



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1168186  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>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

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: \_\_\_\_\_



1168186

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

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used  |                   |                           |                   |               |                |              |                            |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. |                   |                           |                   |               |                |              |                            |
| Purpose of String   | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |              |                            |
|--|------------------|----------------|--------------|----------------------------|
| Purpose:   | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><i>(Submit ACO-4)</i> | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|

|           |                         |
|-----------|-------------------------|
| Form      | ACO1 - Well Completion  |
| Operator  | Chieftain Oil Co., Inc. |
| Well Name | Molz 20                 |
| Doc ID    | 1168186                 |

All Electric Logs Run

|                                 |
|---------------------------------|
|                                 |
| Geologist Log                   |
| Sonic Cement Bond Log           |
| Compensated Density-Neutron Log |
| Micro Log                       |
| Dual Induction Log              |

|           |                         |
|-----------|-------------------------|
| Form      | ACO1 - Well Completion  |
| Operator  | Chieftain Oil Co., Inc. |
| Well Name | Molz 20                 |
| Doc ID    | 1168186                 |

Tops

| Name          | Top  | Datum |
|---------------|------|-------|
| Heebner       | 3813 | -2407 |
| Kansas City   | 4373 | -2967 |
| Cherokee      | 4746 | -3340 |
| Mississippian | 4807 | -3401 |
| Chattanooga   | 5140 | -3734 |
| Viola         | 5241 | -3835 |
| Simpson       | 5319 | -3913 |
| Simpson Sand  | 5337 | -3931 |
| Arbuckle      | 5543 | -4133 |
| Total Depth   | 5586 | -4180 |

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 14, 2013

Ron Molz  
Chieftain Oil Co., Inc.  
101 S. 5TH ST.  
PO BOX 124  
KIOWA, KS 67070-1912

Re: ACO1  
API 15-007-24042-00-00  
Molz 20  
NE/4 Sec.11-35S-12W  
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Ron Molz



|                 |         |              |
|-----------------|---------|--------------|
| PAGE            | CUST NO | INVOICE DATE |
| 1 of 1          | 1000719 | 10/09/2013   |
| INVOICE NUMBER  |         |              |
| 1718 - 91305757 |         |              |

Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Molz 20  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

| JOB #    | EQUIPMENT # | PURCHASE ORDER NO. | TERMS         | DUE DATE   |
|----------|-------------|--------------------|---------------|------------|
| 40649455 | 19905       |                    | Net - 30 days | 11/08/2013 |

|   | QTY    | U of M | UNIT PRICE | INVOICE AMOUNT |
|---|--------|--------|------------|----------------|
| <i>For Service Dates: 10/08/2013 to 10/08/2013</i>                |        |        |            |                |
| 0040649455  |        |        |            |                |
| 171808785A Cement-New Well Casing/Pi 10/08/2013<br>Cement Squeeze |        |        |            |                |
| Common Cement   | 50.00  | EA     | 10.72      | 536.03 T       |
| C-41P   | 12.00  | EA     | 2.68       | 32.16 T        |
| FLA-322   | 47.00  | EA     | 5.03       | 236.19 T       |
| 15% HCL Acid  | 200.00 | GAL    | 1.34       | 268.02 T       |
| CIA-1 EP Acid Inhibitor   | 1.00   | EA     | 50.25      | 50.25 T        |
| Claymax KCI Substitute  | 5.00   | EA     | 23.45      | 117.26 T       |
| "Unit Mileage Chg (PU, cars one way)"                             | 55.00  | MI     | 2.85       | 156.62         |
| Heavy Equipment Mileage   | 110.00 | MI     | 4.69       | 515.93         |
| "Proppant & Bulk Del. Chgs., per ton mil                          | 129.00 | EA     | 1.07       | 138.30         |
| Depth Charge; 5001-6000'  | 1.00   | EA     | 1,929.73   | 1,929.73       |
| Blending & Mixing Service Charge                                  | 50.00  | BAG    | 0.94       | 46.90          |
| "Service Supervisor, first 8 hrs on loc.                          | 1.00   | EA     | 117.26     | 117.26         |

**ENTERED**  
**OCT 30 2013**  
**9304 BC**

|                           |                               |               |          |
|---------------------------|-------------------------------|---------------|----------|
| PLEASE REMIT TO:          | SEND OTHER CORRESPONDENCE TO: | SUB TOTAL     | 4,144.65 |
| BASIC ENERGY SERVICES, LP | BASIC ENERGY SERVICES, LP     | TAX           | .88.65   |
| PO BOX 841903             | 801 CHERRY ST, STE 2100       | INVOICE TOTAL | 4,233.30 |
| DALLAS, TX 75284-1903     | FORT WORTH, TX 76102          |               |          |

