



Confidentiality Requested:

 Yes No

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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer | |
| | | | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> 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 DistributionALT I II III Approved by: _____ Date: _____

1233174

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
--	---

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: Huck Jobe 2

API/Permit #: 15-033-21751-00-00

Doc ID: 1233174

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/27/2014	11/25/2014
Date of First or Resumed Production or SWD or Enhr Producing Method Flowing	No	11/06/2014 Yes
Production - MCF Gas		250
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1200943	../..//kcc/detail/operatorEditDetail.cfm?docID=1233174



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200943
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
-----------------------------------	-----------------	---

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
--	---

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)</i> <i>(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	Huck Jobe 2
Doc ID	1200943

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	Perf Simpson Dolomite		5790-91
0		Set CIBP	5250
2	Perf Mississippian Spergen	Acidize w/5000 gal MIRA & 135 sealer balls	5044-48, 5052-62, 5065-78, 5084-5102



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 <u>03-01-14</u> DISTRICT <u>PRATT #5</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>CASTOLLI EXPLOITATION</u>		LEASE <u>Huck Jobe</u> <u>2</u> WELL NO.								
ADDRESS		COUNTY <u>Comanche</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>Sullivan, Grady, Hansen</u>								
AUTHORIZED BY		JOB TYPE: <u>crdw 13 3/8 land</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>2328-1986</u>	<u>45</u>						<u>03-01-14</u>			<u>11:30</u>
<u>1986-1986</u>	<u>45</u>					ARRIVED AT JOB	<u>03-01-14</u>			<u>1:30</u>
<u>37900</u>						START OPERATION				<u>1:30</u>
						FINISH OPERATION				<u>4:00</u>
						RELEASED				<u>4:20</u>
						MILES FROM STATION TO WELL				<u>77</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
CP 106	1/2" Sand shot cut	SK	200		2,600.00
CP 105	1/2" Sand shot cut	SK	150		1,800.00
CP 102	Collar	lb	88		3,552.00
CP 109	Calum. driller	lb	209		9,549.00
CP 100	Collar	lb	75		3,125.00
CP 101	Wiring log	mm	150		1,650.00
CP 113	Brick tubing	mm	1136		2,499.00
CP 109	Depth check - sec.	SK	1		1,000.00
CP 110	Drilling log	SK	350		4,900.00
CP 103	Service - Supp.	SK	1		195.00

CHEMICAL / ACID DATA:			

SUB TOTAL 4,073.00

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

TOTAL

SERVICE REPRESENTATIVE <u>Robert Sullivan</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <u>Robert Sullivan</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
---	--

FIELD SERVICE ORDER NO. _____

Customer <i>CAS Telli - Exploration</i>	Lease No.	Date <i>03-01-14</i>	
Lease <i>Huck Jobe</i>	Well # <i>2</i>		
Field Order # <i>10090</i>	Station <i>PRATT KS</i>	Casing <i>13 3/8</i>	Depth <i>322'</i>
Type Job <i>CNW 13 3/8 Conductor</i>	Formation	County <i>COMANCHE</i>	State <i>KS</i>
		Legal Description <i>33-33-17</i>	

PIPE DATA 1-14		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <i>13 3/8</i>	Tubing Size	Shots/Ft		Acid <i>Hydrofluoric</i>		RATE/PRESS <i>Jobe</i>	ISIP <i>2 Comanch.</i>
Depth <i>322'</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>46</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>500</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>SWAP</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>295</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
-------------------------	--------------------------------------	-----------------------------------

Service Units	<i>37900</i>	<i>33708</i>	<i>20920</i>	<i>19860</i>	<i>19862</i>				
Driver Names	<i>Sullivan</i>	<i>GRAVES</i>	<i>HANSON</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:45</i>	<i>9m</i>				<i>ON bc softy meeting</i>
					<i>Run 13 3/8 csg.</i>
<i>3:10</i>					<i>1 CASING ON BOTTOM</i>
<i>3:15</i>					<i>HOOK UP circ.</i>
<i>3:20</i>			<i>59</i>	<i>4.5</i>	<i>St A-SRV Lite 6%wt 3%cc 1/4 cf</i>
			<i>37</i>		<i>St Tail 60/40 P02 3%cc 1/4 cf</i>
					<i>cmt mixed</i>
			<i>11</i>	<i>4</i>	<i>St Disp</i>
<i>4:00</i>	<i>250</i>		<i>46</i>		<i>Plug down</i>
					<i>circ 15 BBL cmt Pit</i>
					<i>503 Complete</i>
					<i>Thank you</i>



