



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189842
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 |
|-----------------------------------|-----------------|---|

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: _____

1189842

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: _____ _____ |
|--|---|---|

| | |
|-----------|-------------------------|
| Form | ACO1 - Well Completion |
| Operator | Chieftain Oil Co., Inc. |
| Well Name | Molz 23 |
| Doc ID | 1189842 |

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 23 |
| Doc ID | 1189842 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| Heebner | 3892 | -2447 |
| Lansing | 4435 | -2990 |
| Cherokee | 4805 | -3360 |
| Mississippian | 4852 | -3407 |
| Kinderhook | 5139 | -3694 |
| Viola | 5295 | -3850 |
| Simpson | 5387 | -3942 |
| Simpson SDST | 5398 | -3953 |
| Arbuckle | 5316 | -4171 |
| Total Depth | 5628 | -4183 |



DRILL STEM TEST REPORT

Prepared For: **Chieftain Oil Co. Inc.**

101 S. 5th St.
Kiowa, KS 67070-1912

ATTN: Arden Ratzlaff

Molz #23

10-35s-12w Barber,KS

Start Date: 2013.11.12 @ 17:50:57

End Date: 2013.11.13 @ 02:54:27

Job Ticket #: 52472 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.11.19 @ 09:46:39



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Chieftain Oil Co. Inc.

10-35s-12w Barber,KS

101 S. 5th St.
Kiowa, KS 67070-1912

Molz #23

Job Ticket: 52472

DST#: 1

ATTN: Arden Ratzlaff

Test Start: 2013.11.12 @ 17:50:57

Tool Information

| | | | | |
|---------------------------|--------------------|-------------------------|-------------------|------------------------------------|
| Drill Pipe: | Length: 4338.00 ft | Diameter: 3.80 inches | Volume: 60.85 bbl | Tool Weight: 2100.00 lb |
| Heavy Wt. Pipe: | Length: 0.00 ft | Diameter: 0.00 inches | Volume: 0.00 bbl | Weight set on Packer: 25000.00 lb |
| Drill Collar: | Length: 152.00 ft | Diameter: 2.25 inches | Volume: 0.75 bbl | Weight to Pull Loose: 82000.00 lb |
| | | Total Volume: 61.60 bbl | | Tool Chased 0.00 ft |
| Drill Pipe Above KB: | 21.00 ft | | | String Weight: Initial 62000.00 lb |
| Depth to Top Packer: | 4491.00 ft | | | Final 65000.00 lb |
| Depth to Bottom Packer: | ft | | | |
| Interval between Packers: | 53.00 ft | | | |
| Tool Length: | 75.00 ft | | | |
| Number of Packers: | 2 | Diameter: 6.75 inches | | |

Tool Comments:

| Tool Description | Length (ft) | Serial No. | Position | Depth (ft) | Accum. Lengths |
|------------------|-------------|------------|----------|------------|----------------|
|------------------|-------------|------------|----------|------------|----------------|

| | | | | | |
|----------------|-------|------|---------|---------|-------------------------------|
| Shut In Tool | 5.00 | | | 4474.00 | |
| Hydraulic tool | 5.00 | | | 4479.00 | |
| Safety Joint | 2.00 | | | 4481.00 | |
| Packer | 5.00 | | | 4486.00 | 22.00 Bottom Of Top Packer |
| Packer | 5.00 | | | 4491.00 | |
| Stubb | 1.00 | | | 4492.00 | |
| Recorder | 0.00 | 8790 | Inside | 4492.00 | |
| Recorder | 0.00 | 8792 | Outside | 4492.00 | |
| Perforations | 5.00 | | | 4497.00 | |
| Blank Spacing | 34.00 | | | 4531.00 | |
| Perforations | 10.00 | | | 4541.00 | |
| Bullnose | 3.00 | | | 4544.00 | 53.00 Bottom Packers & Anchor |

Total Tool Length: 75.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Chieftain Oil Co. Inc.