*[Handwritten mark]*



**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 08785 A

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

|   |              |  |          |            |     |                            |             |    |             |
|---|--------------|--|----------|------------|-----|----------------------------|-------------|----|-------------|
| DATE OF JOB <u>10-8-83</u> DISTRICT <u>PRATT, Ks.</u> |              | NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: |          |            |     |                            |             |    |             |
| CUSTOMER <u>HAZETAN OIL Co., INC.</u>                 |              | LEASE <u>MOLZ 20</u> WELL NO.  |          |            |     |                            |             |    |             |
| ADDRESS   |              | COUNTY <u>BARBER</u> STATE <u>Ks.</u>  |          |            |     |                            |             |    |             |
| CITY STATE  |              | SERVICE CREW <u>KC, J.A. JESSE</u>   |          |            |     |                            |             |    |             |
| AUTHORIZED BY   |              | JOB TYPE: <u>CIUW - SQUEEZE</u>  |          |            |     |                            |             |    |             |
| EQUIPMENT#  | HRS          | EQUIPMENT#   | HRS      | EQUIPMENT# | HRS | TRUCK CALLED               | DATE        | AM | TIME        |
| <u>17907</u>  |              | <u>19826</u>   | <u>2</u> |            |     |                            | <u>10-8</u> |    | <u>0800</u> |
|   |              | <u>19860</u>   | <u>2</u> |            |     | ARRIVED AT JOB             |             | AM | <u>0930</u> |
| <u>77686</u>  | <u>1 1/2</u> |  |          |            |     | START OPERATION            |             | AM | <u>1000</u> |
| <u>19905</u>  | <u>0 1/2</u> |  |          |            |     | FINISH OPERATION           |             | AM | <u>1830</u> |
|   |              |  |          |            |     | RELEASED                   |             | AM | <u>1900</u> |
|   |              |  |          |            |     | MILES FROM STATION TO WELL |             |    | <u>55</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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT        | QUANTITY   | UNIT PRICE | \$ AMOUNT      |
|---------------------|---------------------------------------|-------------|------------|------------|----------------|
| <u>A11325</u>       | <u>15% HCL</u>                        | <u>gal</u>  | <u>200</u> |            | <u>400 00</u>  |
| <u>C1204</u>        | <u>CIDA-1ET DUTY</u>                  | <u>gal</u>  | <u>1</u>   |            | <u>75 00</u>   |
| <u>C1100</u>        | <u>COMMON CEMENTS</u>                 | <u>SK</u>   | <u>50</u>  |            | <u>800 00</u>  |
| <u>C1105</u>        | <u>1-411 PEXOMER</u>                  | <u>lb.</u>  | <u>12</u>  |            | <u>48 00</u>   |
| <u>C1129</u>        | <u>FHA-322 LOW FUSION LOSS</u>        | <u>lb.</u>  | <u>47</u>  |            | <u>352 50</u>  |
| <u>C1704</u>        | <u>CLAYMAX</u>                        | <u>gal</u>  | <u>5</u>   |            | <u>175 00</u>  |
| <u>E100</u>         | <u>PICKUP MILE</u>                    | <u>mile</u> | <u>55</u>  |            | <u>233 75</u>  |
| <u>E101</u>         | <u>TRUCK MILE</u>                     | <u>mile</u> | <u>110</u> |            | <u>770 00</u>  |
| <u>E113</u>         | <u>BULK DELIVERY</u>                  | <u>TM</u>   | <u>129</u> |            | <u>206 80</u>  |
| <u>CE206</u>        | <u>DEPTH CHANGE 500' - 6000'</u>      | <u>AT</u>   | <u>1</u>   |            | <u>7880 00</u> |
| <u>CE240</u>        | <u>BLENDING CHANGE</u>                | <u>SK</u>   | <u>50</u>  |            | <u>70 00</u>   |
| <u>5003</u>         | <u>SERVICE SUPERVISOR</u>             | <u>AT</u>   | <u>1</u>   |            | <u>175 00</u>  |

SUB TOTAL 4144.65

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

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

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

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

|                                      |                          |                                      |
|--------------------------------------|--------------------------|--------------------------------------|
| Customer <i>MIZETWIN OIL CO. INC</i> | Lease No. <i>20</i>      | Date <i>10-8-13</i>                  |
| Lease <i>MOLZ</i>                    | Well # <i>20</i>         |                                      |
| Field Order # <i>8785</i>            | Station <i>PLATT, KS</i> | Casing <i>5 7/8</i>                  |
| Type Job <i>CIW- SQUEEZE</i>         | Formation                | Legal Description <i>7-35-12</i>     |
|                                      |                          | County <i>PUTNER</i> State <i>KS</i> |

| PIPE DATA                |                          | PERFORATING DATA     |               | FLUID USED |            | TREATMENT RESUME |       |                  |
|--------------------------|--------------------------|----------------------|---------------|------------|------------|------------------|-------|------------------|
| Casing Size <i>5 7/8</i> | Tubing Size <i>4 1/2</i> | Shots/Ft <i>4/14</i> | Acid          |            |            | RATE             | PRESS | ISIP             |
| Depth                    | Depth                    | From <i>523</i>      | To <i>531</i> | Pre Pad    | Max        |                  |       | 5 Min.           |
| Volume                   | Volume                   | From                 | To            | Pad        | Min        |                  |       | 10 Min.          |
| Max Press                | 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 <i>R. YAN</i> | Station Manager <i>KEVIN</i> | Treater <i>CUNLEY</i> |
| Service Units <i>14947</i>            | <i>77686-19905</i>           | <i>19826-19860</i>    |
| Driver Names <i>BC</i>                | <i>JH</i>                    | <i>JESSE</i>          |

