Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No. 15
Name:			Spot Description:
Address 1:			SecTwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	ip:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			□NE □NW □SE □SW
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
	_		Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	dow	тетір. Ава.	Amount of Surface Pipe Set and Cemented at: Fe
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fe
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cr
Original Comp. Date:			· ·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
Comming to d	Da		Chloride content:ppm Fluid volume:bb
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of haid disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec. TwpS. R East We
Recompletion Date		Recompletion Date	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

Confidentiality Requested:

Yes No

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Operator Name:				_ Lease N	Name: _			Well #:	
Sec Twp	S. R	East V	Vest	County	:				
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to	ng and shut-in pressur surface test, along wi	es, whether s th final chart(s	hut-in pres s). Attach	ssure reacl extra shee	ned stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, fluid recovery,
Final Radioactivity Log, files must be submitted						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sh	neets)	Yes [No				on (Top), Depth a		Sample
Samples Sent to Geolo	gical Survey	Yes	No		Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ Yes ☐	No No						
List All E. Logs Run:									
		Report all s	CASING I		Ne	w Used	ion, etc.		
Purpose of String	Size Hole Drilled	Size Casi Set (In O.	ing	Weig Lbs. /	jht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADI	DITIONAL	CEMENTIN	IG / SQL	JEEZE RECORD			
Purpose:	Depth	Type of Cer		# Sacks Used Type and Percent Additives					
Perforate Protect Casing Plug Back TD	Top Bottom								
Plug Off Zone									
Did you perform a hydrauli Does the volume of the tota Was the hydraulic fracturin	al base fluid of the hydra	ulic fracturing tre			_	Yes [Yes [Yes [No (If No, sk	ip questions 2 ar ip question 3) out Page Three	
Shots Per Foot		NRECORD - Botage of Each In					cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes No		
Date of First, Resumed P	roduction, SWD or ENH		lucing Meth	od: Pumpin	g	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	ols.	Gas I	Mcf	Wate	er B	bls. (Gas-Oil Ratio	Gravity
DISPOSITION	N OF GAS:		M	IETHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVAL:
Vented Sold	Used on Lease	Open H	Hole	Perf.			mmingled		
(If vented, Subn	nit ACO-18.)	Other (Specify)		(Submit)	-100-5) (Sub	mit ACO-4) —		

Form	ACO1 - Well Completion							
Operator	Chieftain Oil Co., Inc.							
Well Name	Roark 1							
Doc ID	1263162							

All Electric Logs Run

Geological Log	
Sector Bond / Gamma Ray CCL Log	
Dual Induction Log	
Micro Log	
Compensated Density / Neutron PE Log	

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1263162

Tops

Name	Тор	Datum
Heebner	3731	-2396
Kansas City	4312	-2977
Cherokee	4702	-3367
Mississippian	4802	-3467
Viola	5214	-3879
Simpson Sd.	5326	-3991
Arbuckle	5524	-4189
Total Depth	5546	-4211

Summary of Changes

Lease Name and Number: Roark 1 API/Permit #: 15-007-23956-00-00

Doc ID: 1263162

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/13/2012	09/03/2015
Fracturing Question 1		Yes
Fracturing Question 2		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/ kcc/detail/locationInform
Save Link	ation.cfm?section=10&t//kcc/detail/operatorE ditDetail.cfm?docID=11	ation.cfm?section=10&t//kcc/detail/operatorE ditDetail.cfm?docID=12
Tubing Size	04461 2-7/8	63162 2.875
Well Type	OIL	GAS



CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1104461

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
L ADING 45

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	

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 I II Approved by: Date:

KOLAR Document ID: 1104461

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Ca Plug Back	Top	Bottom	Type of Cement		# Sacks Osed		d Type and Percent Additives			
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom					Record			
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1104461

All Electric Logs Run

Geological Log	
Sector Bond / Gamma Ray CCL Log	
Dual Induction Log	
Micro Log	
Compensated Density / Neutron PE Log	

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1104461

Tops

Name	Тор	Datum
Heebner	3731	-2396
Kansas City	4312	-2977
Cherokee	4702	-3367
Mississippian	4802	-3467
Viola	5214	-3879
Simpson Sd.	5326	-3991
Arbuckle	5524	-4189
Total Depth	5546	-4211

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1104461

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4802-4812	500 Gal. 7.5% Acid	4802-4812
		1000 Gal. 15 % Acid	4802-4812
		1500 BBLS Slick Water	
		Frac 60,000 # Sand	

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1104461

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	17.25	13.375	24	345	60/40 Poz	350	2% Salt
Production	7.875	5.5	15.5	5445	Common		2% Salt Gas Block

