



KANSAS CORPORATION COMMISSION 1095451
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33530
Name: Reif Oil & Gas Company LLC
Address 1: PO BOX 298
Address 2: _____
City: HOISINGTON State: KS Zip: 67544 + 0298
Contact Person: Don Reif
Phone: (620) 653-2976
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: James Musgrove
Purchaser: Plains Marketing

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 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>5/17/2012</u>	<u>05/24/2012</u>	<u>05/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-25686-00-00
Spot Description: _____
SW SE NW SE Sec. 19 Twp. 16 S. R. 14 East West
1508 Feet from North / South Line of Section
1796 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Haines A Well #: 1
Field Name: _____
Producing Formation: LKC
Elevation: Ground: 1930 Kelly Bushing: 1938
Total Depth: 3550 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 936 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: 56000 ppm Fluid volume: 1000 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Paul's Oilfield Service, Inc.
Lease Name: Miller License #: 31085
Quarter NW Sec. 06 Twp. 19 S. R. 15 East West
County: Barton Permit #: 21324

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: NAOMI JAMES Date: 10/05/2012



1095451

Operator Name: Reif Oil & Gas Company LLC Lease Name: Haines A Well #: 1
 Sec. 19 Twp. 16 S. R. 14 East West County: Barton

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 checked="" type="checkbox"/> Yes <input 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
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attached	Datum
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Attached
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run: Attached			

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	10.75	8.625	23.0	936	Common	360	3% cc, 2% gel
Long string	8.62	5.5	14.0	3510	60/40 Poz	200	25%Defoamer, 18% salt, 75%KCFR, 58#

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

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 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: _____ _____
---	---	--

Form	ACO1 - Well Completion
Operator	Reif Oil & Gas Company LLC
Well Name	Haines A 1
Doc ID	1095451

All Electric Logs Run

Sonice Cement Bong Log
Dual Induction
Dual Compensated Porosity
Microlog
Borehole Compensated Sonic

Form	ACO1 - Well Completion
Operator	Reif Oil & Gas Company LLC
Well Name	Haines A 1
Doc ID	1095451

Tops

Top	Depth	Interval
Anhydrite	931	+1007
Base anhydrite	961	+977
Heebner	3095	-1157
Toronto	3110	-1172
Lansing	3157	-1219
Base Kansas City	3391	-1453
Conglomerate	3397	-1459
Reworked Arbuckle	3451	-1513
Arbuckle	3461	-1523
RTD	3515	-1577
LTD	3516	-1578

GEOLOGIST'S REPORT
Geological Engineering and Construction Board of Engineers and Geologists

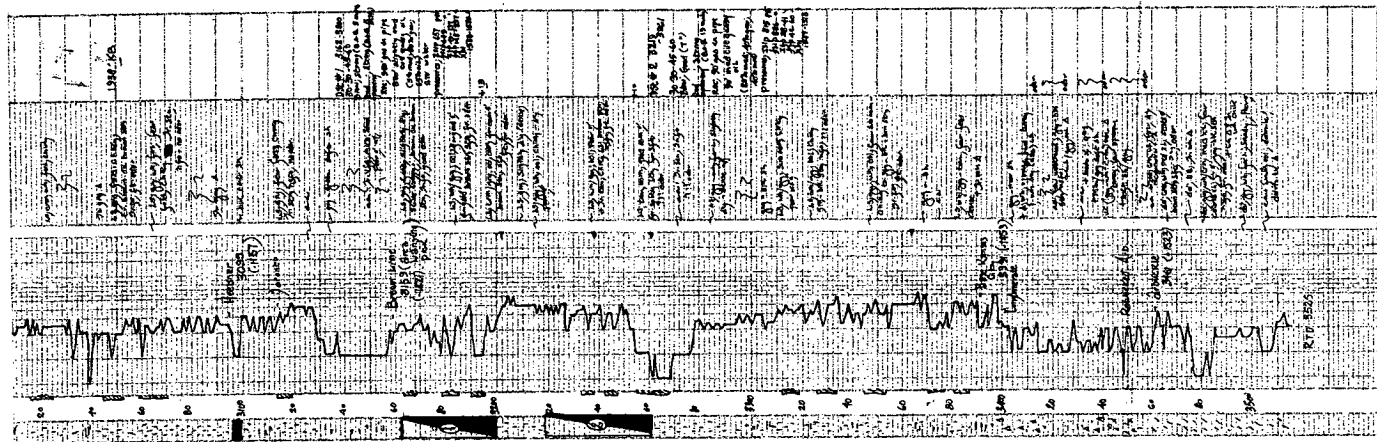
Client: Rafiah Gas Co. Inc. Hales Hill	Location: 1238
Project: Sussex	Section: 1250
Area: Barren	County: Kern
Surveyed: 5-11-2008	Checked: 5-28-2008
Scale: 250'	Notes: By my hand
Drawn: 250'	Checked: 250'
Project No: 500	Sheet No: 1250
Project Name: San Marcos	Project No: 500

