



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243609
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: _____



1243609

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

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

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

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

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

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

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

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

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

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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TREATMENT REPORT

This report is the property of the company and is to be used only for the purpose stated. It is not to be used for any other purpose without the written consent of the company. The company is not responsible for any errors or omissions in this report.

services, L.P.

Customer NEUTSCH oil		Lease No.		Date	
Lease HOEME TRUST		Well # 4-17		11-13-14	
Field Order # 11787	Station PRATT	Casing 5 1/2	Depth	County PRATT	State KS
Type Job CNW Logging			Formation	Legal Description 11-27-12	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2							
Depth 4441	Depth	From	To	Pre Pad	Max		5 Min.
Volume 104 1/2	Volume	From	To	Pad	Min		10 Min.
Max Press 2000	Max Press	From	To	Frac	Avg		15 Min.
Well Connection 1 1/2	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 4311	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager DeBScott	Treater Robert Sullivan
-------------------------	---------------------------------	--------------------------------

Service Units	37900	84781	19843	19857	19862				
Driver Names	Sullivan	Scott		Phye					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00					on loc
					Trucks on loc 6:00
					Run 5 1/2 csg.
11:00					CASING on Bottom
11:10					Hook Rig csg. csg.
12:30			5	3	1st SPACER
			12		1st MWL fluid.
			5		APACOR
				4.5	mix cont 150# AA 2
			36		cont mixed shut down wash line, run
					Reline Plug
				5	1st Disp
	350				1st
1:30	1750		104 1/2	3.5	plug down
			7		plug RT w/ 300# 1 1/2" csg.
					1 50B Cont.



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

FIELD SERVICE TICKET
1718 11787 A

DATE _____ TICKET NO. _____

DATE OF JOB: 11-13-14	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: DEUTSCH DR CO.	LEASE: HUENIG TRUST 4-17	WELL NO.								
ADDRESS:	COUNTY: Pratt	STATE: KS								
CITY:	STATE:	SERVICE CREW: Sullivan, Eggins, Phye								
AUTHORIZED BY:	JOB TYPE: CW Long Spring									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
84181-19843	1 hr						11-17-14			10:00
19889-19862	1 hr									
37900										
						ARRIVED AT JOB				2:00
						START OPERATION				12:30
						FINISH OPERATION				1:30
						RELEASED				2:15
						MILES FROM STATION TO WELL	6			

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: Mike Kuhn
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 105	AA-2 cont	SK	150		2,550.00	
CP 103	C-410 P-2 cont	SK	30		360.00	
CC 105	C-411 P	LB	29		116.00	
CC 111	SALT	LB	683		341.50	
CC 112	C-417 Friction Reducer	LB	43		258.00	
CC 115	C-44	LB	141		716.15	
CC 129	FAA-322	LB	71		532.50	
CC 201	Diluent	LB	750		502.50	
CF 607	LATCH DOWN PLUG BATTLE 5/12	SA	1		400.00	
CF 1251	Notes 200 Hand Gun	SA	1		360.00	
CF 1051	Turkey	SA	8		880.00	
CF 1901	Basket	SA	1		290.00	
CC 151	men Wash	AL	500		750.00	
E 101	Heavy Sand	M	10		75.00	
PE 240	Handing - wire	SK	280		252.00	
E 113	Bulk Delant Change	SM	42		104.38	
CF 205	Depth Meter 4000-5000	SA	1		2,520.00	
CF 504	Play Contain Metal	SL	1		250.00	
2003	Slave - Separator	SL	1		175.00	
E 100	Play Cont	SA	5		22.50	
					SUB TOTAL	11,465.50

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	9,142.40

SERVICE REPRESENTATIVE: Robert J. Miller
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mike Kuhn
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



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

FIELD SERVICE TICKET
 1718 11436 A

17 275-12W

DATE _____ TICKET NO. _____

DATE OF JOB: 11/5/10	DISTRICT: Pressure	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: Deutsch Oil Company	LEASE: Hoerte Trust	WELL NO. 41							
ADDRESS:		COUNTY: Pratt	STATE: KS						
CITY: STATE:		SERVICE CREW: Dera, McGrew, Basener							
AUTHORIZED BY:		JOB TYPE: CNW & 1/2 surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
27283	1/2						11/5	AM	10:00
27686	1/2						11/5	AM	11:15
19905	1/2						11/5	AM	3:30
19903	1/2						11/5	AM	4:00
21010	1/2						11/5	AM	5:00
						MILES FROM STATION TO WELL	5		