| Time        | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate       | Service Log                         |
|-------------|-----------------|-----------------|--------------|------------|-------------------------------------|
| <i>1430</i> |                 |                 |              |            | <i>LN LOCATION</i>                  |
|             |                 |                 |              |            | <i>SQUEEZE PERFS AT 5230 4 1/2</i>  |
|             |                 |                 |              |            | <i>1 1/2" IN ON CASING FOR</i>      |
| <i>1440</i> | <i>1750</i>     |                 | <i>1</i>     | <i>1</i>   | <i>INJ. RATE - HOLD 1750# SOLID</i> |
|             |                 |                 |              |            | <i>PUMP TBC TO SET ACID</i>         |
| <i>1245</i> |                 | <i>500</i>      | <i>5</i>     | <i>2</i>   | <i>SPOT 200 gallon 15% HCL +</i>    |
|             |                 | <i>510</i>      | <i>75</i>    | <i>3</i>   | <i>25% HCL 11.0</i>                 |
|             |                 |                 | <i>30</i>    |            | <i>SHUT IN 1750#</i>                |
| <i>1300</i> |                 | <i>1000</i>     | <i>1/2</i>   | <i>1/2</i> | <i>5 1/2" LN TBC - 1000#</i>        |
|             |                 | <i>900</i>      |              |            | <i>SLOT HOLE BLEED OFF</i>          |
|             |                 | <i>1000</i>     |              |            | <i>SITTING 15'</i>                  |
|             |                 | <i>1200</i>     |              |            | <i>UP 15' - 1250#</i>               |
|             |                 | <i>1200</i>     |              |            | <i>SITTING 15'</i>                  |
|             |                 | <i>1400</i>     |              |            | <i>UP 15' - 1400#</i>               |
|             |                 | <i>1400</i>     | <i>2</i>     | <i>1</i>   | <i>TWO TONS 1 BRIL - 1400#</i>      |
|             |                 | <i>1400</i>     | <i>5</i>     | <i>1</i>   | <i>HOLD 1400#</i>                   |
|             |                 | <i>1500</i>     | <i>7</i>     | <i>1</i>   | <i>2 bbl. OVERFLOW</i>              |
| <i>1400</i> |                 | <i>1400</i>     |              |            | <i>ISIP - 1400#</i>                 |
|             |                 | <i>700</i>      |              |            | <i>SITTING - 400#</i>               |
|             |                 |                 |              |            | <i>RELEASE ISIP</i>                 |
|             |                 |                 |              |            | <i>PULL TBC</i>                     |
| <i>1530</i> |                 |                 |              |            | <i>SET RETAINER AT 5090</i>         |



|               |                        |           |           |                   |         |
|---------------|------------------------|-----------|-----------|-------------------|---------|
| Customer      | DEFINITION OIL CO. INC | Lease No. |           | Date              |         |
| Lease         | M1012                  | Well #    | 20        |                   | 10-8-13 |
| Field Order # | 1705                   | Station   | PRATT, KS | Casing            | 5 1/2   |
| Type Job      | C/W - SQUEEZE          | Formation |           | County            | BARBER  |
|               |                        |           |           | State             | KS      |
|               |                        |           |           | Legal Description | 2-35-12 |

| PIPE DATA       |       | PERFORATING DATA |      | FLUID USED |  | TREATMENT RESUME |       |                  |
|-----------------|-------|------------------|------|------------|--|------------------|-------|------------------|
| Casing Size     | 5 1/2 | Shots/Ft         | 4/ft | Acid       |  | RATE             | PRESS | ISIP             |
| Depth           | 275   | From             | 5230 | Pre Pad    |  |                  |       | 5 Min.           |
| Volume          | 1.0   | To               | 5231 | Pad        |  |                  |       | 10 Min.          |
| Max Press       |       | From             |      | Frac       |  |                  |       | 15 Min.          |
| Well Connection |       | To               |      |            |  |                  |       | HHP Used         |
| Plug Depth      |       | From             |      | Flush      |  |                  |       | Annulus Pressure |
|                 |       | To               |      |            |  |                  |       | Gas Volume       |
|                 |       |                  |      |            |  |                  |       | Total Load       |

|                         |       |                 |       |         |         |
|-------------------------|-------|-----------------|-------|---------|---------|
| Customer Representative | KYIAN | Station Manager | KEVIN | Treater | SCOWLEY |
|-------------------------|-------|-----------------|-------|---------|---------|

