



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238855
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: _____



1238855

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Prolific Resources LLC
Well Name	Roesler 1
Doc ID	1238855

All Electric Logs Run

DIL
CNL/CDL
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Prolific Resources LLC
Well Name	Roesler 1
Doc ID	1238855

Tops

Name	Top	Datum
Anhydrite	1104	(+944)
Heebner	3523	(-1475)
Brown Lime	3610	(-1562)
Lansing	3618	(-1570)
B/Kansas City	3905	(-1857)
Cherokee Shale	4036	(-1988)
Conglomerate	4058	(-2010)
Viola	4141	(-2093)
Simpson Shale	4199	(-2151)
Arbuckle	4240	(-2192)
Log Total Depth	4267	(-2219)



PAGE	CUST NO	INVOICE DATE
1 of 1	1003327	06/05/2014
INVOICE NUMBER		
1718 - 91509469		

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

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

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40730002	19905		Net - 30 days	07/05/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 06/04/2014 to 06/04/2014				
0040730002				
171810661A Cement-New Well Casing/Pi 06/04/2014 Cement Surface				
A-Con Blend Common	200.00	EA	12.96	2,592.00 T
Common Cement	200.00	EA	11.52	2,304.00 T
Celloflake	100.00	EA	2.66	266.40 T
Calcium Chloride	940.00	EA	0.76	710.64 T
"Top Rubber Cmt Plug, 8 5/8""	1.00	EA	162.00	162.00
Centralizer 8 5/8 x 12 1/4	3.00	EA	104.40	313.20
"Unit Mileage Chg (PU, cars one way)"	80.00	MI	3.06	244.80
Heavy Equipment Mileage	160.00	MI	5.04	806.40
"Proppant & Bulk Del. Chgs., per ton mil	1,504.00	EA	1.58	2,382.34
Depth Charge; 1001'-2000'	1.00	EA	1,080.00	1,080.00
Blending & Mixing Service Charge	400.00	BAG	1.01	403.20
Plug Container Util. Chg.	1.00	EA	180.00	180.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	126.00	126.00

PAID
 6-12-14
 ck# 5246

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,570.98
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	478.65
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	12,049.63
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 10661 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-4-2014		DISTRICT: Pocaterra		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: Pocaterra Resources LLC				LEASE: Roesler				WELL NO. 1							
ADDRESS:				COUNTY: Pownee				STATE: KS							
CITY:				STATE:				SERVICE CREW: Darin, McGrew, Hansen							
AUTHORIZED BY:				JOB TYPE: CNW / Sulfur											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	AM	PM	TIME				
27283	1							6-4			10:30				
77686	1					ARRIVED AT JOB		6-4			1:30				
19905	1					START OPERATION		6-4			2:30				
19831	1					FINISH OPERATION		6-4			3:30				
19862	1					RELEASED		6-4			4:30				
						MILES FROM STATION TO WELL		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: Nancy Blum
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP101	A-Con Blend Common	SK	200		3,600 00	
CP100C	Common Cement	SK	200		3,200 00	
CC102	Cellofibre	Lb	100		370 00	
CC109	Calcium Chloride	Lb	940		987 00	
CF105	Top Rubber Plug, 8 5/8	ES	1		225 00	
CF1773	Centrisizer 8 5/8 x 12 1/4	ES	3		435 00	
E100	Unit milesse Chsrse - Pickup	mi	80		340 00	
E101	Hesoy Equipment milesse	mi	160		1,120 00	
E113	Bulk Delivery	Ton	1504		3,308 80	
EL102	Depth Chsrse; 1001-2000	Yhis	1		1,500 00	
CE240	Blending & Mixing Service Chsrse	SK	400		560 00	
CE504	Plus container utilization Chsrse	Job	1		250 00	
S003	Service Supervisor; first 8 hrs on the	ES	1		175 00	
					SUB TOTAL	11,570 98

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Darin Franklin</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Nancy Blum</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.



energy services, L.P.

