



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
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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 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:
 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: TALBOTT 8-9

API/Permit #: 15-007-24166-00-00

Doc ID: 1272903

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/11/2014	12/03/2015
CasingAdd_Type_PctP DF_1		gel and cc
CasingAdd_Type_PctP DF_2		gel and cc
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
Method Of Completion - Perf	No	Yes
Perf_Depth_1		1000g 15% acid, 4783 bbls water, 71000lb sand
Perf_Material_1		1000g 15% acid, 4783 bbls water, 71000lb sand
Perf_Record_1		4726-4738
Perf_Shots_1		4

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1209992	../../../../kcc/detail/operatorEditDetail.cfm?docID=1272903

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) (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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PAGE 1 of 1	CU - NO 1004409	INVOICE DATE 06/03/2014
INVOICE NUMBER 1718 - 91507427		

Pratt (620) 672-1201
 B VAL ENERGY
 I 200 W DOUGLAS AVE STE 520
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Talbott 8-9
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

RECEIVED

JUN 05 2014

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40729113	19843		Net - 30 days	07/03/2014
For Service Dates: 06/01/2014 to 06/01/2014				
0040729113				
171810660A Cement-New Well Casing/Pi 06/01/2014 Cement 5 1/2" Longstring				
AA2 Cement		100.00 EA	12.92	1,291.87 T
Celloflake		25.00 EA	2.81	70.29 T
C-41P		24.00 EA	3.04	72.95 T
Salt		494.00 EA	0.38	187.70 T
C-44		94.00 EA	3.91	367.88 T
FLA-322		76.00 EA	5.70	433.15 T
Super Flush II		500.00 EA	1.16	581.34 T
Gilsonite		500.00 EA	0.51	254.57 T
"Latch Down Plug & Baffle, 5 1/2" (Blu		1.00 EA	303.97	303.97
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00 EA	273.57	273.57
"Turbolizer, 5 1/2" (Blue)"		8.00 EA	83.59	668.73
"5 1/2" Basket (Blue)"		1.00 EA	220.38	220.38
"Unit Mileage Chg (PU, cars one way)"		45.00 MI	3.23	145.33
Heavy Equipment Mileage		90.00 MI	5.32	478.75
"Proppant & Bulk Del. Chgs., per ton mil		212.00 EA	1.67	354.43
Depth Charge; 4001'-5000'		1.00 EA	1,915.00	1,915.00
Blending & Mixing Service Charge		100.00 BAG	1.06	106.39
Plug Container Util. Chg.		1.00 EA	189.98	189.98
"Service Supervisor, first 8 hrs on loc.		1.00 EA	132.99	132.99

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,049.27
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	233.07
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	8,282.34
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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 10660 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6-1-2014</u> DISTRICT <u>Pig 2211K</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>UGI Energy, Inc</u>		LEASE <u>Tslhott</u>		WELL NO. <u>8-9</u>						
ADDRESS		COUNTY <u>Bosher</u>		STATE <u>KS</u>						
CITY		STATE		SERVICE CREW <u>Dgrin, Ed, Dgron</u>						
AUTHORIZED BY		JOB TYPE: <u>CNW/ Longstring</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>27283</u>	<u>3/4</u>						<u>5:30</u>			<u>2:00</u>
<u>19885</u>	<u>3/4</u>					ARRIVED AT JOB	<u>5:30</u>			<u>8:00</u>
<u>19843</u>	<u>3/4</u>					START OPERATION	<u>6-1</u>			<u>1:45</u>
<u>19960</u>	<u>3/4</u>					FINISH OPERATION	<u>6-1</u>			<u>2:30</u>
<u>21010</u>	<u>3/4</u>					RELEASED	<u>6-1</u>			<u>3:30</u>
						MILES FROM STATION TO WELL	<u>50</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
CP105	AA2 cement	SK	100		1,700.00
CC102	Cellulose	Lb	25		92.50
CC105	G-41P	Lb	24		96.00
CC111	SS1+	Lb	494		247.00
CC115	G-44	Lb	94		484.16
CC129	FLA-322	Lb	700		570.00
CC201	Gilsonite	Lb	500		335.00
CF607	Isich Down Plug & Baffle, 5/2 (Blue)	ES	1		400.00
CF1251	Auto Fill Floss Shoe 5/2 (Blue)	ES	1		360.00
CF1651	Turbolizers, 5/2 (Blue)	ES	8		880.00
CF1901	5/2 Basket (Blue)	ES	1		290.00
CC155	Super Flush II	GSI	500		765.00
E100	Unit mileage Chsrse - Pickup	Mi	415		191.25
E101	Heavy Equipment - Mileage	Mi	90		630.00
E113	Bulk Delivery	Tnlm	212		465.36
CF205	Depth Chsrse; 4000' - 5000'	4hrs	1		2,520.00
CF240	Blending & Mixing Service Chsrse	SK	100		140.00
CF504	PLUG COMPRESSOR W/ 1/2 GTON Chsrse	Job	1		250.00
S003	Service Supervisor, first 8 hrs on loc	ES	1		175.00

SUB TOTAL 8049.27

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>Darin K...</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
--	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer VSI Energy, Inc	Lease No.	Date 6-1-14			
Lease TS1604	Well # 8-9				
Field Order # 10660	Station Peggs, KS	Casing 5 1/2	Depth 4796	County Baker	State KS
Type Job CNW / Long string	Formation JD-4795	Legal Description 9-34-11			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2								
Depth 4796	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 113	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4775	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Dustin Meyer	Station Manager Kevin Gorcey	Trater Darin Frisarkin
Service Units 27283 19889 19843 19960 24010	Driver Names Darin Ed Ed Asron Asron	

Start Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00 pm					on location / SSP, Martins
6:1					
1:45	400		5	5	Pump 5 bbls water
	400		12	5	12 bbls Super Flush
	400		5	5	5 bbls water
	400		25	5	mix 100% AAZ Cement
					Shut down
					Wash lines
					Release plug
	200		0	6	stage displacement
	600		90	6	lift pressure
	600		100	3	slow rate
	1,500		109	3	bump plug
					Flow
	100		7	3	plug R2 hole
	100		5	3	mouse hole
2:30					Job complete / Darin drove
					Thank you!!!