10-35s-12w Barber,KS

101 S. 5th St.
Kiowa, KS 67070-1912

Molz #23

Job Ticket: 52472

DST#: 1

ATTN: Arden Ratzlaff

Test Start: 2013.11.12 @ 17:50:57

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:

95000 ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.49 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4100.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbl |
|--------------|-----------------------------|---------------|
| 800.00 | MCGW 5%gas, 20%mud, 80%w tr | 9.837 |
| 0.00 | 60' GIP | 0.000 |

Total Length: 800.00 ft Total Volume: 9.837 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

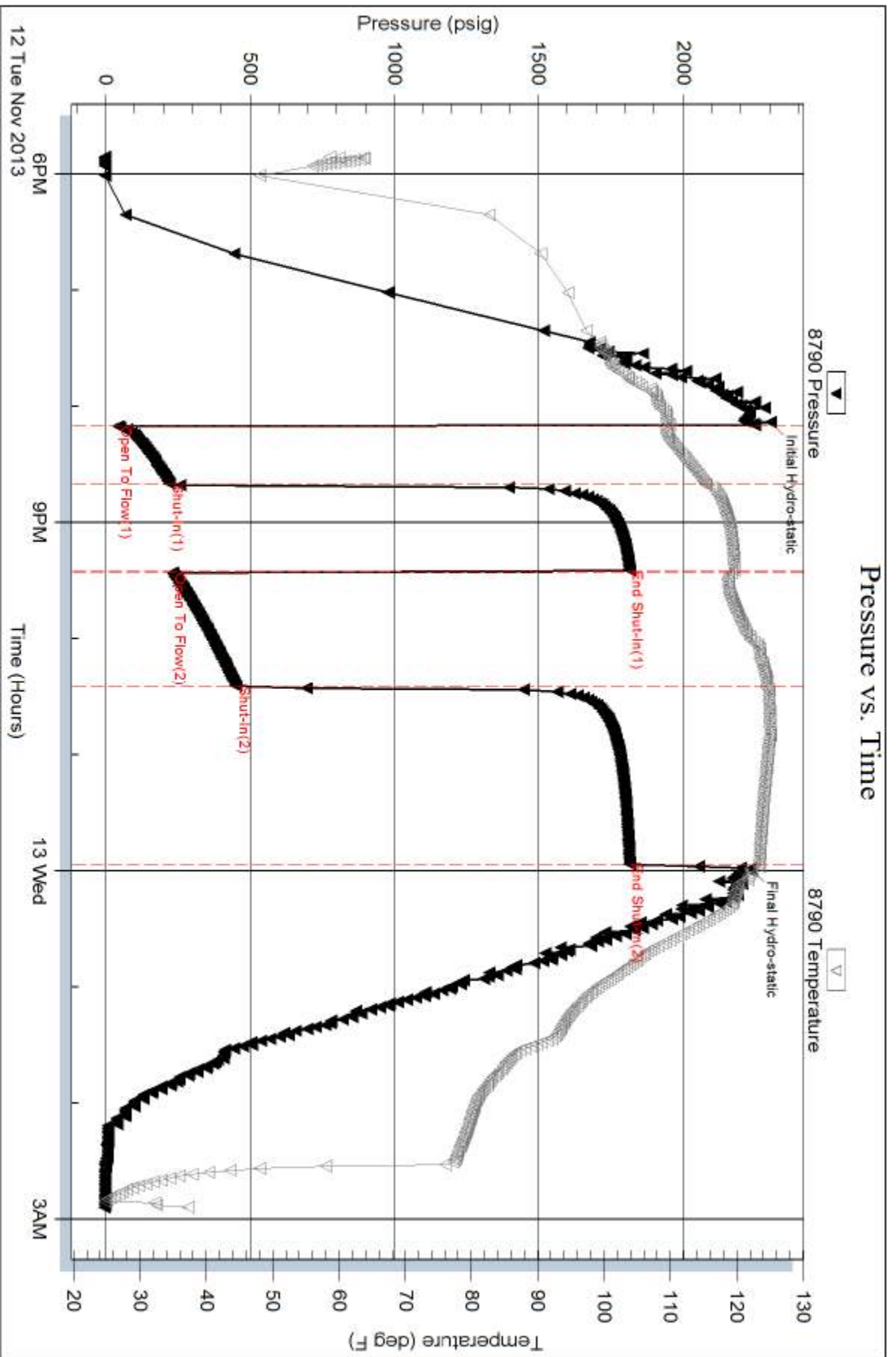
Serial #: 8790

Inside

Chiefain Oil Co. Inc.