TREATMENT REPORT

Customer <i>Pro. Pic Resources LLC</i>	Lease No.	Date <i>6-4-2014</i>
Lease <i>Roesler</i>	Well # <i>1</i>	
Field Order # <i>10661</i>	Station <i>Pro. Pic</i>	Casing <i>8 5/8</i>
Type Job <i>CNU/Sulfate</i>	Formation <i>TD-1108</i>	Legal Description <i>2-22-18</i>
	Depth <i>1108</i>	County <i>Pratt</i>
		State <i>KS</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>1108</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>69</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>1088</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager	Treater
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Service Units	<i>77283</i>	<i>77686</i>	<i>19905</i>	<i>19831</i>	<i>19862</i>				
Driver Names	<i>Darin</i>	<i>McGrew</i>	<i>McGrew</i>	<i>Josh</i>	<i>Josh</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					<i>on location / safety meeting</i>
	<i>300</i>		<i>3</i>	<i>5</i>	<i>pump 3 bbls water shot</i>
	<i>300</i>		<i>88</i>	<i>5</i>	<i>mix 200 sr A-Con Blend</i>
	<i>300</i>		<i>43</i>	<i>5</i>	<i>mix 200 sr common</i>
					<i>Shut Down</i>
					<i>Release Plug</i>
	<i>300</i>		<i>0</i>		<i>Start Displacement</i>
	<i>300</i>		<i>60</i>	<i>3</i>	<i>Slow Rate</i>
	<i>300</i>		<i>69</i>	<i>3</i>	<i>Shut Down</i>
					<i>Shut In</i>
					<i>Cement did Circulate 20 bbls</i>
					<i>Job complete / Darin & crew</i>
					<i>Thank you!!!</i>



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 ~~10661~~ A

DATE _____ TICKET NO. _____

DATE OF JOB: 6/4/2006		DISTRICT: P...		NEW WELL <input type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER: P...				LEASE: Roesler				WELL NO. 1							
ADDRESS:				COUNTY: Pawnee				STATE: KS							
CITY:				STATE:				SERVICE CREW: D...							
AUTHORIZED BY:				JOB TYPE: C...											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
77251	1						6/4			10:30					
77686	1					ARRIVED AT JOB				AM					
19505	1					START OPERATION	6/4			2:30					
19631	1					FINISH OPERATION	6/4			3:00					
17562	1					RELEASED	6/4			4:30					
						MILES FROM STATION TO WELL	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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CF101	A Gen Bl... Common	SK	200		3,100.00
CF102	Common Cement	SK	200		3,200.00
CF104	Collar Pipe	Lb	100		370.00
CF105	Collar Ch...	Lb	940		957.00
CF105	Top Rubber Plug 3/4"	ES	1		225.00
CF1773	Consolidator 8 1/2 x 12 1/4	ES	3		435.00
F100	Van H... Chassis - D...	m.	80		340.00
F101	Heavy Equipment M...	M.	160		1,120.00
F113	Butt...	Ind	1504		3,308.00
F1202		1,300.00
CF240	Blends & Mixing Service Charge	SK	400		560.00
CF504	Plus Charge for 1/2" on Charge	SK	1		250.00
504	Service Charge for 1/2" on 5/8" on 1/4"	ES	1		175.00

SUB TOTAL 20,118.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: P...	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



PAGE 1 of 1	CUST NO 1003327	INVOICE DATE 06/17/2014
INVOICE NUMBER 1718 - 91518731		

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

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

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40733808	19905		Net - 30 days	07/17/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 06/13/2014 to 06/13/2014				
0040733808				
171810927A Cement-New Well Casing/Pi 06/13/2014				
Cement 5 1/2 Longstring				
AA2 Cement	265.00	EA	12.24	3,243.60 T
Celloflake	67.00	EA	2.66	178.49 T
C-41P	63.00	EA	2.88	181.44 T
Salt	1,207.00	EA	0.36	434.52 T
Cement Friction Reducer	75.00	EA	4.32	324.00 T
C-44	250.00	EA	3.71	927.00 T
FLA-322	125.00	EA	5.40	675.00 T
Gilsonite	1,325.00	EA	0.48	639.18 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)	1.00	EA	288.00	288.00
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	259.20	259.20
"Turbolizer, 5 1/2" (Blue)"	8.00	EA	79.20	633.60
"Unit Mileage Chg (PU, cars one way)"	80.00	MI	3.06	244.80
Heavy Equipment Mileage	160.00	MI	5.04	806.40
"Proppant & Bulk Del. Chgs., per ton mil	1,000.00	EA	1.58	1,584.00
Depth Charge; 4001'-5000'	1.00	EA	1,814.40	1,814.40
Blending & Mixing Service Charge	265.00	BAG	1.01	267.12
Plug Container Util. Chg.	1.00	EA	180.00	180.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	126.00	126.00

