

1185227

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 09877 **A**
0040686105

DATE _____ TICKET NO. _____

DATE OF JOB: 1-24-14	DISTRICT: PRATT, KS	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER: LAVETA OIL & GAS LLC	LEASE: GATTON #4	WELL NO.:							
ADDRESS:	COUNTY: STAFFORD	STATE: KS							
CITY:	STATE:	SERVICE CREW: KG MCCRAW, PAT							
AUTHORIZED BY:	JOB TYPE: CNW LOW COST DRUG								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19987		19959	1/2				1-24		1200
		19860	1/2						1430
19889	1/2								1945
19843	1/2								2045
						RELEASED			2100
						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: Benny C. Duff
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AAZ CEMENT	SK	150 ✓		2550.00
CP108	60/40 POZ	SK	30 ✓		360.00
CC102	CELLULASE	lb.	38 ✓		140.60
CC105	C-417 DEFORMER	lb.	29 ✓		116.00
CC111	SIAC	lb.	681 ✓		340.50
CC112	CEMENT FRACTION REDUCER	lb.	43 ✓		258.00
CC115	C-44	lb.	141 ✓		726.15
CC129	FUN-322 LOW FLUID LOSS	lb.	71 ✓		532.50
CC201	GILSONITE	lb.	750 ✓		502.50
CF103	5 1/2 TOP RUBBER PLUG	EA	1 ✓		105.00
CF251	5 1/2 GUIDE SHOE	EA	1 ✓		250.00
CF1451	5 1/2 IAFU INSERT FLOAT	EA	1 ✓		215.00
CF1651	5 1/2 TURBOCIZER	EA	3 ✓		330.00
CC151	MUD FLUSH	gal	500 ✓		430.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>K. CONDLEY</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Benny C. Duff</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

TREATMENT REPORT

Customer LETA GAS LLC	Lease No. 4	Lease # 4	Station MARTIN	Casing Depth 512.3669	County STAFFORD	State KS
Lease GATTON	Well # 4	Date 1-24-14	Field Order # 9877	Formation MUD-COALS TRAMS	Legal Description 7D-3676	Type Job CUMUL-COALS TRAMS

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5 1/2"	Tubing Size 5 1/2"	Shots/Ft	Acid	RATE	PRESS	ISIP	
Depth 3669	From	To	Pre Pad	Max	10 Min.	5 Min.	
Volume	From	To	Pad	Min	10 Min.	15 Min.	
Max Press	From	To	Frac	Avg	Annulus Pressure	Total Load	
Well Connection	From	To	HHP Used				
Annulus Vol.	From	To	Flush	Gas Volume			
Packer Depth	From	To					

Customer Representative B. GATTON	Station Manager KERRY	Treater GONDWEY
Service Units 19907	19889-19843	19959-19860
Driver Names K.S.	McGraw	PMT E.

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1930					ON LOCATION 13'-S.J.
1700					RUN 8475 5 1/2" S. = 3665'
1845					GRABBLE STORE TUBING FRONT PLATE CENT. 1-2-3 (3656', 3612', 3568')
1845					TRAP BOTTOM - DRIP BITE - GIVE SET 5 1/2" HT 3669'
1945	250	12	5	6	Run 12 bbl. Magna Flush
250	250	5	6	6	Run 5 bbl. H ₂ O
700	700	36	6	6	Run 150 SK AHT2 cement
					10% SALT 5 1/2" GEL 1/4 #/SK
					CENTRIFUGE 1% GAS BLOT 1/2% FEA322
					3% OIL 2% DETONAMEN
					15.3 PPG, 1.36 OIL/SK, 5.4 #/SK
					STOP - WASH LINE - DRIP FLUC
					SMART TEST
					LIFT CEMENT
					SLOW RATE
2015	1200	87	2	2	FLUC DOWN - H ₂ O
2100					FLUC BHT HAVE 30 SK 60/40 P22
2100					JOB COMPLETE - H ₂ O

Invoice

Date	Invoice #
1/27/2014	9305

1308 Schwaller Ave.
 Hays, KS 67601
 785-625-3531

Bill To
La Veta Oil & Gas, LLC P.O. Box 780 Middleburg, VA 20118-0780

Delivery #	Terms	Due Date	Contractor	Credit #	Lease	Legal
8363	Net 30	2/26/2014	Pet2	7693	Gatton #4	Stafford 29-22-11

Quantity	Serviced	Item Code	Description	Price Each	Amount
193	1/17/2014	Premium Gel	Premium Gel - 100 pound bag	19.95	3,850.35
22		Cottonseed ...	Cottonseed Hulls	23.95	526.90
13		Soda Ash	Soda Ash	28.95	376.35
7		Caustic Soda	Caustic Soda	66.55	465.85
7		Lignite	Lignite	26.00	182.00
3		Lime	Lime	12.95	38.85
3		Drispac	Drispac	358.00	1,074.00
1		PHPA	PH Polymer	280.00	280.00
		Discount	10% Discount	-679.43	-679.43
		Trucking	Trucking	1,895.00	1,895.00

Thank you for your business.	Total	\$8,009.87
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