58' production shaft was set
 and cement

Property boundaries
 of Rafiah Gas Co. Inc.
 are shown in red
 on this plan.

RTD

Geologist: 250'	250'
Checker: 250'	250'
Project: 250'	250'
Area: 250'	250'
County: 250'	250'
Section: 250'	250'
Sheet: 250'	250'
Scale: 250'	250'
Project No: 250'	250'
Project Name: 250'	250'



GENERAL INFORMATION

Client Information:

Company: REIF OIL+GAS CO LLC

Contact: DON REIF

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: HAINES A #1

Operator: REIF OIL+GAS CO LLC

Location-Downhole:

Location-Surface:

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL Job Number: D1136

Test Unit:

Start Date: 2012/05/21 Start Time: 20:00:00

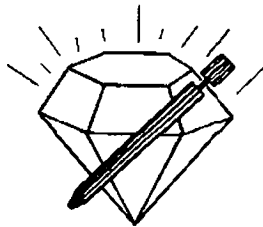
End Date: 2012/05/22 End Time: 02:45:00

Report Date: 2012/05/22 Prepared By: JOHN RIEDL

Qualified By: JIM MUSGROVE

Remarks:

RECOVERY: 950' GAS IN PIPE, 330' SLIGHTLY MUD CUT GASSY OIL, 270' WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

ON 00:20:00 5/21/12

OFF 03:40:00 5/22/12

DRILL-STEM TEST TICKET

FILE: STC/haines1dst1

Company REIF OIL+GAS CO. LLC Lease & Well No. HAINES #1

Contractor SOUTHWIND DRILLING RIG 6 Charge to REIF OIL+GAS CO. LLC

Elevation _____ Formation LKC "B" Effective Pay _____ Ft. Ticket No. D1136

Date 5/21/12 Sec. 19 Twp. 16 S Range 14 W County BARTON State KS

Test Approved By JIM MUSGROVE Diamond Representative JOHN C. RIEDL

Formation Test No. 1 Interval Tested from 3162 ft. to 3200 ft. Total Depth 3200 ft.

Packer Depth 3157 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.

Packer Depth 3162 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3165 ft. Recorder Number 30046 Cap. 6000 P.S.I.

Bottom Recorder Depth (Outside) 3197 ft. Recorder Number 11073 Cap. 4000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 48 Drill Collar Length 0 ft. I.D. 2 1/4 in.

Weight 9.1 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.

Chlorides 4300 P.P.M. Drill Pipe Length 3142 ft. I.D. 3 1/2 in.

Jars: Make BOWEN Serial Number NOT REQUESTED Test Tool Length 20 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 38 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: STRONG (B.O.B 5 MINUTES) WEAK BB

2nd Open: STRONG (B.O.B 5 MINUTES) STRONG BB

Recovered 950 ft. of GAS IN PIPE

Recovered 330 ft. of SLMCGO (5%MUD 30%GAS 65%OIL) 35 GRAVITY

Recovered 270 ft. of WATER; CHLORIDES 75,000Ppm

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY : 600' IN DRILL PIPE

Time Set Packer(s) 9:50 P.M. A.M. P.M. Time Started Off Bottom 12:35 A.M. A.M. P.M. Maximum Temperature 88

Initial Hydrostatic Pressure (A) 1538 P.S.I.

Initial Flow Period Minutes 30 (B) 40 P.S.I. to (C) 137 P.S.I.

Initial Closed In Period Minutes 30 (D) 657 P.S.I.

Final Flow Period Minutes 45 (E) 148 P.S.I. to (F) 237 P.S.I.