PAID
 6-26-14
 Ckt# 5285

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	12,806.75
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	538.16
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	13,344.91
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>Prolific Resources</i>	Lease No.	Date <i>6-13-14</i>	
Lease <i>Roeser</i>	Well # <i>1</i>		
Field Order # <i>10927A</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>	Depth <i>4276</i>
Type Job <i>4276' 5 1/2" long string CNA</i>	Formation	County <i>Pawnee</i>	State <i>KS</i>
		Legal Description <i>2-27-18</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth <i>4276</i>	Depth	From	To	Pre Pad	Max <i>6</i>	<i>1500</i>	5 Min.	
Volume <i>102</i>	Volume	From	To	Pad	Min <i>3.5</i>	<i>200</i>	10 Min.	
Max Press <i>1500</i>	Max Press	From	To	Frac	Avg <i>5</i>	<i>500</i>	15 Min.	
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>4239</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>Rick Popp</i>	Station Manager <i>Kevin Gaidly</i>	Treater <i>Scott Graves</i>
Service Units <i>37216</i>	<i>19826</i>	<i>77686</i>
Driver Names <i>Scott</i>	<i>Josh</i>	<i>McGraw</i>
<i>198100</i>	<i>19905</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:00</i>					<i>On location safety meeting Rig up</i>
<i>9:10</i>					<i>Run float equipment</i>
<i>10:49</i>					<i>circulate well 1 hour</i>
<i>11:51</i>	<i>200</i>		<i>7</i>	<i>5</i>	<i>Pump 25 SKS Scavenger Cement</i>
<i>11:52</i>	<i>200</i>		<i>46</i>	<i>5.5</i>	<i>Pump 190 SKS AAZ Cement 15.3#</i>
<i>12:00</i>	<i>0</i>		<i>4</i>	<i>3</i>	<i>wash pump + line clean</i>
<i>12:02</i>					<i>Drop plug</i>
<i>12:02</i>	<i>0</i>			<i>6</i>	<i>Start Disp</i>
<i>12:15</i>	<i>500</i>		<i>95</i>	<i>3.5</i>	<i>slow rate</i>
<i>12:18</i>	<i>1500</i>		<i>101</i>	<i>0</i>	<i>Plug Down - Hold</i>
<i>12:30</i>	<i>0</i>		<i>7</i>	<i>3</i>	<i>Plug Rat hole 30 SKS AAZ</i>
<i>12:35</i>	<i>0</i>		<i>5</i>	<i>3</i>	<i>Plug Mouse hole 20 SKS AAZ</i>
<i>12:35</i>					<i>Job complete</i>



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 10927 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-13-14 DISTRICT _____		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 Rossier		WELL NO. 1					
ADDRESS _____		COUNTY Pownee		STATE KS					
CITY _____ STATE _____		SERVICE CREW Pratt Cement							
AUTHORIZED BY Rich Papp		JOB TYPE: 43261 4260 5 1/2 long string casing							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
37216	4.5								
77666/19905	4.5						6-12-14	AM PM	9:00
19976/19900	4.5						6-12-14	AM PM	11:51
							6-12-14	AM PM	12:35
							6-13-14	AM PM	1:30
						MILES FROM STATION TO WELL _____			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: Rich Papp
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	190		3230.00
CP105	AA2 Cement	SK	75		1275.00
CC102	Celloflakes	lb	67		247.90
CC105	C-41P	lb	63		252.00
CC112	Cement Friction Reducer	lb	75		450.00
CC111	Salt	lb	1207		603.50
CC115	C-44	lb	250		1287.50
CC179	FLA-327	lb	175		937.50
CC201	Gilsonite	lb	1325		887.75
CF607	Latch down plug + baffle 5/8	ea	1		400.00
CF1251	Auto fill float shoe 5/8	ea	1		360.00
CF1651	Turbolizer 5/8	ea	8		880.00
E100	Unit mileage Pickup/Small Van	mi	80		340.00
E101	Heavy Equip mileage Charge	mi	160		1120.00
E113	proppant + Bulb delivery charge	TM	1000		2200.00
CF205	4hr Depth charge 4001-5000	4hr	1		2520.00
CF240	Blending + mixing service charge	SK	265		371.00
CF504	Plug container utilization charge	Job	1		250.00
5003	Service supervisor charge hrs	ca	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		hrs 12,806.75

