



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214387
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: _____

1214387

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> _____
---	--

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	Prolific Resources LLC
Well Name	JAHAY 1
Doc ID	1214387

All Electric Logs Run

DIL
CDL/CNL
MICRO
SONIC

Form	ACO1 - Well Completion
Operator	Prolific Resources LLC
Well Name	JAHAY 1
Doc ID	1214387

Tops

Name	Top	Datum
Anhydrite	604	+1229
Heebner	3058	-1225
Douglas	3092	-1259
Brown Lime	3195	-1362
Lansing	3207	-1374
Base/Kansas City	3430	-1597
Simpson Shale	3454	-1621
Arbuckle	3479	-1646
Log Total Depth	3630	-1797



PAGE	CUST NO	INVOICE DATE
1 of 1	1003327	09/10/2010
INVOICE NUMBER		
1718 - 90405435		

Pratt (620) 672-1201
 B PROLIFIC RESOURCES LLC
 I 2725 DRY CREEK RD
 L GREAT BEND
 L KS US 67530
 T
 O ATTN:

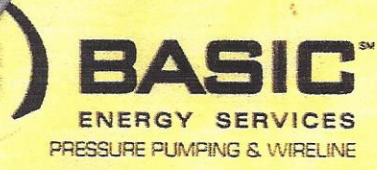
J LEASE NAME Jahay 1
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40227879	27463		Net - 30 days	10/10/2010

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 09/08/2010 to 09/08/2010				
0040227879				
171802275A Cement-New Well Casing/Pi 09/08/2010 CNW-8 5/8" Surface Pipe				
60/40 POZ	350.00	EA	8.04	2,814.00
Common	50.00	EA	10.72	536.00
Cello-flake	88.00	EA	2.48	218.15
Calcium Chloride	903.00	EA	0.70	635.26
Wooden Cement Plug	1.00	EA	107.20	107.20
Heavy Equipment Mileage	135.00	MI	4.69	633.15
Proppant & Bulk Delivery Charges	783.00	MI	1.07	839.31
Blending & Mixing Service Charge	400.00	MI	0.94	375.20
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	2.85	128.15
Depth Charge; 0-500'	1.00	HR	670.00	670.00
Plug Container Utilization Charge	1.00	EA	167.50	167.50
Cement Pumper, Additional hrs on Location	2.00	HR	335.00	670.00
Service Supervisor	1.00	HR	117.25	117.25

PAIS
 9-29-10
 ck# 2688

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,911.2
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	306.8
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	8,218.0
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



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

FIELD SERVICE TICKET
1718 02275 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-8-10	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: Prolific Resources LLC		LEASE: Jahay #1		WELL NO.:					
ADDRESS:		COUNTY: Stafford		STATE: Kansas					
CITY:		STATE:		SERVICE CREW: A. Weith, C. Veach					
AUTHORIZED BY:		JOB TYPE: 8-5/8 Surface CWL							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
28443 P.U.	4						9-7-10	PM	600
27463 P.T.	4						9-7-10	PM	800
19826-19860	4						9-7-10	PM	900
							9-8-10	PM	100
							9-8-10	PM	130
						MILES FROM STATION TO WELL	45 miles		

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
CP103	60/40 Poz		350 SK		\$ 4200.00
CP100	Common		50 SK		\$ 800.00
CP102	cell FLAKE		88-1b		\$ 325.00
CP109	Calcium Chloride		903-1b		\$ 942.15
CF153	wooden cement plug 8-5/8"		1-CA		\$ 160.00
E100	unit mileage charge Pickup		4.5 mi		\$ 191.25
E101	Heavy Equip mileage		135 mile		945.00
E113	Bulk Delivery Charge		78374		1252.80
CE200	Depth Charge 0'-500'		1-4hr		\$ 1000.00
CE240	Bleeding + mixing Service Chg		400 SK		\$ 600.00
CE504	Plug container Utilization chg		1-50b		\$ 250.00
5003	Service Supervisor first 8hrs on loc		1-CA		\$ 175.00
F403	Add. Hours		2-CA		\$ 1000.00

CHEMICAL / ACID DATA:			