PAGE	C NO	INVOICE DATE
1 of 1	1004409	05/29/2014
INVOICE NUMBER		
1718 - 91502754		

Pratt (620) 672-1201
 B VAL ENERGY
 I 200 W DOUGLAS AVE STE 520
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Talbott 8-9
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

RECEIVED

JOB #	EQUIPMENT #	PURCHASE ORDER NO	TERMS	DUE DATE
40727137	19843	9208-8	Net - 30 days	06/28/2014
For Service Dates: 05/21/2014 to 05/21/2014				
0040727137				
171810471A Cement-New Well Casing/Pi 05/21/2014 Cement 8 5/8 Surface				
60/40 POZ		190.00 EA	9.12	1,732.79 T
Celloflake		48.00 EA	2.81	134.98 T
Calcium Chloride		492.00 EA	0.80	392.62 T
"Wooden Cmt Plug, 8 5/8""		1.00 EA	121.60	121.60
"Unit Mileage Chg (PU, cars one way)"		45.00 MI	3.23	145.35
Heavy Equipment Mileage		90.00 MI	5.32	478.80
"Proppant & Bulk Del. Chgs., per ton mil		369.00 EA	1.67	616.97
Depth Charge; 0-500'		1.00 EA	760.00	760.00
Blending & Mixing Service Charge		190.00 BAG	1.06	202.16
Plug Container Util. Chg.		1.00 EA	190.00	190.00
"Service Supervisor, first 8 hrs on loc.		1.00 EA	133.00	133.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,908.27
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	161.62
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,069.89
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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 10471 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-21-14		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 VAI Energy Inc				LEASE FAIBOTT				WELL NO. 8-9							
ADDRESS				COUNTY BAIBO				STATE KS							
CITY				STATE				SERVICE CREW MATTHEW, MARQUESS, HAASOY							
AUTHORIZED BY				JOB TYPE: CAN SURFACE PIP.											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
37586	.5						5-21-14			4:00					
						ARRIVED AT JOB				7:00					
19889/19843	.5					START OPERATION				9:29					
						FINISH OPERATION				9:50					
19831/19862	.5					RELEASED				10:30					
						MILES FROM STATION TO WELL				45					

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: X *Handy Duck*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 P02	SK	190		2,280 00
CC109	Calcium chloride	lb	492		516 60
CC102	cellulose	lb	48		177 60
CF153	wooden plug 8 5/8	pc	1		160 00
E100	P.W. Mill	M	45		191 25
E101	Heavy eq. Mill	M	90		630 00
E113	Pump & Back Val	hr	369		811 80
CP200	Depth Charge 0-500'	4h	1		1,000 00
CP240	Blend & Mix Charge	SK	190		266 00
CP505	plug container	job	1		250 00
S003	Service Supp. 150'	QA	1		175 00
SUB TOTAL					4,908 27

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Mike MATTHEW</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X</u> <i>Handy Duck</i>
--	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer: <u>VAL Energy</u>	Lease No.:	Date: <u>5-21-14</u>
Lease: <u>7A160TT</u>	Well #: <u>8-9</u>	
Field Order #: <u>70411</u>	Station: <u>PLANT</u>	Casing: <u>8 5/8</u> Depth: <u>22589</u> County: <u>BAIB</u> State: <u>KY</u>
Type Job: <u>CAW SAFETY P.P.</u>	Formation: <u>RTU 230</u>	Legal Description: <u>9-34-11</u>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size: <u>8 5/8</u>	Tubing Size:	Shots/Ft:		Acid: <u>175 SKS 60/40 P02</u>	RATE: <u>290 gal</u>	PRESS: <u>1150 c.f.</u>	ISIP: <u>320 cc</u>	
Depth: <u>22589</u>	Depth:	From:	To:	Pre Pad:	Max:		5 Min.	
Volume: <u>14.4</u>	Volume:	From:	To:	Pad:	Min:		10 Min.	
Max Press: <u>300</u>	Max Press:	From:	To:	Frac:	Avg:		15 Min.	
Well Connection: <u>P.C.</u>	Annulus Vol.:	From:	To:		HHP Used:		Annulus Pressure:	
Plug Depth: <u>22589</u>	Packer Depth:	From:	To:	Flush: <u>13</u>	Gas Volume:		Total Load:	

Customer Representative: <u>RANDY</u>	Station Manager: <u>KOVIDA GOLDEN</u>	Treater: <u>M. KO MATTAI</u>
Service Units: <u>37586</u>	<u>19889</u>	<u>19843</u>
Driver Names: <u>MATTAI</u>	<u>ANDERSON</u>	<u>HANSON</u>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:00					ON LOCATION, SAFETY MEETING
8:04					Run 8 5/8 24" casing
9:08					CASING ON BOTTOM
9:25					HOOK UP TO CASING, BLEED CIRC W. RIS
9:29	100		3	4	PUMP 3 BBLs WATER
9:30	200		38	6	MIX 175 SKS 60/40 P02
9:42					RELEASE PLUG
9:46	200			6	START DISPLACEMENT
9:50	200		13		PLUG DOWN, 10 BBLs TO PIT
					SHUT IN WELL
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAI