



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225592
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: _____



1225592

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	ANITA 1-12
Doc ID	1225592

Tops

Name	Top	Datum
ANHYDRITE	2182	+513
BASE ANHYDRITE	2219	+476
LANSING	3839	-1144
MUNCIE CREEK	3978	-1283
BASE KANSAS CITY	4127	-1432
PAWNEE	4237	-1542
MYRICK STATION	4291	-1596
CHEROKEE	4353	-1658
MISSISSIPPIAN	4429	-1734

WELL INFORMATION

Company: L.D. DRILLING, INC.
 Address: 7 SW 26TH AVE
 GREAT BEND, KS 67530

Well Name: ANITA 1-12

Location: 2970 FSL, 1060 FWL
 SEC. 12- T13S - R29W
 GOVE COUNTY, KANSAS

API: 15-063-22215-00-00
 Field: WILDCAT

KB Elevation: 2695 Rotary Depth: 4530
 Ground Elevation: 2688 Log Depth: 4528

Spud Date: 9/04/2014 Drilling Completed: 9/15/2014

Completion: Surface Casing: 8 5/8" SET @ 369' Production Casing: 4.5" SET AT 4523

Formation at TD: MISSISSIPPIAN
 Drilling Fluid Type: CHEMICAL

Rig Contractor: SKYTOP DRILLING
 Logger: NABORS Logs Run: DI, CND, MICRO

Wellsite Geologist: LARRY P. FRIEND

FORMATION DEPTHS

COMPARED TO:
 RITCHIE EXPLOR., INC.
 MENDENHALL 7C #1
 E2 SW, 7-T13S-T28W (4/2014)

FORMATION DEPTHS	SAMPLE	LOG	
ANHYDRITE	2177 (+518)	2182 (+513)	-7
BASE ANHY.	2215 (+480)	2219 (+476)	-8
STOTLER	3442 (-747)	3440 (-745)	+12
HEEBNER SHALE	3804 (-1109)	3800 (-1105)	+20
LANSING	3842 (-1147)	3839 (-1144)	+21
MUNCIE CREEK	3978 (-1283)	3978 (-1283)	+18
STARK SHALE	4070 (-1375)	4068 (-1373)	+17
HUSHPUCKNEY SH.	4101 (-1406)	4099 (-1404)	+17
BS KANSAS CITY	4129 (-1434)	4127 (-1432)	+13
PLEASANTON	4139 (-1444)	4137 (-1442)	+14
MARMATON	4163 (-1468)	4161 (-1466)	+12
"PAWNEE"	4240 (-1545)	4237 (-1542)	+20
"MYRICK STATION"	4295 (-1600)	4291 (-1596)	+11
"FT. SCOTT"	4330 (-1635)	4330 (-1635)	+13
"CHEROKEE"	4356 (-1661)	4353 (-1658)	+17
"JOHNSON ZONE"	4394 (-1699)	4391 (-1696)	+17
BS PENN LIME	4410 (-1715)	4407 (-1712)	+17
MISSISSIPPIAN	4432 (-1737)	4429 (-1734)	+22

NOTES

DUE TO FAVORABLE DRILL STEM TEST RESULTS, IT WAS DECIDED TO RUN CASING AND PRODUCE THIS WELL.

AFTER BRIEF LOG EVALUATION, THE ZONES OF INTEREST THAT I SEE FOR FURTHER LOG EVALUATION AND / OR PERFORATION ARE: (THERE MAY BE MORE)

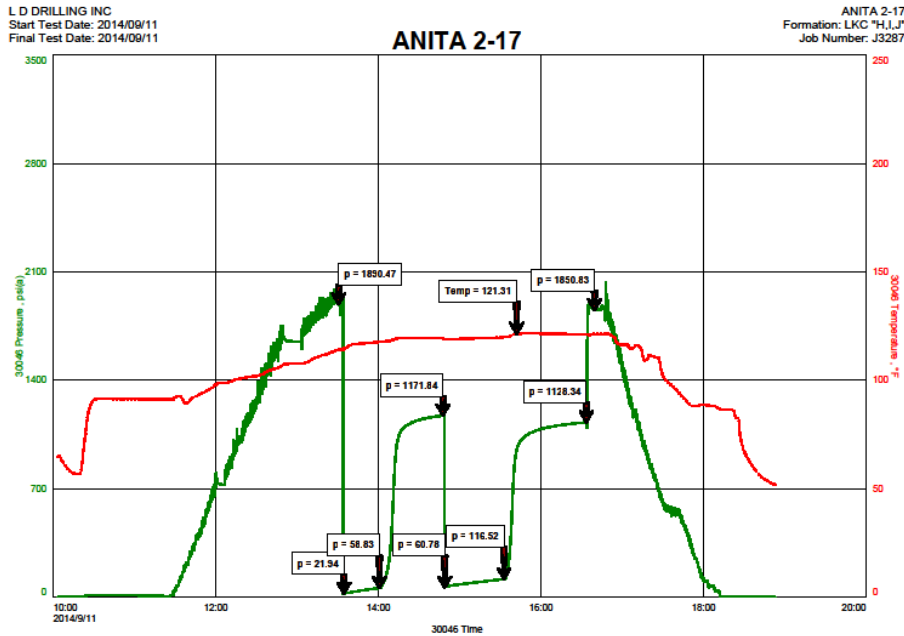
- LANSING "F": 3934-3937, CHERT WITH NS, CALCULATES? PROBABLY NOTHING HERE.
- KANSAS CITY "J": 4051-4054, (DST #1)
- 4063-4065, (DST #1), POOR POROSITY BUT GOOD MICRO.
- KANSAS CITY "K": 4086-4091?, (DST #2), APPEARS TO BE WET, GOOD MICRO.
- KANSAS CITY "L": 4113-4121, (DST #2), FAIR SHOW OIL IN SAMPLES, GOOD MICRO.
- MYRICK STATION: 4295-4298, (DST #4), ONLY 7% POROSITY, GOOD ON MICRO.