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ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 10179 A

DATE _____ TICKET NO. _____

DATE OF JOB 3-9-2014 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 Castelli Exploration, INC.		LEASE HUCK Job # WELL NO. 2						
ADDRESS		COUNTY Comanche STATE KS						
CITY STATE		SERVICE CREW Dgryn, Ed, Jerry						
AUTHORIZED BY		JOB TYPE: CIVIL/Long String						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
32216	1						3-8	11:00 AM
19883	1					ARRIVED AT JOB	3-8	9:00 AM
19889	1					START OPERATION	3-9	3:00 AM
19831	1					FINISH OPERATION	3-9	4:00 PM
19862	1					RELEASED	3-9	5:00 AM
						MILES FROM STATION TO WELL	78	

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
CP105	AA2 Cement	SK	150		2,550 00
CP103	60/40 POZ	SK	85		1,020 00
CC102	Cellofolcke	lb	38		140 60
CC111	SG1+	lb	684		342 00
CC112	Cement Friction Reducer	lb	43		258 00
CC115	C-44	lb	141		726 15
CC129	FLA-322	lb	43		322 50
CC201	Gilsonite	lb	750		502 50
CF607	Latch Down Plug & Baffle 5 1/2" (Blue)	eg	1		400 00
CF1251	Auto Fill Float Shoe 5 1/2" (Blue)	eg	1		360 00
CF1651	Turbolizer 5 1/2" (Blue)	eg	10		1,100 00
CF1901	5 1/2" Basket (Blue)	eg	2		580 00
C704	claymax KCL Substitute	Gal	6		210 00
E100	unit mileage Charge - Pick up	mi	75		318 75
E101	Heavy Equipment mileage	mi	150		1,050 00
E113	Bulk Delivery	Fee	806		1,773 75
CE206	Depth Charge 5001-6000	4hrs	1		2880 00
CE240	Blending & mixing Charge	SK	235		329 00
CE504	Plus Container Utilization Charge	Job	1		250 00

SUB TOTAL **144**

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE **Darin Krentz** 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~~ ~~10180~~ A
Continuation

DATE TICKET NO. 1718 10179

DATE OF JOB <u>3-9-2014</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, Inc</u>				LEASE <u>Huck Jobe</u>		WELL NO. <u>2</u>				
ADDRESS				COUNTY <u>Comanche</u>		STATE <u>KS</u>				
CITY STATE				SERVICE CREW						
AUTHORIZED BY				JOB TYPE: <u>CNU/Long Spring</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						MILES FROM STATION TO WELL				

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
3003	Service Supervisor, first 8 hrs on loc.	ea	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		11,619 07
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>Darin Franko</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
--	--

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Castelli Exploration	Lease No.	Date 3-9-2014	
Lease Huck Jobe	Well # 2		
Field Order # 10179	Station Pratt, KS	Casing 5 1/2	Depth 5916
Type Job CNW Longstring	Formation TD-5920	County Comanche	State KS
		Legal Description 33-33-17	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2				Pre Pad	Max		5 Min.	
Depth 5912	Depth	From	To	Pad	Min		10 Min.	
Volume 139 3/4	Volume	From	To	Frac	Avg		15 Min.	
Max Press 2200	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth 5870	Packer Depth	From	To					

