413	-1945
Marmaton	3482	-2014
Pawnee	3540	-2072
Mississippian	3745	-2277





PAGE 1 of 1	CUST NO 1002301	INVOICE DATE 10/31/2013
INVOICE NUMBER <b>1718 - 91326923</b>		

Pratt (620) 672-1201  
 B LARIO OIL & GAS  
 I P O BOX 84  
 L MURDOCK  
 L KS US 67111  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Young Cox Unit 1-27  
 O LOCATION AFE#14322  
 B COUNTY Kingman  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40657461	19843		Net - 30 days	11/30/2013	
<i>For Service Dates: 10/29/2013 to 10/29/2013</i>		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
0040657461					
171809354A Cement-New Well Casing/Pi 10/29/2013					
Cement Surface					
60/40 POZ		170.00	EA	8.04	1,366.71 T
Celloflake		43.00	EA	2.48	106.59 T
Calcium Chloride		441.00	EA	0.70	310.22 T
"Wooden Cmt Plug, 8 5/8""		1.00	EA	107.19	107.19
"Unit Mileage Chg (PU, cars one way)"		45.00	MI	2.85	128.13
Heavy Equipment Mileage		90.00	MI	4.69	422.07
"Proppant & Bulk Del. Chgs., per ton mil		331.00	EA	1.07	354.81
Depth Charge; 0-500'		1.00	EA	669.95	669.95
Blending & Mixing Service Charge		170.00	BAG	0.94	159.45
Plug Container Util. Chg.		1.00	EA	167.49	167.49
"Service Supervisor, first 8 hrs on loc.		1.00	EA	117.24	117.24

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,909.85
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	123.06
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,032.91
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

BS  
11-4-13



**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 09354 A

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

DATE OF JOB 10-29-13 DISTRICT PRATT		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 LARCO OIL + GAS		LEASE Young Cox Unit				WELL NO. 1-27			
ADDRESS		COUNTY Kingman		STATE KS					
CITY STATE		SERVICE CREW MARTIN, MAQUEDA, KUMIN							
AUTHORIZED BY		JOB TYPE: CW SP SURFACE							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 10-29-13	AM PM	TIME
37586	.5					ARRIVED AT JOB		AM PM	7:00
19884/19847	.5					START OPERATION		AM PM	12:40
						FINISH OPERATION		AM PM	1:15
19859/19918	.5					RELEASED		AM PM	2:00
						MILES FROM STATION TO WELL	45		

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	
CP103	60/40 F02	SK	170		2,040 00	
CC 109	Calcium Chloride	LB	441		463 05	
CC 102	Cellulose	LB	43		159 10	
CA 153	WOODEN CMT Plug 5/8	EA	1		160 00	
E 100	P.H. MIL	MT	45		191 25	
E 101	HOAY EQ MILD	MT	90		630 00	
E 113	PROP BLOW DOL	TM	331		529 20	
CE 200	DETA CHARGE 0-500'	YAL	1		1,000 00	
CE 504	PLUG CONTAIN	JOB	1		250 00	
S 003	SEALER SUPPLY	EA	1		175 00	
CE 240	BLENDS DOL MARIAN	SK	170		238 00	
					SUB TOTAL	3,909 85

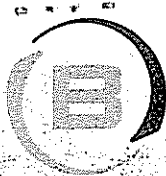
CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>MARK MARTIN</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
---	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09354 A

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

DATE OF JOB		DISTRICT		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				LEASE				WELL NO.	
ADDRESS				COUNTY				STATE	
CITY				STATE				SERVICE CREW	
AUTHORIZED BY				JOB TYPE: SURFACE					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
						ARRIVED AT JOB		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						MILES FROM STATION TO WELL			

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

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
500	1000		11		2,040
60100	441		441		465
60100	49		49		197
611	100		1		100
611	100		43		191
611	100		93		630
611	100		531		529
60100	1000		1000		1,000
60100	250		250		250
60100	175		175		175
60700	BLENDING MICHIGAN	50	1700		736

