



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211991
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: _____

1211991

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
--	---

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> _____				
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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Valhalla Exploration LLC
Well Name	KK 1-27
Doc ID	1211991

All Electric Logs Run

DIL
DUCP
MEL
BHCS
CBL
RBL

Form	ACO1 - Well Completion
Operator	Valhalla Exploration LLC
Well Name	KK 1-27
Doc ID	1211991

Tops

Name	Top	Datum
TOP	2462	-707
PLATTS	2668	-913
HEEB	2723	-968
BR LM	2841	-1086
LKC	2864	-1109
STARK	3071	-1316
BKC	3120	-1365
QTZ	3132	-1377



DRILL STEM TEST REPORT

Prepared For: **Valhalla Exploration LLC**

8100 East 22ND Street North
Building 1800-2
Wichita, Kansas 67208+4022

ATTN: Derek Patterson

KK #1-27

27/18S/10W/Rice

Start Date: 2014.05.10 @ 07:43:00

End Date: 2014.05.10 @ 10:53:00

Job Ticket #: 18258 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2014.05.10 @ 11:01:12



DRILL STEM TEST REPORT

Valhalla Exploration LLC

27/18S/10W/Rice

8100 East 22ND Street North
 Building 1800-2
 Wichita, Kansas 67208+4022
 ATTN: Derek Patterson

KK #1-27

Job Ticket: 18258

DST#: 1

Test Start: 2014.05.10 @ 07:43:00

GENERAL INFORMATION:

Formation: **Platts mouth**

Deviated: No Whipstock: ft (KB)

Time Tool Opened:

Time Test Ended: 10:53:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Ken Swinney

Unit No: 3325 Great Bend/50

Interval: 2654.00 ft (KB) To 2684.00 ft (KB) (TVD)

Reference Elevations: 1755.00 ft (KB)

Total Depth: 2684.00 ft (KB) (TVD)

1746.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition:

KB to GR/CF: 9.00 ft

Serial #: 8938

Press@RunDepth: psig @ ft (KB)

Capacity: 5000.00 psig

Start Date: 2014.05.10

End Date: 2014.05.10

Last Calib.: 2014.05.10

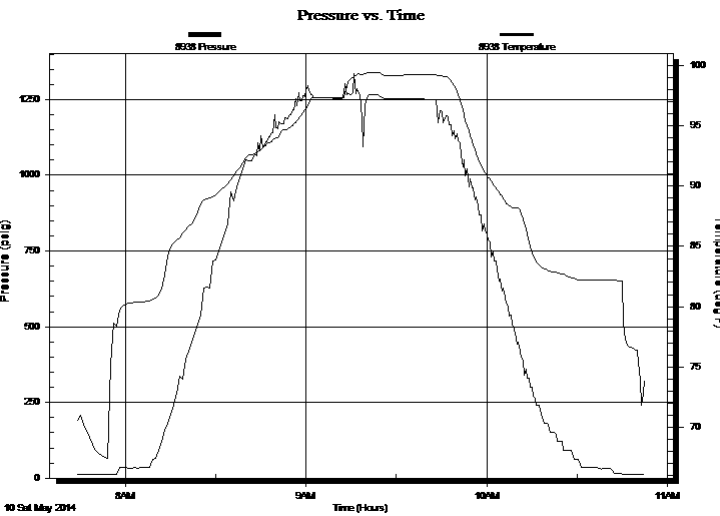
Start Time: 07:43:00

End Time: 10:52:30

Time On Btm:

Time Off Btm:

TEST COMMENT: Hit bridge 12 stands from bottom but w went through, Tagged bottom 15 foot high, w as able to slide 3 foot down still 12 foot high, pull test to condition hole