Customer Representative Rick Popp	Station Manager Kevin Gordier	Treater Darin Franklin
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Service Units	37216	19863	19889	19831	19862					
Driver Names	Darin	Ed	Ed	Jerry	Jerry					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00 pm					On location - safety meetings
					Run 140 Jts 5 1/2 casing - 5912
					Run AFU Flow shoe, latch down BSEAL CELLER ¹⁵⁺
					Run Turbolicizers 1, 2, 3, 4, 5, 19, 20, 21, 22, 23
					Run Baskets @ bottom of S, 6
					TGS Bottom, Drop BSH, break circulation
					LJ 5 1/2 ser 9 + 5912'
9-8					
3:00	100		7	3	Pump 30 sy 60/40 pot for Rec hole
	100		4	3	Pump 20 sy 60/40 pot for Meuse hole
	600		36	5	pump 150 sy AA2 cement
					.3% C-15, .3% C-37, 1% C-44
					5% Gypsum, 10% SGIT, .25# Cellulose
					SA Gilsonite, 15.3 PPG, 5.47 water Rec.
					1.36 Slurry Veil
					Stop / Wash lines / Drop plug
3:20	400		0	5	Start displacement with water
	1200		100	5	Cement lift pressure
	1200		130	3	Slow rate to 3 bpm
4:00	2200		139 3/4	3	Plug Down / Release
					Wash Truck up
5:00					Job Complete - Darin & Crew

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383



DRILL STEM TEST REPORT

Prepared For: **Castelli Exploration, Inc.**

6908 Nw 12th
Oklahoma City, OK .73162

ATTN: Cameron Castelli

Huck Jobe #2

33-33s-17w Commanche,KS

Start Date: 2014.03.06 @ 19:41:57

End Date: 2014.03.07 @ 10:02:42

Job Ticket #: 51938 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.03.11 @ 11:27:39



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castelli Exploration, Inc.
 6908 Nw 12th
 Oklahoma City, OK .73162
 ATTN: Cameron Castelli

33-33s-17w Commanche,KS
Huck Jobe #2
 Job Ticket: 51938 **DST#: 1**
 Test Start: 2014.03.06 @ 19:41:57

GENERAL INFORMATION:

Formation: **Simpson Dolomite**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 23:16:42
 Time Test Ended: 10:02:42
 Interval: **5785.00 ft (KB) To 5800.00 ft (KB) (TVD)**
 Total Depth: 5800.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Matt Smith
 Unit No: 53
 Reference Elevations: 1821.00 ft (KB)
 1808.00 ft (CF)
 KB to GR/CF: 13.00 ft

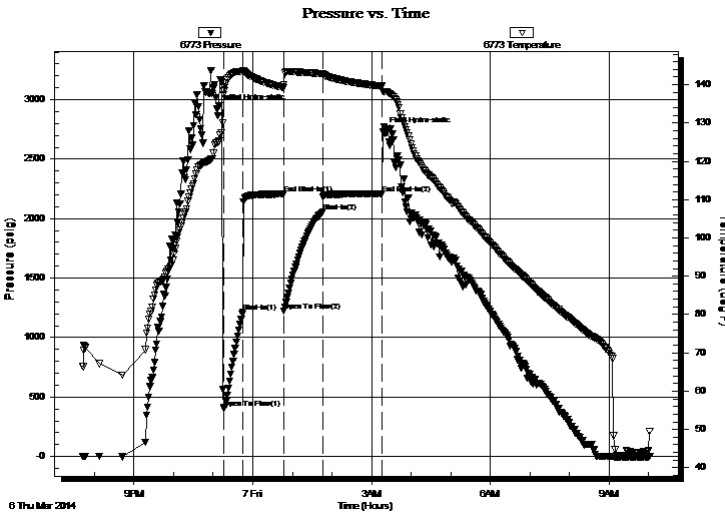
Serial #: 6773

Outside

Press@RunDepth: 2058.96 psig @ 5786.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.03.06 End Date: 2014.03.07 Last Calib.: 2014.03.07
 Start Time: 19:42:02 End Time: 10:02:42 Time On Btm: 2014.03.06 @ 23:05:27
 Time Off Btm: 2014.03.07 @ 03:17:27

TEST COMMENT: IF: Strong blow . B.O.B. in 27 secs.
 IS: Fair blow . B.O.B. in 45 mins.
 FF: Strong blow . B.O.B. in 30 secs. G.T.S.
 FS: Weak blow . Surf., to 10 ".