SUB TOTAL		
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		K\$ 7911.23

SERVICE REPRESENTATIVE: Allen F. Weith
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Daniel L. Weith
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer <i>Prolific Resources LLC</i>		Lease No.		Date <i>9-8-10</i>	
Lease <i>Tahay</i>		Well # <i>1</i>			
Field Order # <i>02275A</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>	Depth	County <i>Stafford</i>	State <i>Ks.</i>
Type Job <i>8 5/8" Surface Pipe</i>		Formation <i>TN 305</i>		Legal Description <i>11-21-12</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8"</i>				<i>350-5Ks 60/40 Poz @ 14.8 #</i>				
Depth <i>305</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>18 Bbl</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>300 #</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>285</i>	Packer Depth	From	To	Flush <i>Disp H₂O</i>	Gas Volume		Total Load	

Customer Representative	Station Manager <i>scotty</i>	Treater <i>Allen F. Werth</i>
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Service Units	<i>28443</i>	<i>27463</i>	<i>19826</i>	<i>19860</i>					
Driver Names	<i>werth</i>	<i>werth</i>	<i>Daryl</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:00 PM</i>					<i>on Loc. Discuss Safety, Setup Plan</i>
<i>8:40</i>					<i>Rig Running 8 5/8 Surface Pipe 24'</i>
<i>9:00</i>	<i>150 #</i>			<i>4 1/2</i>	<i>pipe @ 304 CIR w/ Rig.</i>
					<i>start mix 350 SKS 60/40</i>
			<i>80</i>		<i>Poz @ 13.8 #/gal - Good cir.</i>
					<i>Finish mix cmt</i>
<i>9:15</i>	<i>150 #</i>			<i>4 1/2</i>	<i>Release Plug 8 5/8" wooden</i>
<i>9:20</i>			<i>18</i>		<i>start Disp</i>
	<i>200 #</i>				<i>Plug down</i>
					<i>Shut in @ well</i>
					<i>Release PST Back To TRK.</i>
					<i>washup</i>
					<i>cmt did not cir. To Pit.</i>
					<i>DROR more cmt.</i>
<i>12:00 AM - 9-8-10</i>					<i>cmt on Loc.</i>
<i>12:30</i>					<i>mix 50SKS cmt cir.</i>
<i>1:30</i>					<i>washup Equip. Job complete</i>
					<i>thanks Allen, Chris, Daryl</i>

GENERAL INFORMATION

Client Information:

Company: PROLIFIC RESOURCES INC.

Contact: DARRELL WILLINGER

Phone: Fax: e-mail:

Site Information:

Contact: JEFF BURK

Phone: Fax: e-mail:

Well Information:

Name: JAHAY #1

Operator: PROLIFIC RESOURCES INC

Location-Downhole:

Location-Surface: S11/21S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JEFF BURK

Test Type: CONVENTIONAL

Job Number: D811

Test Unit:

Start Date: 2010/09/11

Start Time: 05:30:00

End Date: 2010/09/11

End Time: 11:30:00

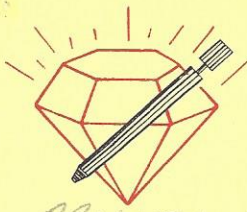
Report Date: 2010/09/11

Prepared By: JOHN RIEDL

Remarks:

Qualified By: JEFF BURK

RECOVERY: 125' GAS IN PIPE
125' GAS+MUD CUT OIL



DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313

TIME ON: 5:30 9/11/10
 TIME OFF: 11:30 9/11/10

DRILL-STEM TEST TICKET

FILE: STC JAHAY 10 ST 3

Company PROLIFIC RESOURCES INC Lease & Well No. JAHAY #1
 Contractor PETROMARIC RIG 2 Charge to PROLIFIC RESOURCES INC
 Elevation 1833 K.B Formation LKC HED Effective Pay _____ Ft. Ticket No. PPH
 Date 9/11/10 Sec. 11 Twp. 21 S Range 12 W County STAFFORD State KANSAS
 Test Approved By JEFF BURK Diamond Representative JOHN C. RIEDL

Formation Test No. 1 Interval Tested from 3347 ft. to 3385 ft. Total Depth 3385 ft.
 Packer Depth 3342 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3347 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 3350 ft. Recorder Number 30046 Cap. 6000 P.S.I.
 Bottom Recorder Depth (Outside) 3382 ft. Recorder Number 11073 Cap. 4000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 60 Drill Collar Length 120 ft. I.D. 2 1/4 in.
 Weight 8.9 Water Loss 10.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 2600 P.P.M. Drill Pipe Length 3307 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number NOT USED Test Tool Length 20 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 38 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: STRONG (BUILT THRU-OUT TO 10" AT GND) WKT B/B
 2nd Open: STRONG (BQB 33 MINUTES) NO B/B