SERVICE REPRESENTATIVE: [Signature]
FIELD SERVICE ORDER NO. _____

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

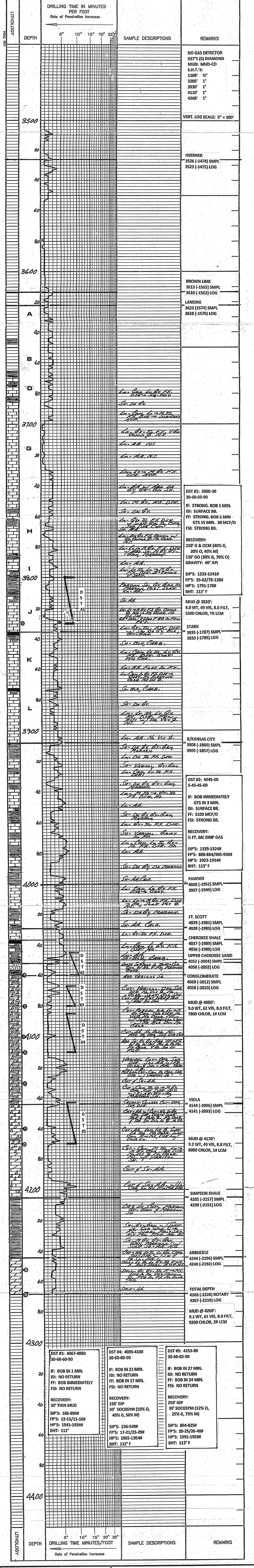
JERRY A. SMITH

CERTIFIED PETROLEUM GEOLOGIST

GEOLOGIST'S REPORT
 DRILLING TIME and SAMPLE LOG

COMPANY: PROLIFIC RESOURCES LLC	ELEVATIONS
LEASE: #1 ROESLER	K.B. 2048
FIELD: WILD CAT	D.F.
LOCATION: 1133' FSL & 530' FWL	G.L. 2043
SEC. 2	TWSP. 22
COUNTY: PAWNEE	RNG. 18W
CONTRACTOR: ROYAL DRILLING, RIG #1	STATE: KANSAS
SPUD: 6/3/2014	COMP. 6/12/2014
RTD: 4/28/8	LTD. 4/26/7
MUD UP: 3478	TYPE MUD: CHEMICAL
API No. 15-45-21766	LABORS: DIL. FDC-DNL, MICRO. SONIC
SAMPLES SAVED FROM: 3700	TO: RTD
DRILLING TIME KEPT FROM: 3800	TO: RTD
SAMPLES EXAMINED FROM: 3700	TO: RTD
GEOLOGICAL SUPERVISION FROM: 3580	TO: RTD
GEOLOGIST ON WELL: JERRY A. SMITH	

FORMATION TOPS	LOG	SAMPLES
AMHWADITE	1104 (+944)	1104 (+944)
HEEBNER	3523 (-1475)	3526 (-1478)
BROWN LIME	3610 (-1562)	3613 (-1565)
LANSING	3618 (-1570)	3622 (-1574)
B/KANSAS CITY	3905 (-1857)	3908 (-1860)
CHEROKEE SHALE	4036 (-1988)	4037 (-1989)
CONGLOMERATE	4058 (-2010)	4060 (-2012)
VIOLA	4141 (-2093)	4144 (-2096)
SIMPSON SHALE	4199 (-2151)	4205 (-2157)
ARBUCKLE	4240 (-2192)	4244 (-2195)



COMPANY: PROLIFIC RESOURCES LLC	ELEVATION: 2048 KB
LEASE: #1 ROESLER	
LOCATION: 1133' FSL & 530' FWL	SEC 2 TWP 22 RGE 18 W
COUNTY: PAWNEE	STATE: KANSAS



Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RESOURCES LLC	Job Number	J3244
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER #1	Well Operator	PROLIFIC RESOURCES LLC.
Unique Well ID		Report Date	
Surface Location	S2/22S/18W	Prepared By	JOHN RIEDL
Field		Qualified By	DOUG PANNING

Test Information

Test Type	DST #1 CONVENTIONAL
Formation	KANSAS CITY "J"
Well Fluid Type	
Test Purpose	

Start Test Date	2014/06/08	Start Test Time	07:00:00
Final Test Date	2014/06/08	Final Test Time	14:30:00

Test Recovery

RECOVERY: GAS TO SURFACE, 210' GAS AND OIL CUT MUD, 130' GASSY OIL



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.