SUB TOTAL \$ 7,093

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Customer <b>LARD OIL &amp; GAS</b>	Lease No.	Date <b>10-29-13</b>
Lease <b>Young COX UNIT</b>	Well # <b>1-27</b>	
Field Order # <b>9354</b>	Station <b>Pratt</b>	Casing <b>8 5/8</b> Depth <b>260</b>
Type Job <b>CNW SP</b>	Formation	County <b>Kingman</b> State <b>KS</b>
		Legal Description <b>27-27-5</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>8 5/8</b>	Tubing Size	Shots/Ft		Acid <b>170 SKS 60/40</b>	POZ	RATE <b>370 CC</b>	PRESS <b>1 1/2 # CF</b>	ISIP
Depth <b>260</b>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <b>16.56</b>	Volume	From	To	Pad	Min			10 Min.
Max Press <b>500</b>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <b>P.C.</b>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <b>245</b>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative **JAY SCHWARTZ** Station Manager **Kevin Goodley** Treater **MIKE MATHAI**

Service Units	<b>37530</b>	<b>19889</b>	<b>19843</b>	<b>19959</b>	<b>19915</b>				
Driver Names	<b>MATHAI</b>	<b>MATHAI</b>	<b>24+2</b>	<b>KLIEBMAN</b>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:00	-		-	-	ON LOCATION / SETTING
11:50	-		-	-	RUN 8 5/8 Casing
12:30 <sup>PM</sup>					ON BOTTOM
12:35					HOOK UP TO Casing / DISPERSE
12:50	200		5	5	PUMP 5 BBLs H <sub>2</sub> O
12:52	150		40	4	MIX 170 SKS 60/40 POZ
1:05	-		-	-	RELEASE PLUG
1:09	100		-	-	START DISPLACEMENT
1:15	150		15.5		PLUG DOWN
					12 BBLs SLURRY TO RT
					C.C. THEN JOB
					JOB COMPLETE
					THANK YOU
					MIKE MATHAI



PAGE	CUST NO	INVOICE DATE
1 of 1	1002301	11/07/2013
INVOICE NUMBER		
1718 - 91330939		

Pratt (620) 672-1201  
 B LARIO OIL & GAS  
 I P O BOX 84  
 L MURDOCK  
 L KS US 67111  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Young Cox Unit 1-27  
 O LOCATION AFE#133222  
 B COUNTY Kingman  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40659921	20920		Net - 30 days	12/07/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/06/2013 to 11/06/2013</i>				
0040659921				
171809360A Cement-New Well Casing/Pi 11/06/2013				
Cement 5 1/2" Longstring				
AA2 Cement	170.00	EA	11.39	1,936.21 T
60/40 POZ	50.00	EA	8.04	401.99 T
Salt	921.00	EA	0.33	308.53 T
Celloflake	43.00	EA	2.48	106.59 T
C-41P	32.00	EA	2.68	85.76 T
FLA-322	80.00	EA	5.02	401.99 T
Claymax KCL Substitute	5.00	EA	23.45	117.25 T
Super Flush	500.00	EA	1.64	820.73 T
"Guide Shoe - Regular. 5 1/2" (Blue)"	1.00	EA	167.50	167.50
"Top Rubber Cmt Plug, 5 1/2" "	1.00	EA	70.35	70.35
Flapper Type Insert Float Valves, 5 1/2"	1.00	EA	144.05	144.05
"Turbolizer, 5 1/2" (Blue)"	6.00	EA	73.70	442.19
Heavy Equipment Mileage	90.00	MI	4.69	422.09
Blending & Mixing Service Charge	220.00	BAG	0.94	206.35
"Proppant & Bulk Del. Chgs., per ton mil	457.00	EA	1.07	489.89
Depth Charge; 4001'-5000'	1.00	EA	1,688.35	1,688.35
Plug Container Util. Chg.	1.00	EA	167.50	167.50
"Service Supervisor, first 8 hrs on loc."	1.00	EA	117.25	117.25
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	2.85	128.13
C-44	160.00	EA	3.45	552.06 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,774.76
BASIC ENERGY SERVICES,LP	BASIC ENERGY SERVICES,LP	TAX	326.45
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	9,101.21
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