Recovered 125 ft. of GAS IN PIPE
 Recovered 125 ft. of G+MCO (25% GAS 30% MUD 45% OIL)
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>TOTAL FLUID RECOVERY 125' IN DRILL COLLARS</u>	Insurance
	<u>FROM HOISINGTON 30</u>
	<u>TO HOISINGTON 30</u>
	Total <u>TOTAL MILE 60</u>

Time Set Packer(s) 7:12 ^(A.M.) P.M. Time Started Off Bottom 10:12 ^(A.M.) P.M. Maximum Temperature 105°

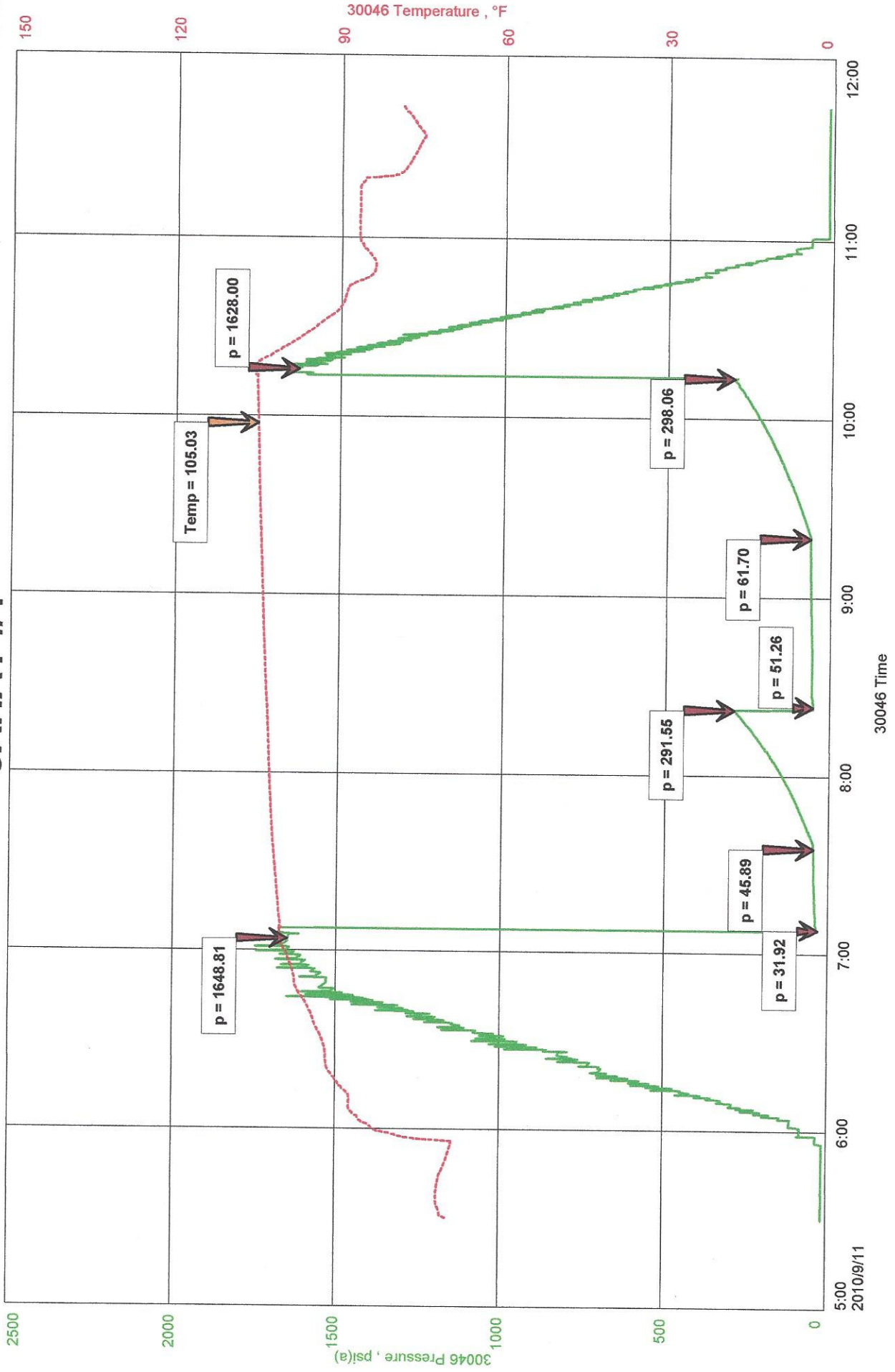
Initial Hydrostatic Pressure..... (A) 1649 P.S.I.
 Initial Flow Period..... Minutes 30 ^{7:42} (B) 32 P.S.I. to (C) 47 P.S.I.
 Initial Closed In Period..... Minutes 45 ^{8:27} (D) 292 P.S.I.
 Final Flow Period..... Minutes 60 ^{9:27} (E) 51 P.S.I. to (F) 62 P.S.I.
 Final Closed In Period..... Minutes 45 ^{10:12} (G) 298 P.S.I.
 Final Hydrostatic Pressure..... (H) 1628 P.S.I.

