

1215337

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

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

ALLIED OIL & GAS SERVICES, LLC 062780

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge, KS.

| | | | | | | | |
|--|--------------------|---|-------|----------------------|---------------------|-----------|------------|
| DATE <i>4-1-14</i> | SEC. | TWP. | RANGE | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
| LEASE <i>Z-Bar</i> | WELL# <i>18-11</i> | LOCATION <i>Z-Bar > Cottage Creek Rd</i> | | COUNTY <i>Barber</i> | STATE <i>Kansas</i> | | |
| OLD OR NEW (Circle one) <input checked="" type="radio"/> OLD | | Sect to Telephone <i>5+east</i> | | | | | |

| | |
|---|--|
| CONTRACTOR <i>Handt #1</i> | OWNER <i>M+M Exploration</i> |
| TYPE OF JOB <i>Surface</i> | |
| HOLE SIZE _____ T.D. _____ | CEMENT AMOUNT ORDERED |
| CASING SIZE <i>13 3/8</i> DEPTH <i>290'</i> | <i>150 sx x 65:35:67.6-1 3 1/2" 1/4 Flo Seal</i> |
| TUBING SIZE <i>8 3/8</i> DEPTH <i>16'</i> | <i>100 sx Class A + 3% cc</i> |
| DRILL PIPE _____ DEPTH _____ | |
| TOOL _____ DEPTH _____ | |
| PRES. MAX _____ MINIMUM _____ | COMMON <i>A 100 sx @ 17.90 1790.00</i> |
| MEAS. LINE _____ SHOE JOINT _____ | POZMIX _____ @ _____ |
| CEMENT LEFT IN CSG. <i>20'</i> | GEL _____ @ _____ |
| PERFS. _____ | CHLORIDE <i>9 sx @ 64.00 576.00</i> |
| DISPLACEMENT <i>42 3/4 Bbls Fresh</i> | ASC _____ @ _____ |
| EQUIPMENT | <i>ALW 150 sx @ 16.50 2475.00</i> |
| | <i>Flo Seal 38" @ 2.97 112.86</i> |

| | |
|-----------------------------|------------------------------|
| PUMP TRUCK # <i>471-265</i> | CEMENTER <i>Coal Balding</i> |
| BULK TRUCK # <i>364</i> | HELPER <i>For Gilley</i> |
| BULK TRUCK # _____ | DRIVER <i>Robert Johnson</i> |
| BULK TRUCK # _____ | DRIVER _____ |

| | | |
|-------------------------------|---------------|----------------|
| HANDLING <i>278</i> | @ <i>2.48</i> | <i>689.44</i> |
| MILEAGE <i>299.30/25/2.60</i> | @ <i>2.60</i> | <i>778.18</i> |
| TOTAL | | <i>6421.48</i> |

REMARKS:

*Ran 290' 13 3/8 casing
Break circulation w/ Dig
pump 5 Bbls Freshwater
Mix 150 sx lead cement
100 sx tail cement
Displace with 42 3/4 Bbls + shut in
Cement did circulate.*

SERVICE

| | | |
|----------------------------------|---------------|----------------|
| DEPTH OF JOB <i>290'</i> | | |
| PUMP TRUCK CHARGE <i>1512.25</i> | | |
| EXTRA FOOTAGE _____ | @ _____ | |
| MILEAGE <i>25</i> | @ <i>7.70</i> | <i>192.50</i> |
| MANIFOLD _____ | @ _____ | |
| <i>LU 25</i> | @ <i>4.40</i> | <i>110.00</i> |
| TOTAL | | <i>1814.75</i> |

CHARGE TO: *M+M Exploration*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

| | | |
|-------|---------|-------|
| _____ | @ _____ | |
| _____ | @ _____ | |
| _____ | @ _____ | |
| _____ | @ _____ | |
| _____ | @ _____ | |
| TOTAL | | _____ |

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE *Scott Adair*

SALES TAX (If Any) _____

TOTAL CHARGES *8236.23*

DISCOUNT _____ IF PAID IN 30 DAYS

(Net) 6177.17



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 10375 A

DATE _____ TICKET NO. _____

| | | | | | | | | | | | | | | | |
|----------------------------|------|-------------------|-----|--|-----|-----------------------------------|--------|--|----|------------------------------|--|------------------------------|--|---------------------|--|
| DATE OF JOB: 04-09-14 | | DISTRICT: PRATT K | | 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: M.M. EXPLORATION | | | | LEASE: Z-BAR | | | | 27-9 18-11 | | | | WELL NO.: | | | |
| ADDRESS: | | | | COUNTY: BARBER | | | | STATE: KS | | | | | | | |
| CITY: | | | | STATE: | | | | SERVICE CREW: Sullivan, Graves, Hanson | | | | | | | |
| AUTHORIZED BY: | | | | JOB TYPE: CNW 4 1/2 L.S. | | | | | | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | AM | PM | TIME | | | | | |
| 33708-20920 | 40 m | | | | | | 4-9-14 | | | 7:30 | | | | | |
| 19826-19860 | 40 m | | | | | | | | | 11:50 | | | | | |
| 37900 | | | | | | | | | | 3:20 | | | | | |
| | | | | | | | | | | 4:00 | | | | | |
| | | | | | | | | | | 4:30 | | | | | |
| | | | | | | | | | | 65 | | | | | |

