



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1211288  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

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

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

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

Datum:  NAD27       NAD83       WGS84

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

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

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

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

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

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

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

1211288



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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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

PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 05802 A

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

DATE OF JOB: <b>4-26-14</b>	DISTRICT: <b>1717</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>Siroky Oil Management</b>		LEASE: <b>Fishgrab #1</b>		WELL NO.:				
ADDRESS:		COUNTY: <b>Pratt</b>	STATE: <b>KS</b>					
CITY:		SERVICE CREW: <b>E Mendozga Josh</b>		JOB TYPE: <b>242-56 Production</b>				
AUTHORIZED BY: <b>J Bennett</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<b>34766</b>	<b>8</b>						<b>4-26-14</b>	<b>12:00</b>
<b>27462</b>	<b>8</b>					ARRIVED AT JOB		<b>2:00</b>
<b>19960</b>	<b>8</b>					START OPERATION		
<b>21010</b>	<b>8</b>					FINISH OPERATION		
						RELEASED		
						MILES FROM STATION TO WELL	<b>15 mi</b>	

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

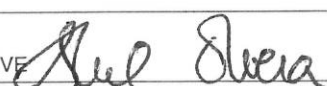
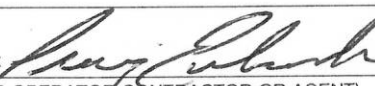
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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
CP105	AAA Cement	sk	125		2125 00
CP103	60/40 Poz	sk	30		360 00
CC105	Gulp - Defoamer	lb	24		96 00
CC111	Salt		571		285 50
CC112	Friction Reducer		36		216 00
CC115	C-44 - Groblock		118		609 70
CC129	FLA-322 - Fluid Loss		59		442 50
CC201	Gilsonite		625		418 75
CF607	5/8" Latch Down Plug + Baffle	ea	1		400 00
CF1251	1 Auto Fill Flood Shoe		4		360 00
CF1651	1 Turbolizer		4		440 00
CG04	Claymax	gal	1		35 00
CC151	Mid Push	gal	500		430 00
E100	Unit Mileage	mi	15		63 75
E101	Heavy Equipment Mileage	mi	30		210 00
E113	Prepmt + Bulk Delivery	hour	108		172 80
CE205	Rund Depth: 4001-5000'	4hr	1		2520 00
CE240	Blending + Mixing Service	sk	155		217 00
CE504	Plug Container	ea	1		250 00
SUB TOTAL					<b>\$ 7695 00</b>

CHEMICAL / ACID DATA:			

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

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



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ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 05802 A

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

DATE OF JOB: <b>4-26-14</b>	DISTRICT: <b>1717</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>Siroky Oil Management</b>		LEASE: <b>Fishgrab #1</b>		WELL NO.:			
ADDRESS:		COUNTY: <b>Pratt</b>	STATE: <b>KS</b>				
CITY:		SERVICE CREW: <b>E Mendozga Josh</b>					
AUTHORIZED BY: <b>J Bennett</b>		JOB TYPE: <b>242-5 1/2 Production</b>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: <b>4-26-14</b> (AM/PM) TIME: <b>12:00</b>
<b>34726</b>	<b>8</b>					ARRIVED AT JOB	<b>2:00</b> (AM/PM)
<b>27462</b>	<b>8</b>					START OPERATION	(AM/PM)
<b>19960</b>	<b>8</b>					FINISH OPERATION	(AM/PM)
<b>21010</b>	<b>8</b>					RELEASED	(AM/PM)
						MILES FROM STATION TO WELL	<b>15 mi</b>