BS  
11-12-13



**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 09360 A

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

DATE OF JOB <b>11-6-13</b> DISTRICT <b>Pratt</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>LARIO oil + Gas</b>		LEASE <b>Young COX UNIT</b> WELL NO. <b>1-27</b>						
ADDRESS		COUNTY <b>Kingman</b> STATE <b>KS</b>						
CITY STATE		SERVICE CREW <b>MATTAI, Gravo, Pircan</b>						
AUTHORIZED BY <b>1</b>		JOB TYPE: <b>CMW L.S. LOWCOSTING</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>11-5-13</b> DATE	AM PM	TIME
<b>37586</b>	<b>1</b>					<b>ARRIVED AT JOB</b> <b>11-6-13</b>	<b>AM PM</b>	<b>3:00</b>
						<b>START OPERATION</b>	<b>AM PM</b>	<b>11:40</b>
<b>33708/20920</b>	<b>1</b>					<b>FINISH OPERATION</b>	<b>AM PM</b>	<b>1:00</b>
						<b>RELEASED</b>	<b>AM PM</b>	<b>1:50</b>
<b>19574/198102</b>	<b>1</b>					<b>MILES FROM STATION TO WELL</b>		<b>45</b>

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

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

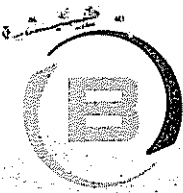
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cat	SK	170		2,890.00
CP 103	60/40 P02	SK	50		600.00
CC 111	SAT	1B	921		460.50
CC 102	Callot/140	1b	43		159.10
CC 105	C-41P	1b	32		128.00
CC 129	FIA-322	1b	80		600.00
CC 115	C-44	1b	160		824.00
CF 251	Slide shoe Reg. 5 1/2	EA	1		250.00
CF 103	TOP Hubbr. Plug 5 1/2	EA	1		105.00
CF 1451	FIAPP- insert FROAT VANE 5 1/2	EA	1		215.00
CF 1651	THIBOLICOR 5 1/2	EA	6		660.00
C 704	CLAYMAY	9AI	5		175.00
CC 154	54PCS FLUSH	9AI	500		1,225.00
SUB TOTAL					

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<b>114</b>

SERVICE REPRESENTATIVE <b>Mide Mattai</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
---	--

FIELD SERVICE ORDER NO. \_\_\_\_\_



**BASIC**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09360 A

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

DATE OF JOB: <u>11/1/11</u>		DISTRICT: <u>P...</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...</u>				LEASE: <u>...</u>				WELL NO.: <u>177</u>		
ADDRESS:				COUNTY: <u>K...</u>		STATE: <u>K</u>				
CITY:				STATE:		SERVICE CREW: <u>...</u>				
AUTHORIZED BY:				JOB TYPE: <u>...</u> <u>LONGSIDING</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>...</u>										
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						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
<u>CC 101</u>	<u>...</u>	<u>...</u>	<u>170</u>		<u>2,890.00</u>
<u>CC 102</u>	<u>...</u>	<u>...</u>	<u>...</u>		<u>600.00</u>
<u>CC 110</u>	<u>...</u>	<u>...</u>	<u>700</u>		<u>460.00</u>
<u>CC 103</u>	<u>...</u>	<u>...</u>	<u>4300</u>		<u>157.00</u>
<u>CC 104</u>	<u>...</u>	<u>...</u>	<u>30</u>		<u>125.00</u>
<u>CC 105</u>	<u>...</u>	<u>...</u>	<u>50</u>		<u>600.00</u>
<u>CC 106</u>	<u>...</u>	<u>...</u>	<u>10</u>		<u>824.00</u>
<u>CC 107</u>	<u>...</u>	<u>...</u>	<u>...</u>		<u>250.00</u>
<u>CC 108</u>	<u>...</u>	<u>...</u>	<u>1</u>		<u>100.00</u>
<u>CC 109</u>	<u>...</u>	<u>...</u>	<u>1</u>		<u>215.00</u>
<u>CC 111</u>	<u>...</u>	<u>...</u>	<u>6</u>		<u>660.00</u>
<u>C 704</u>	<u>...</u>	<u>...</u>	<u>...</u>		<u>175.00</u>
<u>CC 112</u>	<u>...</u>	<u>...</u>	<u>...</u>		<u>1225.00</u>
SUB TOTAL					