Molz #23

DST Test Number: 1

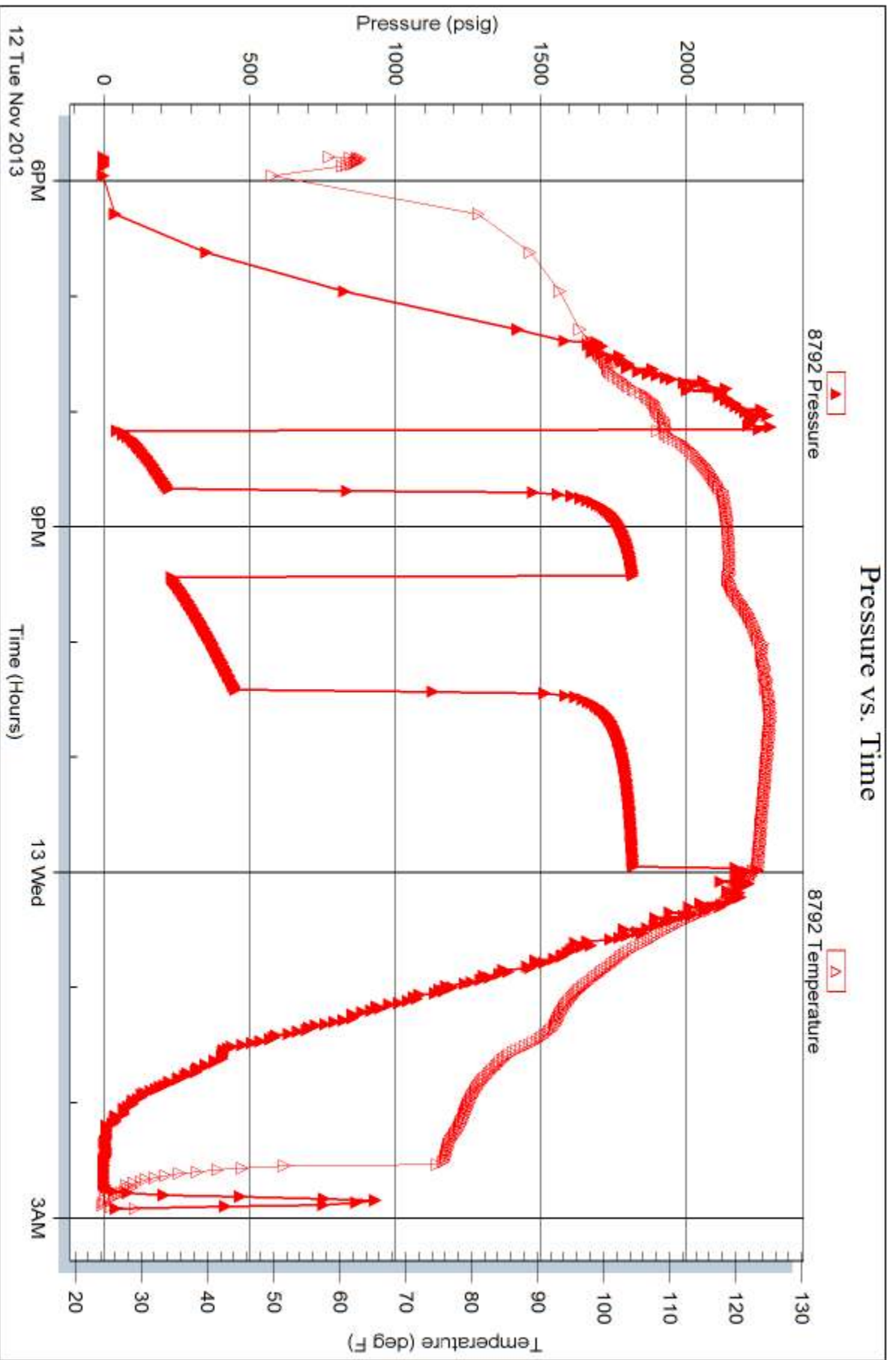


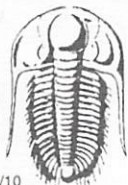
Serial #: 8792

Outside Chierfain Oil Co. Inc.

