

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Handwritten initials

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33513
Name: Five Star Energy Inc.
Address 1: 215 E. 14th
Address 2: _____
City: Harper State: Ks Zip: 67058 + _____
Contact Person: Howard Short
Phone: (620) 896-2710

CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Jeff Burk
Purchaser: N/A

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, 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: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
7/27/09 8/13/09 Plug-8/13/09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

RECEIVED
AUG 18 2009

KCC WICHITA

API No. 15 - 095-22194-0001
Spot Description: C- SE SW
N 2 SE SW
490 680' Feet from North / South Line of Section
2247 1980' Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: KINGMAN
Lease Name: Maple Well #: "I" #3
Field Name: Spivey Grabs-Basil
Producing Formation: N/A - D&A
Elevation: Ground: 1495' Kelly Bushing: 1505'
Total Depth: 4310' (RTD) Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at: 8 5/8' @ 270' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: N/A Feet
If Alternate II completion, cement circulated from: N/A
feet depth to: N/A w/ N/A sx cmt.

Drilling Fluid Management Plan P+A AH I NCR
(Data must be collected from the Reserve Pit) 9-1-09
Chloride content: 7000 ppm ppm Fluid volume: 5000 bbls
Dewatering method used: Haul clear fluids & then evaporation
Location of fluid disposal if hauled offsite:
Operator Name: Messenger Petroleum
Lease Name: Arensdorf SWDW License No.: 4706
Quarter SW/4 Sec. 14 Twp. 29S S. R. 09 East West
County: Kingman Docket No.: D-04409

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Howard Short
Title: President Date: 08/14/09

Subscribed and sworn to before me this 14 day of AUGUST, 2009.

Notary Public: Robert L. Miller
Date Commission Expires: 5/26/13
NOTARY PUBLIC - State of Kansas
Robert L. Miller
My Appt. Expires 5/26/13

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Five Star Energy Inc. Lease Name: Maple Well #: "I" #3
 Sec. 30 Twp. 29 S. R. 6 East West County: KINGMAN

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Heebner 3052 -1547 Lansing 3297 -1792 Stark Shale 3720 -2215 Swope Lime 3723 -2218 Cherokee Shale 3988 -2483 Eros. Mississippian 4160 -2655 Mississippian 4176 -2671
Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>	
List All E. Logs Run: DIL , CDL/CNL, Micro, Sonic	

CASING RECORD <input checked="" 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
Surface	12 1/4"	8 5/8"	23#	270'	60/40 poz	210	2% gel, 3% cc

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				

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
		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED AUG 18 2009 KCC WICHITA </div>	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Other <i>(Specify)</i> <u>DA</u>	PRODUCTION INTERVAL: _____ _____
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BASIC

energy services, L.P.

TREATMENT REPORT

Customer Five Star Energy, Inc	Lease No.	Date 8-12-09
Lease MAPLE I	Well # 3	
Field Order # 17180399A	Station Pratt KS	County Kingman KS
Type Job PTA	Formation CNUW TD 4310	Legal Description 20-29-6

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size 4 1/2" O.D.	Shots/Ft	155 SK	Acid 60/40 Por 2 7/8 Gel	RATE 13.8 #	PRESS 1.42 yield	ISIP 5 Min.
Depth	Depth	From	To	Pre Pad	Max		10 Min.
Volume	Volume	From	To	Pad	Min		15 Min.
Max Press	Max Press	From	To	Frac	Avg		Annulus Pressure
Well Connection	Annulus Vol.	From	To		Used		Total Load
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		

Customer Representative	Station Manager Dave Scott	Treater Allen F. Worth
Service Units 28443	27463	19831
Driver Names A. Worth	R. Roush	S. J. McGinn

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1215					on loc. Discuss Safety, Setup & Plan Job
1240			10	4	1st Plug @ 50' 35 SKs Pump 10
			9	4	BBLs H ₂ O mix 35 SKs 60/40 Por @ 13.8 #
			3	4	Pump 3 BBLs H ₂ O
1300			10	4	2nd Plug @ 1650' 35 SKs
			9	4	Pump 10 BBLs H ₂ O
			3	4	mix 35 SKs 60/40 Por @ 13.8 #
			3	4	Pump 3 BBLs H ₂ O
1345			10	4	3rd Plug @ 330' 35 SKs
			9	4	Pump 10 BBLs H ₂ O
			3	4	mix 35 SKs 60/40 Por @ 13.8 #
			3	4	Pump 3 BBLs H ₂ O
			2	4	4th 60' to surface 25 SKs
1415			6 1/2	2	mix 25 SKs 60/40 Por 13.8 #
			4	2	Plug Rat Hole w/ 15 SKs
			2 1/2	2	Mouse Hole w/ 10 SKs
					wash up & Pack up Equip.
1500					Job complete.

Thanks Allen
Chad
S.J.



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 **0399** A

DATE _____ TICKET NO. _____

DATE OF JOB 8-12-09 DISTRICT Kansas		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 Five Star Energy Inc		LEASE maple I # 5 WELL NO.				
ADDRESS _____		COUNTY Kingman STATE Ks				
CITY _____ STATE _____		SERVICE CREW A. Werth, C. Roush, E. J. McGrath				
AUTHORIZED BY _____		JOB TYPE: _____				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 8-12-09 DATE 8-12-09 TIME 0830
28443 P.U.	2					ARRIVED AT JOB 8-12-09 TIME 1230
27463 P.T	2					START OPERATION 8-12-09 TIME 1230
15851-19862	2					FINISH OPERATION 8-12-09 TIME 1430
						RELEASED _____ TIME _____
						MILES FROM STATION TO WELL 45 miles

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
CP103	60/40 Por		155.55		
CL200	Cement Gel		268.15		
CF153	wooden cmt Plug 8 7/8"		1 ea		
E101	Heavy Equip mileage		90-m		
E113	Bulk Delivery Charge		302-Tm		
E100	unit mileage Charge Pickup		45-m		
S003	Service Supervisor first 8hrs on/c		1 ea		
CF240	Blending & mixing Service Chg.		155.55		
CE202	Depth Charge 1001-2000'		1.4hrs		

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

\$2905.90

SERVICE REPRESENTATIVE **Allen F. Werth** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: **Terry Hummer**

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

ALLIED CEMENTING CO., LLC.

32646

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge

DATE <u>7-28-2009</u>	SEC. <u>30</u>	TWP. <u>29s</u>	RANGE <u>6w</u>	CALLED OUT <u>11:30 AM</u>	ON LOCATION <u>1:30 AM</u>	JOB START <u>4:10 AM</u>	JOB FINISH <u>4:30 AM</u>
LEASE <u>Maple</u>	WELL # <u>I 3</u>	LOCATION <u>Rago + 42 Jct 4 east</u>	COUNTY <u>Kingman</u>	STATE <u>Kansas</u>			
OLD OR <u>NEW</u> (Circle one)	<u>to 60th Rd. 2 north 1/2w</u>						

CONTRACTOR Maverick

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 279'

CASING SIZE 8 5/8 DEPTH 279'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 250 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 16 3/4 Bbls Freshwater

OWNER 5 Star

CEMENT

AMOUNT ORDERED 210 sx 60:40:2+3%.cc

10# Sugar

COMMON <u>A 126</u>	@	<u>15.45</u>	<u>1946.70</u>
POZMIX <u>84 sx</u>	@	<u>8.00</u>	<u>672.00</u>
GEL <u>4 sx</u>	@	<u>20.80</u>	<u>83.20</u>
CHLORIDE <u>7 sx</u>	@	<u>58.20</u>	<u>407.40</u>
ASC _____	@		
<u>10# Sugar</u>	@	<u>127</u>	<u>12.70</u>
RECEIVED _____	@		
<u>AUG 18 2009</u>	@		
KCC WICHITA _____	@		
HANDLING <u>210</u>	@	<u>2.40</u>	<u>504.00</u>
MILEAGE <u>210/25/.10</u>	@		<u>525.00</u>
TOTAL			<u>4151.00</u>

EQUIPMENT

PUMP TRUCK # 414-302 CEMENTER Carl Balding

BULK TRUCK # 356 HELPER Dave West

BULK TRUCK # _____ DRIVER Danny Wright

DRIVER _____

REMARKS:

Run 279' 8 5/8 casing. Break circulation
Mix + pump 210 sx Cement
Release wooden plug
Displace with 16 3/4 Bbls water
leave 15' cement in casing + shut in.
Cement did circulate

CHARGE TO: Five Star Energy, Inc.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 279'

PUMP TRUCK CHARGE 1018.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 25 @ 7.00 175.00

MANIFOLD Head Rental @ _____ N/C

TOTAL 1193.00

PLUG & FLOAT EQUIPMENT

1-8 5/8 TWP @ 68.00

TOTAL 68.00

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Terry J. Cummings

SIGNATURE Terry J. Cummings

SALES TAX (If Any) _____

TOTAL CHARGES 1193.00

DISCOUNT 1125.00 IF PAID IN 30 DAYS