Final Closed In Period Minutes 60 (G) 649 P.S.I.

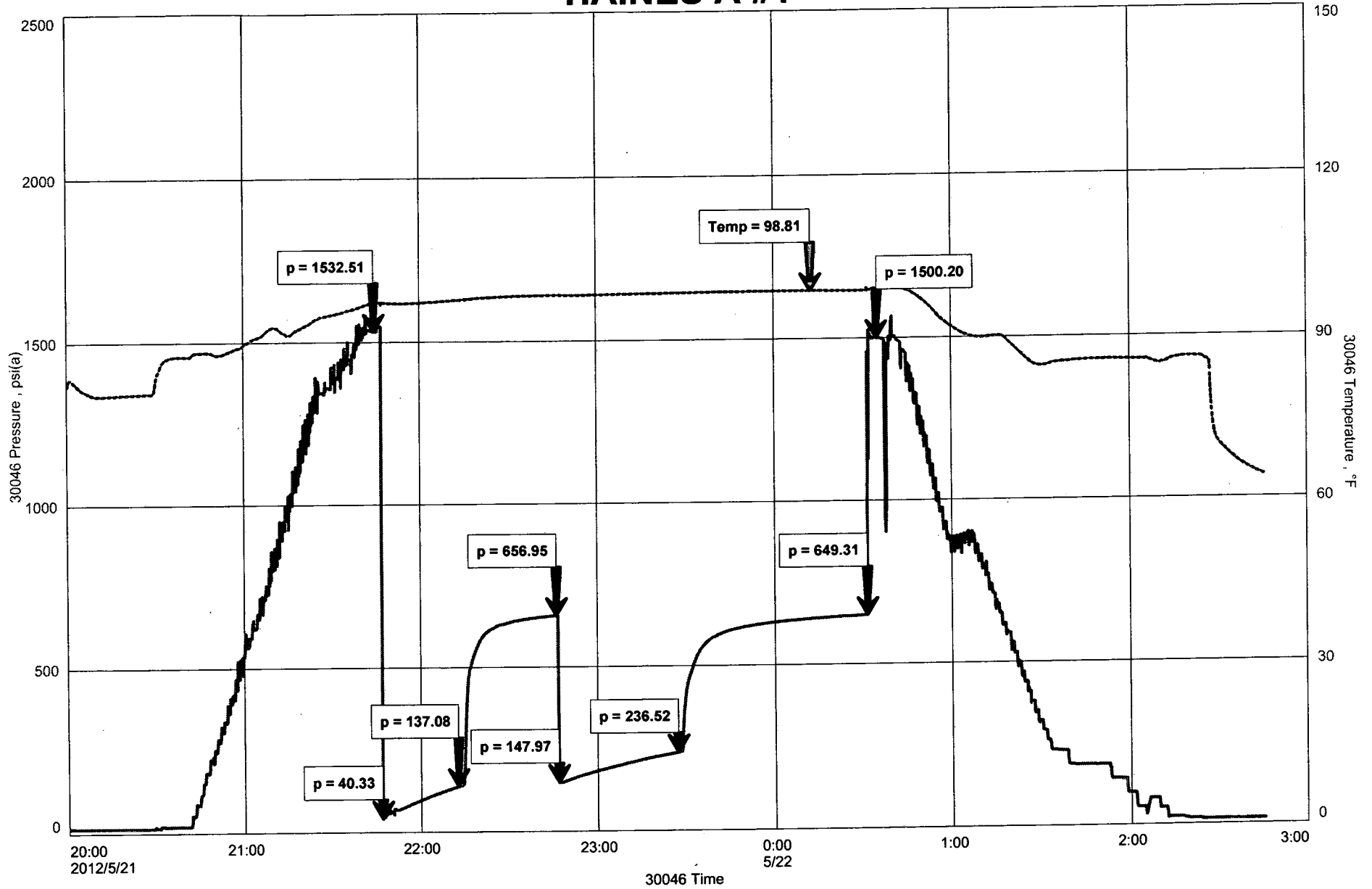
Final Hydrostatic Pressure (H) 1500 P.S.I.

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.