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

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AAA Cement	sk	125		2125 00
CP103	60/40 Poz	sk	30		360 00
CC105	CuP - Defoamer	lb	24		96 00
CC111	Salt		571		285 50
CC112	Fricdan Reducer		36		216 00
CC115	CuY - Gasblock		118		607 70
CC129	FLA-322 - Fluid Loss		59		442 50
CC201	Gilsonite		625		418 75
CF607	5/8" Latch Down Plug + Baffle	ea	1		450 00
CF1251	1 Auto Fill Flood Valve		4		360 00
CF1651	1 Turbolizer		4		440 00
CC109	Claymax	gal	1		35 00
CC151	Mid Push	gal	500		430 00
E100	Unit Mileage	mi	15		63 75
E101	Heavy Equipment Mileage	mi	30		210 00
E113	Prep + Bulk Delivery	hr	108		172 80
CE205	Pump Depth: 4001-5000'	4hr	1		2520 00
CE240	Blending + Mixing Service	sk	155		217 00
CE504	Plug Container	ea	1		250 00
SUB TOTAL					<b>\$7695 00</b>
CHEMICAL / ACID DATA:		SERVICE & EQUIPMENT		%TAX ON \$	
		MATERIALS		%TAX ON \$	
TOTAL					

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





# Cement Report

Customer	Siroky Oil Management	Lease No.		Date	4-26-14
Lease	Fishhook	Well #	1	Service Receipt	05802
Casing	5 7/8" 15.5#	County	Pratt	State	KS
Job Type	242 5 7/8" Production	Formation		Legal Description	2-30-13

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
5 7/8" 15.5#		From	To	
Depth 4658.02'	Depth	From	To	
Volume Disp-110.4 bbl	Volume	From	To	
Max Press 2500#	Max Press	From	To	Tail in 125 sk
Well Connection ID-46	Annulus Vol.	From	To	AA2
Plug Depth ST-21.10'	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
2:00					on 100-site assesment
2:15					spot trucks- rig up
4:00					start csg + float equip
6:30					csg on bitum, break circ
6:45					safety meeting - TSA
7:30					pressure test 3000#
7:31			20	5	pump 20 bbl 2 1/2 KCL
7:35			12	5	pump 12 bbl mudflush
7:38			3	5	pump 3 bbl H <sub>2</sub> O spacer
7:40			30.3	5	mix + pump 125 sk AA2 @ 15.3 app - 1.36 ft 3/sk
7:47					wash pumping lines
7:50					drop batch down plug
7:50	100		0	6	disp csg
8:15	500		100	2	slow rate
8:20	1000		110	0	land plug float held
7:45					plug rat hole w/ 30 sk 60/40

Service Units	34726	27462	19960-21010		
Driver Names	A Olvera	E Medeira	John		

Crate Customer Representative     
 J Bennett Station Manager     
 A Olvera Cementer     
 Taylor Printing, Inc.



**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 10522 A

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

DATE OF JOB <i>5/12/14</i> DISTRICT <i>PROTT</i>		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 <i>Sirecky Oil Manag</i>		LEASE <i>Fishgrab</i>		WELL NO.					
ADDRESS		COUNTY <i>PROTT</i>		STATE <i>Ks</i>					
CITY STATE		SERVICE CREW <i>PROTT Acid</i>							
AUTHORIZED BY		JOB TYPE: <i>Acid</i>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<i>81547</i>	<i>1</i>								
<i>83353</i>	<i>1</i>								
ARRIVED AT JOB							<i>5/12/14</i>	AM PM	<i>1430</i>
START OPERATION								AM PM	<i>1456</i>
FINISH OPERATION								AM PM	<i>1531</i>
RELEASED								AM PM	<i>1540</i>
MILES FROM STATION TO WELL									<i>20</i>