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

PROLIFIC RESOURCES INC.
Start Test Date: 2010/09/11
Final Test Date: 2010/09/11

JAHAY #1
Formation: LKC "H,I,J"
Job Number: D811

JAHAY #1



GENERAL INFORMATION

Client Information:

Company: PROLIFIC RESOURCES INC
Contact: DARRELL WILLINGER
Phone: Fax: e-mail:

Site Information:

Contact: JEFF BURK
Phone: Fax: e-mail:

Well Information:

Name: JAHAY #1
Operator: PROLIFIC RESOURCES INC
Location-Downhole:
Location-Surface: S11/21S/12W STAFFORD CTY

Test Information:

Company: DIAMOND TESTING
Representative: JOHN RIEDL
Supervisor: JEFF BURK
Test Type: CONVENTIONAL Job Number: D812
Test Unit:
Start Date: 2010/09/11 Start Time: 22:00:00
End Date: 2010/09/12 End Time: 05:06:00
Report Date: 2010/09/12 Prepared By: JOHN RIEDL
Qualified By: JEFF BURK

Remarks:

RECOVERY: 800' GAS CUT OIL WITH SOME MUD CUT



DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313

TIME ON: 22:00 9/11/10
 TIME OFF: 05:05 9/12/10

DRILL-STEM TEST TICKET
 FILE: JAHAY1DST2

Company PETROMARK R16 PROLIFIC RES Lease & Well No. JAHAY #1
 Contractor PETROMARK R16 2 Charge to PROLIFIC RES INC.
 Elevation 1833 K.B Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. 0812
 Date 9/11/10 Sec. 11 Twp. 21 S Range 12 W County STAFFORD State KANSAS
 Test Approved By JEFF BURK Diamond Representative JOHN C. RIEDL

Formation Test No. 2 Interval Tested from 3442 ft. to 3493 ft. Total Depth 3493 ft.
 Packer Depth 3437 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3442 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 3445 ft. Recorder Number 30046 Cap. 6000 P.S.I.
 Bottom Recorder Depth (Outside) 3490 ft. Recorder Number 11073 Cap. 4000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 54 Drill Collar Length 120 ft. I.D. 2 1/4 in.
 Weight 9.4 Water Loss 10.6 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 3200 P.P.M. Drill Pipe Length 3302 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number NOTUSED Test Tool Length 20 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 51 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: STRONG (B.O.B 8 MIN) NO BB
 2nd Open: STRONG (B.O.B 10 MIN)

Recovered 800 ft. of GAS CUT OIL (10% GAS 90% OIL WITH SOME SLIGHTLY MUD CUT)
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	FROM HOISINGTON 30 TO HOISINGTON 30
	Total <u>TOTAL MILK 60</u>

Time Set Packer(s) 11:05 ^{A.M.}/_{P.M.} Time Started Off Bottom 2:50 ^{A.M.}/_{P.M.} Maximum Temperature 112°