Molz #23

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 52472

Well Name & No. Molz 23 Test No. 1 Date 11-12-13
 Company Chieftain Oil Co., Inc. Elevation 1444 KB 1432 GL
 Address 101 S. 5th St. Kiowa, KS 67070-1912
 Co. Rep / Geo. Arden Ratzlaff Rig Fossil #3
 Location: Sec. 10 Twp. 35s. Rge. 12w. Co. Barber State KS

Interval Tested 4491-4544 Zone Tested LKC
 Anchor Length 53 Drill Pipe Run 4338 Mud Wt. 9.4
 Top Packer Depth 4486 Drill Collars Run 152 Vis 48
 Bottom Packer Depth 4491 Wt. Pipe Run ∅ WL 7.5
 Total Depth 4544 Chlorides 4100 ppm System LCM ∅

Blow Description IFI: Strong blow, 1/4" - BoB@10 min.
ISI: Weak surf. blow
FF: Strong blow, 1/4" - BoB@12 min. No GTS.
FST: No blow

| Rec | Feet of | %gas | %oil | %water | %mud |
|------------|-------------|------------|-----------|-----------|------|
| <u>60</u> | <u>GIP</u> | <u>100</u> | | | |
| <u>800</u> | <u>MLGW</u> | <u>5</u> | <u>80</u> | <u>20</u> | |
| Rec | Feet of | %gas | %oil | %water | %mud |
| Rec | Feet of | %gas | %oil | %water | %mud |
| Rec | Feet of | %gas | %oil | %water | %mud |

Rec Total 860 BHT 124 Gravity N/C API RW 0.2 @ 28 °F Chlorides 95000 ppm

(A) Initial Hydrostatic 2302 Test 1250 T-On Location 1730
 (B) First Initial Flow 43 Jars _____ T-Started 1751
 (C) First Final Flow 223 Safety Joint 75 T-Open 2010
 (D) Initial Shut-In 1815 Circ Sub _____ T-Pulled 2355
 (E) Second Initial Flow 241 Hourly Standby _____ T-Out 0257
 (F) Second Final Flow 453 Mileage 100 155 Comments _____
 (G) Final Shut-In 1816 Sampler _____ loaded tools 11/17 14:15
 (H) Final Hydrostatic 2235 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____

Initial Open 30 Extra Packer _____ Extra Copies _____
 Initial Shut-In 45 Extra Recorder _____ Sub Total 3200
 Final Flow 60 Day Standby 5 days 1d 83.25h Total 4680
 Final Shut-In 90 Accessibility _____ MP/DST Disc't _____
 Sub Total 1480

Approved By _____ Our Representative Ryan Reynolds

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



| | | |
|--|------------------------|----------------------------|
| PAGE 1 of 1 | CUSTOMER NO 1000719 | INVOICE DATE 11/21/2013 |
| INVOICE NUMBER 1718 - 91343371 | | |

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 23
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

| JOB # | EQUIPMENT # | PURCHASE ORDER NO. | TERMS | DUE DATE | | |
|--|-------------|--------------------|---------------|------------|------------|----------------|
| 40664998 | 19905 | | Net - 30 days | 12/21/2013 | | |
| | | | QTY | U of M | UNIT PRICE | INVOICE AMOUNT |
| For Service Dates: 11/19/2013 to 11/19/2013 | | | | | | |
| 0040664998 | | | | | | |
| 171809372A Cement-New Well Casing/Pi 11/19/2013 - <i>9304 BC</i> | | | | | | |
| Cement 5 1/2" Longstring | | | | | | |
| AA2 Cement | | | 350.00 | EA | 11.90 | 4,165.06 T |
| Celloflake | | | 88.00 | EA | 2.59 | 227.92 T |
| C-41P | | | 66.00 | EA | 2.80 | 184.80 T |
| Salt | | | 1,730.00 | EA | 0.35 | 605.51 T |
| C-44 | | | 329.00 | EA | 3.61 | 1,186.07 T |
| FLA-322 | | | 264.00 | EA | 5.25 | 1,386.03 T |
| Gilsonite | | | 1,750.00 | EA | 0.47 | 820.77 T |
| Mud Flush | | | 500.00 | EA | 0.60 | 301.01 T |
| Super Flush II | | | 500.00 | EA | 1.07 | 535.51 T |
| Claymax KCL Substitute | | | 5.00 | EA | 24.50 | 122.50 T |
| "Latch Down Plug & Baffle, 5 1/2" (Blue) | | | 1.00 | EA | 280.01 | 280.01 |
| "Auto Fill Float Shoe 5 1/2" (Blue)" | | | 1.00 | EA | 252.00 | 252.00 |
| "Turbolizer, 5 1/2" (Blue)" | | | 7.00 | EA | 77.00 | 539.01 |
| 5 1/2" Basket(Blue) | | | 2.00 | EA | 203.01 | 406.01 |
| "Unit Mileage Chg (PU, cars one way)" | | | 45.00 | MI | 2.98 | 133.88 |
| Heavy Equipment Mileage | | | 90.00 | MI | 4.90 | 441.01 |
| "Proppant & Bulk Del. Chgs., per ton mil | | | 740.00 | EA | 1.12 | 828.82 |
| Depth Charge; 5001-6000' | | | 1.00 | EA | 2,016.04 | 2,016.04 |
| Blending & Mixing Service Charge | | | 350.00 | BAG | 0.98 | 343.01 |
| Plug Container Util. Chg. | | | 1.00 | EA | 175.00 | 175.00 |
| "Service Supervisor, first 8 hrs on loc. | | | 1.00 | EA | 122.50 | 122.50 |