|               |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|
| Service Units |  |  |  |  |  |  |  |  |  |
| Driver Names  |  |  |  |  |  |  |  |  |  |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate  | Service Log  |
|------|-----------------|-----------------|--------------|-------|--|
| 1600 |                 |                 |              |       | RUN TBC & SQUEEZE STANG INTO RETOWER-5090            |
| 1730 |                 | 1400            | 2            | 1     | INT. RATE - 1 BPM - 1400#                            |
|      |                 |                 |              |       | STANG OUT  |
|      |                 | 200             | 10           | 2 1/2 | SPOT 50 SIL COMMON (2) NEW 1% FLA-322, 1/4% DEFOMMER |
|      |                 | 200             | 10           | 2 1/2 | AND 18 LBI H <sub>2</sub> O BEHIND                   |
|      |                 |                 |              |       | STOP PUMP - CLOSE & TRAP                             |
|      |                 |                 |              |       | STANG IN - 1 1/2 LBI SPURT                           |
|      |                 | 0               | 28           | 1/2   | START DEEP   |
|      |                 | 400             | 29 1/2       | 1/2   | MAINTAIN TEST  |
|      |                 | 500             | 30 1/2       | 1/2   | COMMENT AT PERFS                                     |
|      |                 | 900             | 35 1/2       | 1/2   | 5 LBI COMMENT OUT PERFS                              |
|      |                 | 1700            | 38 1/2       | 1/2   | 8 1/2 LBI COMMENT OUT PERFS                          |
|      |                 | 700             |              |       | STOP PUMP - PSE LEVEL OFF 700#                       |
| 1815 |                 | 700             |              |       | HELD 700# FOR 5 MINUTES                              |
|      |                 |                 |              |       | STANG OUT  |
| 1830 | 560             |                 | 110          | 2 1/2 | REVERSE OUT & ROLL HOLE WITH 2% KCC H <sub>2</sub> O |
|      |                 |                 |              |       | WILL 10 IS A SHUT IN                                 |
| 1900 |                 |                 |              |       | TOP 1711, 267E - KEVIN                               |



|                                   |                    |                            |
|-----------------------------------|--------------------|----------------------------|
| PAGE<br>1 of 1                    | CUST NO<br>1000719 | INVOICE DATE<br>09/09/2013 |
| INVOICE NUMBER<br>1718 - 91279664 |                    |                            |

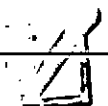
Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Molz 20  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

| JOB #  | EQUIPMENT # | PURCHASE ORDER NO. | TERMS         | DUE DATE   |            |                |
|--|-------------|--------------------|---------------|------------|------------|----------------|
| 40638103   | 19843       |                    | Net - 30 days | 10/09/2013 |            |                |
|  |             |                    | QTY           | U of M     | UNIT PRICE | INVOICE AMOUNT |
| <i>For Service Dates: 09/07/2013 to 09/07/2013</i>             |             |                    |               |            |            |                |
| 0040638103   |             |                    |               |            |            |                |
| 171809101A Cement-New Well Casing/Pi 09/07/2013                |             |                    |               |            |            |                |
| Cement 13 3/8 Conductor  |             |                    |               |            |            |                |
| 60/40 POZ 350.00 EA 9.00 3,150.14 T                            |             |                    |               |            |            |                |
| Celloflake 88.00 EA 2.78 244.21 T                              |             |                    |               |            |            |                |
| Calcium Chloride 903.00 EA 0.79 711.14 T                       |             |                    |               |            |            |                |
| "Unit Mileage Chg (PU, cars one way)" 45.00 MI 3.19 143.44     |             |                    |               |            |            |                |
| Heavy Equipment Mileage 90.00 MI 5.25 472.52                   |             |                    |               |            |            |                |
| "Proppant & Bulk Del. Chgs., per ton mil 677.00 EA 1.20 812.44 |             |                    |               |            |            |                |
| Depth Charge; 0-500' 1.00 EA 750.03 750.03                     |             |                    |               |            |            |                |
| Blending & Mixing Service Charge 350.00 BAG 1.05 367.52        |             |                    |               |            |            |                |
| "Service Supervisor, first 8 hrs on loc. 1.00 EA 131.26 131.26 |             |                    |               |            |            |                |

**ENTERED**  
 OCT 09 2013  
 9121BC

|                           |                               |               |          |
|---------------------------|-------------------------------|---------------|----------|
| PLEASE REMIT TO:          | SEND OTHER CORRESPONDENCE TO: | SUB TOTAL     | 6,782.70 |
| BASIC ENERGY SERVICES, LP | BASIC ENERGY SERVICES, LP     | TAX           | 293.54   |
| PO BOX 841903             | 801 CHERRY ST, STE 2100       | INVOICE TOTAL | 7,076.24 |
| DALLAS, TX 75284-1903     | FORT WORTH, TX 76102          |               |          |