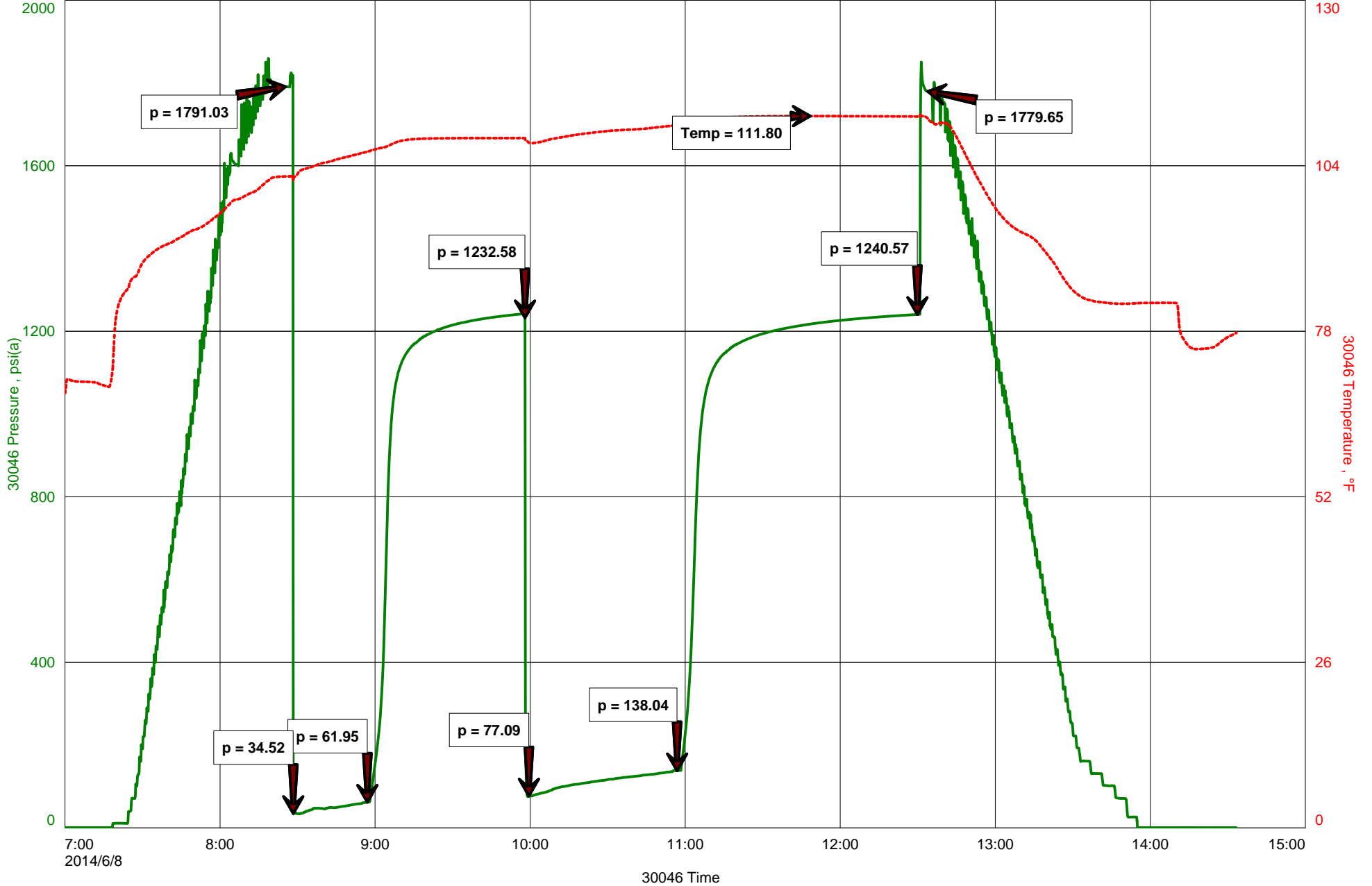
Blow: 1st Open: _____
2nd Open: _____

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

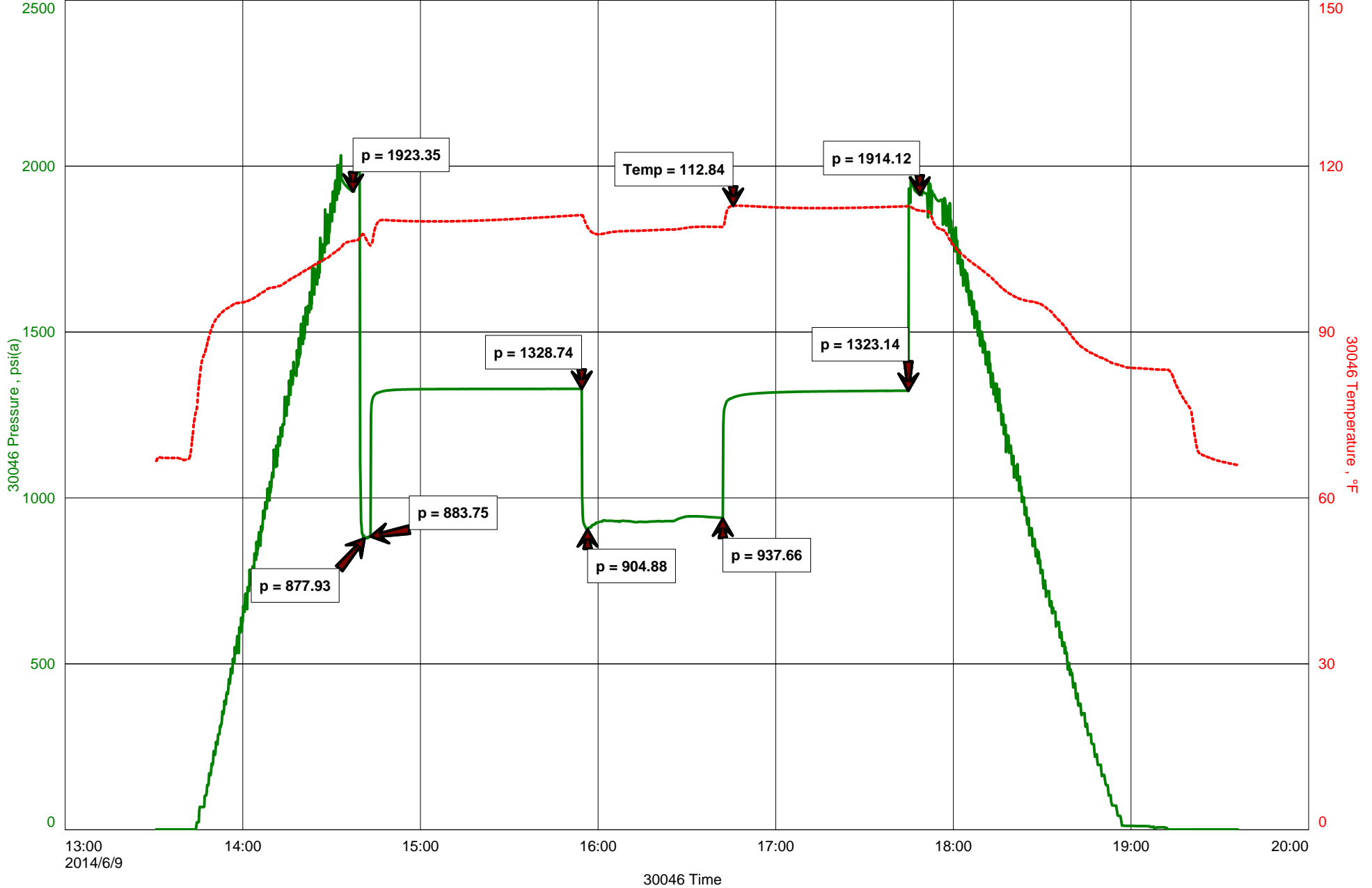
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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.

ROESLER #1



ROESLER #1





Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RES. LLC	Job Number	J3245
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER #1	Well Operator	PROLIFIC RES. LLC
Unique Well ID		Report Date	2014/06/09
Surface Location	S2/22S/18W	Prepared By	JOHN RIEDL
Field		Qualified By	DOUG PANNING

Test Information

Test Type	DST #1 CONVENTIONAL
Formation	UPPER CHEROKEE SAND
Well Fluid Type	
Test Purpose	

Start Test Date	2014/06/09	Start Test Time	13:30:00
Final Test Date	2014/06/09	Final Test Time	17:30:00

Test Recovery

RECOVERY: GAS TO SURFACE (STABILIZED @ 5100 MCF/D)
1/2' MUD CUT DRIP GAS



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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Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RESOURCES	Job Number	J3246
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER #1	Well Operator	PROLIFIC RESOURCES LLC
Unique Well ID		Report Date	2014/06/10
Surface Location	S2/22S/18W	Prepared By	JOHN RIEDL
Field		Qualified By	DOUG PANNING

Test Information

Test Type	DST #3 CONVENTIONAL
Formation	CONGLOMERATE
Well Fluid Type	
Test Purpose	

Start Test Date	2014/06/10	Start Test Time	02:00:00
Final Test Date	2014/06/10	Final Test Time	09:15:00

Test Recovery

RECOVERY: 30' THIN 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.