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	% TAX ON \$	
MATERIALS	% TAX ON \$	
TOTAL		<u>160</u>

SERVICE REPRESENTATIVE: _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
-------------------------------	--

FIELD SERVICE ORDER NO. \_\_\_\_\_





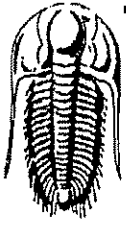
Customer <i>Lewis Oil + Gas</i>	Lease No.	Date <i>11-6-13</i>
Lease <i>Young Cox Unit</i>	Well # <i>1-27</i>	
Field Order # <i>9366</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
		Depth <i>4082.6</i>
Type Job <i>CAN L.S.</i>	Formation	County <i>Kingman</i>
		State <i>K1</i>
		Legal Description <i>27-27J-054</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid <i>170 SKS AA2</i>	RATE <i>5.5 GPM</i>	PRESS <i>1020 PSI</i>	ISIP <i>17.14 CF 220 PSI</i>
Depth <i>4082.63</i>	Depth	From	To	Pre Pad <i>170 gals H<sub>2</sub>O</i>	Max		5 Min.
Volume <i>95.77</i>	Volume	From	To	Pad <i>50 SKS 60</i>	Min <i>4.0 GPM</i>		10 Min.
Max Press <i>1800</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>3957.7</i>	Packer Depth	From	To	Flush <i>94</i>	Gas Volume		Total Load

Customer Representative *JAY Schweiker* Station Manager *Kevin Guinay* Treater *Mike MATTI*

Service Units	<i>37586</i>	<i>33708</i>	<i>20920</i>	<i>19831</i>	<i>19862</i>
Driver Names	<i>MATTI</i>	<i>GILLES</i>		<i>PIERSON</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:00 AM</i>					<i>ON LOCATION SAFETY MEETING</i>
<i>7:45</i>					<i>RUN 5 1/2 15.5# CSNG</i>
					<i>TUBING ON 1, 2, 4, 5, 10, 11</i>
<i>10:40</i>					<i>ON BOTTOM</i>
<i>10:20</i>					<i>HOOK UP TO CSNG / BREAK CIRC W RIG</i>
<i>11:40</i>			<i>5</i>	<i>5</i>	<i>PUMP 5 bbl H<sub>2</sub>O</i>
<i>11:41</i>			<i>12</i>	<i>5</i>	<i>PUMP 12 bbl SUPERFLUSH</i>
<i>11:44</i>	<i>150</i>		<i>5</i>	<i>5</i>	<i>PUMP 5 bbl H<sub>2</sub>O</i>
<i>11:45</i>	<i>200</i>		<i>44</i>	<i>5</i>	<i>MIX 170 SKS AA2 CMT</i>
<i>11:55</i>					<i>WASH PUMP + L.O. Release pump</i>
<i>11:59</i>	<i>50</i>			<i>5</i>	<i>START 2% KCl DISB.</i>
<i>12:19</i>	<i>400</i>		<i>85</i>	<i>4</i>	<i>slow to 4 GPM</i>
<i>12:20</i>	<i>800/1300</i>		<i>94</i>		<i>PLUG DOWN, P2 TO BOU, release L.O.</i>
<i>12:25</i>		<i>7/20</i>	<i>7/5</i>		<i>PLUG RATA HOUSE HOLE</i>
					<i>END TRIP JOB</i>
					<i>JOB COMPLETE</i>
					<i>THANK YOU</i>
					<i>MIKE MATTI</i>



**TRILOBITE TESTING, INC.**

## DRILL STEM TEST REPORT

Lario O & G Co.  
301 S. Market St.  
Wichita, KS 67202-3805  
ATTN: John Hastings