RESPECTFULLY SUBMITTED,
LARRY P. FRIEND

DRILLSTEM TESTS

No	Interval	Formation
1	3975 - 4068	KANSAS CITY "H", "I", "J"
2	4067 - 4124	KANSAS CITY "K" + "L"
3	4121 - 4233	PLEASANTON + MARMATON
4	4264 - 4379	MYRICK STATION + FT. SCOTT

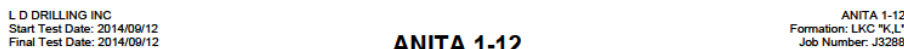
DST #1 CHART

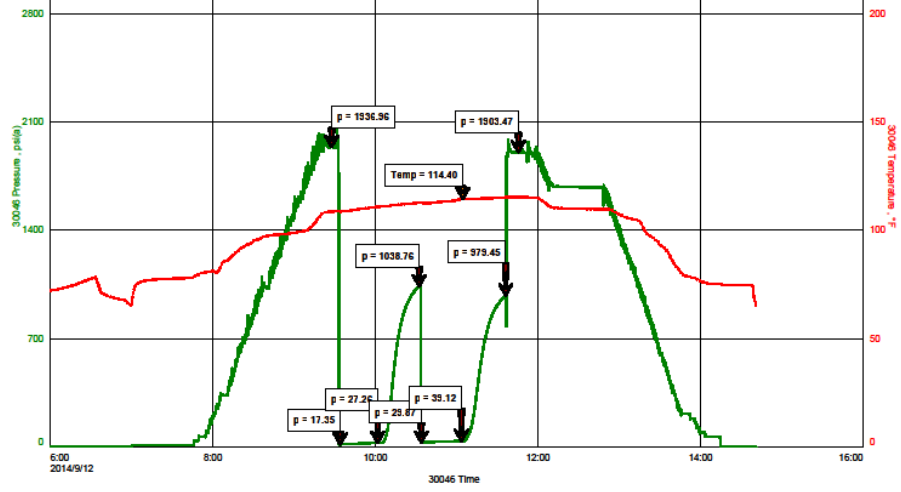


C:\New\Testing\0\Desktop\Drillstem Test\ANITA2-17DST1.Rt 11-Sep-14 Ver

Fast

DST #2 CHART

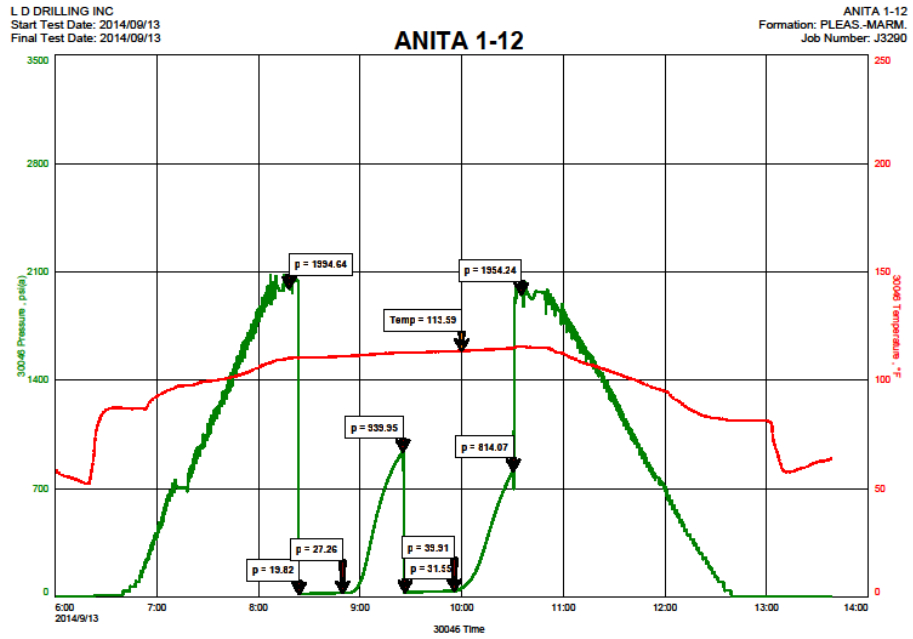




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Fast

DST #3 CHART

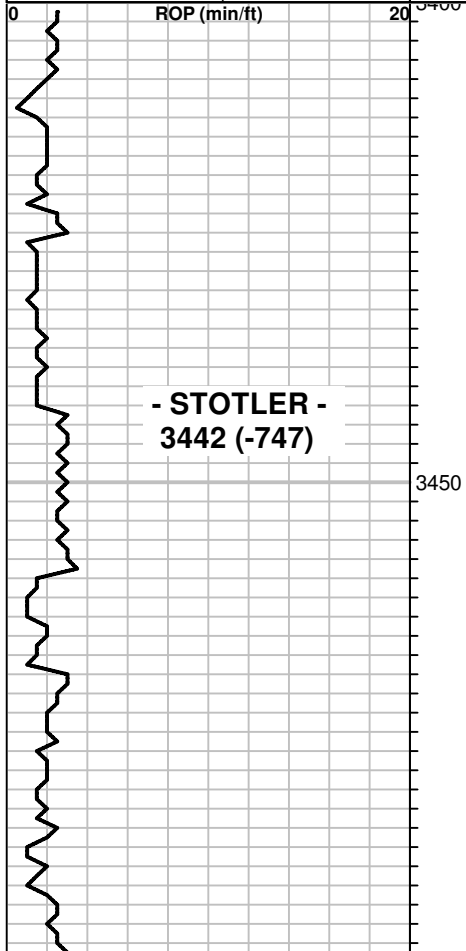


C:\Users\Testing10\Desktop\ANITA1-12DST3 13-Sep-14 Var

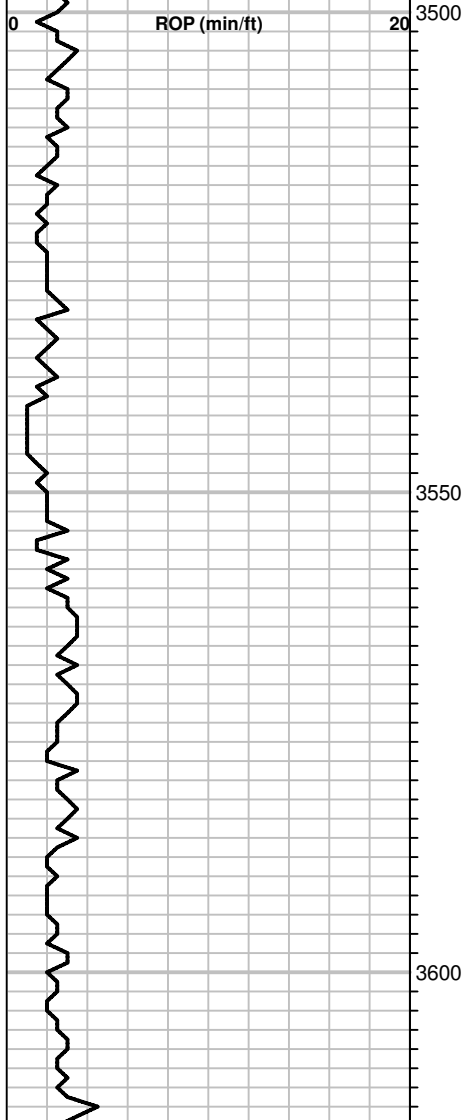
Fast

DST #4 CHART

1:240 Imperial
ROP (min/ft)



ROP (min/ft)



7AM DEPTHS:

9/05/14: MIRU & SPUD
 9/06: 369' WAITING ON CEMENT
 9/07: 1640
 9/08: 2647
 9/09: 3323, MUD UP
 9/10: 3805
 9/11: 4068, DST #1
 9/12: 4124, DST #2
 9/13: 4233, DST #3
 9/14: 4379, DST #4
 9/15: 4487, RTD AT 10:20AM