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2926.44	124.86	Initial Hydro-static
12	405.44	138.41	Open To Flow (1)
39	1212.06	143.52	Shut-In(1)
102	2206.55	139.24	End Shut-In(1)
102	1224.75	140.09	Open To Flow (2)
161	2058.96	142.89	Shut-In(2)
251	2207.37	139.61	End Shut-In(2)
252	2727.96	138.27	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
780.00	GOCWM 3%w 17%w 35%o 45%g	9.30
3568.00	WCM 2%w 98%w	50.05
0.00	GTS	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.25	6.00	32.36
Last Gas Rate	0.25	3.00	27.60
Max. Gas Rate	0.25	8.00	35.54



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castelli Exploration, Inc.
 6908 Nw 12th
 Oklahoma City, OK .73162
 ATTN: Cameron Castelli

33-33s-17w Commanche,KS
Huck Jobe #2
 Job Ticket: 51938 **DST#: 1**
 Test Start: 2014.03.06 @ 19:41:57

GENERAL INFORMATION:

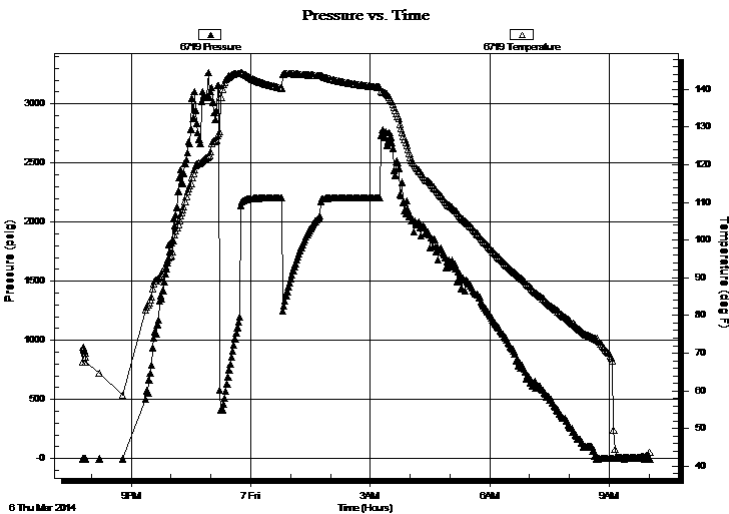
Formation: **Simpson Dolomite**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 23:16:42
 Time Test Ended: 10:02:42
 Interval: **5785.00 ft (KB) To 5800.00 ft (KB) (TVD)**
 Total Depth: 5800.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Matt Smith
 Unit No: 53
 Reference Elevations: 1821.00 ft (KB)
 1808.00 ft (CF)
 KB to GR/CF: 13.00 ft

Serial #: 6719 Outside

Press@RunDepth: psig @ 5786.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.03.06 End Date: 2014.03.07 Last Calib.: 2014.03.07
 Start Time: 19:46:36 End Time: 10:02:16 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF: Strong blow . B.O.B. in 27 secs.
 IS: Fair blow . B.O.B. in 45 mins.
 FF: Strong blow . B.O.B. in 30 secs. G.T.S.
 FS: Weak blow . Surf., to 10 ".

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
780.00	GOCWM 3%w 17%w 35%o 45%g	9.30
3568.00	WCM 2%w 98%w	50.05
0.00	GTS	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.25	6.00	32.36
Last Gas Rate	0.25	3.00	27.60
Max. Gas Rate	0.25	8.00	35.54



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castelli Exploration, Inc.
6908 Nw 12th
Oklahoma City, OK .73162
ATTN: Cameron Castelli

33-33s-17w Commanche,KS
Huck Jobe #2
Job Ticket: 51938 **DST#: 1**
Test Start: 2014.03.06 @ 19:41:57

Tool Information

Drill Pipe:	Length: 5592.00 ft	Diameter: 3.80 inches	Volume: 78.44 bbl	Tool Weight: 2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 24000.00 lb
Drill Collar:	Length: 180.00 ft	Diameter: 2.25 inches	Volume: 0.89 bbl	Weight to Pull Loose: 110000.0 lb
			<u>Total Volume: 79.33 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	15.00 ft			String Weight: Initial 86000.00 lb
Depth to Top Packer:	5785.00 ft			Final 98000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	15.00 ft			
Tool Length:	43.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Change Over Sub	1.00			5758.00	
Shut In Tool	5.00			5763.00	
Hydraulic tool	5.00			5768.00	
Jars	5.00			5773.00	
Safety Joint	3.00			5776.00	
Packer	4.00			5780.00	28.00 Bottom Of Top Packer
Packer	5.00			5785.00	
Stubb	1.00			5786.00	
Recorder	0.00	6719	Outside	5786.00	
Recorder	0.00	6773	Outside	5786.00	
Perforations	11.00			5797.00	
Bullnose	3.00			5800.00	15.00 Bottom Packers & Anchor