**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 09101 A

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

| DATE OF JOB <u>09-07-13</u> DISTRICT <u>PRATT KS</u> |               | NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: |     |   |     |                            |                 |             |              |
|--|---------------|--|-----|---|-----|----------------------------|-----------------|-------------|--------------|
| CUSTOMER <u>CHIEFTAIN OIL</u>                        |               | LEASE <u>M10LZ</u>   |     | 20 WELL NO.                                       |     |                            |                 |             |              |
| ADDRESS  |               | COUNTY <u>BARBER</u>   |     | STATE <u>KS</u>                                   |     |                            |                 |             |              |
| CITY   |               | STATE  |     | SERVICE CREW <u>Sullivan, Edando, Mye, mustet</u> |     |                            |                 |             |              |
| AUTHORIZED BY  |               | JOB TYPE <u>CNW conductor</u>  |     |   |     |                            |                 |             |              |
| EQUIPMENT#   | HRS           | EQUIPMENT#   | HRS | EQUIPMENT#  | HRS | TRUCK CALLED               | DATE            | AM/PM       | TIME         |
| <u>19889-19843</u>                                   | <u>45 hrs</u> |  |     |   |     |                            | <u>09-06-13</u> | <u>(AM)</u> | <u>9:30</u>  |
| <u>20959-19118</u>                                   | <u>45 hrs</u> |  |     |   |     |                            | <u>09-6-13</u>  | <u>(AM)</u> | <u>11:15</u> |
| <u>37900</u>   |               |  |     |   |     |                            | <u>09-7-13</u>  | <u>(AM)</u> | <u>3:05</u>  |
|  |               |  |     |   |     |                            |                 | <u>(AM)</u> | <u>3:45</u>  |
|  |               |  |     |   |     |                            |                 | <u>(PM)</u> | <u>4:15</u>  |
|  |               |  |     |   |     | MILES FROM STATION TO WELL |                 |             | <u>45</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: Andrew Maister  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT       | QUANTITY   | UNIT PRICE | \$ AMOUNT       |
|---------------------|---------------------------------------|------------|------------|------------|-----------------|
| <u>CP 103</u>       | <u>60/40 P02 coat</u>                 | <u>SK</u>  | <u>350</u> |            | <u>4,200 00</u> |
| <u>CC 102</u>       | <u>CollTake</u>                       | <u>lb</u>  | <u>88</u>  |            | <u>325 00</u>   |
| <u>CC 109</u>       | <u>Calcium chloride</u>               | <u>lb</u>  | <u>903</u> |            | <u>948 15</u>   |
| <u>E 100</u>        | <u>Ducky mix</u>                      | <u>mi</u>  | <u>45</u>  |            | <u>191 25</u>   |
| <u>E 101</u>        | <u>Wp 01 Frack</u>                    | <u>mi</u>  | <u>70</u>  |            | <u>630 00</u>   |
| <u>E 113</u>        | <u>Bulk Admex</u>                     | <u>YAL</u> | <u>677</u> |            | <u>1,083 60</u> |
| <u>PE 200</u>       | <u>Depth dump 0-500'</u>              | <u>SH</u>  | <u>1</u>   |            | <u>1,000 00</u> |
| <u>PE 240</u>       | <u>Blended mix</u>                    | <u>SK</u>  | <u>350</u> |            | <u>490 00</u>   |
| <u>S003</u>         | <u>Sealant Super</u>                  | <u>SA</u>  | <u>1</u>   |            | <u>175 00</u>   |

SUB TOTAL US 6,782 70

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

|                     |            |                  |
|---------------------|------------|------------------|
| SERVICE & EQUIPMENT | %TAX ON \$ |                  |
| MATERIALS           | %TAX ON \$ |                  |
| TOTAL               |            | <u>Thank you</u> |

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

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

|   |                            |                                      |                     |
|---|----------------------------|--------------------------------------|---------------------|
| Customer<br><b>CHICKTAID OIL</b>        | Lease No.                  | Date<br><b>09-07-13</b>              |                     |
| Lease<br><b>MOLZ</b>                    | Well #<br><b>20</b>        |                                      |                     |
| Field Order #<br><b>6101</b>            | Station<br><b>PRATT KS</b> | Casing<br><b>13 3/8</b>              | Depth<br><b>307</b> |
| Type Job<br><b>CNW 13 3/8 Conductor</b> | Formation                  | County<br><b>BARBER</b>              | State<br><b>KS</b>  |
|   |                            | Legal Description<br><b>11-35-12</b> |                     |

| PIPE DATA                      |              | PERFORATING DATA |    | FLUID USED | TREATMENT RESUME |       |                  |
|--------------------------------|--------------|------------------|----|------------|------------------|-------|------------------|
| Casing Size<br><b>13 3/8</b>   | Tubing Size  | Shots/Ft         |    | Acid       | RATE             | PRESS | ISIP             |
| Depth<br><b>307</b>            | Depth        | From             | To | Pre Pad    | Max              |       | 5 Min.           |
| Volume<br><b>44</b>            | Volume       | From             | To | Pad        | Min              |       | 10 Min.          |
| Max Press<br><b>500</b>        | Max Press    | From             | To | Frac       | Avg              |       | 15 Min.          |
| Well Connection<br><b>SWAP</b> | Annulus Vol. | From             | To |            | HHP Used         |       | Annulus Pressure |
| Plug Depth<br><b>282'</b>      | Packer Depth | From             | To | Flush      | Gas Volume       |       | Total Load       |

|                         |                                      |   |
|-------------------------|--------------------------------------|---|
| Customer Representative | Station Manager<br><b>DAVE Scott</b> | Treater<br><b>Robert J. [Signature]</b> |
|-------------------------|--------------------------------------|---|

|               |                 |                |              |                |              |  |  |  |  |
|---------------|-----------------|----------------|--------------|----------------|--------------|--|--|--|--|
| Service Units | <b>37900</b>    | <b>19889</b>   | <b>19843</b> | <b>70959</b>   | <b>19918</b> |  |  |  |  |
| Driver Names  | <b>Sullivan</b> | <b>Edwards</b> | <b>Phye</b>  | <b>Muskett</b> |              |  |  |  |  |