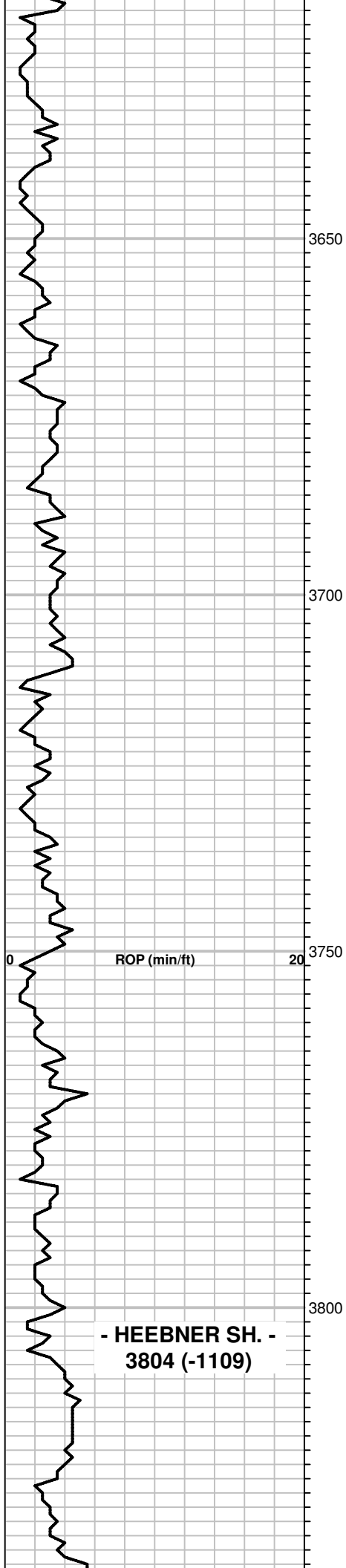
DEV. SURVEYS:

0.5 DEGREES AT 369'
 0.25 DEGREES AT 4068'
 1.00 DEGREES AT 4530'

MUDDER UP AT 3489'.

20: LS, TAN-BRN, VFXLN, SOME SLI. CHTY, DSE TO PR. XLN. POR; NS

40: LS, CRM-TAN, FXLN, W/ FR. XLN. POR, SOME SLI. CHALKY; SHALE, DK. GRY; NS



60: LS, TAN, V. FOSS. W/ GD. XLN. POR;
SHALE, GRY, GRN, SILTY; NS, NF

80: LS, TAN, FXLN / FN. GRANULAR, W/ GD.
XLN. POR; NS, NF

100: LS, TAN, FXLN / FN. GRANULAR, GD.
XLN. POR; NS, NF AS ABOVE.

10: SHALE, BLK; LS, TAN-BRN, FXLN, SLI.
CHLKY, W/ PR - GD. XLN. POR; NS, NF.

20: LS, TAN, DETRITAL / FOSS, W/ FR - GD.
XLN. POR; NS

30: LS, TAN, FXLN, PR. POR; TR. TAN
DOLOMITE, PR. POR; TR. TAN CHERT; NS

40: LS, CRM-TAN, XLN, CHTY, W/ PR- FR. -
TR. GD. XLN. POR; NS

50: LS, TAN, FXLN, FOSS, W/ PR - FR. XLN.
POR; GRY, LMY SILTSTN AND VARY COL.
SHALE; NS

60: LS, CRM- TAN, FXLN / FN. GRANULAR, FR
- GD. XLN. POR; NS

70: LS, TAN-BRN, FXLN, PR - TR. FR. XLN.
POR; NS

80: LS, TAN, FXLN, W/ FR - GD. XLN. POR; NS,
NF.

90: LS, TAN-BRN, FXLN, FOSS, PR - TR. FR.
XLN. POR; NS, NF.

100: TR. LS, BRN, FXLN, FOSS, W/ FR. - GD.
XLN POR; GRY SHALE; NS

10: LS, TAN, FXLN, SLI. FOSS, CHTY, PR - FR.
XLN. POR; TR. RED- BRN CARBONACEOUS
SPECKS; NS, NF.

20: SHALE, BLACK, CARB; LS, BRN, VF-FXLN,
FOSS, SLI. CHTY, DSE; NS

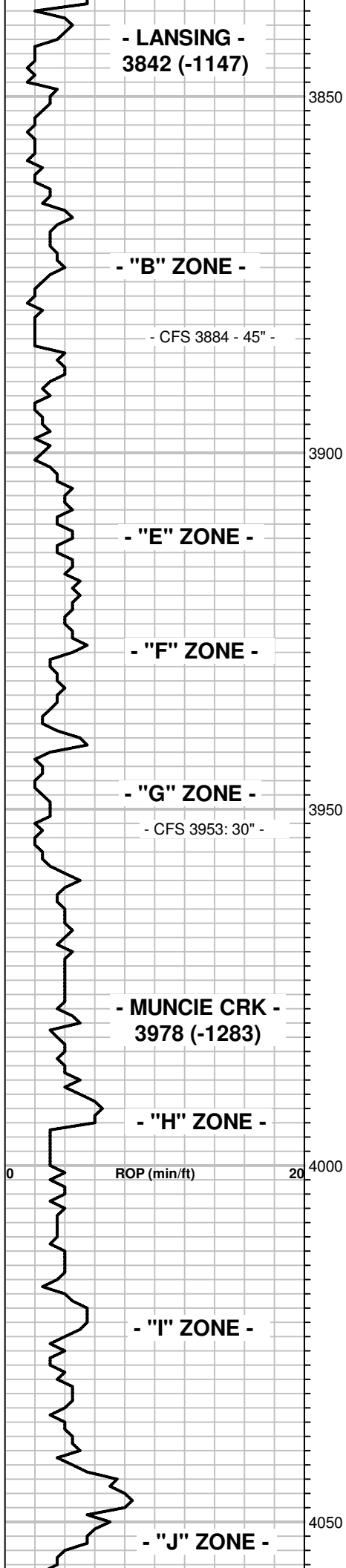
30: LS, BRN, VFXLN, SLI. FOSS, MOSTLY PR.
POR; NS

40: LS, CRM-TAN, FXLN, SLI. FOSS, W/ PR -
FR. XLN POR; NS

50: SHALE, GRY; LS, AS ABV; NS

ROP (min/ft)

**- HEEBNER SH. -
3804 (-1109)**



60: SHALE, GRY & MAROON; TR. LS, CRM-TAN, V. OOLITIC, W/ PR. - GD. XLN. POR; NS

70: LS, CRM-TAN, OOL./ FOSS, W/ PR - GD. XLN. POR; NS, NF

80: LS, TAN, VF-FXLN; AND TR. LS, BRN, V. OOL (V. FN. OOLITES), W/ PR- FR. XLN. POR; SHALE, GRY & GRN; NS

CIRC: LS, TAN-BRN, V. OOLITIC / FOSS, PR - FR. - TR. GD. XLN. POR & ONLY TR. SPTY. OOLIC - VUG. POR, SOME CALCITE FILL IN POR; NS, NF

10: LS, TAN, FXLN, OOL/ FOSS, W/ PR - GD XLN. POR; NS, NF

20: LS, TAN, VF-FXLN, SOME W/ CALCITE FILL IN POR, PR - TR. FR. XLN. POR; NS

30: LS, AS ABV, TAN-BRN, VF-FXLN, CALCITIC FILL IN POR, MOSTLY PR. POR; NS

40: SHALE, GRY; LS, TAN, VF-FXLN, TR. OOL/ FOSS, PR. XLN. POR, SOME POR. CALCITE FILLED; NS.