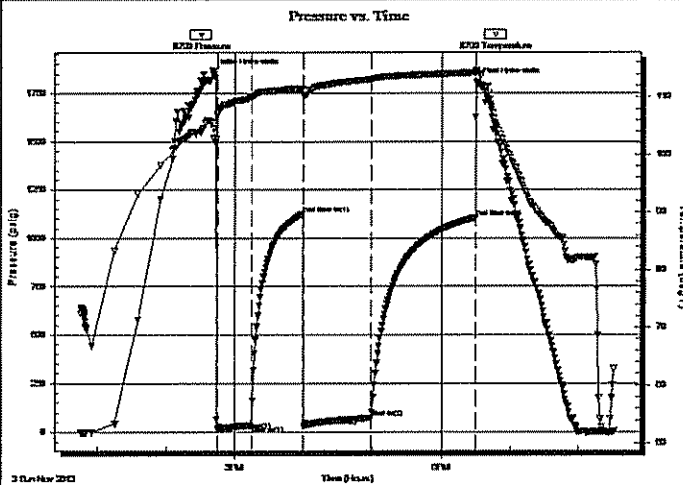
**27-27s-5w Kingman Co. KS**  
**Young Cox Unit 1-27**  
Job Ticket: 52468      DST#: 1  
Test Start: 2013.11.03 @ 12:45:27

### GENERAL INFORMATION:

Formation: Miss. Chert  
Deviated: No Whipstock: 0.00 ft (KB)  
Time Tool Opened: 14:45:12  
Time Test Ended: 20:31:57  
Interval: 3752.00 ft (KB) To 3770.00 ft (KB) (TVD)  
Total Depth: 3770.00 ft (KB) (TVD)  
Hole Diameter: 7.88 inches Hole Condition: Fair  
Test Type: Conventional Bottom Hole (Initial)  
Tester: Ryan Reynolds  
Unit No: 48  
Reference Elevations: 1462.00 ft (KB)  
1451.00 ft (CF)  
KB to GR/CF: 11.00 ft

**Serial #: 8790**      **Inside**  
Press@RunDepth: 74.81 psig @ 3753.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2013.11.03      End Date: 2013.11.03      Last Calib.: 2013.11.03  
Start Time: 12:45:32      End Time: 20:31:56      Time On Btm: 2013.11.03 @ 14:41:27  
Time Off Btm: 2013.11.03 @ 18:30:42

**TEST COMMENT:** IF: Strong blow . BOB immed.  
IS: (G2S @ 2min. into) Weak surf. blow  
FF: Strong blow . BOB immed. Guaged gas  
FS: Weak surf. blow



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1857.20	104.46	Initial Hydro-static
4	12.93	107.22	Open To Flow (1)
33	34.78	110.08	Shut-In(1)
78	1126.55	111.44	End Shut-In(1)
79	29.92	110.19	Open To Flow (2)
137	74.81	113.11	Shut-In(2)
229	1106.45	114.25	End Shut-In(2)
230	1809.02	114.63	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
120.00	WCM 40%w tr, 60% mud	1.68
0.00	O sptd M in hyd tool	0.00

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	6.00	7.63
Last Gas Rate	0.13	7.00	8.01
Max. Gas Rate	0.13	7.50	8.20





**TRILOBITE  
TESTING, INC.**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Lario O & G Co.  
301 S. Market St.  
Wichita, KS 67202-3805  
ATTN: John Hastings

27-27s-5w Kingman Co. KS  
Young Cox Unit 1-27  
Job Ticket: 52468      DST#: 1  
Test Start: 2013.11.03 @ 12:45:27

**Mud and Cushion Information**

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	123000 ppm
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2000.00 ppm			
Filter Cake: 0.02 inches			

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
120.00	WCM 40%w tr, 60%mud	1.683
0.00	O sptd M in hyd tool	0.000

Total Length: 120.00 ft      Total Volume: 1.683 bbl  
 Num Fluid Samples: 1      Num Gas Bombs: 1      Serial #: RR-1  
 Laboratory Name: Caraway      Laboratory Location: Liberal, KS  
 Recovery Comments:



**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**GAS RATES**

Lario O & G Co.  
301 S. Market St.  
Wichita, KS 67202-3805  
ATTN: John Hastings

