



Confidentiality Requested:

Yes No

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: _____



1238600

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: Yes 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PAGE 1 of 1	CUST NO 1003197	INVOICE DATE 11/25/2013
INVOICE NUMBER 1717 - 91345198		

Liberal (620) 624-2277
 B PETRO SANTANDER USA INC
 I 11130 E 7 MILE RD
 L GARDEN CITY
 L KS US 67846
 T
 O **ATTN:** PAM OR PETE

J LEASE NAME Mackey #11
O LOCATION
B COUNTY Finney
S STATE KS
I JOB DESCRIPTION Frac Job-New Well
T JOB CONTACT
E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40665738	70192		Net - 30 days	12/25/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 11/22/2013 to 11/22/2013				
0040665738				
171704050A Frac Job-New Well 11/22/2013				
ProGel LG 250	2,800.00	EA	0.22	618.80
ProFrac LG 2500	18,000.00	EA	0.27	4,914.00
Bio-3, Powdered Biocide	1.00	EA	43.16	43.16
Breaker 10L	1.00	EA	113.75	113.75
NE-150L	21.00	EA	27.30	573.30
580 ME Surfactant	11.00	EA	27.30	300.30
Claymax	32.00	EA	22.75	728.00
20-40 mesh Northern White Sand	260.00	BAG	18.20	4,732.00
Heavy Equipment Mileage	400.00	MI	4.55	1,820.00
"Unit Mileage Chg (PU, cars one way)"	80.00	MI	2.76	221.00
"Proppant & Bulk Del. Chgs., per ton mil	1,495.00	EA	1.04	1,554.80
Triplex Frac Pump Charge	2.00	EA	3,575.00	7,150.00
Liquid Chemical Additive Unit	1.00	EA	1,170.00	1,170.00
Densimeter	1.00	EA	390.00	390.00
Treatment Van	1.00	EA	1,430.00	1,430.00
Blender, 11-20 BPM	1.00	EA	2,275.00	2,275.00
20-40 mesh or smaller Prop Pump Charge	260.00	EA	0.26	67.60
.1 to 4 ppg Proppant concentration chrg	1,000.00	EA	0.01	143.00
Frac Valve Rental	1.00	EA	325.00	325.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	113.75	113.75
Cambelt Sand Lizard	1.00	EA	650.00	650.00

RECEIVED
 BATCH CM13119
 BAS110
 DEC 02 2013

ACCT.# 7200117 ACCT NAME W/S
 LOC.# 4001 LOC NAME Oper.
 PROP.# 1097 PROP NAME Mackey #112
 AFE# 0506 BILLING# 01

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	29,333.46
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	29,333.46
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 04050 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-22-13	DISTRICT: 1717	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: Petro Santander		LEASE: Mackey		11 WELL NO.				
ADDRESS:		COUNTY: Finney		STATE: KS				
CITY:		STATE:		SERVICE CREW: Sun W Heador Greg Mario Eibar Ricardo Berra				
AUTHORIZED BY: Jerry Bennett		JOB TYPE: ZBZ						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
39878	8	12978	8				AM	7:00
12945		70330				ARRIVED AT JOB	AM	10:30
30325	-	70192	-			START OPERATION	AM	12:30
20394		70230				FINISH OPERATION	AM	1:20
19830	-					RELEASED	AM	2:30
19917	-					MILES FROM STATION TO WELL		80

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: *Aurel Sanchez*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
Sy162	Progel LG250	gal	2800		952.00
Sy142	Profrac LG2500	gal	18000		7560.00
C604	Bio-3 Biocide	lb	1		66.40
C507	Breaker 10-2	gal	1		175.00
C1806	UB-150	gal	21		882.00
C7315	S80MB	gal	11		462.00
C704	Claymax	gal	32		1120.00
pk211	20-40 mesh Sand	cwt	260		7280.00
e101	Heavy Equipment Mileage	mi	400		2800.00
e100	Unit Mileage Charge Pickups	mi	80		340.00
e113	Prop Delivery Charge	tm	1495		2392.00
e434	1500HP Triplex	ea	2		11000.00
e717	Computerized Chemical Unit	job	1		1800.00
e729	Densimeter	ea	1		600.00
T101	Treatment Van	job	1		2200.00
b701	Blender 11-20 BPM	ea	1		3500.00
p800	20/40 mesh Prop charge	cwt	260		104.00
p900	11704ppg Prop charge	gal	11,000		220.00
e706	3" Flue Valve	ea	1		500.00
SUB TOTAL					29,333.46

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: *Juan Ortiz*

FIELD SERVICE ORDER NO. _____

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Aurel Sanchez*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer PetroSantander	Lease No.	Date 11-22-13
Lease Mackey	Well # 11	
Field Order # 4050	Station 1717	Casing 3 1/2
Type Job ZBZ	Depth 4798	County Finney
	Formation Marrow	State KS
		Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 3 1/2	Tubing Size 2 7/8	Shots/Ft 4		Acid		RATE	PRESS	ISIP 960
Depth 103'	Depth 4645	From 4752	To 4876	Pre Pad	Max			5 Min. 805
Volume 2.45	Volume 2.19	From 4780	To 4798	Pad 7000 gal Pad	Min			10 Min. 735
Max Press 500	Max Press 3000	From	To	Frac 11,000 gal Profrac	Avg			15 Min. 699
Well Connection 2 7/8	Annulus Vol.	From	To	2500	HHP Used			Annulus Pressure 0
Plug Depth	Packer Depth 4645	From	To	Flush 1300 gal Progel 200'	Gas Volume			Total Load 4.58

