



KANSAS CORPORATION COMMISSION 1069726
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3273
Name: HERMAN L. LOEB, LLC
Address 1: PO BOX 838
Address 2: _____
City: LAWRENCEVILLE State: IL Zip: 62439 + _____
Contact Person: Jesse Middagh
Phone: (618) 943-2227
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Jon Christensen
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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>11/17/2011</u>	<u>11/26/2011</u>	<u>02/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23775-00-00

Spot Description: _____

NW SE SW SW Sec. 3 Twp. 35 S. R. 12 East West

340 Feet from North / South Line of Section

900 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: Lohmann Well #: A 11

Field Name: _____

Producing Formation: Mississippian

Elevation: Ground: 1426 Kelly Bushing: 1437

Total Depth: 5280 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 262 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: 70 ppm Fluid volume: 400 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Herman L Loeb LLC

Lease Name: Lohmann License #: 3273

Quarter SW Sec. 3 Twp. 35 S. R. 12 East West

County: Barber Permit #: 15-007-21114-00-00

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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution

ALT I II III Approved by: Deanna Garrison Date: 04/26/2012



1069726

Operator Name: HERMAN L. LOEB, LLC Lease Name: Lohmann Well #: A 11
 Sec. 3 Twp. 35 S. R. 12 East West County: Barber

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 complete copy of all Electric Wire-line 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 type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Compensated Density Neutron	4100
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Compensated Density Neutron Micro Dual Induction			

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	17.5	13.375	48	260	common	250	
Production	7.875	5.5	15.5	5272	AA 2	225	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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
			4807 - 4912

TUBING RECORD:	Size: <u>2.8750</u>	Set At: <u>4925</u>	Packer At: <u>none</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>03/17/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" 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 checked="" 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 1007589	INVOICE DATE 11/30/2011
INVOICE NUMBER 1718 - 90764958		

Pratt (620) 672-1201

J LEASE NAME Lohmann A-11
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

B HERMAN L LOEB LLC
~~I 600 COUNTRY CLUB ROAD~~
 L LAWRENCEVILLE
 IL US 62439
 O ATTN: HAFELE

* Use PO
 Box 838
 add name

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40401392	19842		Net - 30 days	12/30/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/26/2011 to 11/26/2011</i>				
0040401392				
171804995A Cement-New Well Casing/Pi 11/26/2011 5 1/2" Longstring				
AA2 Cement	275.00	EA	13.43	3,693.34 T
Cello-flake	69.00	EA	2.92	201.69 T
Salt (Fine)	1,498.00	EA	0.40	591.72 T
Cal-Set	1,295.00	EA	0.59	767.30 T
FLA-322	208.00	EA	5.93	1,232.43 T
Gilsonite	1,650.00	EA	0.53	873.36 T
CS-1L KCL Substitute	5.00	EA	27.65	138.25 T
Mud Flush	1,000.00	EA	0.68	679.41 T
Latch Down Plug & Baffle 5 1/2" (Blue)	1.00	EA	316.01	316.01
Auto Fill Float Shoe 5 1/2"	1.00	EA	284.41	284.41
Turbolizer 5 1/2" (Blue)	12.00	EA	86.90	1,042.82
5 1/2" Basket (Blue)	2.00	EA	229.11	458.21
Unit Mileage Charge-Pickups, Vans & Cars	55.00	HR	3.36	184.67
Heavy Equipment Mileage	110.00	MI	5.53	608.31
Proppant and Bulk Delivery Charges	712.00	MI	1.26	899.99
Depth Charge; 5001-6000'	1.00	HR	2,275.25	2,275.25
Blending & Mixing Service Charge	275.00	MI	1.11	304.16
Plug Container Utilization Charge	1.00	EA	197.50	197.50
Supervisor	1.00	HR	138.25	138.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	14,887.08
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	596.96
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	15,484.04
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