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SIGNED: *[Signature]*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>E100</i>	<i>1 UNIT</i>	<i>Mi</i>	<i>15</i>		<i>63 75</i>
<i>E101</i>	<i>1 UNIT</i>	<i>Mi</i>	<i>15</i>		<i>105 00</i>
<i>E300</i>	<i>Acid Pump</i>	<i>EQ</i>	<i>1</i>		<i>900 00</i>
<i>5003</i>	<i>Supervisor</i>	<i>EQ</i>	<i>1</i>		<i>175 00</i>
<i>AK327</i>	<i>20% HCL</i>	<i>gal</i>	<i>500</i>		<i>1335 00</i>
<i>AK340</i>	<i>MCA</i>	<i>gal</i>	<i>500</i>		<i>325 00</i>
<i>C204</i>	<i>CAL ED</i>	<i>gal</i>	<i>2</i>		<i>75 00</i>
<i>C231C</i>	<i>Penn 285</i>	<i>gal</i>	<i>1</i>		<i>40 00</i>
<i>C704</i>	<i>Claymax</i>	<i>gal</i>	<i>1</i>		<i>35 00</i>

CHEMICAL / ACID DATA:			

SUB TOTAL		<i>KL 2595 09</i>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <i>Martin Flemming</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (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 10524 A

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

DATE OF JOB: 5/14/14		DISTRICT: PROT		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: Siroky Oil Manag				LEASE: Fishgrab				WELL NO.:	
ADDRESS:				COUNTY: PROT		STATE: Ks			
CITY:				STATE:		SERVICE CREW: PROT Acid			
AUTHORIZED BY:				JOB TYPE: ACNU					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
81547	3					ARRIVED AT JOB	5/14/14	AM	0930
83353	3					START OPERATION		AM	1110
						FINISH OPERATION		AM	1150
						RELEASED		AM	1200
						MILES FROM STATION TO WELL			20

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E100	1 UNIT	Mi	15		63 75
E101	1 UNIT	Mi	15		105 00
E300	Acid Pump	Ea	1		900 00
S003	Supervisor	Ea	1		175 00
AK 323	7 1/2 % HCL	gal	500		825 00
ASK340	MCA	gal	500		325 00
C204	CIATIP	gal	1		75 00
C2316	PENAL 255	gal	1		40 00
C204	Clogmax	gal	11		385 00

CHEMICAL / ACID DATA:			

SUB TOTAL		2459 69
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <i>Martin Fleming</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer <i>Siroky Oil Manag</i>		Lease No.		Date	
Lease <i>Fishgrab</i>		Well # <i>1</i>		<i>5/14/14</i>	
Field Order # <i>1024</i>	Station <i>PROTT</i>	Casing	Depth	County <i>PROTT</i>	State <i>KS</i>
Type Job <i>Acwv</i>			Formation <i>Simpson</i>	Legal Description <i>23013</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid <i>500901 7 1/2 %</i>	RATE	PRESS	ISIP <i>425</i>
Depth	Depth	From <i>45/6</i>	To <i>20</i>	Pre Pad <i>MCA</i>	Max <i>2.4</i>	<i>1000</i>	5 Min. <i>VOC</i>
Volume <i>102.5</i>	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 <i>9560</i>	Packer Depth	From	To	Flush <i>110 BL</i>	Gas Volume		Total Load <i>122 BL</i>

Customer Representative <i>Brian</i>		Station Manager		Treater <i>MCF</i>	
Service Units <i>81547</i>		<i>83353</i>			
Driver Names <i>shown</i>		<i>Martin</i>			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					<i>0930 ON LOC</i>
					<i>set up Hold Safety Meeting</i>
<i>1110</i>					<i>START Acid</i>
<i>1114</i>			<i>12</i>		<i>START Flush</i>
<i>1134</i>					<i>Hold loaded</i>
<i>1137</i>	<i>1000</i>		<i>106.5</i>		<i>Press up</i>
<i>1140</i>	<i>1000</i>			<i>.7</i>	<i>Feeding</i>
<i>1143</i>	<i>900</i>			<i>2</i>	<i>INC RATE</i>
<i>1149</i>	<i>600</i>		<i>122</i>	<i>2.4</i>	<i>Flush in</i>
	<i>425</i>				<i>ISIP</i>