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 105 | AA-2 cut | SK | 225 | | 3,825 00 |
| CP 105 | AA-2 cut | SK | 30 | | 510 00 |
| CC 102 | G.I.F. N/e | lb | 64 | | 236 80 |
| CC 111 | SALT | lb | 1394 | | 697 00 |
| CC 113 | Gypsum | lb | 1205 | | 903 75 |
| CC 127 | ZLH-322 | lb | 193 | | 1,447 50 |
| CC 201 | gal soaps | lb | 1530 | | 1,025 10 |
| CF 606 | Latch down Plug - BAFH 4 1/2 | SA | 1 | | 370 00 |
| CF 1250 | Heat Shoe | SA | 1 | | 330 00 |
| CF 1650 | Tumbler | SA | 8 | | 680 00 |
| CF 1900 | BASKET | SA | 1 | | 270 00 |
| CF 204 | CLAY MAX | gal | 5 | | 175 00 |
| E 100 | quicksand | mi | 65 | | 276 25 |
| E 101 | Heavy Spnt | mi | 130 | | 910 00 |
| E 113 | Bulk Delivery | TM | 783 | | 1,223 15 |
| CE 206 | Depth chg 5000-6000 | SA | 1 | | 2,880 00 |
| CE 240 | Blending - mix | SK | 255 | | 357 00 |
| CE 504 | Plug Antenna Pencil | SA | 1 | | 250 00 |
| EO 03 | Solvent Super | SA | 1 | | 175 00 |

SUB TOTAL *LB* 11,929 09

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

| | |
|---------------------|------------|
| 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)

| | | |
|---|-----------------------------|--------------------------------------|
| Customer <i>M-M EXPLORATION</i> | Lease No. | Date <i>04-09-14</i> |
| Lease <i>2-BAR</i> | Well # <i>279 18-11</i> | |
| Field Order # <i>10375</i> | Station <i>PRA TT KS</i> | Casing <i>4 1/2</i> |
| | Depth <i>3093</i> | County <i>BARBER</i> |
| Type Job <i>CNW 4 1/2 Long Strip</i> | Formation | State <i>KS</i> |
| | | Legal Description <i>27-33-15</i> |

| PIPE DATA | | PERFORATING DATA | | FLUID USED | | TREATMENT RESUME | | |
|--------------------------------|--------------|------------------|----|------------|------------|------------------|------------------|--|
| Casing Size | Tubing Size | Shots/Ft | | Acid | RATE | PRESS | ISIP | |
| <i>4 1/2</i> | | | | | | | | |
| Depth <i>3093'</i> | Depth | From | To | Pre Pad | Max | | 5 Min. | |
| Volume <i>80 1/2</i> | Volume | From | To | Pad | Min | | 10 Min. | |
| Max Press <i>1500</i> | Max Press | From | To | Frac | Avg | | 15 Min. | |
| Well Connection <i>P.O.</i> | Annulus Vol. | From | To | | HHP Used | | Annulus Pressure | |
| Plug Depth <i>3063</i> | Packer Depth | From | To | Flush | Gas Volume | | Total Load | |

| | | |
|---|--------------------------------------|-----------------------------------|
| Customer Representative | Station Manager <i>DAVE SCOTT</i> | Treater <i>Robert Sullivan</i> |
| Service Units <i>37900 33708 20920 19826 19860</i> | | |
| Driver Names <i>Sullivan GRAVES HANSON</i> | | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|--------------|-----------------|-----------------|--------------|----------|--|
| <i>11:50</i> | | | | | <i>on loc soft, meety</i> |
| | | | | | |
| | | | | | <i>Run 4 1/2 csg.</i> |
| | | | | | <i>circ csg 1/2 way 15 min</i> |
| <i>2:00</i> | | | | | <i>CASING ON BOTTOM</i> |
| <i>2:10</i> | | | | | <i>Hook R; circ csg.</i> |
| <i>3:20</i> | <i>300</i> | | <i>7</i> | <i>7</i> | <i>St Scavenger cont 25 sk AA-2</i> |
| | | | <i>63</i> | <i>5</i> | <i>mix 200 sk AA-2 @ 14.8 PPG</i> |
| | | | | | <i>cont mixed shut down wash lines, pump</i> |
| | | | | | <i>Release Plug</i> |
| | | | | <i>6</i> | <i>St Disp w/ 2% KCL 4 1/2</i> |
| | <i>300</i> | | | | <i>Lift PSI</i> |
| | <i>750</i> | | | <i>4</i> | <i>Show Rate</i> |
| <i>4:00</i> | <i>1,800</i> | | <i>80</i> | | <i>Plug down</i> |
| | | | <i>7</i> | | <i>plus RH w/ 30 sk</i> |
| | | | | | <i>JOB Complete</i> |
| | | | | | <i>Thank you</i> |