| Time         | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate       | Service Log                                   |
|--------------|-----------------|-----------------|--------------|------------|---|
| <b>11:15</b> |                 |                 |              |            | <b>ON loc Solys, ready</b>                    |
|              |                 |                 |              |            | <b>Run 13 3/8 esp.</b>                        |
| <b>2:50</b>  |                 |                 |              |            | <b>Casing on Bottom</b>                       |
| <b>2:58</b>  |                 |                 |              |            | <b>Hook Rig Break circ.</b>                   |
| <b>3:00</b>  |                 |                 | <b>3</b>     | <b>3.5</b> | <b>At Spacer</b>                              |
|              |                 |                 | <b>75</b>    | <b>5</b>   | <b>mix cmt 350 gal 1/40 po 2 3% cc 1/4 CF</b> |
|              |                 |                 |              |            | <b>cmt mixed</b>                              |
|              |                 |                 |              | <b>4.1</b> | <b>At Disp</b>                                |
| <b>2:45</b>  | <b>200</b>      |                 | <b>44</b>    |            | <b>Plu down</b>                               |
|              |                 |                 |              |            | <b>disc 15 BBL cmt Pit</b>                    |
|              |                 |                 |              |            | <b>JOB complete</b>                           |
|              |                 |                 |              |            | <b>Thank you</b>                              |



|  |                    |                            |
|--|--------------------|----------------------------|
| PAGE<br>1 of 1                           | CUST NO<br>1000719 | INVOICE DATE<br>09/20/2013 |
| INVOICE NUMBER<br><b>1718 - 91290520</b> |                    |                            |

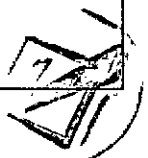
Pratt (620) 672-1201  
 B CHIEFTAIN OIL COMPANY  
 I PO Box: 124  
 L KIOWA  
 L KS US 67070  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Molz 20  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

| JOB #  | EQUIPMENT # | PURCHASE ORDER NO. | TERMS         | DUE DATE   |
|--|-------------|--------------------|---------------|------------|
| 40641894   | 27463       |                    | Net - 30 days | 10/20/2013 |
| <b>For Service Dates: 09/17/2013 to 09/17/2013</b> |             |                    |               |            |
| 0040641894   |             |                    |               |            |
| 171809012A Cement-New Well Casing/Pi 09/17/2013    |             |                    |               |            |
| AA2 Cement   |             | 275.00             | EA            | 12.74      |
| C-41P  |             | 52.00              | EA            | 2.80       |
| Salt   |             | 1,364.00           | EA            | 0.35       |
| C-44   |             | 259.00             | EA            | 3.60       |
| FLA-322  |             | 208.00             | EA            | 5.25       |
| Mud Flush  |             | 500.00             | EA            | 0.60       |
| Super Flush II                                     |             | 500.00             | EA            | 1.07       |
| Gilsonite  |             | 1,375.00           | EA            | 0.47       |
| Claymax KCL Substitute                             |             | 5.00               | EA            | 24.50      |
| "Latch Down Plug & Baffle, 5 1/2" (Blu             |             | 1.00               | EA            | 279.99     |
| "Auto Fill Float Shoe 5 1/2" (Blue)"               |             | 1.00               | EA            | 251.99     |
| "Turbolizer, 5 1/2" (Blue)"                        |             | 7.00               | EA            | 77.00      |
| "5 1/2" Basket (Blue)"                             |             | 2.00               | EA            | 202.99     |
| "Unit Mileage Chg (PU, cars one way)"              |             | 30.00              | MI            | 2.98       |
| Heavy Equipment Mileage                            |             | 60.00              | MI            | 4.90       |
| "Proppant & Bulk Del. Chgs., per ton mil           |             | 389.00             | EA            | 1.12       |
| Depth Charge; 5001-6000'                           |             | 1.00               | EA            | 2,015.91   |
| Blending & Mixing Service Charge                   |             | 275.00             | BAG           | 0.98       |
| Plug Container Util. Chg.                          |             | 1.00               | EA            | 174.99     |
| "Service Supervisor, first 8 hrs on loc.           |             | 1.00               | EA            | 122.49     |

PAID  
 SEP 25 2013  
 9304 BL

|                           |                               |               |           |
|---------------------------|-------------------------------|---------------|-----------|
| PLEASE REMIT TO:          | SEND OTHER CORRESPONDENCE TO: | SUB TOTAL     | 12,634.44 |
| BASIC ENERGY SERVICES, LP | BASIC ENERGY SERVICES, LP     | TAX           | 554.53    |
| PO BOX 841903             | 801 CHERRY ST, STE 2100       | INVOICE TOTAL | 13,188.97 |
| DALLAS, TX 75284-1903     | FORT WORTH, TX 76102          |               |           |