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
279.00	Mud 100%	3.91

Gas Rates

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



DRILL STEM TEST REPORT

TOOL DIAGRAM

Valhalla Exploration LLC

27/18S/10W/Rice

8100 East 22ND Street North
 Building 1800-2
 Wichita, Kansas 67208+4022
 ATTN: Derek Patterson

KK #1-27

Job Ticket: 18258

DST#: 1

Test Start: 2014.05.10 @ 07:43:00

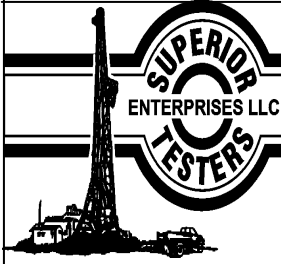
Tool Information

Drill Pipe:	Length: 2657.00 ft	Diameter: 3.80 inches	Volume: 37.27 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 36000.00 lb
			<u>Total Volume: 37.27 bbl</u>	Tool Chased 3.00 ft
Drill Pipe Above KB:	30.00 ft			String Weight: Initial 34000.00 lb
Depth to Top Packer:	2654.00 ft			Final 34000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	30.00 ft			
Tool Length:	57.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Shut-In Tool	5.00			2632.00	
Hydraulic tool	5.00			2637.00	
Jars	5.00			2642.00	
Safety Joint	2.00			2644.00	
Top Packer	5.00			2649.00	
Packer	5.00			2654.00	27.00 Bottom Of Top Packer
Anchor	25.00			2679.00	
Recorder	1.00	6749	Inside	2680.00	
Recorder	1.00	8938	Outside	2681.00	
Bullnose	3.00			2684.00	30.00 Anchor Tool
Total Tool Length:	57.00				



DRILL STEM TEST REPORT

FLUID SUMMARY

Valhalla Exploration LLC

27/18S/10W/Rice

8100 East 22ND Street North
Building 1800-2
Wichita, Kansas 67208+4022
ATTN: Derek Patterson

KK #1-27

Job Ticket: 18258

DST#: 1

Test Start: 2014.05.10 @ 07:43:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 46.00 sec/qt
Water Loss: 9.20 in³
Resistivity: ohm.m
Salinity: 5700.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
279.00	Mud 100%	3.914

Total Length: 279.00 ft Total Volume: 3.914 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