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

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SIGNED: *[Signature]*
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP100C	Common Cement	SK	300			
CC102	Cenofibre	Lb	75			
CC109	CCIC in Chloride	Lb	846			
CC200	Cement - Gel	Lb	564			
F100	Un - milasse Cheese - D. 1000 3000 4000	M	10			
F101	Heavy Equipment milasse	M	20			
F113	Picopon 500 Bit Deburer Cheese 200000	1000	141			
CF200	Darin Cheese 10-500	4hr	1			
CF210	Picopon & Milane Service Cheese	SK	300			
S003	Service Supervisor, Aug 8 hrs on location	ES	1			
					SUB TOTAL	8,249.30

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Discount		TOTAL 6,595.00

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 Deutsch Oil Company	Lease No.	Date 11 5 2014	
Lease 111368	Well # 4-17		
Field Order # 111368	Station P1911205	Casing 10 3/4	Depth 252
Type Job CNU/10 3/4 Surface	Formation ID 255	County P1911	State KS
		Legal Description 17 23-120	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
10 3/4							5 Min.
Depth 252	Depth	From	To	Pre Pad	Max		10 Min.
Volume 252	Volume	From	To	Pad	Min		15 Min.
Max Press	Max Press	From	To	Frac	Avg		Annulus Pressure
Well Connection	Annulus Vol.	From	To		HHP Used		Total Load
Plug Depth 232	Packer Depth	From	To	Flush	Gas Volume		

Customer Representative Mike Kuins	Station Manager Kevin Gotch	Treater Deron Franks
Service Units 27283 77686 19905 19903 21010		
Driver Names Deron Franks, Mike Kuins, Brandon Boyer		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00am					ON 100% ON 59 PPM, mixed as
					Run 2 1/2" 10 3/4 casing
					3000# cement cement, 3% oil, 1/2% water
					2% oil, 150 ppm, 1.34 water, 6.13 water per
3:30pm	200		3		Pump 3 bbls water
	200		72		mix 3000# cement
	200		25		Dispense 23 bbls water
4:00					Shut in
					Cement did circulate
					Job complete / Deron & crew
					Thank you!

TREATMENT REPORT

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services, L.P.

Customer DEUTSCH oil		Lease No.		Date	
Lease HOEME TRUST		Well # 4-17		11-13-14	
Field Order # 11787	Station PRATT	Casing 5 1/2	Depth	County PRATT	State KS
Type Job CNW Logging			Formation	Legal Description 11-27-12	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2							
Depth 4441	Depth	From	To	Pre Pad	Max		5 Min.
Volume 104 1/2	Volume	From	To	Pad	Min		10 Min.
Max Press 2000	Max Press	From	To	Frac	Avg		15 Min.
Well Connection 1 1/2	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 4311	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager DeBScott	Treater Robert Sullivan
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Service Units	37900	84781	19843	19857	19862				
Driver Names	Sullivan	Scott		Phye					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00					on loc
					Trucks on loc 6:00
					Run 5 1/2 csg.
11:00					CASING on Bottom
11:10					Hook Rig cme csg.
12:30			5	3	1st SPACER
			12		1st MWL fluid.
			5		APACOR
				4.5	mix cont 150# AA 2
			36		cont mixed shut down wash line, run
					Reline Plug
				5	1st Disp
	350				1st
1:30	1750		104 1/2	3.5	plug down
			7		plug RT w/ 300# 1 1/2" csg.
					1 50B Cont.



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

FIELD SERVICE TICKET
1718 11787 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-13-14		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 DEUTSCH DR CO.				LEASE HUENNE TRUST 4-17						WELL NO.
ADDRESS				COUNTY Pratt			STATE KS			
CITY				STATE						SERVICE CREW Sullivan, Eggins, Phye
AUTHORIZED BY				JOB TYPE: CW Long Spring						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
84181-19843	1 hr						11-17-14			10:00
19889-19862	1 hr									
37900										
						ARRIVED AT JOB		AM	PM	2:00
						START OPERATION		AM	PM	12:30
						FINISH OPERATION		AM	PM	1:30
						RELEASED		AM	PM	2:15
						MILES FROM STATION TO WELL				6

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

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SIGNED: Mike Kuhn
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP 105	AA-2 cont	SK	150		2,550.00	
CP 103	C-410 P-2 cont	SK	30		360.00	
CC 105	C-411 P	LB	29		116.00	
CC 111	SALT	LB	683		341.50	
CC 112	CMT Friction Reducer	LB	43		258.00	
CC 115	C-44	LB	141		716.15	
CC 129	FHA-322	LB	71		532.50	
CC 201	Oil suit	LB	750		502.50	
CF 607	LATCH DOWN PLUG BATTLE 5/16	SA	1		400.00	
CF 1251	Nites Bell Hand Gun	SA	1		360.00	
CF 1051	Turkey gun	SA	8		880.00	
CF 1901	BAKCO	SA	1		290.00	
CC 151	men Wash	AL	500		750.00	
E 101	Heavy Soot	M	10		75.00	
PE 240	Handing - wire	SK	280		252.00	
E 113	Bulk Delant Change	SM	42		104.38	
CF 205	Depth Meter 4000-5000	SA	1		2,520.00	
CF 504	Play Contain Metal	SL	1		250.00	
2003	Slave - Separator	SL	1		175.00	
E 102	Pick up	SM	5		22.50	
					SUB TOTAL	11,465.50

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	9,142.40

SERVICE REPRESENTATIVE: Robert J. Miller
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mike Kuhn
(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 11436 A

17 275-12W

DATE _____ TICKET NO. _____

DATE OF JOB: 11/5/04		DISTRICT: Pressure		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: Deutsch O.I. Company				LEASE: Hoerte Trust				WELL NO. 41			
ADDRESS:				COUNTY: Pratt			STATE: KS				
CITY:				STATE:				SERVICE CREW: Dera, McGrew, Basener			
AUTHORIZED BY:				JOB TYPE: CNW & 1/2 surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME		
27223	1/2					ARRIVED AT JOB	11/5	AM	10:00		
27686	1/2					START OPERATION	11/5	AM	3:30		
19905	1/2					FINISH OPERATION	11/5	AM	4:00		
19903	1/2					RELEASED	11/5	AM	5:00		
21010	1/2					MILES FROM STATION TO WELL	5				

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

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ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100C	Common Cement	SK	300		
CC102	Cenofibre	Lb	75		
CC109	CSC in Chloride	Lb	846		
CC200	Cement Gel	Lb	564		
F100	Un-milled Cheese - Dickel Swiss	M	10		
F101	Heavy Equipment milled	M	20		
F113	Picopon 500 Bit Deburer Cheese	1/2 hr	141		
CF200	Darin Cheese 10-500'	4 hr	1		
CF240	Picopon & Milled Service Cheese	SK	300		
S003	Service Supervisor, Aug 8 hrs on location	ES	1		
				SUB TOTAL	8,249.30

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
Discount		TOTAL 6,595.00

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 Deutsche Continental	Lease No.	Date 11 5 2014	
Lease 111368	Well # 4-17		
Field Order # 111368	Station P1911205	Casing 10 3/4	Depth 252
Type Job CNU/10 3/4 Surface	Formation ID 255	County P1911	State KS
		Legal Description 17 23-120	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
10 3/4							5 Min.
Depth 252	Depth	From	To	Pre Pad	Max		
Volume 252	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 232	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative Mike Kuins	Station Manager Kevin Gotch	Treater Dana Franks
Service Units 27283 77686 19905 19903 21010		
Driver Names Dana McGraw McGraw Brown Brown		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00am					On location 5900, mixed as
					Run 2 1/2" 10 3/4 casing
					3000ft cement cement, 390cc, 1/2 4000ft line
					2906ft, 150 ppg, 134 v. 120, 6.13 wcm pos
3:30pm	200		3		Pump 3 bbls water
	200		72		mix 3000ft cement
	200		25		Dispense 23 bbls water
4:00					Shut in
					Cement did circulate
					Job complete / Dana & crew
					Thank you!

*Total Water Volume sources may include fresh water, produced water, and/or recycled water

** Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provides it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(e) and Appendix D.