



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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

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: _____

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: Yes 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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Dunn 1-24

API/Permit #: 15-033-21745-00-00

Doc ID: 1222824

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/22/2014	09/12/2014
Date of First or Resumed Production or SWD or Enhr	05/20/2014	09/11/2014
Production - Barrels of Water	0	1548
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1200653	../../../../kcc/detail/operatorEditDetail.cfm?docID=1222824
Well Type	SLOW	OIL



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200653
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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

CONFIDENTIAL 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: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Castelli Exploration, Inc.
Well Name	Dunn 1-24
Doc ID	1200653

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	Perf Mississippian Spergen	Acidize w/3500 gal 28% MIRA & 99 sealer balls	5022-47 & 5049-57
0		Set CIBP	5220
	Frac Mississippian Spergen	See Attached	5022-5057



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 09785 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>01-25-14</u> DISTRICT <u>PRATT KS</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>CASTELLI - EXPLORATION</u>				LEASE <u>PUNN</u>		1-24 WELL NO.				
ADDRESS				COUNTY <u>COMANCHE</u>		STATE <u>KS</u>				
CITY STATE				SERVICE CREW <u>SULLIVAN, BEAVER, HIVE, YOUNG</u>						
AUTHORIZED BY				JOB TYPE: <u>CNW 13 3/8 LOW JUNCTION</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>33708-20420</u>	<u>40</u>					<u>1-24-14</u>	<u>02:00</u>			<u>2:00</u>
<u>19826-73768</u>	<u>40</u>					ARRIVED AT JOB	<u>1-24-14</u>			<u>9:15</u>
<u>37900</u>						START OPERATION	<u>1-25-14</u>			<u>12:05</u>
						FINISH OPERATION				<u>12:45</u>
						RELEASED				<u>1:15</u>
						MILES FROM STATION TO WELL	<u>75</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: Richard Talaya
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 106	A-Serv Lite cont	SK	200		2,600.00
CP 103	60/40 P02 cont	SK	150		1,800.00
CC 102	Cellfak	lb	88		325.60
CC 109	Calcium chloride	lb	909		954.45
E 100	packs	mi	75		318.75
E 101	Heavy Fract	mi	150		1,050.00
E 113	Bulk Helium	TN	1136		1,818.00
CE 200	Depth daily 0-500'	SR	1		1,000.00
CE 240	Blendy - mixing	SK	350		490.00
S 003	Secum Sealant	SA	1		175.00

SUB TOTAL 7,898.85

CHEMICAL / ACID DATA:			

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

THANK YOU
 TOTAL

SERVICE REPRESENTATIVE <u>Robert J. Hill</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Richard Talaya</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____

Customer CASTELLI - EXPLORATION		Lease No.	Date 01-28-14	
Lease DUPN		Well # 1-24		
Field Order # 9185	Station PRATT KS	Casing 1 3/8	Depth 302'	County COMANCHE State KS
Type Job CNW 1 3/8 CONDUCTOR			Formation	Legal Description 24-33-17

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
1 3/8				Pre Pad	Max		5 Min.	
Depth 302'	Depth	From	To	Pad	Min		10 Min.	
Volume 44	Volume	From	To	Frac	Avg		15 Min.	
Max Press 300	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection S WAVE	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth 280'	Packer Depth	From	To					

Customer Representative	Station Manager DAVE SCOTT	Treater Robert Williams
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Service Units	37900	33708	20920	19826	73768				
Driver Names	Sullivan	GRAVES	Young	Phye					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:15					on loc safety meeting
					RUN 7 STS 1 3/8 CSG
11:50					CASING ON BOTTOM
11:55					Hook Rig circ.
12:05			3	3.5	1st SPACER
			59	4.5	MIX A SERV Lite cmt 3%cc 1/4cf.
			32		mix Galyopor cmt 2%pb 3%cc 1/4cf
					cmt mixed
					1st Deep
12:45	250		44		Plug down
					1 circ 20 BBL cmt to Pit
					JOB Complete
					Thank you



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 A

DATE _____ TICKET NO. _____

DATE OF JOB: 1-30-16		DISTRICT: Pratt		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: [unclear]		LEASE: Dunn		WELL NO. 1-24					
ADDRESS:		COUNTY: Comanche		STATE: K					
CITY:		STATE:		SERVICE CREW: [unclear], [unclear], [unclear]					
AUTHORIZED BY:		JOB TYPE: [unclear]							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED: 1-30-16	DATE: 1-30-16	AM/PM: [unclear]	TIME: [unclear]
37536	1					ARRIVED AT JOB: [unclear] AM 11:00			
27403	1					START OPERATION: [unclear] AM 5:40			
						FINISH OPERATION: [unclear] AM 6:40			
1000/1000	1					RELEASED: [unclear] AM 7:00			
						MILES FROM STATION TO WELL: 75			