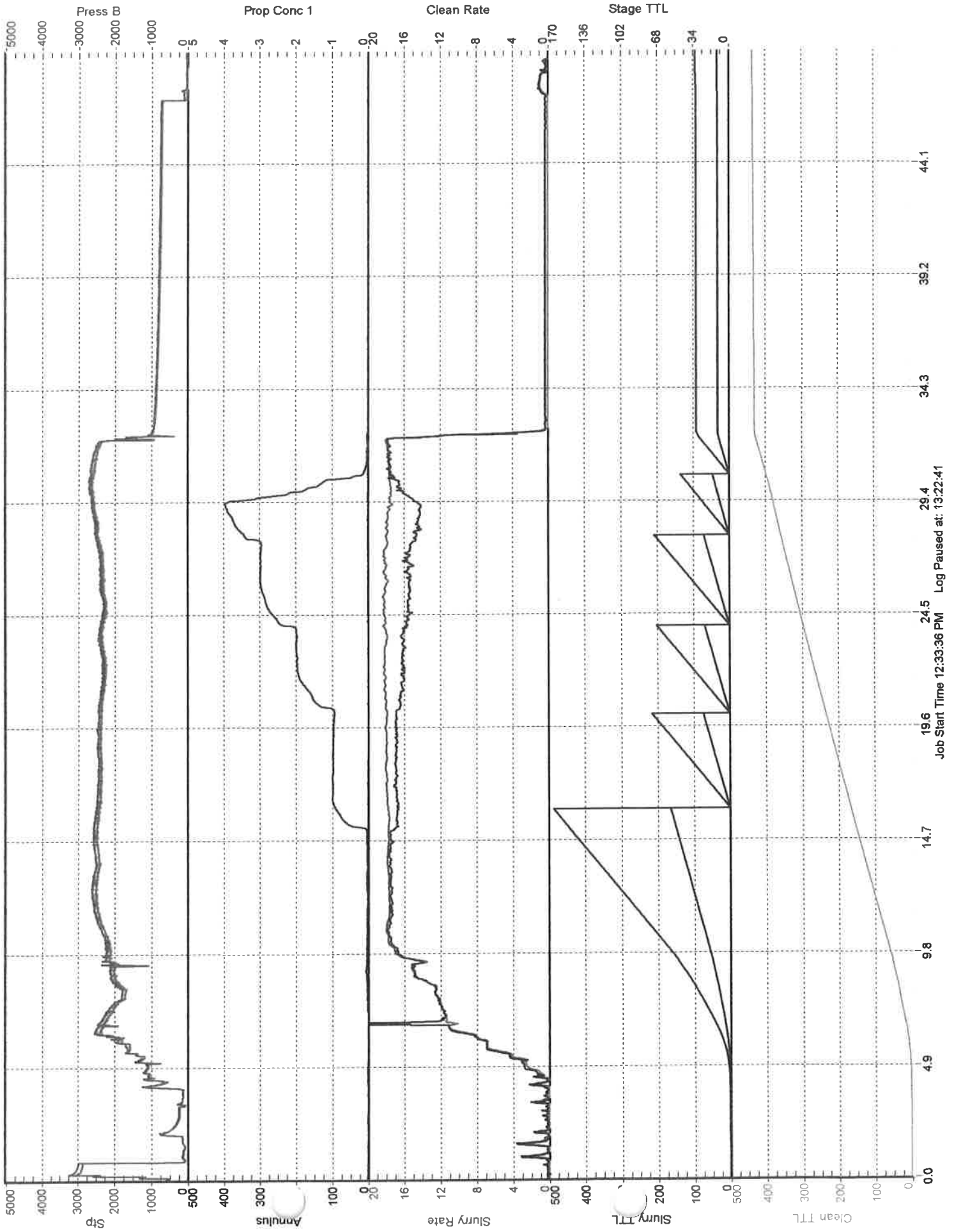
Customer Representative Aural Dancin	Station Manager Jerry Bennett	Treater Stork, Z
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Service Units	39878	20394	17945	30325	12978	70330	70192	70230	19830	19917
Driver Names	Juan	Ricardo	Greg	Edgar	Mario		Hector		Norma	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:30					On location
10:35					Safety Meeting & Rigup
12:34		3000	—	—	Primeup Psi Test
12:34		30	1	—	Start 7,000 gal Pad
12:42		2400	10	80	Loaded
12:42		2050	40	18	established Rate
12:49		2522	167	18	Start 3000 gal 1# 20140
12:51		2418	197	18	1# 20140 OIB
12:53		2355	238	18	Start 3000 gal 2# 20140
12:55		2313	268	18	2# 20140 OIB
12:57		2367	309	18	Start 3000 gal 3# 20140
12:59		2349	339	18	3# 20140 OIB
1:01		2539	380	18	Start 2000 gal 4# 20140
1:03		2607	410	18	4# 20140 OIB
1:04		2663	428	18	Start Flush
1:05		2540	458	—	Shutdown
1:05		960			ISIP
1:10		805			5
1:15		735			10
1:20		699			15

Thank you Liberal Frac Crew

PETROSANTANDER
MACKEY 11 - MARROW - PROFRAC 2500



Job Start Time 12:33:36 PM Log Paused at: 13:22:41

Summary of Changes

Lease Name and Number: Mackey 11-12

API/Permit #: 15-055-22242-00-00

Doc ID: 1238600

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	04/28/2014	01/12/2015
Date of First or Resumed Production or SWD or Enhr Liner Run?		12/24/2013
		No
Method Of Completion - Perf	No	Yes
Perf_Depth_1		4762-4776
Perf_Depth_2		4780-4798
Perf_Shots_1		8
Perf_Shots_2		8
Producing Method Pumping	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - Barrels Oil		12
Production - Barrels of Water		556
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1198786	../kcc/detail/operatorEditDetail.cfm?docID=1238600
Tubing Record - Set At		4654.6
Tubing Size		2.875

Summary of Attachments

Lease Name and Number: Mackey 11-12

API: 15-055-22242-00-00

Doc ID: 1238600

Correction Number: 1

Attachment Name

Mackey 11-12 Frac Job