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

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

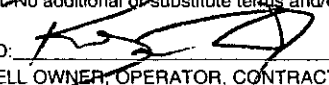
FIELD SERVICE TICKET  
1718 09012 A

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

|                               |                |  |                                   |                               |                              |                              |                            |       |      |
|-------------------------------|----------------|--|-----------------------------------|-------------------------------|------------------------------|------------------------------|----------------------------|-------|------|
| DATE OF JOB<br>9-17-13        | 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<br>Chicktain Oil Co. | LEASE<br>M012  | WELL NO.<br>20                               |                                   |                               |                              |                              |                            |       |      |
| ADDRESS _____                 |                | COUNTY<br>Barber                             | STATE<br>KS                       |                               |                              |                              |                            |       |      |
| CITY _____                    | STATE _____    | SERVICE CREW<br>Orlando, Mendez, Olvera      |                                   |                               |                              |                              |                            |       |      |
| AUTHORIZED BY _____           |                | JOB TYPE:<br>CNW - 5 1/2 L.S.                |                                   |                               |                              |                              |                            |       |      |
| EQUIPMENT#                    | HRS            | EQUIPMENT#                                   | HRS                               | EQUIPMENT#                    | HRS                          | TRUCK CALLED                 | DATE                       | AM/PM | TIME |
| 27283                         | 1              |  |                                   |                               |                              |                              | 9-17-13                    | AM    | 6:00 |
| 27463                         | 1              |  |                                   |                               |                              | ARRIVED AT JOB               |                            | AM    | 9:00 |
| 30469-37728                   | 1              |  |                                   |                               |                              | START OPERATION              |                            | AM    | 3:45 |
|                               |                |  |                                   |                               |                              | FINISH OPERATION             |                            | AM    | 4:45 |
|                               |                |  |                                   |                               |                              | RELEASED                     |                            | AM    | 5:45 |
|                               |                |  |                                   |                               |                              |                              | MILES FROM STATION TO WELL |       | 30   |

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

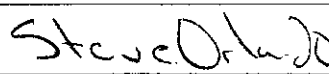
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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        |          |
|---------------------|---------------------------------------|------|----------|------------|------------------|----------|
| CL105               | AA2 Cement                            | SK   | 225      |            | 409500           |          |
| CL105               | AA2 Cement                            | SK   | 50       |            | 91000            |          |
| CL105               | C-4HP Defoamer                        | Lb   | 50       |            | 20800            |          |
| CL111               | Salt                                  | Lb   | 1369     |            | 68200            |          |
| CL115               | C-44                                  | Lb   | 259      |            | 133385           |          |
| CL129               | F-LA-322                              | Lb   | 208      |            | 156000           |          |
| CL201               | Gilsynite                             | Lb   | 1375     |            | 92125            |          |
| CF607               | Latch Down Plug + Baffle 5 1/2        | ea   | 1        |            | 40000            |          |
| CF1251              | Auto Still Float Sho. 5 1/2           | ea   | 1        |            | 36000            |          |
| CF1451              | Turbolizer 5 1/2                      | ea   | 7        |            | 77000            |          |
| CF1901              | Basket 5 1/2                          | ea   | 2        |            | 58000            |          |
| C704                | Claymat                               | Gal  | 5        |            | 17500            |          |
| CC151               | Mud Flush                             | Gal  | 500      |            | 43000            |          |
| CC155               | Super Flush II                        | Gal  | 500      |            | 76500            |          |
|                     |                                       |      |          |            | <b>SUB TOTAL</b> | 12634 44 |

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

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

SERVICE REPRESENTATIVE: 

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**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 00013 A~~

Continuation of  
DATE TICKET NO. 171809012

|  |  |  |  |
|--|--|--|--|
| DATE OF JOB <b>9-17-13</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>Chieffain O.I.</b>                   |  | LEASE <b>Molz</b> WELL NO. <b>20</b>   |  |
| ADDRESS  |  | COUNTY <b>Barber</b> STATE <b>KS</b>   |  |
| CITY STATE                                       |  | SERVICE CREW <b>Orlando, M. J., Olivera</b>  |  |
| AUTHORIZED BY                                    |  | JOB TYPE: <b>CNW-5/4.5.</b>  |  |

| EQUIPMENT#   | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED               | DATE    | AM PM | TIME      |
|--------------|-----|------------|-----|------------|-----|----------------------------|---------|-------|-----------|
| 27283        |     |            |     |            |     |                            | 9-17-13 |       |           |
| 27462        |     |            |     |            |     |                            |         |       |           |
| 304169-37728 |     |            |     |            |     |                            |         |       |           |
|              |     |            |     |            |     | ARRIVED AT JOB             |         |       | AM PM     |
|              |     |            |     |            |     | START OPERATION            |         |       | AM PM     |
|              |     |            |     |            |     | FINISH OPERATION           |         |       | AM PM     |
|              |     |            |     |            |     | RELEASED                   |         |       | AM PM     |
|              |     |            |     |            |     | MILES FROM STATION TO WELL |         |       | <b>30</b> |

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 |
|---------------------|---------------------------------------|------|----------|------------|-----------|
| E100                | Pickup Mileage                        | mi.  | 30       |            | 127.50    |
| E101                | Heavy Equipment Mileage               | mi.  | 60       |            | 420.00    |
| E113                | Bulk Delivery                         | Tm   | 389      |            | 621.60    |
| CE200               | Depth Charge 5001-6000                | ea   | 1        |            | 2380.00   |
| CE240               | Bleeding + mixing                     | SK   | 275      |            | 385.00    |
| CE504               | Plug Container                        | ea   | 1        |            | 250.00    |
| S003                | Service Supervisor                    | ea   | 1        |            | 175.00    |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |
|                     |                                       |      |          |            |           |