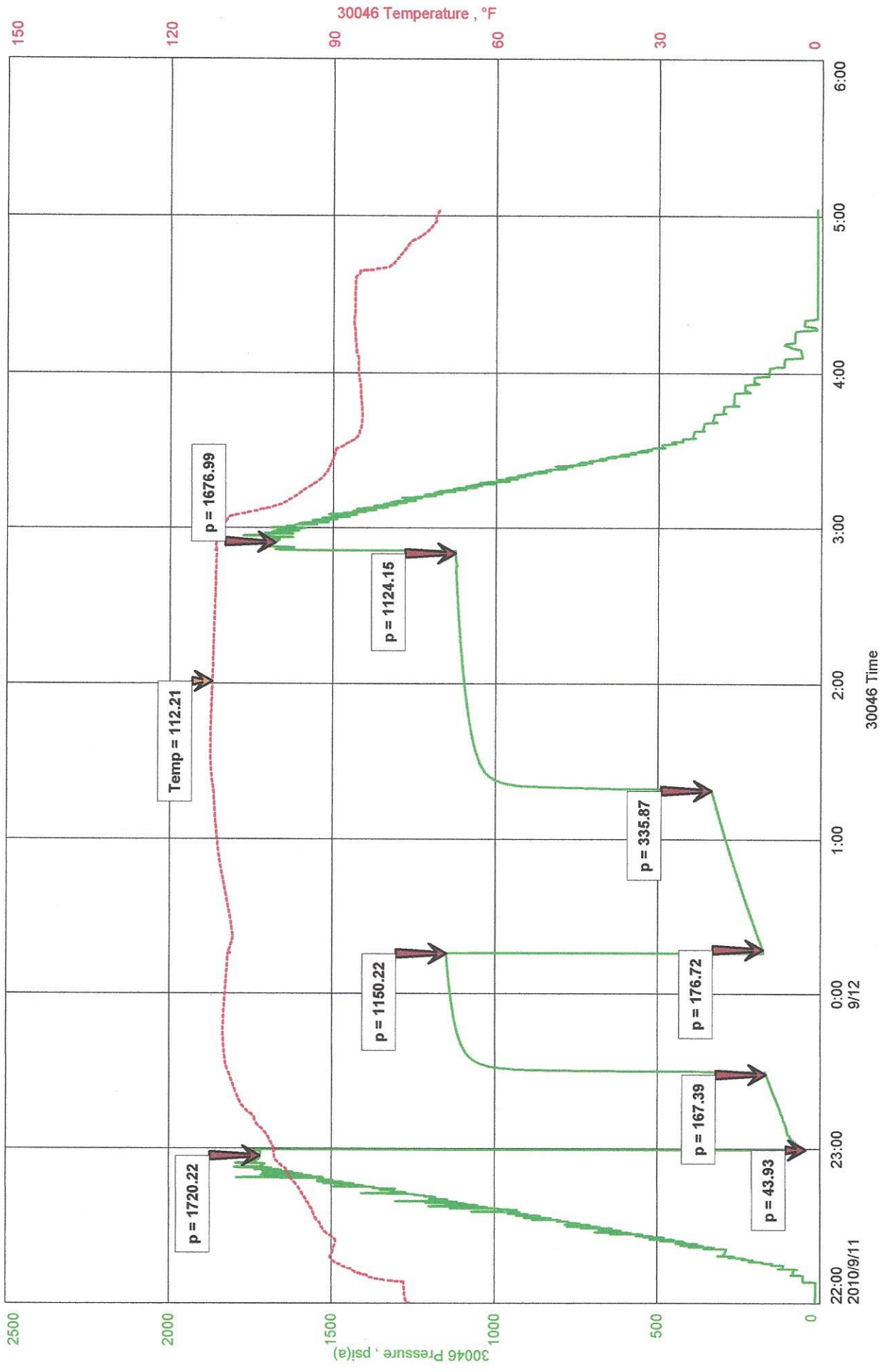
Initial Hydrostatic Pressure..... (A) 1720 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 44 P.S.I. to (C) 167 P.S.I.
 Initial Closed In Period..... Minutes 45 (D) 1150 P.S.I.
 Final Flow Period..... Minutes 60 (E) 176 P.S.I. to (F) 335 P.S.I.
 Final Closed In Period..... Minutes 90 (G) 1124 P.S.I.
 Final Hydrostatic Pressure..... (H) 1677 P.S.I.