REIF OIL+GAS CO LLC
Start Test Date: 2012/05/21
Final Test Date: 2012/05/22

HAINES A #1
Formation: LKC "B"
Job Number: D1136

HAINES A #1



GENERAL INFORMATION

Client Information:

Company: REIF OIL+GAS CO LLC

Contact: DON REIF

Phone: Fax: e-mail:

Site Information:

Contact: JIM MUSGROVE

Phone: Fax: e-mail:

Well Information:

Name: BAINES "A" #1

Operator: REIF OIL+GAS CO LLC

Location-Downhole:

Location-Surface: S19/16S/14W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JIM MUSGROVE

Test Type: CONVENTIONAL

Job Number: D1137

Test Unit:

Start Date: 2012/05/22

Start Time: 13:30:00

End Date: 2012/05/22

End Time: 17:30:00

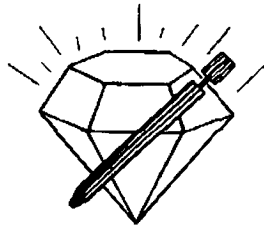
Report Date: 2012/05/22

Prepared By: JOHN RIEDL

Remarks:

Qualified By: JIM MUSGROVE

RECOVERY: 90' GAS IN PIPE, 90' MUD CUT GASSY OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313

ON 00:12:00 5/22/12

OFF 17:30:00 5/22/12

DRILL-STEM TEST TICKET

FILE: STC/haines1dst2

Company REIF OIL+GAS CO. LLC Lease & Well No. HAINES "A" #1
 Contractor SOUTHWIND DRILLING RIG 6 Charge to REIF OIL+GAS CO. LLC
 Elevation _____ Formation LKC Effective Pay _____ Ft. Ticket No. D1137
 Date 5/22/12 Sec. 19 Twp. 16 S Range 14 W County BARTON State KS
 Test Approved By JIM MUSGROVE Diamond Representative JOHN C. RIEDL

Formation Test No. 2 Interval Tested from 3219 ft. to 3261 ft. Total Depth 3261 ft.
 Packer Depth 3214 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
 Packer Depth 3219 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3222 ft. Recorder Number 30046 Cap. 6000 P.S.I.
 Bottom Recorder Depth (Outside) 3258 ft. Recorder Number 11073 Cap. 4000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Mud Type CHEMICAL Viscosity 54 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9 Water Loss 8.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 6600 P.P.M. Drill Pipe Length 3199 ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number NOT REQUESTED Test Tool Length 20 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 42 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: GOOD (BUILT THROUGHOUT TO 8") NO BB
 2nd Open: STRONG (B.O.B 19 MINUTES) NO BB

Recovered 90 ft. of GAS IN PIPE
 Recovered 90 ft. of MCGO (20%MUD 40%GAS 40%OIL)

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Recovered _____ ft. of _____	Insurance
Remarks: <u>TOTAL FLUID RECOVERY : 90' IN DRILL PIPE</u>	Total