| | | | |
|---------------------------|-------------------------------|---------------|-----------|
| PLEASE REMIT TO: | SEND OTHER CORRESPONDENCE TO: | SUB TOTAL | 15,072.47 |
| BASIC ENERGY SERVICES, LP | BASIC ENERGY SERVICES, LP | TAX | 681.77 |
| PO BOX 841903 | 801 CHERRY ST, STE 2100 | INVOICE TOTAL | 15,754.24 |
| DALLAS, TX 75284-1903 | FORT WORTH, TX 76102 | | |



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 09372 A

DATE _____ TICKET NO. _____

| DATE OF JOB 11-19-13 DISTRICT Pratt | | NEW WELL <input type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.: | | | | | | | |
|---|-----|---|-----|--------------------|-----|----------------------------|-----------|-------|-------|
| CUSTOMER Chieftain | | LEASE Moltz | | WELL NO. 23 | | | | | |
| ADDRESS | | COUNTY Barber | | STATE KS | | | | | |
| CITY STATE | | SERVICE CREW Mattal, M. G. Ann, P. ... | | | | | | | |
| AUTHORIZED BY 1 | | JOB TYPE: Crew LS | | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | AM/PM | TIME |
| 37586 | 1 | | | | | | 11-19-13 | PM | 11:20 |
| | | | | | | ARRIVED AT JOB | | AM/PM | 1:30 |
| 77636/19905 | 1 | | | | | START OPERATION | | AM/PM | 6:02 |
| | | | | | | FINISH OPERATION | | AM/PM | 6:22 |
| 70959/19918 | 1 | | | | | RELEASED | | AM/PM | 7:45 |
| | | | | | | 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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|------|----------|------------|-----------|
| CP 105 | AAZ | SK | 300 | | 5,100 00 |
| CP 105 | AAZ | SK | 50 | | 850 00 |
| CC 102 | CELLORIAN | LB | 88 | | 325 60 |
| CC 105 | C-41 P D-6044 | LB | 66 | | 264 00 |
| CC 111 | SALT | LB | 1730 | | 865 00 |
| CC 115 | C44 | LB | 329 | | 1,694 35 |
| CC 129 | FIA-322 | LB | 264 | | 1,980 00 |
| CC 201 | GILSONITE | LB | 1750 | | 1,172 50 |
| CF 607 | LATCH DOWN Plus + BALLS 5 1/2 | PA | 1 | | 400 00 |
| CF 1251 | AUTO FILL FROST STOP 5 1/2 | PA | 1 | | 360 00 |
| CF 1651 | TURBOLIC 5 1/2 | PA | 7 | | 770 00 |
| CF 1901 | BASOLAT 5 1/2 | PA | 2 | | 580 00 |
| C 704 | CLAYMAX | GA1 | 5 | | 175 00 |
| CC 151 | MUD FLUSH | GA1 | 500 | | 430 00 |
| CC 155 | SUPERFLUSH II | GA1 | 500 | | 765 00 |
| SUB TOTAL | | | | | |

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

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

TOTAL
KG

| | |
|---|---|
| SERVICE REPRESENTATIVE MIKE MATTAL | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ |
|---|---|