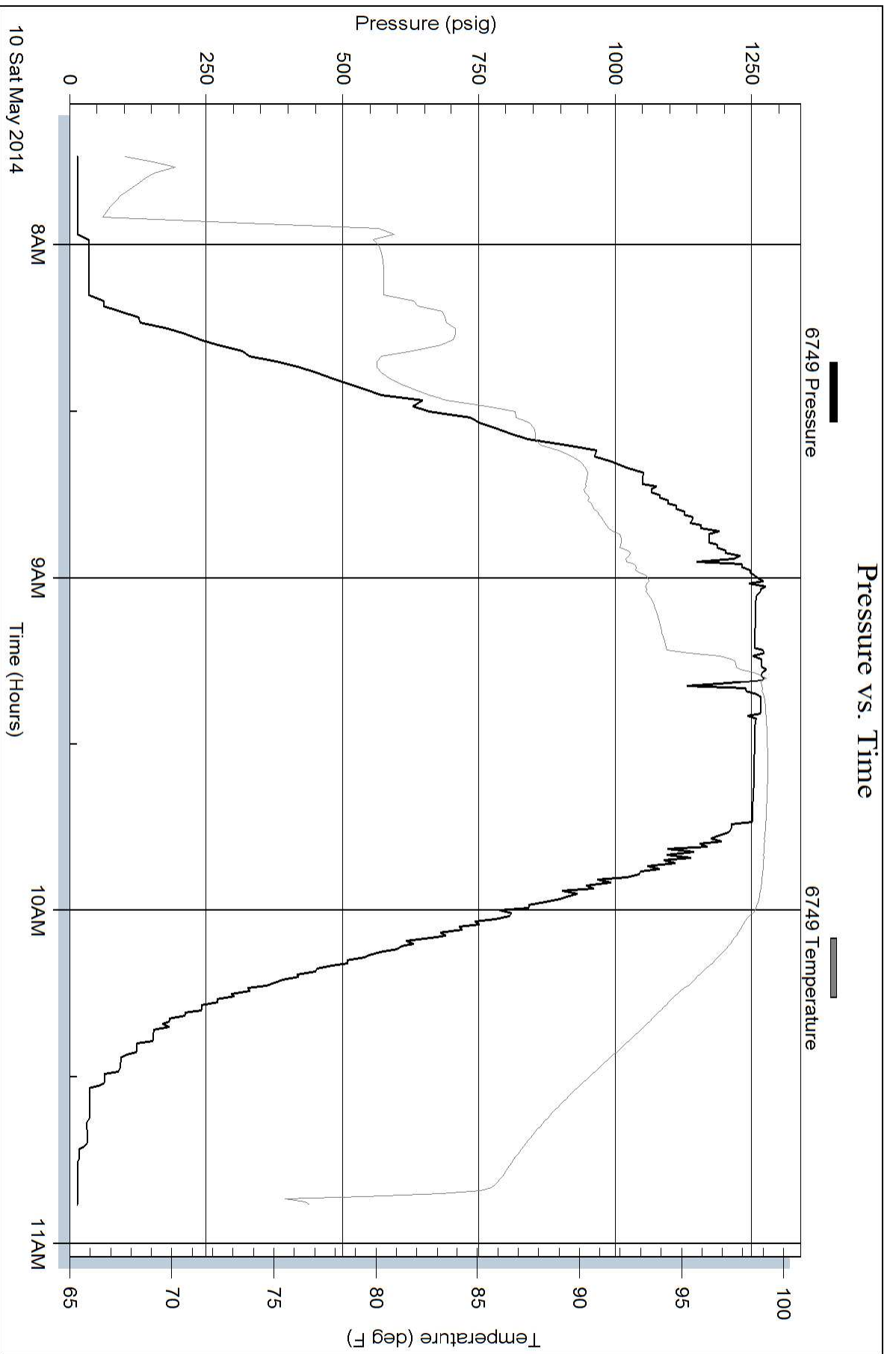
Recovery Comments:

Serial #: 6749

Valhalla Exploration LLC

KK#1-27

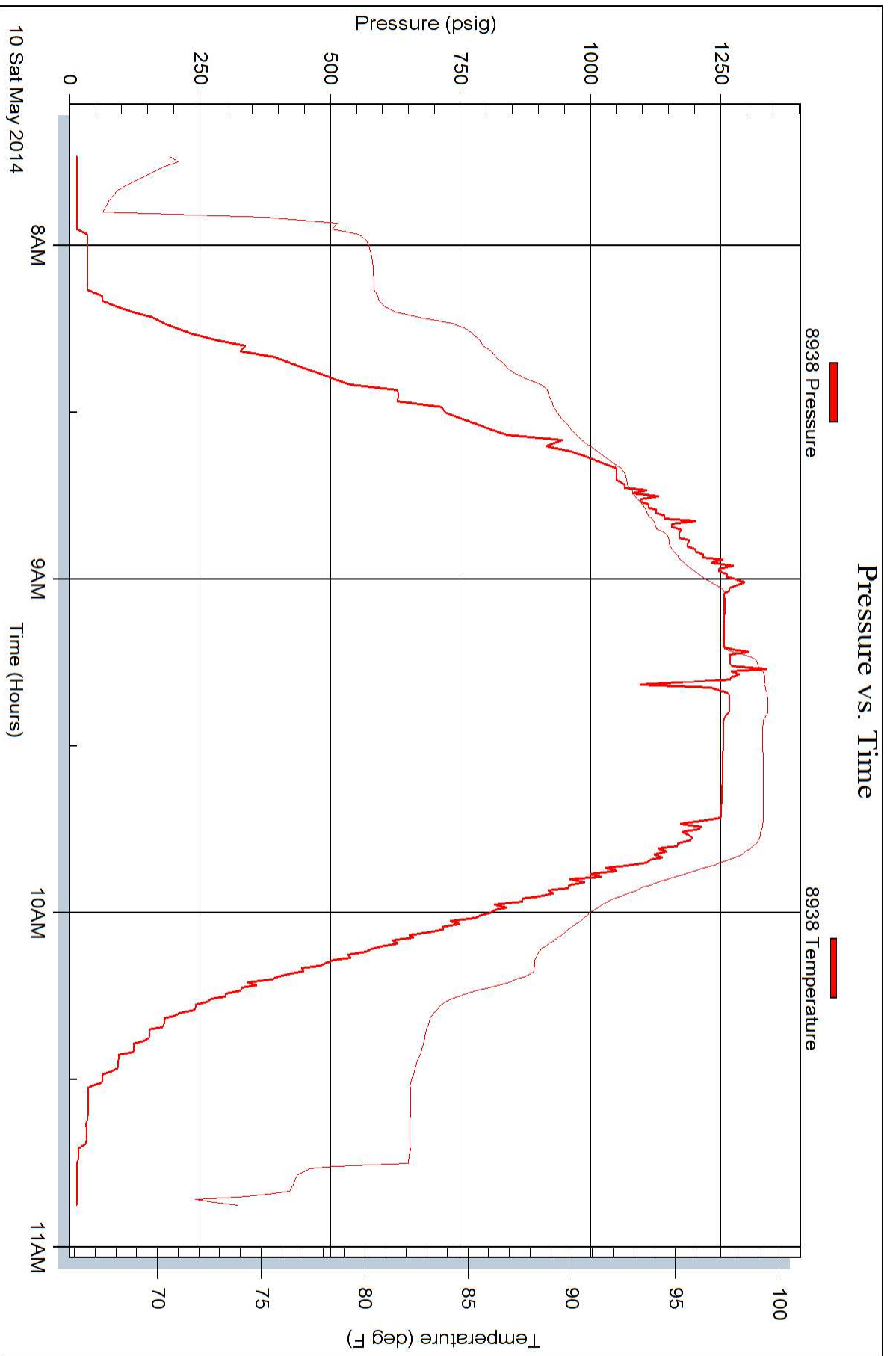
DST Test Number: 1



Superior Testers Enterprises LLC

Ref. No: 18258

Printed: 2014.05.10 @ 11:01:13



RECEIVED MAY 20 2014



PAGE 1 of 1	CUST NO 1007761	INVOICE DATE 05/15/2014
INVOICE NUMBER 1718 - 91491266		

Pratt (620) 672-1201
 B VALHALLA EXPLORATION LLC
 I 133 NORTH GLENDALE
 L WICHITA
 L KS US 67208
 T
 O ATTN: KENNEDY

J LEASE NAME K K - Davis Unit 1-22
 O LOCATION
 B COUNTY Rice
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40722770	20920		Net - 30 days	06/14/2014