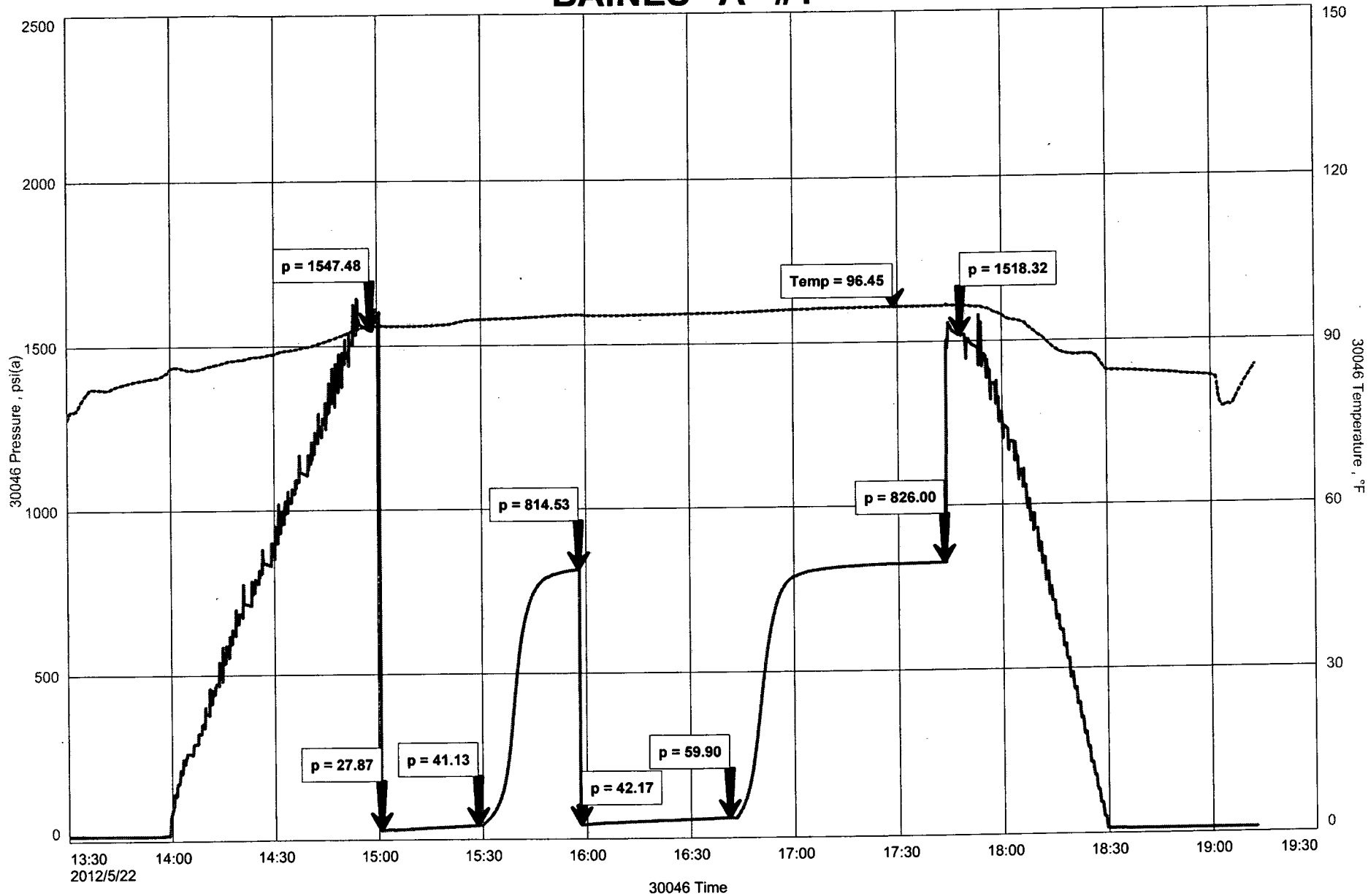
Time Set Packer(s) 1:30 P.M. A.M. P.M. Time Started Off Bottom 4:15 P.M. A.M. P.M. Maximum Temperature 96
 Initial Hydrostatic Pressure (A) 1547 P.S.I.
 Initial Flow Period Minutes 30 (B) 28 P.S.I. to (C) 41 P.S.I.
 Initial Closed In Period Minutes 30 (D) 815 P.S.I.
 Final Flow Period Minutes 45 (E) 42 P.S.I. to (F) 60 P.S.I.
 Final Closed In Period Minutes 60 (G) 826 P.S.I.
 Final Hydrostatic Pressure (H) 1518 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.

REIF OIL+GAS CO LLC
Start Test Date: 2012/05/22
Final Test Date: 2012/05/22

BAINES "A" #1
Formation: LKC "G"
Job Number: D1137

BAINES "A" #1





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 05393 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-24 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: Reif O.L. + GAS CO		LEASE: Haines A #1 WELL NO.:						
ADDRESS:		COUNTY: Barton 19-16-14 STATE: Ks						
CITY: STATE:		SERVICE CREW: Allen, Eric, Jessie						
AUTHORIZED BY:		JOB TYPE: 5/8" L.S. CNW						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
H28443 PU	2						5-23-12	7:00 AM
19959-20920	2						5-24-12	17:00 PM
19831-19862	2						5-24-12	3:00 PM
							5-24-12	5:00 PM
							5-24-12	5:30 PM
						MILES FROM STATION TO WELL: 70-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 Poz	SK	150		\$1800.00
CP103	60/40 Poz	SK	50		\$600.00
CC106	C-41P	lb	33		\$132.00
CC111	SALT	lb	939		\$469.50
CC112	Cement Friction Reducer	lb	77		\$582.00
CC201	Gilsonite	lb	750		\$522.00
CF103	Top Rubber Cement Plug 5/8"	EA	1		\$105.00
CF251	Wide Shoe Reg. 5/8" Blue	EA	1		\$250.00
CF1451	Finger Type Insert Float Valve	EA	1		\$215.00
CF1031	Turboliter 5/8" Blue	EA	5		\$550.00
CF1901	5/8" Basket Blue	EA	1		\$290.00
C704	Clay-mat KCL Sub.	gal	5		\$125.00
CC151	Mud Flush	gal	500		\$430.00