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 10	AP 2 [unclear]	SK	150		2,550.00
CP 10	60/40 P02	SK	85		1,020.00
CC 102	C. H. [unclear]	LB	38		140.00
CC 111	SAT	LB	684		342.00
CC 112	[unclear] [unclear]	LB	43		258.00
CC 113	C 44	LB	141		726.15
CC 129	F-1A 322 [unclear]	LB	43		321.00
CC 201	S. 130 [unclear]	LB	750		502.50
CF 107	[unclear] [unclear] 5 1/2	EA	1		400.00
CF 108	[unclear] [unclear] 3/4	EA	1		360.00
CF 109	[unclear] [unclear] 1/2	EA	8		880.00
CF 704	C. H. [unclear]	EA	6		210.00
E 100	P. W. [unclear]	MI	75		318.75
E 101	Heavy eq. [unclear]	MI	150		450.00
E 113	[unclear] [unclear]	MI	806		1,209.00
CC 206	D. P. H. CHAM 500' - 600'	YD	1		2,580.00
CC 240	Blend + mix CHASE	SK	235		329.00
CC 504	Plug CONT.	JOB	1		2,000.00
S 003	Service [unclear]	EA	1		175.00

SUB TOTAL: 10,503.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: [Signature]	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer CASTELLI EXPLORATION INC.	Lease No.	Date 1-30-14
Lease Dunn	Well # 1-24	
Field Order # 9904	Station Pratt	Casing 5 1/2
Type Job CNW L.S.	Formation	Depth
		County COMMANCHE
		State KS
		Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 150 SK AA-2	1/4 CF RATE	PRESS 1790 SAIR .3%	ISIP EAR .3% FIR
Depth 5675.8	Depth	From	To	Pre Pad 5^H SK Gilson	Max 190 gals BLOCK		5 Min.
Volume 135.1	Volume	From	To	Pad 85 SK 60/40	Min. POZ		10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 5633.6	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative Rick Pupp	Station Manager Kevin Guldrey	Treater Mike Mattu
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Service Units 37586	27463	19826	73768
Driver Names MATTU	Karamin	Young	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00 PM					ON LOCATION / SAFETY Meeting
1:15					RUN 5 1/2 15.5 ^H CSNG
					TUBING GR 1, 12, 13, 14, 15, 16, 17, 18
3:00					BREAK CIRC W. RIG, 100 JTS IN
3:20					RUN CSNG
4:00					CSNG ON BOTTOM
4:10					HOOK UP TO CSNG / BREAK CIRC W. RIG
5:43	300		8	5	Mix 35 SKS Scavenger
5:46	300		36	4.5	Mix 150 SKS AA-2
5:55			4	3	WASH PUMP + LINES
5:58					Release Plug
5:59	200			5	START DISPLACEMENT
6:16	300		100	5	LIFT PRESSURE
6:21	700		120	4	SLOW RATE
6:35	1200/1500		137.5		PLUG DOWN, PSE TO 1500, RELEASED + HOLD
					PLUG RAT + mouse hole
					JOB COMPLETE
					THANK YOU!
					MIKE MATTU

Dunn #1-24 Frac Job

04-23-14 Nuverra set 17 - 500 bbl frac tanks then filled them w/ well from Gregg Ranch. RU Basic Energy Svc frac equipment, frac well as follows: FL @ 1720', Stage #1; 66,000 gal pad, 955# @ 74.5 bpm (increased pad rate slowly). Stage #2; 20,000 gal w/ .1# of 30/50 sand, 933# @ 74.2 bpm.

Stage #3; 21,000 gal w/ .2# of 30/50 sand, 921# @ 74.4 bpm. Stage #4; 21,000 gal w/ .3# of 30/50 sand, 907# @ 74.4 bpm. Stage #5; 26,000 gal w/ .4# of 30/50 sand, 877# @ 74.3 bpm. Stage #6; 26,000 gal w/ .5# of 30/50 sand, 872# @ 74.5 bpm. Stage #7; 26,000 gal w/ .6# of 30/50 sand, 859# @ 74.3 bpm. Stage #8; 26,000 gal w/ .7# of 30/50 sand, 843# @ 74.4 bpm. Stage #9; 26,000 gal w/ .8# of 30/50 sand, 824# @ 74.5 bpm. Stage #10; 23,000 gal w/ .9# of 16/30 sand, 809# @ 74 bpm. Stage #11; 20,000 gal w/ 1# of 16/30 sand, 774# @ 73.8 bpm. Stage #12; 4,000 gal w/ 1.5# of 16/30 resin sand, 747# @ 74.2 bpm. Stage #13; 2,000 gal w/ 2# of 16/30 resin sand, 747# @ 74.3 bpm. Stage #14; 6,600 gal flush, 813# @ 74.3 bpm. ISIP - 136#, 5 min - 94#, 10 min - 76# & 15 min - 64#. Total load - 7644 bbl. RDMO Basic Energy Svc. SDFN