For Service Dates: 05/13/2014 to 05/13/2014

0040722770

171810422A Cement-New Well Casing/Pi 05/13/2014
 Cement 5 1/2' Longstring

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
50/50 POZ	125.00	EA	8.36	1,044.91 T
60/40 POZ	100.00	EA	9.12	911.92 T
Celloflake	32.00	EA	2.81	89.98 T
C-41P	27.00	EA	3.04	82.07 T
Calcium Chloride	210.00	EA	0.80	167.57 T
Cement Friction Reducer	32.00	EA	4.56	145.91 T
Gypsum	625.00	EA	0.57	356.22 T
FLA-322	84.00	EA	5.70	478.76 T
Mud Flush	500.00	EA	1.14	569.95 T
Cement Gel	210.00	EA	0.19	39.90 T
Gilsonite	625.00	EA	0.51	318.22 T
Claymax KCL Substitute	4.00	EA	26.60	106.39 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	303.97	303.97
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	273.58	273.58
"Turbolizer, 5 1/2" (Blue)"	8.00	EA	83.59	668.74
"5 1/2" Basket (Blue)"	1.00	EA	220.38	220.38
"Unit Mileage Chg (PU, cars one way)"	70.00	MI	3.23	226.08
Heavy Equipment Mileage	140.00	MI	5.32	744.74
"Proppant & Bulk Del. Chgs., per ton mil	669.00	EA	1.67	1,118.48
Depth Charge; 3001-4000'	1.00	EA	1,641.48	1,641.48
Blending & Mixing Service Charge	225.00	BAG	1.06	239.38
Plug Container Util. Chg.	1.00	EA	189.98	189.98
"Service Supervisor, first 8 hrs on loc.	1.00	EA	132.99	132.99

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	10,071.60
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	308.29
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	10,379.89
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

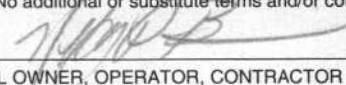
1718 10422 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-13-2014 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 UGIH5119 Exploration, LLC		LEASE KK-Dgus Unit WELL NO. 1-22							
ADDRESS		COUNTY Rice STATE KS							
CITY STATE		SERVICE CREW Darin, Ed, Aaron							
AUTHORIZED BY		JOB TYPE: CIVIL LONG STRINGS							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	1						5-12	PM	4:00
33708	1					ARRIVED AT JOB	5-12	AM	9:00
20920	1					START OPERATION	5-13	AM	1:00
19960	1					FINISH OPERATION	5-13	AM	2:00
21010	1					RELEASED	5-13	AM	3:00
						MILES FROM STATION TO WELL	77		

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
CP104	50/50 P02	SK	125		1,375 00
CP103	60/40 P02	SK	100		1,200 00
CC102	Cellophane	Lb	32		118 40
CC105	C-41P	Lb	27		108 00
CC109	Calcium Chloride	Lb	210		220 50
CC112	Cement Friction Reducer	Lb	32		192 00
CC113	Gypsum	Lb	625		468 75
CC129	FLA-322	Lb	84		630 00
CC200	Cement Gel	Lb	210		52 50
CC201	Gilsonite	Lb	625		418 75
CF607	Logch Down Plug & Baffle 5 1/2 Blue	ES	1		400 00
CF1251	Auto Fill Flost Shoe 5 1/2 Blue	ES	1		360 00
CF1651	Turbolizer 5 1/2 Blue	ES	8		880 00
CF1901	5 1/2 Bssket Blue	ES	1		290 00
C704	Claymax KCL Substitute	GSI	4		140 00
CC151	mud Flush	GSI	500		750 00
E100	Unit Mileage Charge - Pickup	Mi	70		297 50
E101	Heavy Equipment Mileage	Mi	140		980 00
E113	Boik Delivery	In/M	665		1,470 70

SUB TOTAL **169**

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE 

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



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 10422 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-23-2014		DISTRICT: Price		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: VCH/11015 F. ...				LEASE: K.K. Dew Co.				WELL NO. 1							
ADDRESS:				COUNTY: Rice				STATE: KS							
CITY:				STATE:				SERVICE CREW: Dorian, Jay, Nelson							
AUTHORIZED BY:				JOB TYPE: C/W/Wireline											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
27253	1						5-23			11:00					
33708	1					ARRIVED AT JOB	5-23			9:00					
20520	1					START OPERATION	5-23			1:00					
19960	1					FINISH OPERATION	5-23			2:00					
21010	1					RELEASED	5-23			3:00					
						MILES FROM STATION TO WELL				77					