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

PROLIFIC RESOURCES INC
 Start Test Date: 2010/09/11
 Final Test Date: 2010/09/12

JAHAY #1

JAHAY #1
 Formation: ARBUCKLE
 Job Number: D812



GENERAL INFORMATION

Client Information:

Company: PROLIFIC RESOURCES INC
Contact: DARRELL WILLINGER
Phone: Fax: e-mail:

Site Information:

Contact: JEFF BURK
Phone: Fax: e-mail:

Well Information:

Name: JAHAY 1
Operator: PROLIFIC RESOURCES INC
Location-Downhole:
Location-Surface: S11/21S/12W STAFFORD COUNTY

Test Information:

Company: DIAMOND TESTING
Representative: JOHN RIEDL
Supervisor: JEFF BURK
Test Type: CONVENTIONAL Job Number: D813
Test Unit:
Start Date: 2010/09/12 Start Time: 11:10:00
End Date: 2010/09/12 End Time: 18:40:00
Report Date: 2010/09/12 Prepared By: JOHN RIEDL
Qualified By: JEFF BURK

Remarks:

RECOVERY: 120' GAS IN PIPE
1800' GAS CUT OIL (10%GAS 90%OIL)



DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313

11:10
 TIME ON: ~~14:30~~ 9/12/10
 TIME OFF: 18:40 9/12/10

DRILL-STEM TEST TICKET
 FILE: STCJAHAY10573

Company PROLIFIC RESOURCES INC Lease & Well No. JAHAY #1
 Contractor PETROMARK R162 Charge to PROLIFIC RESOURCES INC
 Elevation 1833 K.B Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. D813
 Date 9/12/10 Sec. 11 Twp. 21 S Range 12 W County STAFFORD State KANSAS
 Test Approved By JEFF BURK Diamond Representative JOHN C. RIEDL

Formation Test No. 3 Interval Tested from 3495 ft. to 3503 ft. Total Depth 3503 ft.
 Packer Depth 3490 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3495 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 3498 ft. Recorder Number 30046 Cap. 6000 P.S.I.
 Bottom Recorder Depth (Outside) 3500 ft. Recorder Number 11010 Cap. 4000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 65 Drill Collar Length 120 ft. I.D. 2 1/4 in.
 Weight 8.7 Water Loss 11.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 7,000 P.P.M. Drill Pipe Length 3355 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number NOT USED Test Tool Length 20 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out _____ Anchor Length 8 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: STRONG (B.O.B 1 MINUTE) WKBB
 2nd Open: STRONG (B.O.B 2 MINUTES) WKBB