*Thank You!*



Customer <i>SEROKY OIL MANAGEMENT</i>	Lease No. <i>FISHCRAWB</i>	Date <i>5-13-14</i>	
Lease <i>10373</i>	Well # <i>1</i>	Field Order # <i>PLATT, KS</i>	Station <i>5 1/2</i>
Type Job <i>ACWU</i>	Formation <i>HAB</i>	County <i>PLATT</i>	State <i>KS</i>
Depth		Legal Description <i>2-30-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>7 1/2</i>	Tubing Size	Shots/Ft		Acid <i>1500 gal/ton</i>	RATE	PRESS	ISIP	<i>150</i>
Depth	Depth	From <i>4587</i>	To <i>4597</i>	Pre Pad <i>20%</i>	Max <i>6 1/2</i>	<i>500</i>	5 Min.	<i>UAC</i>
Volume	Volume	From	To	Pad <i>NEFE</i>	Min <i>2 1/2</i>	<i>200</i>	10 Min.	
Max Press	Max Press	From	To	Frac	Avg <i>6</i>	<i>400</i>	15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load <i>1626hl</i>	

Customer Representative <i>KILDAN</i>	Station Manager <i>KEVAN</i>	Treater <i>GONDLEY</i>
Service Units <i>19907</i>	<i>27463</i>	
Driver Names <i>KS</i>	<i>BU</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1030</i>					<i>ON LOCATION</i>
	<i>0</i>		<i>0</i>	<i>5</i>	<i>START ACID</i>
					<i>1500 gal. 20% NEFE</i>
	<i>0</i>		<i>36</i>	<i>5</i>	<i>START FLUSH</i>
	<i>0</i>		<i>114</i>	<i>3</i>	<i>ACID ON POINTS</i>
	<i>100</i>		<i>115</i>	<i>1 1/2</i>	<i>LOADED</i>
	<i>150</i>		<i>116</i>	<i>1 1/2</i>	<i>1 1/2 BPM - 150H</i>
	<i>200</i>		<i>117</i>	<i>2 1/2</i>	<i>2 1/2 BPM - 200H</i>
	<i>450</i>		<i>118</i>	<i>4 1/2</i>	<i>4 1/2 BPM - 450H</i>
	<i>500</i>		<i>120</i>	<i>5.8</i>	<i>5.8 BPM - 500H</i>
	<i>450</i>		<i>124</i>	<i>6</i>	<i>6 BPM - 450H</i>
	<i>450</i>		<i>130</i>	<i>6 1/2</i>	<i>6 1/2 BPM - 450H</i>
	<i>450</i>		<i>150</i>	<i>6 1/2</i>	<i>ACID CLEAR</i>
	<i>500</i>		<i>155</i>	<i>6.3</i>	<i>6.3 BPM - 500H</i>
	<i>500</i>		<i>162</i>	<i>6.3</i>	<i>12 hbl OVERFLUSH</i>
	<i>150</i>				<i>ESFP - 150H</i>
	<i>UAC</i>				<i>3 MIN - UAC</i>
<i>1130</i>					<i>JOB COMPLETE - KEVAN</i>



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ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 10574 A

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

DATE OF JOB: 5-15-14		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: SPOKEY OIL MANAGEMENT				LEASE: FISHGRAB #1		WELL NO.:				
ADDRESS:				COUNTY: Pratt		STATE: KS				
CITY:				STATE:		SERVICE CREW: KC, PATE				
AUTHORIZED BY:				JOB TYPE: ACNW						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19907							5-15			0800
						ARRIVED AT JOB				1030
19837	1 1/2					START OPERATION				1115
						FINISH OPERATION				1245
						RELEASED				1300
						MILES FROM STATION TO WELL				15

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
AK325	15% HCL	gal	750		1500.00
AK340	MCA CONVERSION	gal	750		487.50
C204	CDA-1EP DUTIED.	gal	2		150.00
C7316	PERN-285	gal	2		80.00
E300	ACID PUMP	EA	1		900.00
E160	PICKUP MTRG.	HR	15		63.75
E101	TRUCK MTRG.	HR	15		105.00
S003	SERVICE SUPERVISOR	EA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		DLS 2942.00
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO. _____	