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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
CC104	50/50 P02	SK	125		1,575.00
CC103	20/40 P02	SK	100		1,200.00
CC102	C 411 P02	Lb	32		118.40
CC105	C 411 P02	Lb	27		108.00
CC109	C 411 P02	Lb	210		220.50
CC112	Comed. F. ...	Lb	32		152.00
CC113	Comed. F. ...	Lb	625		468.75
CC125	Fl. P. 322	Lb	84		630.00
CC200	Carbon Gas	Lb	210		52.50
CC201	G. 1309 P02	Lb	625		412.75
CF 607	Leakdown P. ...	CS	1		400.00
CI 111	Mount. ...	CS	1		360.00
CI 1631	...	CS	8		880.00
CI 1501	5% Borax Blue	CS	1		250.00
C704	Chlormer ...	Gal	4		144.00
CC157	Must. ...	Gal	300		750.00
F 100	Un. ...	m	70		297.50
F 201	...	m	170		170.00
F 202	...	Inte	667		1,170.70

SUB TOTAL

CHEMICAL / ACID DATA:			

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

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 10423 A

DATE TICKET NO. 1/18/14 10423 A

DATE OF JOB <u>5-13-2014</u> DISTRICT <u>P-1511</u>		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 <u>USG 15119 T...</u>		LEASE <u>KH... [unclear]</u>				WELL NO. <u>...</u>				
ADDRESS		COUNTY <u>...</u>		STATE <u>...</u>						
CITY		STATE								
AUTHORIZED BY		SERVICE CREW <u>[unclear]</u>								
JOB TYPE: <u>[unclear]</u>										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						MILES FROM STATION TO WELL				

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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
<u>204</u>	<u>2001 Chassis 3001-11000</u>	<u>4H</u>	<u>1</u>		<u>2160 00</u>
<u>210</u>	<u>Blow down machine service chassis</u>	<u>SR</u>	<u>225</u>		<u>315 00</u>
<u>501</u>	<u>Pump chassis for 101-125 on chassis</u>	<u>Sub</u>	<u>1</u>		<u>250 00</u>
<u>5003</u>	<u>Service Supp. for 101-125 on chassis</u>	<u>FS</u>	<u>1</u>		<u>175 00</u>

SUB TOTAL 16 10,071 00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>[Signature]</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 VGIH 9115 Exploration	Lease No.	Date 5-13-2014	
Lease KK - Dg. 5 Unit	Well # 1-22		
Field Order # 10422	Station Prest+1KS	Casing 5 1/2	Depth 3228
Type Job CNW / LongString	Formation TD-3230	County Rice	State KS
		Legal Description 22-18-10	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
3 1/2		From	To	Pre Pad		Max		5 Min.
Depth 3228	Depth	From	To	Pad		Min		10 Min.
Volume 76	Volume	From	To	Frac		Avg		15 Min.
Max Press	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush 2% KCL WSP		Gas Volume		Total Load
Plug Depth 3204	Packer Depth	From	To					

Customer Representative	Station Manager Kevin Cordley	Treater Darin Franklin			
Service Units	27283	33708	20920	19960	21010
Driver Names	Darin	Ed	Ed	Darin	Darin

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00am					On location / Safety meeting
					Run 78 Jts 5 1/2 15.5H CSS. Ser. 3228
					Turbolizers, #1, 3, 5, 7, 9, 11, 13, 15
					Basket # 7
1:00pm	100		5	3	Pump 3 bbls water
	100		12	5	12 bbls Flush
	100		5	5	5 bbls water
	200		12	5	mix 50 SX Sccvensor cement
	200		33	5	mix 125 sr 50/50 po2
					Shut down / wsh pump & lines
	100		0	5	Start d.s. displacement KCL water
	300		50	5	lift pressure
	400		60	3	slow rate
	1500		73	3	Bump Plug
					Flow - Held
	100		12	3	Plus Rst & mouse hole / 30sr - Rst, 20sr - mouse
2:00pm					Job complete / Darin & crew
					Thank you!!!

Valhalla Expedition
KK Louis Unit 1-22
Rice, KS
Cement Longstring