CHEMICAL / ACID DATA:			

SUB TOTAL		
DL5		
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: *Allen F. W...* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(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 05893 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-24 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: Reif O.L. + GAS CO		LEASE: Haines 'A' #1 WELL NO.:						
ADDRESS:		COUNTY: Barton 19-16-14 STATE: Ks						
CITY: STATE:		SERVICE CREW: Allen, Eric, Jessie						
AUTHORIZED BY:		JOB TYPE: 5/2" L.S. C.N.W.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
H28443 PU	2					5-23-12	5:00 AM	7:00
19959-20920	2					5-24-12	5:00 PM	17:00
19831-19862	2					5-24-12	5:00 PM	3:00
						5-24-12	5:00 PM	5:00
						5-24-12	5:00 AM	5:30
						MILES FROM STATION TO WELL: 70-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 Poz	SK	150		\$1800.00
CP103	60/40 Poz	SK	50		\$600.00
CC106	C-41P	16	33		\$132.00
CC111	SAIT	16	939		\$469.00
CC112	cement Friction Reducer	16	97		\$582.00
CC201	Gilsonite	16	750		\$522.00
CF103	Top Rubber cement Plus 5/2"	EA	1		\$125.00
CF251	Guide Shoe Reg 5/2" Blue	EA	1		\$250.00
CF1451	Frigger Type Insert Float Valve	EA	1		\$215.00
CF1051	Turboliter 5/2" Blue	EA	5		\$550.00
CF1901	5/2" Basket Blue	EA	1		\$290.00
C704	CL-Max KCL Sub	gal	5		\$175.00
CC151	Mud Flush	gal	500		\$430.00

CHEMICAL / ACID DATA:			

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

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



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

FIELD SERVICE TICKET

1718 058934 A

Continuation of

DATE TICKET NO. 058934

DATE OF JOB <u>5-24-12</u> DISTRICT <u>KANSAS</u>		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 <u>REFUGAS Co.</u>		LEASE <u>Haines A #1</u> WELL NO.:							
ADDRESS		COUNTY <u>Barton 19-16-14</u> STATE <u>Ks</u>							
CITY STATE		SERVICE CREW <u>Allen</u>							
AUTHORIZED BY		JOB TYPE: <u>5 1/2" L.S.</u> <u>CNW</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>20443 P.U.</u>	<u>2</u>						<u>5-23-12</u>	<u>PM</u>	<u>7:00</u>
<u>19959-20920</u>	<u>2</u>					ARRIVED AT JOB	<u>5-24-12</u>	<u>AM</u>	<u>12:00</u>
<u>19831-19862</u>	<u>2</u>					START OPERATION	<u>5-24-12</u>	<u>AM</u>	<u>3:00</u>
						FINISH OPERATION	<u>5-24-12</u>	<u>AM</u>	<u>3:00</u>
						RELEASED	<u>5-24-12</u>	<u>AM</u>	<u>3:30</u>
						MILES FROM STATION TO WELL	<u>70</u>		<u>M.I.</u>

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
E100	unit mileage chg. P.U.	mi.	70		\$ 297.00
E101	Heavy Equip mileage	mi.	140		\$ 980.00
E113	Bulk Del. Chg	Tm	602		\$ 963.22
C204	Depth Chg. 3001-4000	4-hr	1		\$ 2160.00
C204	Blending & mixing service chg.	SK	200		\$ 720.00
CF504	Play container utilization chg.	Job	1		\$ 250.00
S003	Service Supervisor first 8hrs	EA	1		\$ 175.00

SUB TOTAL DLS \$ 8,965.22

CHEMICAL / ACID DATA:

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

SERVICE REPRESENTATIVE <u>Allen F. Ward</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)