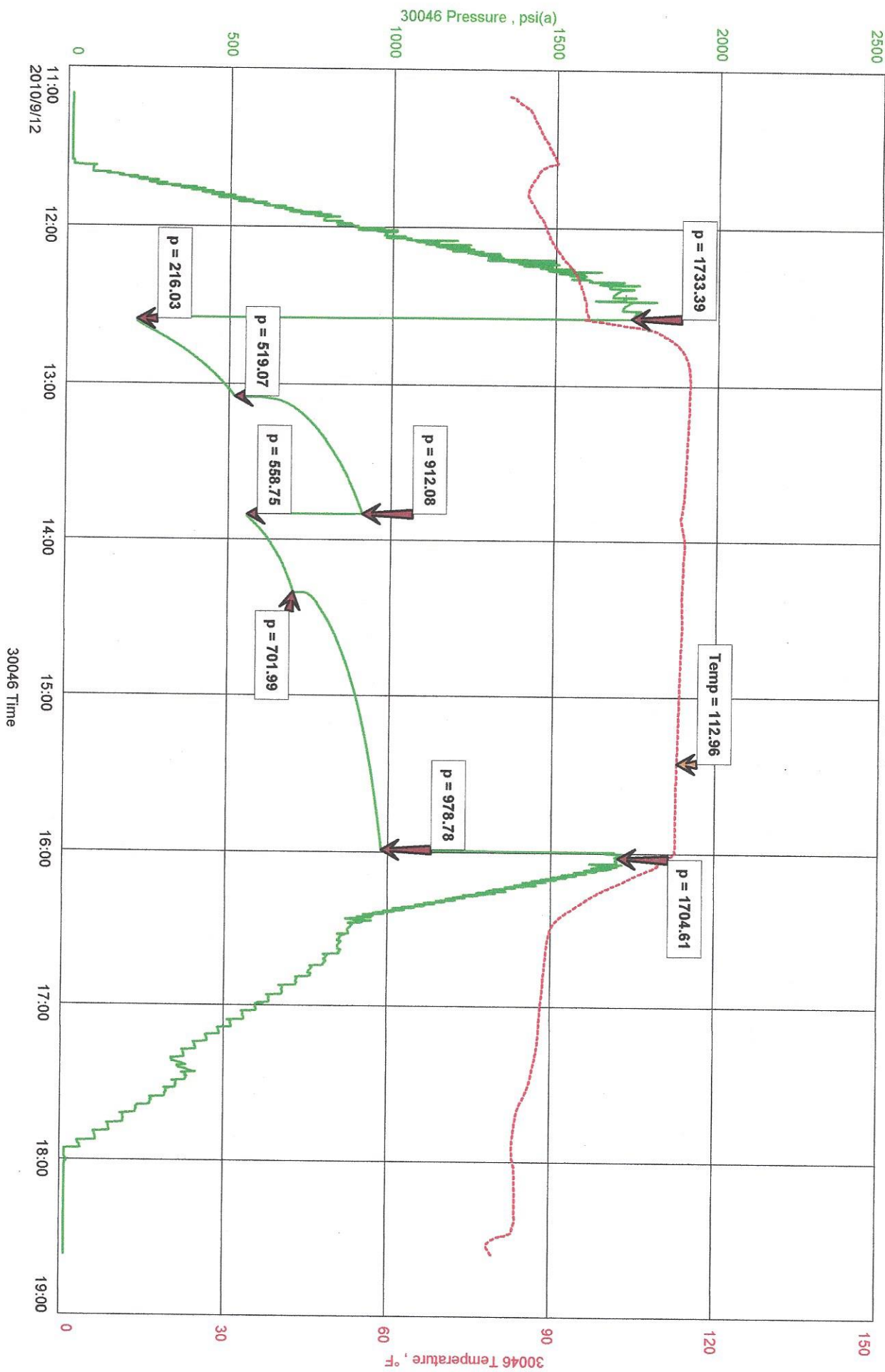
Recovered 1800 ft. of GCO (10% GAS 90% OIL) GRAVITY 28 @ 60°
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>TOTAL FLUID REC 1800' (1580' IN DP 120' IN RD)</u>	Insurance
	<u>FROM HOISINGTON 30 TO HOISINGTON 30</u>
	Total <u>TOTAL MILL 60</u>

Time Set Packer(s) 12:42 A.M. Time Started Off Bottom 4:07 P.M. Maximum Temperature 113°
 Initial Hydrostatic Pressure..... (A) 1733 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 216 P.S.I. to (C) 519 P.S.I.
 Initial Closed In Period..... Minutes 45 (D) 912 P.S.I.
 Final Flow Period..... Minutes 30 (E) 559 P.S.I. to (F) 702 P.S.I.
 Final Closed In Period..... Minutes 90 (G) 979 P.S.I.
 Final Hydrostatic Pressure..... (H) 1705 P.S.I.

Diamond Testing shall not be liable for damages of any kind to 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 statement or opinion concerning the result 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.

JAHAY 1





PAGE	CUST NO	INVOICE DATE
1 of 1	1003327	09/15/2010
INVOICE NUMBER		
1718 - 90407905		

Pratt (620) 672-1201
 B PROLIFIC RESOURCES LLC
 I 2725 DRY CREEK RD
 L GREAT BEND
 L KS US 67530
 T
 O ATTN:

J LEASE NAME Jahay 1
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40229318	27463		Net - 30 days	10/15/2010