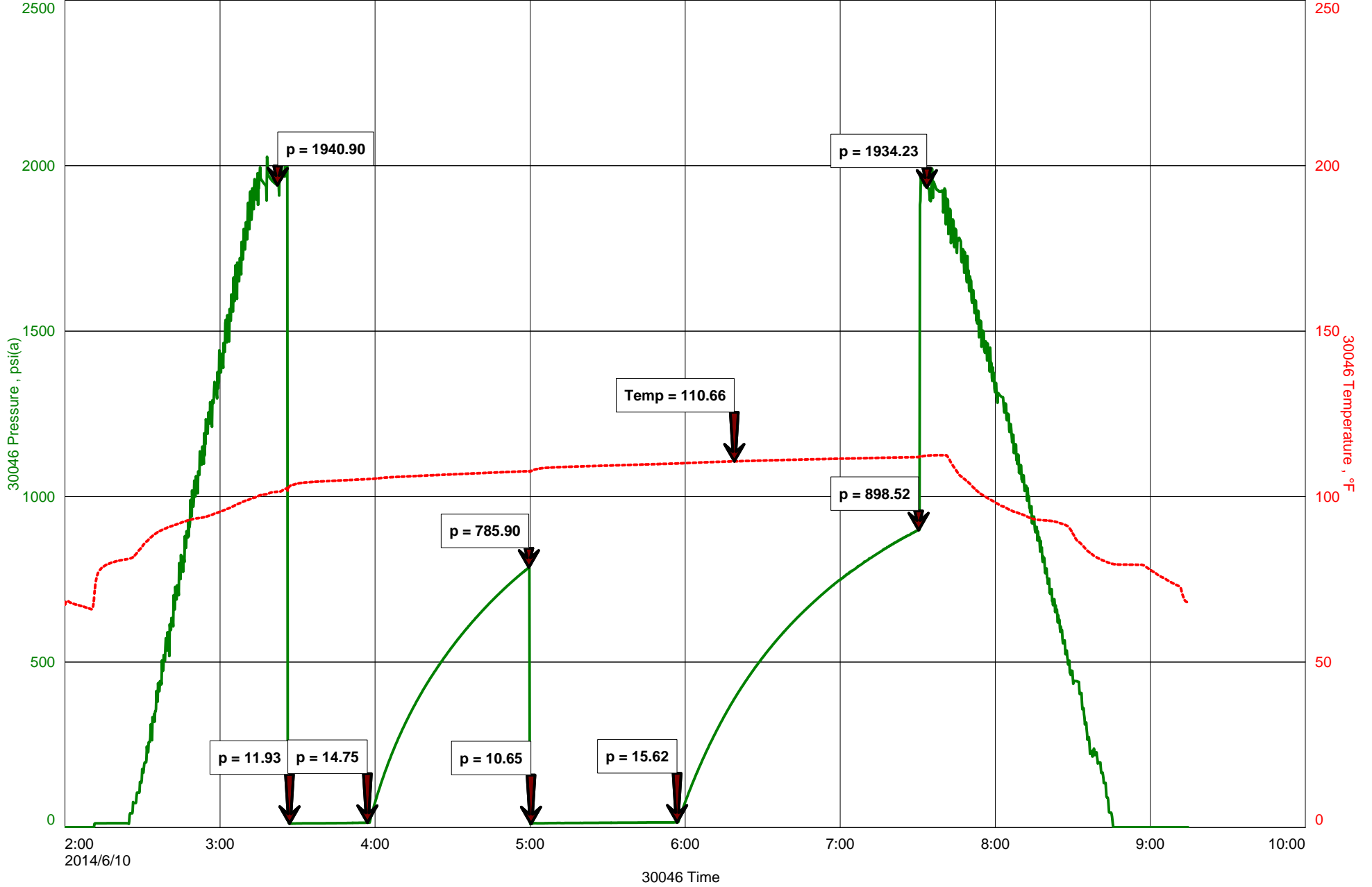
Blow: 1st Open: _____
2nd Open: _____

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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ROESLER #1





Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RES. LLC	Job Number	J3247
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER #1	Well Operator	PROLIFIC RES, LLC
Unique Well ID		Report Date	2014/06/11
Surface Location	S2/22S/18W	Prepared By	JOHN RIEDL
Field		Qualified By	DOUG PANNING