50: CHERT, CRM, GRY, BRN; IN LS, TAN, VF-FXLN W/ MOSTLY PR. XLN. POR; NS

CIRC: LS, TAN, OOL/ FOSS, TR. WEATHERED, SLI. CALCITIC W/ FR- GD. XLN. POR; NS, NF

70: LS, GRY, FXLN, SPARRY, FOSS, SLI. CALCITIC, TR. PR. VUG. POR; NS, NF

80: LS, AS ABV W/ PR. XLN. POR; LS, CRM, CHLKY; NS

90: LS, GRY-BRN, VF-FXLN, PR. POR; TR. BLK CARB. SHALE W/ SLI. ODOR, NO OTHER SHOW.

100: LS, BRN, VFXLN, FOSS, PR. POR; ONLY CP. PCS LS, W/ PR. TR. PPT. POR, S-GSFO, DK. TOT. SAT STN, SPTY WK FLUOR, FR. ODOR

10: LS, TAN-BRN, VF-FXLN, TR. FOSS W/ PR - FR. XLN POR; 1 PC. W/ PR. VIS. POR, GD. BLK STN, NFO, SLI. ODOR.

20: LS, TAN-BRN, VFXLN, PR. POR, MUCH WEATHERED, SLI. CHLKY; NS

30: LS, BRN, VFXLN, SLI. FOSS, DSE TO SOME WEATH. SLI. CHLKY; TR. GRY SHALE; NS, NF

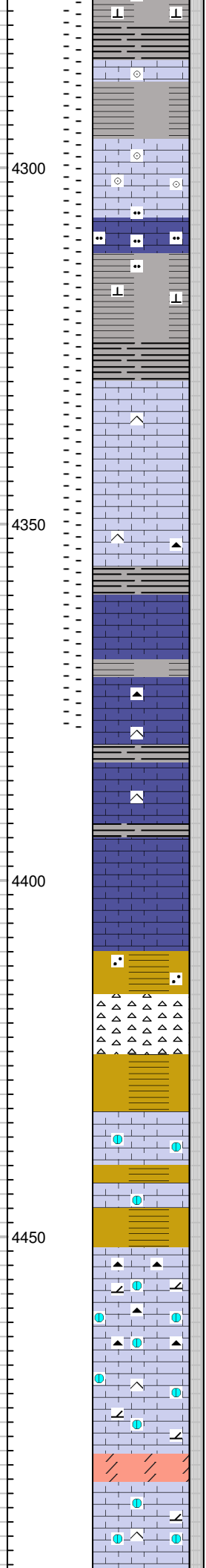
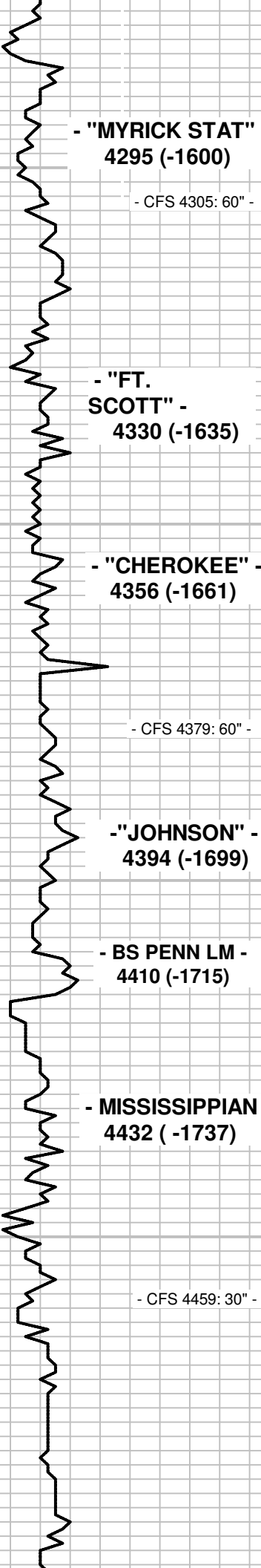
40: TR. LS, BRN, VFXLN, PR. TR. SPTY PPT-VUG. POR, SSFO, PR. SPTY DK. BRN STN, SPTY. BRT. FLUOR, NO ODOR

50: LS, TAN, VF-FXLN, SOME V. OOL./ FOSS, PR - FR. XLN. POR; NS, NF

60: VARY COL. SHALE, SOME STICKY.

MUD @ 3900:
 WT: 9.1
 VIS: 47
 FILTRATE: 8
 CHLOR: 500 PPM
 LCM: 2#

DST #1: 3975 - 4068
KS CTY.: "H", "I", "J"
TIMES: 30-45-45-60
IF: BLOW OFF BTM IN 8"
FF: BLOW OFF BTM IN 4"
NO BLOWBACK
REC: 120' GIP & 240' FLUID
50' SOCGM
(3%O, 40%G, 57%M),
130' SMCGO
(5%M, 45%G, 50%O),
60' MCGO
(22%M, 40%G, 58%O)
IFP: 22-59#, FFP: 61-117#
SIP: 1172-1128#



100: SHALE, BLK & LS, DK. BRN, VFXLN, FOSS, DSE; NS

05 CIRC: LS, TAN-BRN, V. OOL./ FOSS, DSE TO TR. WEATH. SOFT & TR. CHTY, HD, W/ PR. PPT. POR & FR. XLN. POR, TR. FO, PR. SPTY STN & FLUOR, NO ODOR.

20: SILTSTN, BRN, V. LMY.

30: SHALE, GRY & BLK; LS, BRN, VFXLN TO CRM, SLI. CHLKY; NS

40: SHALE, BLK.