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

| | | |
|-----------------------|----------------------|-------------------------------|
| Customer CHICKTAN | Lease No. M012 23 | Date 11-19-13 |
| Lease M012 | Well # 23 | |
| Field Order # 9372 | Station Pratt | Casing 5 1/2 |
| | | Depth 5603 |
| Type Job C17W L.S. | Formation | County BARB... |
| | | State KS |
| | | Legal Description 10-35-12 |

| PIPE DATA | | PERFORATING DATA | | FLUID USED | | TREATMENT RESUME | |
|-------------------------|--------------|------------------|----|----------------------|------------|------------------|------------------|
| Casing Size 5 1/2 | Tubing Size | Shots/Ft | | Acid- 300 SA AA-2 | RATE 2 | PRESS | ISIP J |
| Depth 5603 | Depth | From | To | Pre Pad | Max | | 5 Min. |
| Volume 1334 | Volume | From | To | Pad | Min | | 10 Min. |
| Max Press 1500 | Max Press | From | To | Frac | Avg | | 15 Min. |
| Well Connection P.C. | Annulus Vol. | From | To | | HHP Used | | Annulus Pressure |
| Plug Depth 5582 | Packer Depth | From | To | Flush 132.8 | Gas Volume | | Total Load |

| | | |
|-------------------------------------|----------------------------------|-----------------------|
| Customer Representative Ron M012 | Station Manager Kevin G... .. | Treater Mike MATTA |
| Service Units 37586 | 77686 | 19905 |
| Driver Names Matta | Morgan | P... .. |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|------|-----------------|-----------------|--------------|------|-------------------------------------|
| 1:30 | | | | | ON LOCATION / SAFETY RECEIVED |
| 1:45 | | | | | Run 5 1/2 CS, WORK ON 2, 14 |
| | | | | | CONT. ON 11, 12, 13, 15, 17, 20, 21 |
| 3:00 | | | | | circulate 30 min. |
| 3:30 | | | | | circulate 30 min. |
| 4:00 | | | | | ON 12, 13, circulate thru 30 min. |
| 5:00 | | | | | H... .. |
| 6:02 | 20 | | | 5 | Run 12 1/2 1500 1450 |
| 6:04 | | | | 5 | Run 12 1/2 1500 1450 |
| 6:07 | 20 | | | 5 | Run 12 1/2 1500 1450 |
| 6:08 | 20 | | | 5 | Run 12 1/2 1500 1450 |
| 6:10 | 200 | | | 4 | Run 100 SA, AA-2 CS |
| 6:24 | | | | - | With pump + line, release plug. |
| 6:26 | 150 | | | 6 | STA - 2% KCl 10, 11, 12 |
| 6:46 | 1000 | | 123 | 4 | Slow ... H ... |
| 6:51 | 1200 | | 135 | | Plug ... |
| 6:55 | 1700 | | | | Plug ... 1700 ... |
| | | | | | Plug, ... |
| | | | | | Job complete, end this job |
| | | | | | Thank You |
| | | | | | Mike Matta |



| | | |
|-----------------|---------|--------------|
| PAGE | CUS' NO | INVOICE DATE |
| 1 of 1 | 1000719 | 11/08/2013 |
| INVOICE NUMBER | | |
| 1718 - 91332053 | | |

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 23
 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 |
|----------|-------------|--------------------|---------------|------------|
| 40660412 | 20920 | | Net - 30 days | 12/08/2013 |

| | QTY | U of M | UNIT PRICE | INVOICE AMOUNT |
|--|--------|--------|------------|----------------|
| For Service Dates: 11/07/2013 to 11/07/2013 | | | | |
| 0040660412 | | | | |
| 171809362A Cement-New Well Casing/Pi 11/07/2013 | | | | |
| 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 |

NOV 13 2013
 912/BC

| | | | |
|---------------------------|-------------------------------|---------------|----------|
| 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 | | |