Test Information

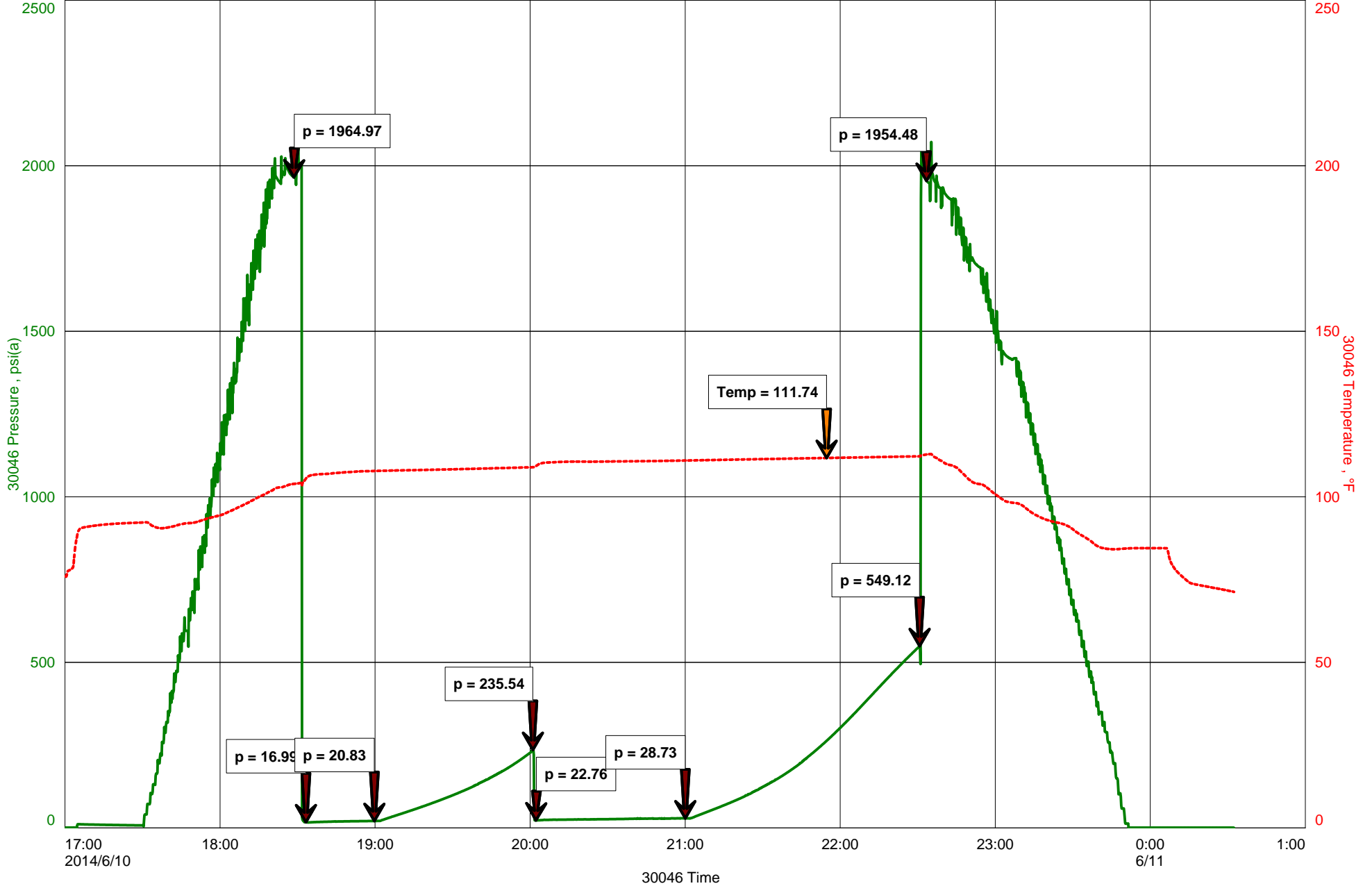
Test Type	DST #4 CONVENTIONAL
Formation	CONGLOMERATE SAND
Well Fluid Type	
Test Purpose	

Start Test Date	2014/06/10	Start Test Time	17:00:00
Final Test Date	2014/06/11	Final Test Time	00:30:00

Test Recovery

RECOVERY: 150' GAS IN PIPE
30' SLIGHTLY OIL CUT GASSY MUD

ROESLER #1





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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Diamond Testing General Report

John Riedl
TESTER
CELL: 620-793-0550

General Information

Company Name	PROLIFIC RES LLC.	Job Number	J3248
Contact	DOUG PANNING	Representative	JOHN RIEDL
Well Name	ROESLER 1	Well Operator	PROLIFIC RES LLC
Unique Well ID		Report Date	2014/06/11
Surface Location	S2/22S/18W	Prepared By	JOHN RIEDL
Field		Qualified By	JERRY SMITH

Test Information

Test Type	DST #5 CONVENTIONAL
Formation	VIOLA
Well Fluid Type	
Test Purpose	

Start Test Date	2014/06/11	Start Test Time	11:30:00
Final Test Date	2014/06/11	Final Test Time	17:50:00

Test Recovery

RECOVERY: 250' GAS IN PIPE
30' 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 _____	
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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PRO