0040451392
FIELD SERVICE TICKET

1718 04995 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-26-2011 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 HERMAN LOEB, LLC.		LEASE LOHMANN WELL NO. A-11				
ADDRESS _____		COUNTY BARBER STATE Ks.				
CITY _____ STATE _____		SERVICE CREW LESLEY, LAWRENCE, PRYE				
AUTHORIZED BY _____		JOB TYPE: CNW-5 1/2" L.S.				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 11-26-11 DATE AM TIME 2:30
37586	3.5					ARRIVED AT JOB AM 4:00
19889-19842	3.5					START OPERATION AM 7:20
19826-19860	3.5					FINISH OPERATION AM 10:40
						RELEASED AM 11:15
						MILES FROM STATION TO WELL 55

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
CP 105	AA2 CEMENT	SK	225		3,825.00
CP 105	AA2 CEMENT	SK	50		850.00
CC 102	CELL-FLAKE	lb	69		255.30
CC 111	SALT	lb	1498		749.00
CC 113	CAL-SET	lb	1295		971.25
CC 129	FLA-322	lb	208		1,560.00
CC 201	GILSONITE	lb	1650		1,105.50
CF 607	CATCH DOWN PLUG & Baffle, 5 1/2"	EA	1		400.00
CF 1251	AUTO FILL FLOAT SHADE, 5 1/2"	EA	1		360.00
CF 1651	TURBOLIZER, 5 1/2"	EA	12		1,320.00
CF 1901	BASKET, 5 1/2"	EA	2		580.00
C 704	CS-1L, KCL SUBSTITUTE	GAL	5		175.00
CC 151	MUD FLUSH	GAL	1000		860.00
E 100	PICKUP MILEAGE	MI	55		233.75
E 101	HEAVY EQUIPMENT MILEAGE	MI	110		770.00
E 113	BULK DELIVERY CHARGE	TM	712		1,139.60
CE 206	DEPTH CHARGE, 5001'-6000'	HR	1-4		2,880.00
CE 240	BLENDING SERVICE CHARGE	SK	275		385.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S. 003	SERVICE SUPERVISOR	EA	1		125.00
					14,887.08
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
					TOTAL

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

BASIC

energy services, L.P.

TREATMENT REPORT

Customer	HERMAN LOEB LLC	Lease No.		Date	11-26-2011
Lease	LOHMANN	Well #	A-11		
Field Order #	04995	Station	PRATT, KS.	Casing	5 1/2"
Type Job	CNW-5 1/2" L.S.	Depth		County	BARBER
		Formation	TD=5280'	State	Ks
				Legal Description	3-35-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	5 1/2 x 15.5	Shots/Ft	CMTT -	Acid	225 SK AA2	RATE	PRESS	ISIP
Depth	5272'	From	To	Pre Pad	@ 1.54 cuft ³	Max	SHOE JNT. = 21'	5 Min.
Volume	125.47 BBL	From	To	Pad		Min		10 Min.
Max Press	1500	From	To	Frac		Avg		15 Min.
Well Connection	P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	5251'	Packer Depth	From	To	Flush	125 BBL / 2% KCL	Gas Volume	Total Load

Customer Representative	ALAN VRATIL	Station Manager	D. SCOTT	Treater	K. LESLEY
Service Units	37586	19889	19842	19826	19860
Driver Names	KEVIN	MIKE L.	JIMMY BEN		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00 AM					ON LOCATION - SAFETY MEETING
					RUN JTS. 5 1/2" x 15.5" CSG. / S.J. = 21'
					TURBO - 1, 3, 5, 7, 8, 9, 10, 11, 15, 19, 21, 23
					BASKET - TOP OF #13, #17
7:20 AM					CIRC. 1/2 WAY IN HOLE
8:20 AM					CSG. ON BOTTOM
8:30 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
9:45 AM	200		5	6	H ₂ O AHEAD
9:49 AM	200		24	6	MOD FLUSH
9:50 AM	150		5	6	H ₂ O SPACER
10:05 AM	150		62	6	MIX 225 SK AA2 @ 14.8 PPG
10:15 AM					CLEAR PUMP & LINE / DROP PLUG
10:20 AM	0		0	7	START DISPLACEMENT W/ 2% KCL
10:31 AM	300		78	6	LIFT PRESSURE
10:36 AM	1800		110	5	SLOW RATE
10:40 AM	1500		125	4	PLUG DOWN - HELD
					CIRC. THRU JOB
10:45 AM			6, 4		PLUG R.H. & M.H.
					JOB COMPLETE,
					THANKS -
					KEVIN LESLEY