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 09362 A

DATE _____ TICKET NO. _____

| | | | | | | |
|--|-----------|--|-----|--------------------|-----|--|
| DATE OF JOB <u>11-7-13</u> DISTRICT <u>Pratt</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>Chickman Oil Co. Inc.</u> | | LEASE <u>Molz</u> | | WELL NO. <u>23</u> | | |
| ADDRESS | | COUNTY <u>BAIRD</u> | | STATE <u>KS</u> | | |
| CITY STATE | | SERVICE CREW <u>MATTAI, GRAY, PIERSON</u> | | | | |
| AUTHORIZED BY | | JOB TYPE: <u>CNW COND</u> | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED <u>11-6-13</u> DATE AM PM TIME |
| <u>37586</u> | <u>.5</u> | | | | | <u>7:00</u> AM PM |
| | | | | | | ARRIVED AT JOB AM PM <u>9:41</u> |
| <u>33708/20920</u> | <u>.5</u> | | | | | START OPERATION AM PM <u>11:40</u> |
| | | | | | | FINISH OPERATION <u>12-7-13</u> AM PM <u>12:10</u> |
| <u>19831/19862</u> | <u>.5</u> | | | | | RELEASED AM PM <u>12:45</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|------|----------|------------|---------------------------|
| CP 107 | 60/40 P02 | SK | 350 | | 4,200 00 |
| CC 102 | cellulose | LB | 88 | | 325 60 |
| CC 109 | Calcium Chloride | LB | 903 | | 948 15 |
| E 100 | P.W. Miles | M± | 45 | | 191 25 |
| E 101 | Heavy eq. miles | M± | 90 | | 630 00 |
| E 113 | PROP + Bulk Del. | TM | 677 | | 1,087 00 |
| CE 200 | DEPTH charge 0-500' | hrs | 1 | | 1,000 00 |
| CE 240 | Blend + Mix charge | SK | 350 | | 490 00 |
| S 003 | Service SUPERVISOR | CR | 1 | | 175 00 |
| | | | | | SUB TOTAL <u>6,782 70</u> |

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

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

| | |
|---|--|
| SERVICE REPRESENTATIVE <u>MIKE MATTAI</u> | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> |
|---|--|

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

| | | |
|---------------------------------|------------------|-------------------------------|
| Customer Chickama oil co inc | Lease No. | Date 11-7-13 |
| Lease M012 | Well # 23 | |
| Field Order # 4362 | Station Pratt | Casing 13 3/8 |
| | | Depth 304 |
| Type Job C N W COND | Formation | County Baird |
| | | State KS |
| | | Legal Description 10-35-12 |

| PIPE DATA | | PERFORATING DATA | | FLUID USED | | TREATMENT RESUME | | |
|---------------------|--------------|------------------|----|-----------------------|-------------|------------------|------------------|--|
| Casing Size 13 3/8 | Tubing Size | Shots/Ft | | Acid 350 60/40 P02 | RATE 3.5 | PRESS 1/4 CI | ISIP | |
| Depth 304 | Depth | From | To | Pre Pad | Max | | 5 Min. | |
| Volume 47.7 | Volume | From | To | Pad | Min | | 10 Min. | |
| Max Press 300 | Max Press | From | To | Frac | Avg | | 15 Min. | |
| Well Connection 5 V | Annulus Vol. | From | To | | HHP Used | | Annulus Pressure | |
| Plug Depth 289 | Packer Depth | From | To | Flush 45.37 | Gas Volume | | Total Load | |

| | | |
|-------------------------------------|----------------------------------|------------------------|
| Customer Representative RON M012 | Station Manager Kevin Goidley | Treater MIKE MATTAI |
|-------------------------------------|----------------------------------|------------------------|

| | | | | | |
|---------------|--------|--------|-------|----------|-------|
| Service Units | 37586 | 33708 | 20920 | 19831 | 19862 |
| Driver Names | MATTAI | GIDLEY | | PETERSON | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|-------|-----------------|-----------------|--------------|------|------------------------------------|
| 9:45 | | | | | ON LOCATION / SAFETY MEETING |
| 10:00 | | | | | RUN 13 3/8 48" CSNG |
| 11:20 | | | | | CSNG ON BOTTOM |
| 11:30 | | | | | HOOK UP TO CSNG / BRINA CIRC W KEY |
| 11:40 | 100 | | 5 | 5 | PUMP 5 BBL H2O |
| 11:41 | 100 | | 75 | 5 | MIX 350 SKS 60/40 P02 |
| 11:59 | 100 | | | 5 | START DISMISSE NEW |
| 12:10 | 250 | | 45 | 5 | PLUG DOWN SHUT IN WELL |
| | | | | | 10 BBL CSNG TO RIG |
| | | | | | CIRC TRIP JOB |
| | | | | | JOB COMPLETE |
| | | | | | THANK YOU |
| | | | | | MIKE MATTAI |