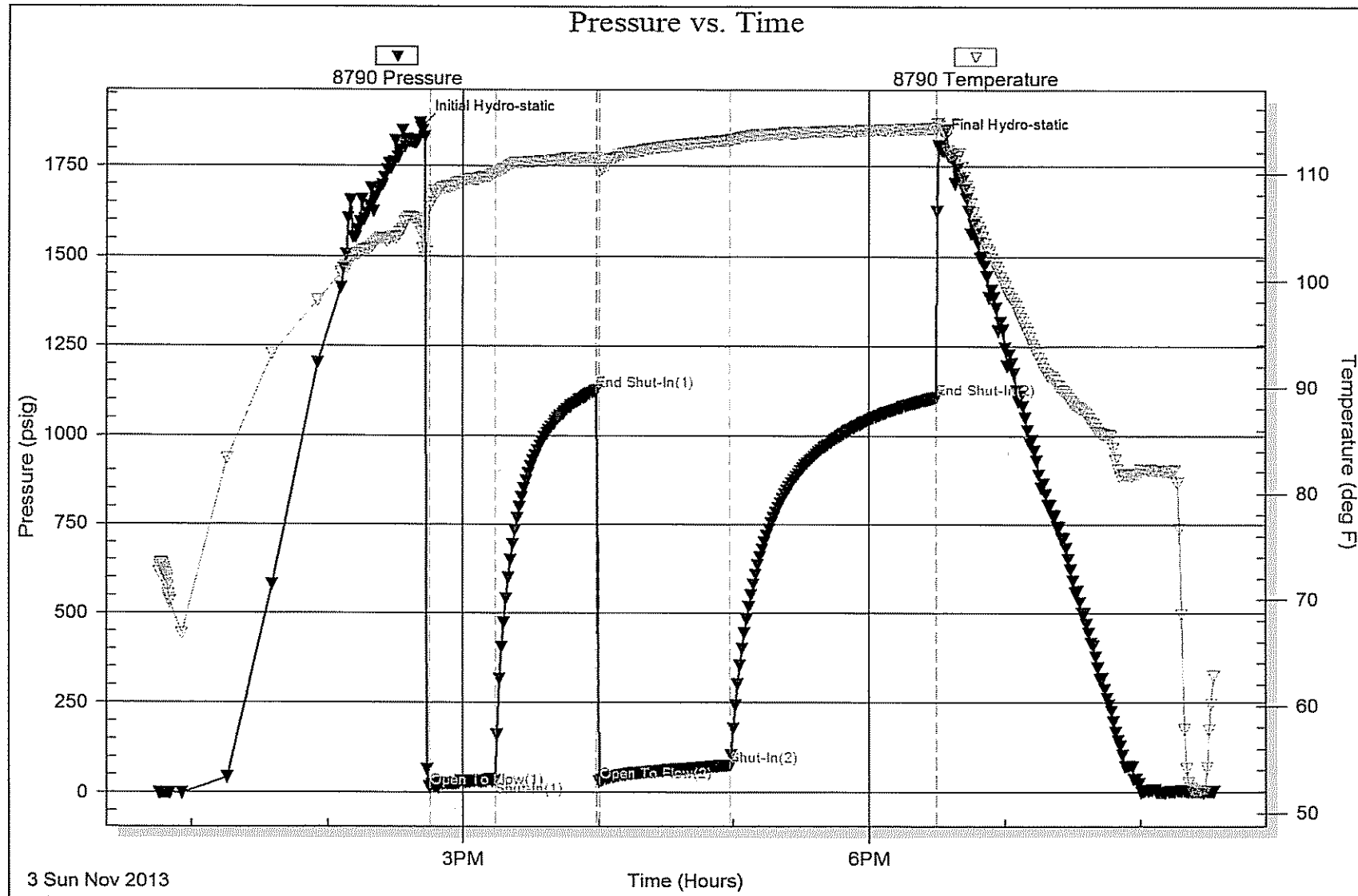
27-27s-5w Kingman Co. KS  
Young Cox Unit 1-27  
Job Ticket: 52468      DST#: 1  
Test Start: 2013.11.03 @ 12:45:27

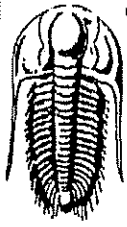
### Gas Rates Information

Temperature: 59 (deg F)  
Relative Density: 0.65  
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	10	0.13	6.00	7.63
2	20	0.13	7.00	8.01
2	30	0.13	7.00	8.01
2	40	0.13	7.50	8.20
2	50	0.13	7.50	8.20
2	60	0.13	7.00	8.01