SUB TOTAL **12634.44**

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

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

|  |   |
|--|---|
| SERVICE REPRESENTATIVE <b>Steve Orland</b> | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: |
| (WELL OWNER OPERATOR, CONTRACTOR OR AGENT) |   |
| FIELD SERVICE ORDER NO. _____              |   |

|                                   |                         |                                     |
|-----------------------------------|-------------------------|-------------------------------------|
| Customer<br><i>Christain Oil</i>  | Lease No.               | Date<br><i>9-17-13</i>              |
| Lease<br><i>Molz</i>              | Well #<br><i>20</i>     |                                     |
| Field Order #<br><i>9014</i>      | Station<br><i>Pratt</i> | Casing<br><i>5 1/2</i>              |
| Type Job<br><i>CNW-5 1/2 L.S.</i> | Depth<br><i>5583</i>    | County<br><i>Barber</i>             |
|                                   | Formation               | State<br><i>KS</i>                  |
|                                   |                         | Legal Description<br><i>2-35-12</i> |

| PIPE DATA                    |              | PERFORATING DATA |             | FLUID USED                |            | TREATMENT RESUME |                  |  |
|------------------------------|--------------|------------------|-------------|---------------------------|------------|------------------|------------------|--|
| Casing Size<br><i>5 1/2</i>  | Tubing Size  | Shots/Ft         | <i>2254</i> | Acid<br><i>AA2 Cement</i> | RATE       | PRESS            | ISIP             |  |
| Depth<br><i>5583</i>         | Depth        | From             | To          | Pre Pad                   | Max        |                  | 5 Min.           |  |
| Volume<br><i>132.8</i>       | Volume       | From             | To          | Pad                       | Min        |                  | 10 Min.          |  |
| Max Press<br><i>1500</i>     | Max Press    | From             | To          | Frac                      | Avg        |                  | 15 Min.          |  |
| Well Connection<br><i>VC</i> | Annulus Vol. | From             | To          |                           | HHP Used   |                  | Annulus Pressure |  |
| Plug Depth<br><i>5563</i>    | Packer Depth | From             | To          | Flush<br><i>132.39</i>    | Gas Volume |                  | Total Load       |  |

|   |   |                                 |
|---|---|---------------------------------|
| Customer Representative<br><i>Ryan Molz</i>     | Station Manager<br><i>Kevin Bordley</i> | Treater<br><i>Steve Orlando</i> |
| Service Units<br><i>27283 27462 30463 37725</i> |   |                                 |
| Driver Names<br><i>Orlando ED Abel</i>          |   |                                 |

| Time           | Casing Pressure | Tubing Pressure | Bbls. Pumped   | Rate     | Service Log                                  |
|----------------|-----------------|-----------------|----------------|----------|--|
| <i>9:30 AM</i> |                 |                 |                |          | <i>On location Safety Meeting</i>            |
|                |                 |                 |                |          | <i>Run 133 Jts 5 1/2 Csg Line 1/2 way In</i> |
|                |                 |                 |                |          | <i>Marker Jt. #15 SS. 20.85</i>              |
|                |                 |                 |                |          | <i>Centralizers 3-4-10-17-18-19-20</i>       |
|                |                 |                 |                |          | <i>Baskets 2-3</i>                           |
|                |                 |                 |                |          | <i>On Casing on Bottom Break Circ w/r.s</i>  |
| <i>3:45</i>    | <i>300</i>      |                 | <i>12</i>      | <i>5</i> | <i>Mud Flush</i>                             |
| <i>3:47</i>    | <i>300</i>      |                 | <i>12</i>      | <i>5</i> | <i>Superflush</i>                            |
| <i>3:48</i>    | <i>300</i>      |                 | <i>5</i>       | <i>5</i> | <i>H2O spacer</i>                            |
| <i>3:49</i>    | <i>250</i>      |                 | <i>57</i>      | <i>5</i> | <i>Mix 2254c AA2 Cement</i>                  |
|                |                 |                 |                |          | <i>Shut Down - Clear pump + Line</i>         |
|                |                 |                 |                |          | <i>Release plug</i>                          |
| <i>4:00</i>    | <i>0</i>        |                 | <i>0</i>       | <i>7</i> | <i>Start H2O Displacement w/g, ncl</i>       |
| <i>4:15</i>    | <i>700</i>      |                 | <i>105</i>     | <i>6</i> | <i>Lift pressure</i>                         |
| <i>4:17</i>    | <i>1200</i>     |                 | <i>122</i>     | <i>5</i> | <i>Slow Rate</i>                             |
| <i>4:20</i>    | <i>1500</i>     |                 | <i>132 1/2</i> | <i>4</i> | <i>Plug Down - Ho'd</i>                      |
|                |                 |                 |                |          | <i>Plug RH / MH w/ 50 lbs 60/110000</i>      |
|                |                 |                 |                |          | <i>Subsampler</i>                            |
|                |                 |                 |                |          | <i>Thank, Steve</i>                          |