50: LS, TAN-BRN, VFXLN, SLI. FOSS, DSE, TR. CHTY, HD; NS

60: LS, AS ABV TO TR. WEATHERED SLI. CHLKY; NS

70: LS, TAN-BRN, VFXLN, DSE, TR. FOSS, TR. CHTY, SOME SLI. CHLKY; TR. DK. GRY CHT; SHALE, GRY & BLK; NS

79: LS, TAN-BRN, VFXLN, DSE TO MUCH WEATHERED, SLI. CHLKY; NS, NF

79 CIRC: LS, AS ABV; TR. CHERT, BRN; NS, NF.

100: LS, TAN, VF-FXLN, DSE, TR. CHTY TO TR. PR - FR. XLN. POR; SHALE, GRY & BLK; NS

10: BIG INC. SHALE, GRY & BLK; SOME LS, AS ABV; NS

20: LS, BRN, VF-FXLN, DSE TO FR. XLN. POR, MOST IS CRM, CHALKY; NS, NF.

30: SHALE; TR. SST, SILT - FN GRND, CLR, TITE - FRIAB, NON-CALC. CEMENT; NS

40: CHERT, TAN, CRM, ORG, SHP TO TR. WEATHERED; NS

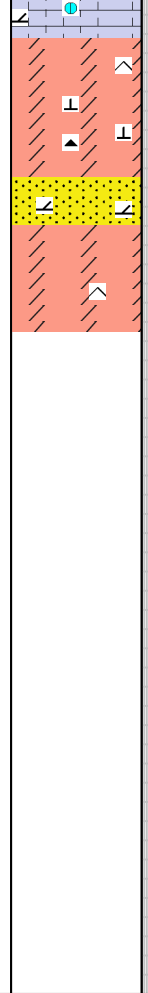
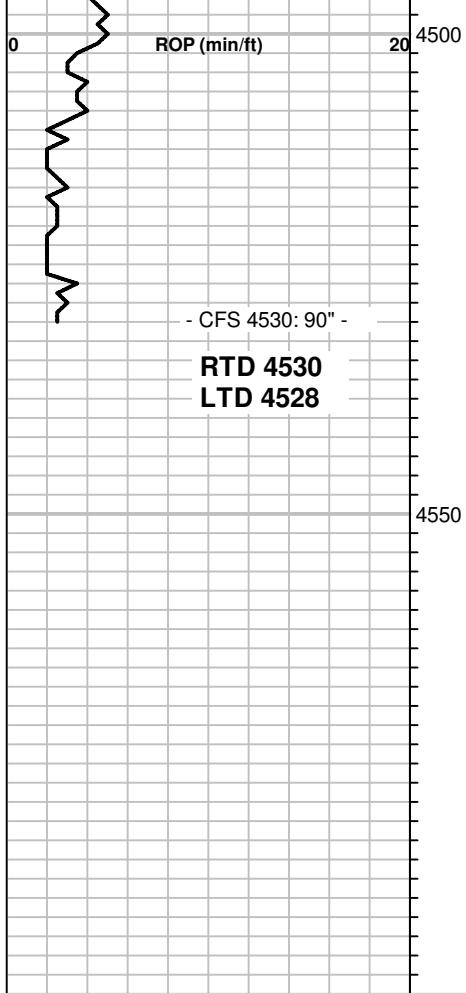
50: LS, BRN, MUSTARD, VF-FXLN, WEATH, SLI. CHLKY, PR - FR. XLN. POR; NS

59: LS, BRN, OLIVE, VF-FXLN, SLI. DETRITAL LOOKING, SLI. WEATH, PR - FR. XLN. POR; SOME VARY COL. SHALE; NS

30\"/>

DST #4: 4264 - 4379
MYRICK STAT./ FT. SCOTT
TIMES: 30-30-30-30
IF: 1\"/>

MUD AT 4379:
 WT: 9.5
 VIS: 46
 FILTRATE: 8.8
 CHLOR: 500
 LCM: 0.5#



20: DOLOMITE, TAN-BRN, FXLN, SOME CHTY, PR - FR. XLN. POR; SOME CHT, GRY, SHP; NS

30: DOL. LS, TAB, FXLN, SLI. CHTY, PR. VIS. POR; TR. CHT; SHALE, GRY; NS

30" CIRC: SST, DIRTY GRY, SLI. DOLOMITIC, SILT - MD GRND, SBRD, CLR, V. TITE - TR. FRIAB, PR. POR; SHALE, GRY; NS

60" CIRC: DOL. LS, GRY-TAN, FXLN, SLI. CHTY, PR - FR. XLN. POR; NS

MUD AT 4530:
 WT: 9.3
 VIS: 57
 FILTRATE: 8.8
 CHLOR: 500
 LCM: 1#



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 10742 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-16-14 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 LD DRILLING, ONE		LEASE HANITA #1-12 WELL NO.							
ADDRESS		COUNTY GOVE		STATE KS					
CITY		SERVICE CREW KG, PAT E, COLE, SCOTT							
AUTHORIZED BY		JOB TYPE: CNW LOWEST RING							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19907		19831	2 3/4				9-16	PM	0000
		19862	2 3/4			ARRIVED AT JOB		PM	0800
33708	2 3/4					START OPERATION		PM	0930
20920	2 3/4	19903	3/4			FINISH OPERATION		PM	1215
		19860	3/4			RELEASED		PM	1300
						MILES FROM STATION TO WELL			195

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: *Thom Engel*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CC100	COMMON CEMENT	SK	200		3200-
CC101	A-CUN CEMENT	SK	400		7200-
CC101	A-CUN CEMENT	SK	30		540-
CC102	CELOFLAKE	lb.	108		399.60
CC109	CALCIUM CHLORIDE	lb.	1215		1275.75
CC111	SACT	lb.	900		450-
CC130	C-51	lb.	38		950-
CC201	CHLSONITE	lb.	1000		670-
CF400	4 1/2 TWO STAGE CEMENT COLLAR	EA	1		4500-
CF600	4 1/2 LATCH DOWN PLUG	EA	1		720-
CF1250	4 1/2 API FOOT SHOE	EA	1		330-
CF1650	4 1/2 TURBOLIZER	EA	8		680-
CF1800	4 1/2 BASKET	EA	1		270-
CF2000	4 1/2 SCRATCHER	EA	10		700-
CC151	MUD FLUSH	gal	1000		1500-

SUB TOTAL *JWW*

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE *Thom Engel* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Thom Engel*
(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 ~~10743~~ A

CONTINUATION

DATE TICKET NO 1718 107421

DATE OF JOB: 7-16-14		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: LD DRAINAGE, INC				LEASE: ANITA #1-12								WELL NO.:			
ADDRESS:				COUNTY: GOVE				STATE: KS							
CITY:				STATE:				SERVICE CREW: KC, PAE, COLE, SCOTT							
AUTHORIZED BY:				JOB TYPE: CWW - LOWSTRAVE											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
						ARRIVED AT JOB				AM					
						START OPERATION				AM					
						FINISH OPERATION				AM					
						RELEASED				AM					
						MILES FROM STATION TO WELL									

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
E160	UNLTD MILE. PICKUP	MI.	175		743.75
E161	HEAVY TRUCK MILE.	MI.	525		3675.00
E113	BULK DELIVERY	TM	5189		11,415.25
CE205	DEPTH CHARGE 4601-5000'	EA	1		2520.00
CE240	BLOWDOWN CHARGE	SK	630		882.00
CE504	PLUG CONTROLLER	EA	1		750.00
5003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL 841.05