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Lario O & G Co.  
301 S. Market St.  
Wichita, KS 67202-3805  
ATTN: John Hastings

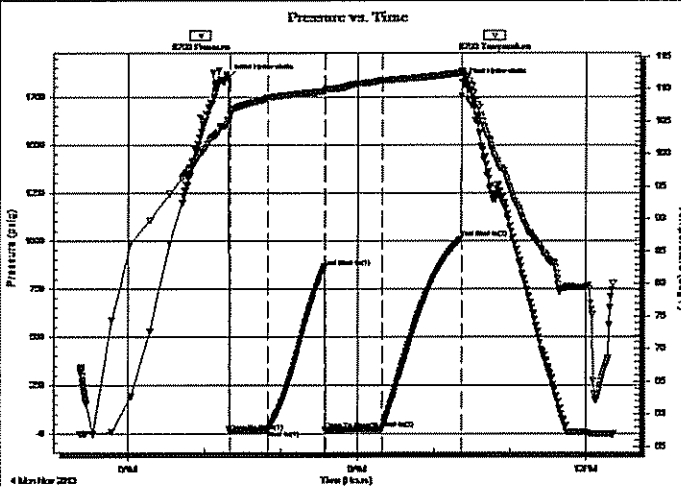
27-27s-5w Kingman Co. KS  
Young Cox Unit 1-27  
Job Ticket: 52469      DST#: 2  
Test Start: 2013.11.04 @ 05:22:22

### GENERAL INFORMATION:

Formation: Miss.  
Deviated: No Whipstock: 0.00 ft (KB)  
Time Tool Opened: 07:19:52  
Time Test Ended: 12:21:37  
Test Type: Conventional Bottom Hole (Reset)  
Tester: Ryan Reynolds  
Unit No: 48  
Interval: 3778.00 ft (KB) To 3800.00 ft (KB) (TVD)  
Reference Elevations: 1462.00 ft (KB)  
Total Depth: 3800.00 ft (KB) (TVD)      1451.00 ft (CF)  
Hole Diameter: 7.88 inches Hole Condition: Fair      KB to GR/CF: 11.00 ft

Serial #: 8790      Inside  
Press@RunDepth: 26.94 psig @ 3779.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2013.11.04      End Date: 2013.11.04      Last Calib.: 2013.11.04  
Start Time: 05:22:27      End Time: 12:21:36      Time On Btm: 2013.11.04 @ 07:18:37  
Time Off Btm: 2013.11.04 @ 10:21:52

TEST COMMENT: IF: Strong blow. BOB @ 15min.  
IS: No blow  
FF: Strong blow. BOB immed. No GTS.  
FS: No blow



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1850.74	105.30	Initial Hydro-static
2	11.74	105.94	Open To Flow (1)
32	18.79	108.73	Shut-In(1)
76	864.23	109.69	End Shut-In(1)
77	18.37	109.95	Open To Flow (2)
121	26.94	111.40	Shut-In(2)
183	1011.71	112.50	End Shut-In(2)
184	1826.78	112.60	Final Hydro-static

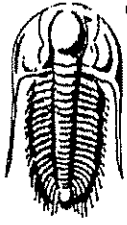
### Recovery

Length (ft)	Description	Volume (bbl)
40.00	VSLI WOCM trc%wtr, trc%oil, 99% mud	0.56
0.00	935' GIP (O sptd M in hyd. tool)	0.00

\* Recovery from multiple tests

### Gas Rates

	Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Lario O & G Co.

27-27s-5w Kingman Co. KS

301 S. Market St.  
Wichita, KS 67202-3805

Young Cox Unit 1-27

Job Ticket: 52469

DST#: 2

ATTN: John Hastings

Test Start: 2013.11.04 @ 05:22:22

**Mud and Cushion Information**

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

2000 ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 0.02 inches

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
40.00	VSLI WOCM trc%wtr, trc%oil, 99%mud	0.561
0.00	935' GIP (O sptd M in hyd. tool)	0.000

Total Length: 40.00 ft      Total Volume: 0.561 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