Customer <i>SERVOY OIL MANAGEMENT</i>	Lease No. <i>FISH GRAB</i>	Well # <i>1</i>	Date <i>5-15-14</i>
Lease <i>10514</i>	Station <i>PRATT, KS</i>	Casing <i>5 1/2</i>	Depth <i>1502A</i>
Field Order #	County <i>PRATT BARBER</i>	State <i>KS</i>	Legal Description <i>2-30-13</i>
Type Job <i>AENW</i>	Formation <i>1502A</i>		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid <i>750 15%</i>	RATE	PRESS	ISIP	
Depth	Depth	From <i>1385</i>	To <i>1400</i>	Pre Pad <i>WCA</i>	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>BREAN</i>	Station Manager <i>KEVIN</i>	Treater <i>CONLEY</i>
Service Units <i>19907</i>	<i>19137</i>	
Driver Names <i>KG</i>	<i>BATE</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1030</i>					<i>ON LOCATION</i>
	<i>0</i>		<i>0</i>		<i>START TEST</i>
	<i>0</i>		<i>18</i>		<i>START FLUSH</i>
	<i>300</i>		<i>101</i>		<i>LOADING</i>
					<i>SPACE ENG PSE</i>
	<i>1700</i>		<i>102.8</i>	<i>1.4</i>	<i>1.4 BPM - 1700#</i>
	<i>150</i>		<i>103</i>		<i>BROKE TV 150#</i>
	<i>150</i>		<i>104</i>	<i>.8</i>	<i>.8 BPM - 150#</i>
	<i>100</i>		<i>106</i>	<i>2.6</i>	<i>2.6 BPM - 100#</i>
	<i>200</i>		<i>114</i>	<i>2.6</i>	<i>2.6 BPM - 200#</i>
	<i>150</i>		<i>117</i>	<i>2.6</i>	<i>2.6 BPM - 150#</i>
	<i>125</i>		<i>122</i>	<i>2.6</i>	<i>HEAD CURTAIN - 2.6 BPM 125#</i>
	<i>WAC</i>				<i>FSEP - WAC</i>
<i>1300</i>					<i>12.5 BPM NOTE - KEVIN</i>



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Phone 620-672-1201

FIELD SERVICE TICKET  
1718 10637 A

2.30.13

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

DATE OF JOB: 5-19-14		DISTRICT: KANSAS		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:		
CUSTOMER: SROXY OIL MANAGEMENT				LEASE: FISH GRAB				WELL NO. 1		
ADDRESS:				COUNTY: BARBER		STATE: KS				
CITY:				STATE:		SERVICE CREW: M'GUIRE PIERCE				
AUTHORIZED BY:				JOB TYPE: ACNW						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
33703-19859	1/2									630
										920
30316	1/2									1026
										1101
										15

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).  
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SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
AK327	20% HCL ACID	gal	3000		8010 -
ASK341	NE ACID CONVERSION	gal	3000		360 -
ASK342	FE ACID CONVERSION	gal	3000		750 -
C204	CIA-1 EP	gal	12		900 -
C401	ULTRA GEL 950R	gal	15		570 -
C704	CHAY MAX KCL	gal	5		175 -
C903	BML SEALER	EA	50		125 -
E300	ACID PUMP SERVICE	EA	1		900 -
E722	BML INJECTOR	EA	1		600 -
E100	VAN MESSAGE	MI	15		63 75
E101	HEAVY EQUIPMENT MESSAGE	MI	15		105 -
S003	SERVICE SUPERVISION	EA	1		175 -

CHEMICAL / ACID DATA:			

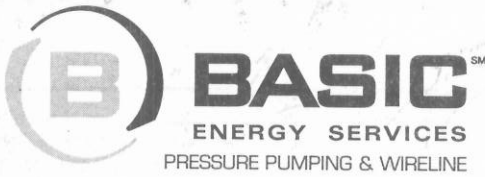
SUB TOTAL		9677 65
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