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] (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer	LD DREWING, INC	Lease No.		Date	9-16-14
Lease	ANETA	Well #	1-12		
Field Order #	10142	Station	PRATT, KS	Casing	4 1/2
Type Job	CNW-LOWC STRONG	Depth	4523'	County	BOWE
		Formation	TD-4530'	State	KS
				Legal Description	12-13-29

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME				
Casing Size	4 1/2	Tubing Size		Shots/Ft		Acid	DU TOOL-2241'	RATE	PRESS	ISIP
Depth	4523	Depth		From	To	Pre Pad		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	4509	Packer Depth		From	To	Flush		Gas Volume		Total Load

Customer Representative	LD	Station Manager	KEVIN	Treater	CORDEY
Service Units	19907	33708-20920	19903-19860	19831-19862	
Driver Names	KG	PAT	SCOTT	COLE	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0830					ON LAMPSON W/FE RUN 107 JTS 4 1/2" CSG = 4525' RUN W/FL FRONT SITE, LATCH Baffle in 14" side Jt. COLLAR CENT-1-3-5-7-9-11-13-15 SCRAPER ON 10-11-12 DU TOOL-TOP #52 AT 2241' BASKET BELOW DU TOOL.
0830					TAG BOTTOM-DROP BALL-CAP SET 4 1/2" AT 4523' REPROBATE CASING
					BOTTOM STAGE
0930	200		24	5	PUMP 24 bbl. MUDFLUSH
	200		5	5	PUMP 5 bbl H ₂ O
	150		46	5	MIX 200 SK COMMON 10% SALT, 5# BISONITE .2% WCA-1 AT 15.0 ppq, 1.30 CPS/SK
					STOP-WASH LINE-DROP PLUG
	0		0	5	START DISP W/H ₂ O
	250		40	5	START DISP W/MUD
	600		60	4	SLOW RATE

Customer <i>LA DRILLING</i>	Lease No. <i>BNC</i>	Date <i>9-16-14</i>	
Lease <i>ANITA</i>	Well # <i>1-12</i>		
Field Order # <i>0142</i>	Station <i>Pratt, KS</i>	Casing <i>4 1/2</i>	Depth <i>4523'</i>
Type Job <i>ENW - LOW COST PANG</i>	Formation	County <i>COVE</i>	State <i>KS</i>
		Legal Description <i>12-13-29</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>4 1/2</i>	Tubing Size	Shots/Ft		Acid <i>DU-2241</i>		RATE	PRESS	ISIP
Depth <i>4523</i>	Depth	From	To	Pre Pad	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	Station Manager	Treater
Service Units		
Driver Names		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1015</i>	<i>2000</i>		<i>69.8</i>	<i>3</i>	<i>PLUG DOWN - HELD</i>
<i>1020</i>					<i>DROP DV OPEN PLUG</i>
<i>1035</i>	<i>500</i>				<i>OPEN DV TOOL</i>
					<i>CIRC. W/ RIG PUMP</i>
					<i>TOP STAGE</i>
<i>1130</i>	<i>200</i>		<i>197</i>	<i>6</i>	<i>MIX 400 SL A-CON CEMENT</i>
					<i>3% CC, 1/4" CELLULOSE</i>
					<i>AT 11.6 PPg, 2.77 CFT/SK</i>
					<i>STOP W/SH LOWE - DROP PLUG</i>
	<i>0</i>	<i>0</i>	<i>0</i>	<i>5</i>	<i>START DISP. W/ H₂O</i>
	<i>600</i>	<i>30</i>	<i>4</i>	<i>4</i>	<i>SLOW RATE</i>
<i>1215</i>	<i>2000</i>	<i>34.7</i>	<i>3</i>	<i>3</i>	<i>PLUG DOWN - DV CLOSED</i>
					<i>CIRC 30 bbl. CEMENT TO PT</i>
					<i>PLUG RAT HOLE - 30 SL A-CON CEM</i>
					<i>JOB COMPLETE - HOLD</i>

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>9-5-2014</i>	
Lease <i>An145</i>	Well # <i>1-12</i>		
Field Order # <i>11098</i>	Station <i>Pratt, KS</i>	Casing <i>8 5/8</i>	Depth <i>369</i>
Type Job <i>CNU / 8 5/8 surface</i>	Formation <i>TD-369</i>	County <i>Gove</i>	State <i>KS</i>
		Legal Description <i>12-13-29</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>8 5/8</i>							
Depth <i>369</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>23 1/2</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>345</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <i>Tom</i>	Station Manager <i>Kevin Gordley</i>	Treater <i>Derin Frenkel</i>
Service Units <i>27283 19826 20920 19903 19860</i>		
Driver Names <i>Derin Ed Ed Dole Dole</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>4:30pm</i>					<i>On location / Safety meeting</i>
					<i>Run 369' 8 5/8 casing</i>
					<i>300 SK 60/40 P02 3% cc, 1/4 H Cement</i>
					<i>14.8 pps, 1.21 vort, 5 1/8 WSK - Reg.</i>
<i>5:45pm</i>			<i>3</i>	<i>4</i>	<i>Pump 3 bbls UCL</i>
			<i>65</i>	<i>4</i>	<i>Mix 300SK Cement</i>
			<i>22</i>	<i>4</i>	<i>Disperse water</i>
<i>6:15</i>					<i>Shut in</i>
					<i>Cement bit circulate 20 bbls</i>
					<i>1</i>
					<i>Job complete / Derin & crew</i>
					<i>Thsmeyou!!!</i>



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	L D DRILLING INC	Job Number	J3287
Contact	KIM SHOEMAKER	Representative	JOHN RIEDL
Well Name	ANITA 2-17	Well Operator	L D DRILLING INC
Unique Well ID		Report Date	2014/09/11
Surface Location	S12/13S/29W	Prepared By	JOHN RIEDL
Field		Qualified By	LARRY FREIEND

Test Information

Test Type	DST #1 CONVENTIONAL
Formation	LKC "H,I,J"
Well Fluid Type	
Test Purpose	

Start Test Date	2014/09/11	Start Test Time	10:30:00
Final Test Date	2014/09/11	Final Test Time	19:30:00

Test Recovery

RERECOVERY: 120' GAS IN PIPE
50'SLOIL CUT GASSY MUD
130' SL MUD CUT GASSY OIL
60' VERY SLIGHTLY OIL CUT GASSY MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ 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.