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/13/2010 to 09/13/2010</i>				
0040229318				
171802626A Cement-New Well Casing/Pi 09/13/2010				
5 1/2" Longstring				
AA2 Cement	150.00	EA	11.39	1,708.48 T
60/40 POZ	30.00	EA	8.04	241.19 T
De-foamer (Powder)	36.00	EA	2.68	96.48 T
Salt (Fine)	682.00	EA	0.33	228.46 T
Cement Friction Reducer	43.00	EA	4.02	172.85 T
Gas-Blok	141.00	EA	3.45	486.51 T
FLA-322	71.00	EA	5.02	356.76 T
Gilsonite	750.00	EA	0.45	336.66 T
Latch Down Plug & Baffle 5 1/2" (Blue)	1.00	EA	267.99	267.99
Auto Fill Float Shoe 5 1/2" (Blue)	1.00	EA	241.19	241.19
Turbolizer 5 1/2" (Blue)	7.00	EA	73.70	515.88
5 1/2" Basket (Blue)	1.00	EA	194.29	194.29
Super Flush II	500.00	EA	1.03	512.53 T
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	2.85	128.13
Heavy Equipment Mileage	90.00	MI	4.69	422.09
Proppant and Bulk Delivery Charges	376.00	MI	1.07	403.06
Blending & Mixing Service Charge	180.00	MI	0.94	168.83
Depth Charge; 3001-4000'	1.00	HR	1,447.15	1,447.15
Casing Swivel Rental	1.00	EA	134.00	134.00
Plug Container Utilization Charge	1.00	EA	167.49	167.49
Service Supervisor	1.00	HR	117.25	117.25
High Head Charge	1.00	EA	200.99	200.99

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,548.26
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	302.21
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	8,850.47
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

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 02626 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-13-10 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: Prolific Resources LLC		LEASE: Jahay #1 WELL NO.:								
ADDRESS:		COUNTY: Stafford 11-21-12 STATE: Kans								
CITY: STATE:		SERVICE CREW: A. Werth, C. Veach, B. Mitch								
AUTHORIZED BY:		JOB TYPE: 5 1/2" L.S. <i>curw</i>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
28443 PU	1						9-13-10			207
29463 PF	1						9-13-10			337
19959-21010	1						9-13-10			600
							9-13-10			700
							9-13-10			800
						MILES FROM STATION TO WELL: 4.5 miles				

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	AA-2 Cement		150-SK		\$ 2550.00
CP103	60/40 Poz		30-SK		\$ 360.00
CC105	Defoamer (Powder)		36-1b		\$ 144.00
CC111	SALT (FINE)		682-1b		\$ 341.00
CC112	cement Friction Reducer		43-1b		\$ 258.00
CC115	GAS Blok		141-1b		\$ 726.15
CC129	FIA-322		71-1b		\$ 532.50
CC201	Gilsonite		750-1b		\$ 502.50
CF607	Latch Down Plug + Baffle 5/2 Blue		1-CA		\$ 400.00
CF1231	Auto Fill Float Shoe 5/2 Blue		1-CA		\$ 360.00
CF1651	Turbolizer 5/2 Blue		7-CA		\$ 770.00
CF1901	5/2 Basket Blue		1-CA		\$ 290.00
CC155	Super flush II		500-gal		\$ 765.00

CHEMICAL / ACID DATA:

SUB TOTAL

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

TOTAL

SERVICE REPRESENTATIVE

Allen F. Werth

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

[Signature]

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Prolific Roy LLC	Lease No.	Date 9-13-10			
Lease JAHAY	Well # 1				
Field Order # 02627	Station Pratt H K.	Casing 5/8"	Depth 703631	County Stafford	State KS
Type Job 5/8" C.S.	Formation COW	Legal Description 11-31-13			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
3 1/2"		150		AA2 15.3 #				
Depth 3619	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 86 BBL	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500#	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3619	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Jeff Burke	Station Manager Scotty	Treater Allen F. Worth
Service Units 28443 27463 19959 21010		
Driver Names A. Worth, C. Veach, Brad Mitchell		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:37 am					on Loc. Discuss Safety, Setup, Plug
3:40					start 5/8" csg 15.5 #
					shoe joint 23 w/ flat shoe
					+ L.O. Raffle in collar
					cent-1-3-5-8-14-20-23
					Basket #2
5:15					Tag bottom pickup + circ + Rot.
					Pipe - manifold approx 10 in dia
6:15	200		12	5	Pump 12 BBLs Super flush #
				5	Pump 5 BBLs H ₂ O spacer
				5	mix + Pump 150 SKS AA2 @ 15.3
			36 1/2		Finish mix - washout Pump Lin
				5	Drop latch down Plug, start O.
	300			4	caught lift PSI w/ barrel
6:45	1500		86	3 1/2	Plug down
	0 #				Release PSI - OK
					Plug Rat Hole w/ 30 SKS 60/100
					whip up + Rack up Equip.
2:00					Job complete
					thanks
					Allen, Chris Brad