Total Tool Length: 43.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castelli Exploration, Inc.
6908 Nw 12th
Oklahoma City, OK .73162
ATTN: Cameron Castelli

33-33s-17w Commanche,KS
Huck Jobe #2
Job Ticket: 51938 **DST#: 1**
Test Start: 2014.03.06 @ 19:41:57

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 40000 ppm	
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.97 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: 0.20 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
780.00	GOCWM 3% _m 17% _w 35% _o 45% _g	9.302
3568.00	WCM 2% _m 98% _w	50.050
0.00	GTS	0.000

Total Length: 4348.00 ft Total Volume: 59.352 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: none

Laboratory Name: Laboratory Location:

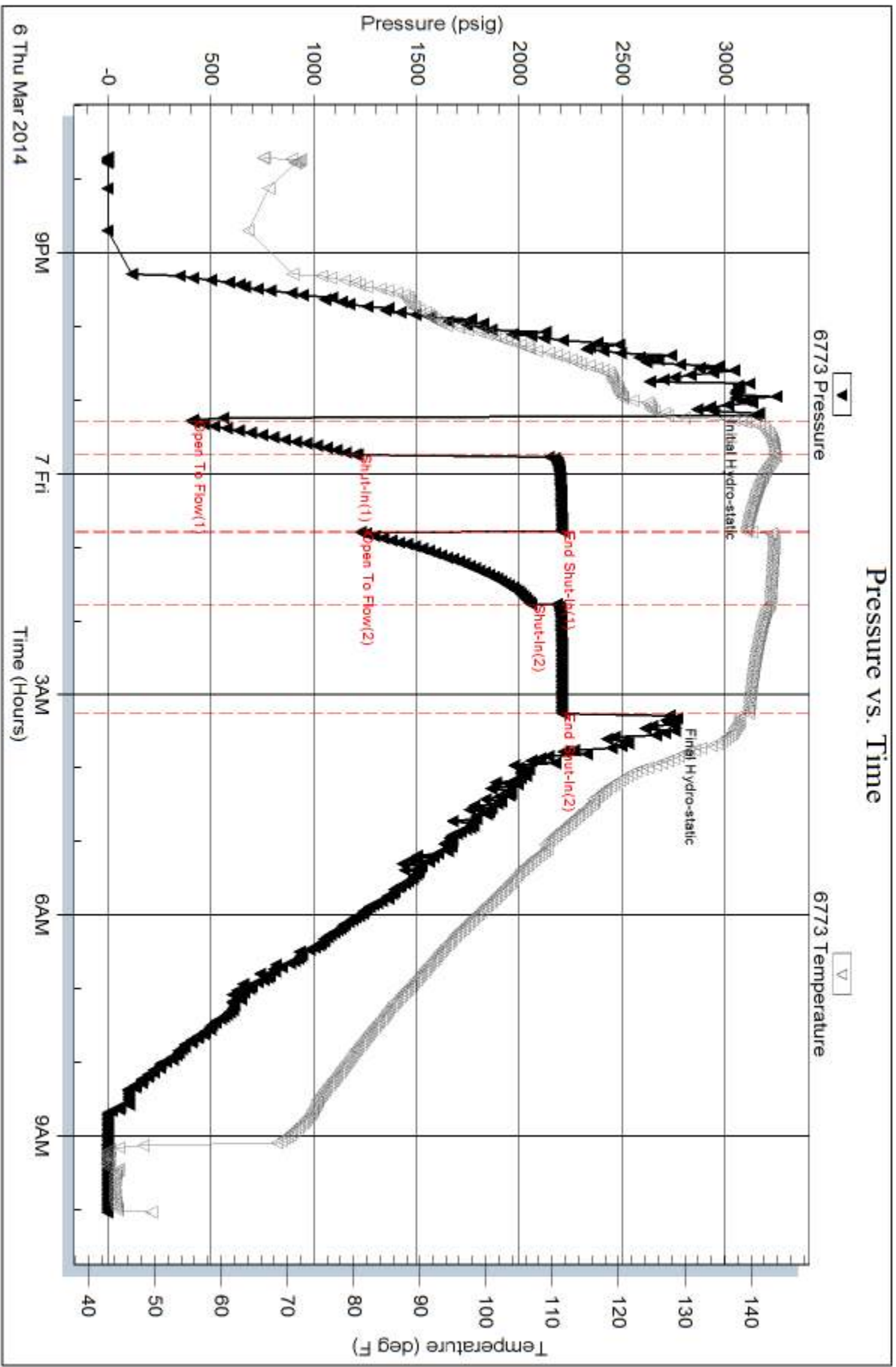
Recovery Comments: See gas report Rw .325 @ 40

Serial #: 6773

Outside Castle Exploration, Inc.

Huck Jobe #2

DST Test Number: 1



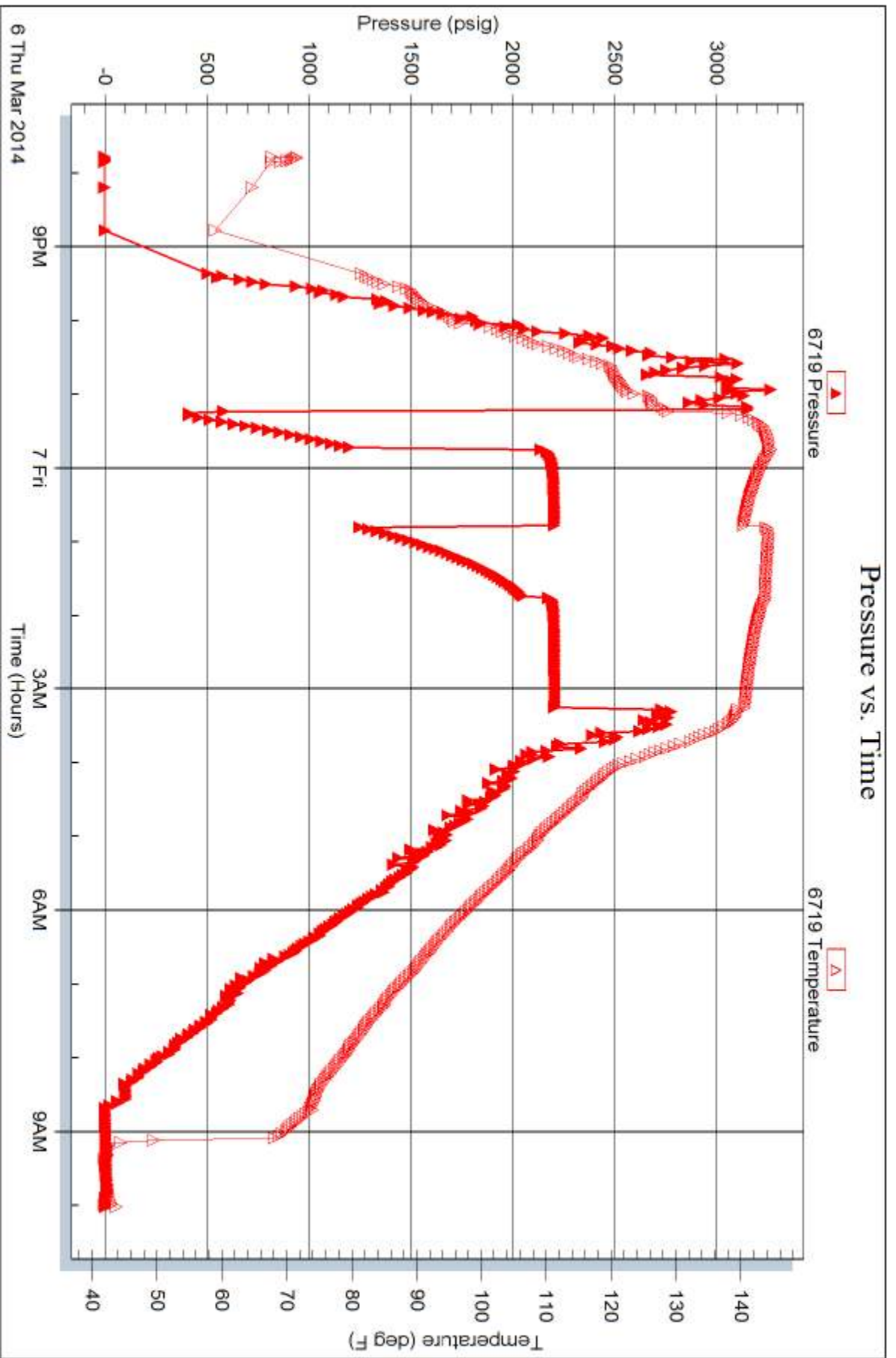
Serial #: 6719

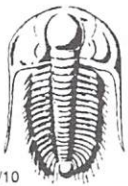
Outside

Castelli Exploration, Inc.

Huck Jobe #2

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 51938

4/10

Well Name & No. Huck JOBE #2 Test No. 1 Date 03/06/14
 Company Castelli Exploration, Inc. Elevation 1821 KB 1808 GL
 Address 6908 NW 12th Oklahoma City, OK, 73162
 Co. Rep / Geo. Cameron Castelli Rig Duke Rig # 7
 Location: Sec. 33 Twp. 33s Rge. 17w Co. Commanche State KS.

Interval Tested 5785 - 5800 Zone Tested Arbuckle
 Anchor Length 15' Drill Pipe Run 5592 Mud Wt. 9.4
 Top Packer Depth 5780 Drill Collars Run 180' Vis 53
 Bottom Packer Depth 5785 Wt. Pipe Run 2 WL 9.0
 Total Depth 5800 Chlorides 5,000 ppm System LCM 10th

Blow Description IF: Strong blow. B.O.B. in 27 secs.
ISI: Fair blow. B.O.B. in 45 mins.
FF: Strong blow. B.O.B. in 30 secs. G.T.S.
FSI: Weak blow. Surf. to 10".

Rec	Feet of	%gas	%oil	%water	%mud
<u>1410</u>	<u>G.I.P</u>				
<u>780</u>	<u>GOCWm</u>	<u>45</u>	<u>35</u>	<u>17</u>	<u>3</u>
<u>3568</u>	<u>WCM</u>			<u>98</u>	<u>2</u>

Rec Total 4348' fluid BHT 140° Gravity N/A API RW .325 @ 40.2 °F Chlorides 40,000 ppm

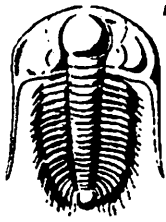
(A) Initial Hydrostatic <u>2926</u>	<input checked="" type="checkbox"/> Test <u>1350</u>	T-On Location <u>1840</u>