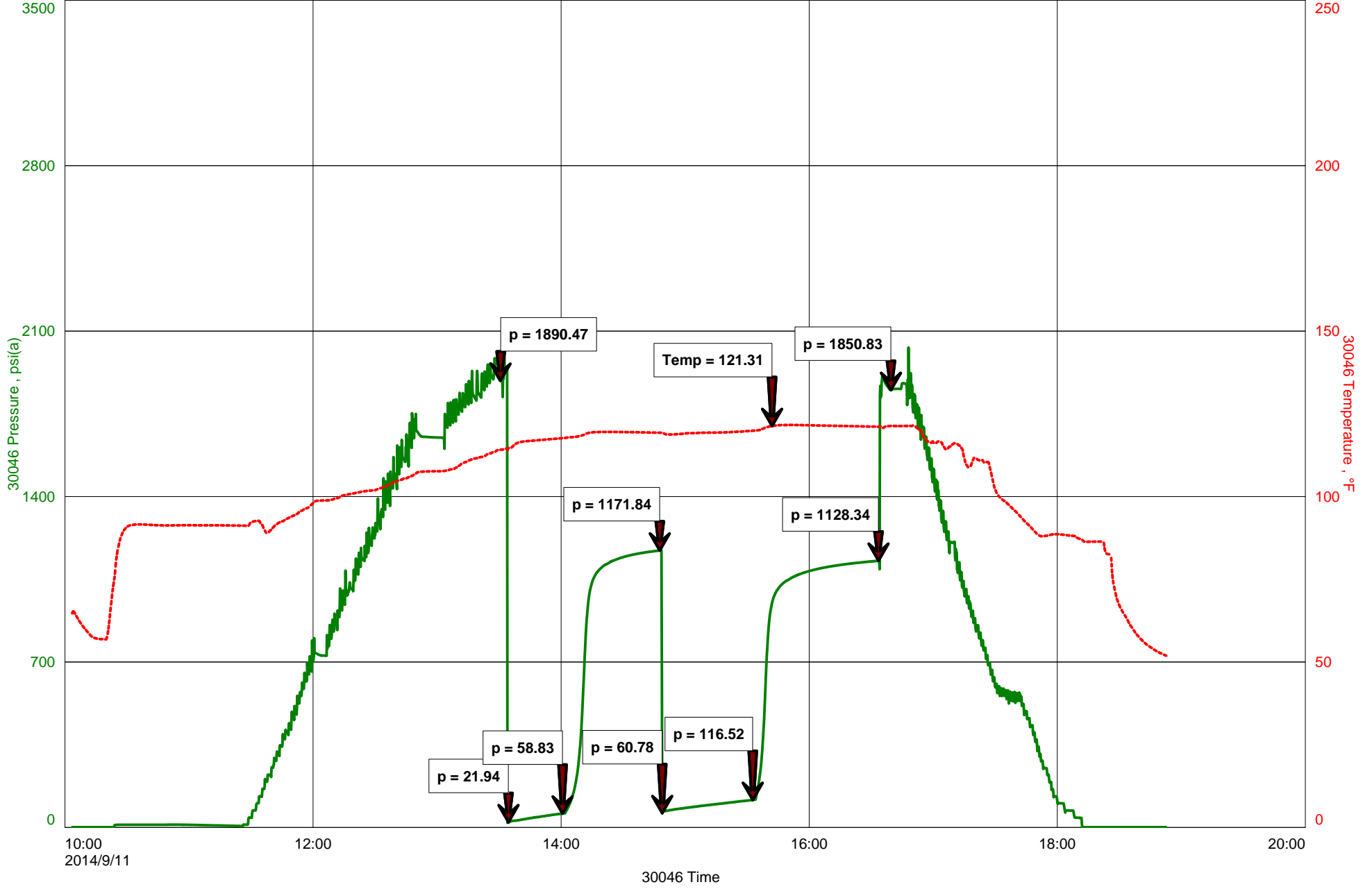
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ 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.

ANITA 2-17





Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	L D DRILLING INC	Job Number	J3288
Contact	L D DAVIS	Representative	JOHN RIEDL
Well Name	ANITA 1-12	Well Operator	L D DRILLING INC
Unique Well ID		Report Date	2014/09/12
Surface Location	S12/131/29W	Prepared By	JOHN RIEDL
Field		Qualified By	LARRY FRIEND

Test Information

Test Type	DST #2 CONVENTIONAL
Formation	LKC "K,L"
Well Fluid Type	
Test Purpose	

Start Test Date	2014/09/12	Start Test Time	06:00:00
Final Test Date	2014/09/12	Final Test Time	14:40:00

Test Recovery

RECOVERY: 20' OIL SPECKED DRILLING MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ 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.

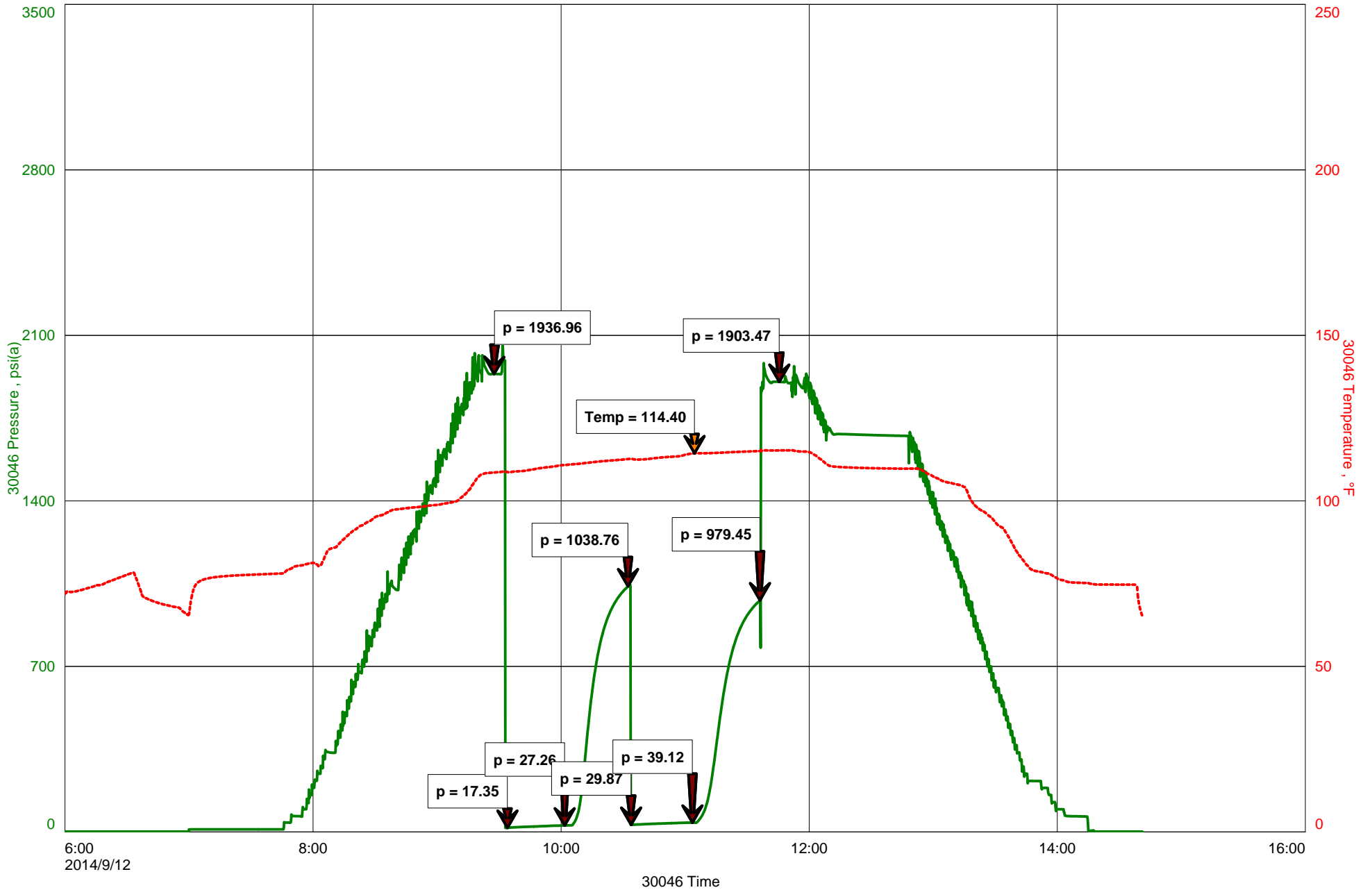
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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ANITA 1-12





Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	L D DRILLING INC	Job Number	J3290
Contact	KIM SHOEMAKER	Representative	JOHN RIEDL
Well Name	ANITA 1-12	Well Operator	L D DRILLING INC
Unique Well ID		Report Date	2014/09/13
Surface Location	S12/13S/29W	Prepared By	JOHN RIEDL
Field		Qualified By	LARRY FRIEND

Test Information

Test Type	DST #3 CONVENTIONAL
Formation	PLEAS.-MARM.
Well Fluid Type	
Test Purpose	

Start Test Date	2014/09/13	Start Test Time	06:00:00
Final Test Date	2014/09/13	Final Test Time	13:30:00

Test Recovery

RECOVERY: 25' DRILLING MUD IN DRILL COLLAR



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ 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.

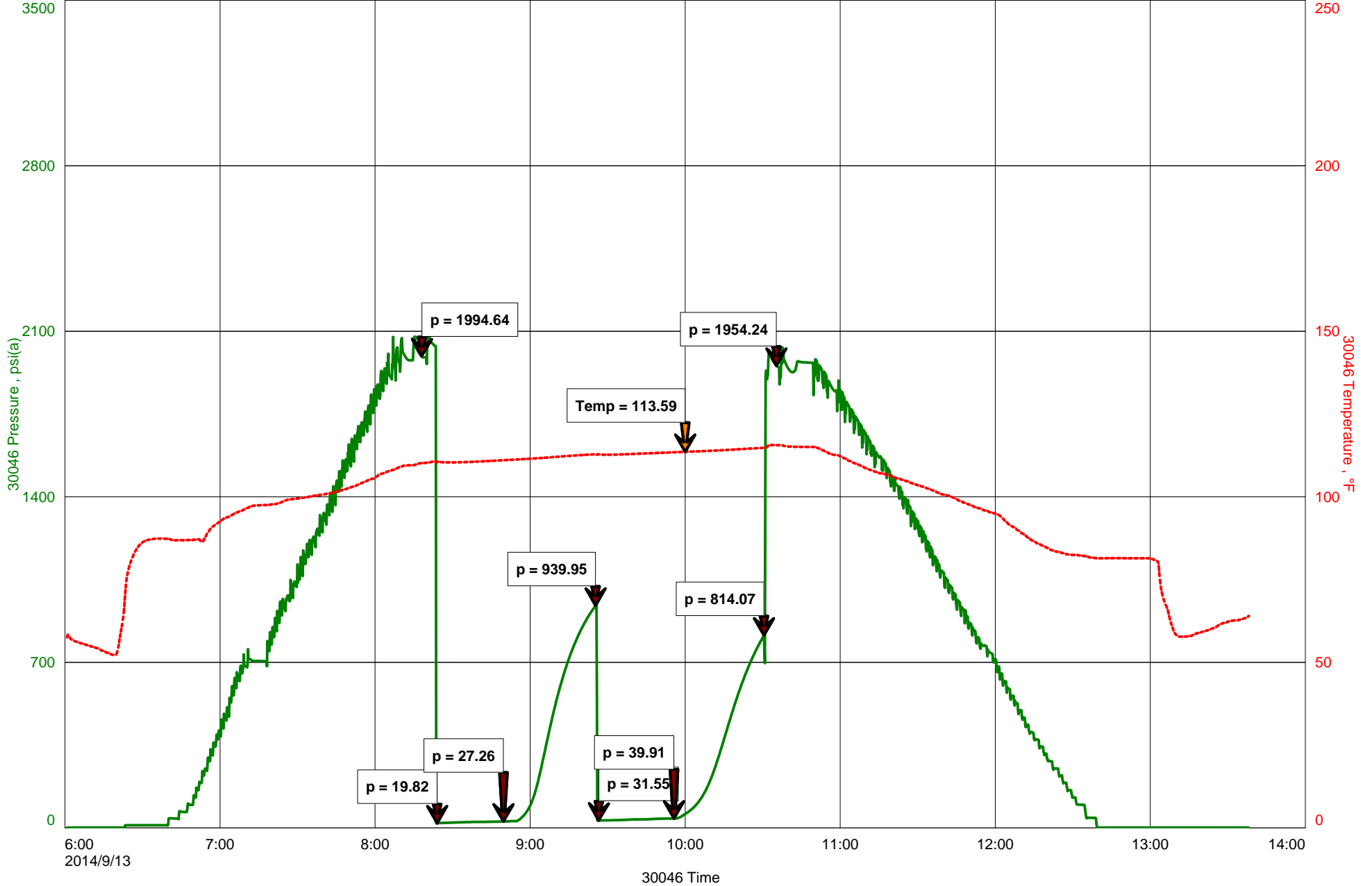
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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ANITA 1-12





Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	L D DRILLING INC	Job Number	J3291
Contact	KIM SHOEMAKER	Representative	JOHN RIEDL
Well Name	ANITA 1-12	Well Operator	L D DRILLING INC
Unique Well ID		Report Date	2014/09/14
Surface Location	S12/13S/29W	Prepared By	JOHN RIEDL
Field		Qualified By	LARRY FRIEND

Test Information

Test Type	DST #4 CONVENTIONAL
Formation	MYRICK, FORT SCOTT
Well Fluid Type	
Test Purpose	

Start Test Date	2014/09/14	Start Test Time	10:00:00
Final Test Date	2014/09/14	Final Test Time	17:40:00

Test Recovery

RECOVERY: 60' SLIGHTLY GAS CUT OILY MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ 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: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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ANITA 1-12