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

FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)







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

FIELD SERVICE TICKET

1718 10221 A

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

DATE OF JOB <b>4-17-14</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>Silky Oil Management</b>		LEASE <b>FISHGARD</b> WELL NO. <b>1</b>								
ADDRESS		COUNTY <b>Pratt</b> <b>BAIRD</b> STATE <b>KS</b>								
CITY STATE		SERVICE CREW <b>MATTAI, KUMIN, PHYC</b>								
AUTHORIZED BY		JOB TYPE: <b>CNW SURFACE</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586	3.5						4-16-14			9:00
		19831/19862	3.5							
27467	3.5									
19960/21010	3.5									
						ARRIVED AT JOB	4-16-14	AM	PM	9:50
						START OPERATION	4-17-14	AM	PM	1:46
						FINISH OPERATION		AM	PM	5:10
						RELEASED		AM	PM	6:00
						MILES FROM STATION TO WELL				20

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

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: *[Signature]*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 P02	SY	185		2,200.00
CC109	Calcium chloride	LB	480		504.00
CC102	Cellulose	LB	47		173.90
CP100C	COMMON CEMENT	SK	100		1468.80
CE 153	WOODEN Plug 8 5/8	EA	1		
E 100	P.u. Miles	MI	20		85.00
E 104	Heavy eq. Miles	MS	60		420.00
E 113	PROP + BUILD D-1	FM	254		558.80
CE 200	Defrag charge 0-500'	4hr	1		1,000.00
CE 240	Blend + mix charge	SA	285		359.00
CE 504	Plug container	JOB	1		250.00
S 003	Service SUPERVISOR	PA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		46	5734.73
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE <b>MIKE MATTAI</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer <i>Siroky Oil Management</i>	Lease No.	Date <i>4-17-14</i>
Lease <i>FISHGIB</i>	Well # <i>1</i>	
Field Order # <i>10221</i>	Station <i>PRATT</i>	Casing <i>8 5/8</i>
		Depth <i>225.68</i>
Type Job <i>CANW SURFACE</i>	Formation	County <i>PRATT</i>
		State <i>KS</i>
		Legal Description <i>2-30-13</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid <i>185 SKS 60/40 P02</i>	RATE	PRESS	ISIP	
Depth <i>225.68</i>	Depth	From	To	Pre Pad <i>100 SKS COMMON</i>	Max			<i>320 cc 1/4 #CF</i>
Volume <i>14.3</i>	Volume	From	To	Pad	Min			5 Min.
Max Press <i>300</i>	Max Press	From	To	Frac	Avg			10 Min.
Well Connection <i>P2</i>	Annulus Vol.	From	To		HHP Used			15 Min.
Plug Depth <i>205.68</i>	Packer Depth	From	To	Flush <i>13</i>	Gas Volume			Annulus Pressure

Customer Representative <i>BRIM SIROKY</i>	Station Manager <i>KEVIN GOLDING</i>	Treater <i>MIKE MATTAI</i>
Service Units <i>37586</i>	<i>27463</i>	<i>19960 21010</i>
Driver Names <i>MATTAI</i>	<i>KUORIN</i>	<i>PHYE</i>
		<i>19831 19862</i>
		<i>PHYE</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:50					ON LOCATION / SAFETY MEETING
12:30					run 8 5/8 24" casing
1:30					CASING ON BOTTOM
1:40					HOOK UP TO CSNG / Break circ w. Kig
1:46	300		3	5	PUMP 3 BBI H2O
1:47	300		39	5	MIX 185 SKS 60/40 P02
2:00					RELEASE PLUG
2:01	300			5	START DISPLACEMENT
2:05	300		13		PLUG DOWN SHUT IN WELL
					CMT DOWN 90 FEET
4:54	200			1	RAN 1" IN, MIX 100 SKS COMMON
5:10			21		CMT TO SURFACE

JOB COMPLETE  
 THANK YOU!  
 MIKE MATTAI