(B) First Initial Flow <u>405</u>	<input checked="" type="checkbox"/> Jars <u>250</u>	T-Started <u>1942</u>
(C) First Final Flow <u>1212</u>	<input checked="" type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>2316</u>
(D) Initial Shut-In <u>2207</u>	<input type="checkbox"/> Circ Sub	T-Pulled <u>0315</u>
(E) Second Initial Flow <u>1225</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>1602</u>
(F) Second Final Flow <u>2059</u>	<input checked="" type="checkbox"/> Mileage <u>(152)</u> <u>235.60</u>	Comments
(G) Final Shut-In <u>2207</u>	<input type="checkbox"/> Sampler	
(H) Final Hydrostatic <u>2728</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Shale Packer
	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Packer
	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Extra Copies

Initial Open 30
 Initial Shut-In 60
 Final Flow 60
 Final Shut-In 90

Sub Total 1910.60

Approved By _____ Our Representative Matthew Smith

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TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601 • (785) 625-4778

GAS VOLUME REPORT

Castelli Exploration OPERATOR Duke #7 Huck Job #2 WELL NAME AND NO. 3/7/14 DST NO. 1

Min.	Ins. of Water PSIG	Orifice Size	CF/D	Min.	Ins. of Water PSIG	Orifice Size	M CF/D	ATMS / 1000
				30 sec	6 PSI	1/4"	30.4	32.4
				20	5 PSI	1/4"	28.9	30.8
				30	2 PSI	1/4"	24.5	26.0
				40	3 PSI	1/4"	25.9	27.6
				50	8 PSI	1/4"	33.3	35.5
				60	3 PSI	1/4"	25.9	27.6

Remarks:

Michael J. Jones