

FIELD SERVICE TICKET

1718 08164 A

	SERVICES Pho PING & WIRELINE	DATE TICKET NO										
DATE OF 4	14.	\ ^\c	DISTRICT PLANS		NEW OLD PROD INJ WDW CUSTOMER ORDER NO.:							
CUSTOMER	77	, \	1101		LEASE WELL NO.							
ADDRESS					COUNTY STATE STATE							
CITY			STATE	We Harmonia	SERVICE CREW Orland Market Proson							
AUTHORIZED B	Y				JOB TYPE:	CN	W 8	9/8 Sur	face			
EQUIPMENT	#	HRS	EQUIPMENT#	EQ	UIPMENT#	HRS	TRUCK CAL	LED A	DATE AM PM	TIME		
01957		Property and	indian apardoni		ages a see a	- ARRIVED AT	AM PM	1 00				
15 8 31-15 8 PM					in the	START OPE	/ (AM)	(0)				
1 (0.7) (1863								FINISH OPE	RATION	AM	:00	
						45114,00	1	RELEASED		Ann 4	100	
								MILES FROM	M STATION TO W	ELL <u>6</u>		
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)												
REF. NO.		M	ATERIAL, EQUIPMENT	AND SER	VICES US	SED	UNIT	QUANTITY	UNIT PRICE	\$ AMO	UNT	
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Ch Jon		100	Contains	4		24						
3003	2002 Secure 256-15120											
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			A CONTRACTOR OF THE CONTRACTOR	30-12-1								
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	***	714 (1. 20).					THE PERSON	5- BA-6	8.	JEELT'S		
974						Geographic Control		£ (F)	FRACE WELLS		4 2	
CHE	TA:				SUB TOTA							
					RVICE & EQUIP							
	63 445 7				MA	TERIALS		%TA	X ON \$			
	1				× 1		# -)	ТОТА	"			
Duke Rig#8												
SERVICE	Assessment .	3		THE ABO	VE MATE	RIAL AND SERV	VICE		1 1 1		16	

ORDERED BY CUSTOMER AND RECEIVED BY:

REPRESENTATIVE



TREATMENT REPORT

Customer		N N	,	I I N					1 -							
Customer	F.6. M	1104		Lease No.						Date						
Lease N	# Station			Well #	Well # 13 1-3					4-14-13						
	" Station	1 / ca	4.4		Casing	County Barrion State					KS					
Type Job (nd Got	3-8	1/8 5	-21 Cx	C. Lee		Formation				Legal De	escription	31-8	31-15		
PIP	E DATA	PER	FORATII	NG DATA	NG DATA FLUID U				٦	TREATMENT RESUME						
Casing Size Tubing Size		ze Shots/	Shots/Ft		A	ih (u	Bro.)		RATE PRESS		SS	ISIP				
Depth 4			1	Го	Pı	e Pad) 4	Julas	Max				5 Min.				
Volume 3	Volume	From	1	To 2 0054		ad mr	Min					10 Min.				
Max Press	Max Pres	From	1	То		ac 1	bisec	Avg				15 Min.				
	ion Annulus \		1	0				HHP Use	d			Annulus Pressure		e		
Plug Depth	lug Depth Packer Depth From		То		FI	ush	2	Gas Volume		Total		Total Load	Load			
Customer Representative Station Manager Treater Station Manager)0						
Service Units	27283	3746E	1933	1/198	47											
Driver Names	0,000		P	. 2150	Sparter:											
Time	Casing Pressure	Tubing Pressure	Bbls. F	Pumped		Rate	Service Log									
11:0040							Orlocation - Siles Most									
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							Roleano Kubber Plus									
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