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

December 11, 2012

Ron Molz Chieftain Oil Co., Inc. 101 S. 5th St.; PO Box 124 KIOWA, KS 67070-1912

Re: ACO1 API 15-007-23956-00-00 Roark 1 SW/4 Sec.10-35S-11W Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Ron Molz



PAGE	CUST NO	INVOICE DATE
1 of 1	1600719	10/12/2012
 	INVOICE NUM	IBER

1718 - 91024329

Pratt

(620) 672-1201

B CHIEFTAIN OIL COMPANY

I PO Box: 124

~ KIOWA

67070 KS US

o ATTN:

ACCOUNTS PAYABLE

LEASE NAME

Roark

LOCATION COUNTY

В

s

Barber KS

STATE

Ι

JOB DESCRIPTION Cement-New Well Casing/Pi

1

JOB CONTACT

јов #	EQUIPMENT #	PURCHASE	ORDER NO.		TERM	S	DUE I	DATE
40522186	27463				Net - 30	days	11/11,	/2012
	<u> </u>		QTY	U of M	UNIT PR	ICE	INVOICE	AMOUNT
For Service Dates	: 10/11/2012 to 10	0/11/2012	21.50)					
0040522186		OCT 17	2012				:	
171806610A Ceme Cement 13 3/8" Cor	nt-New Well Casing/Pi 1	OCT 17 OCT 17	BC-					
60/40 POZ	· · •		350.00	EA		9.00		3,149.87
Celloflake			88.00	EA		2.77	1	244.19
Calcium Chloride			903.00			0.79		711.08
"Unit Mileage Chg (F			55.00			3.19		175.3
Heavy Equipment M			110.00			5.25		577.4
"Propoant & Bulk De			828.00			1.20		993.5
Depth Charge; 0-500			1.00			749.97		749.9 367.4
Blending & Mixing S "Service Supervisor,			350.00 1.00			1.05 131.24		131.2
							l	
	<i>,</i> ,							
. v i -							:	
* * *								

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP

PO BOX 10460 MIDLAND, TX 79702

SUB TOTAL

TAX

7,100.18

PO BOX 841903 DALLAS, TX 75284-1903

INVOICE TOTAL

299.68



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

1718 **06610** A

PRESSU	JRE PUMF	PING & WIRELINE					DATE	E TICKE	ET NO		
DATE OF 10-11-12		DISTRICT Pratt			WEYL 🗗	OLD □	PROD	□INJ □V	wdw □ CU	STOME DER NO	R D.:
CUSTOMER Chie	fta,	in Oilco.I.	nc		LEASE 🥂	Ogri	4		1	WELL	NO.
ADDRESS					COUNTY	Barbe	er	5	STATE K 5	ı	
CITY	ţ	STATE			SERVICE C	REW M	c bru	w Law	rence	m	elson
AUTHORIZED BY					JOB TYPE:	INW	13%	8 cono	4ctor.		
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK	CALLED	DATE	2 AM	TIME 3:2 <i>の</i>
27467 14831-19862	.5		-				ARRIV	ED AT JOB	10-10	AM)	
37900	-				· · · · · · · · · · · · · · · · · · ·		START	OPERATION	10-11	AM PM	4:00
7/100							FINISH	OPERATION	10-11	AM PM	4:30
			1				RELEA	ASED	10-11	AM PM	5.30
							MILES	FROM STAT	ION TO WELL	54	7

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.

-				S	IGNED:		· ·	
-4-					(WELL OWNE	R, OPERATOR, CON	TRACTOR OR A	GENT)
ITEM/	PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	CES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	∜ T
(P	103	60140 POZ		SK	350		4,200	00
<u> </u>	102	cell o Flasse		16	88		325	60
<u> </u>	109	Calcium ChiOriale		16	903		948	15
E E	100	PICKUP MILROAL		mi	55		233	75
F	101	Heavy Mileude		mi	110		770	00
-	113	BULK DELIVERY		TM	828		1,324	40
CE CE	200	Depth Chura e 0-500'		4hr	1		1,000	00
CE_	240	mixing charge		3/5	350		490	00
5	003	superwisor		24			175	00
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	CH	EMICAL / ACID DATA:				SUB TOTAL	7,100	18
		EMICAL / ACID DATA.	SERVICE & EQUIP	NACNIT	%TAX		+ •	+
			MATERIALS	IVIEIN I	%TAX			+
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTAL		+
	l					10171		
							1	1

SERVICE REPRESENTATIVE AU MOLAN

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

ener	gy se	rvic	e s, l.p.		• 1 **		•	'					
Customer	hief	+gin	Le	ease No.		·		Date					
Lease R	1arK			'ell #	1		-	10-11 +12					
Field Order #	Station	Pratt	-		Casing	3 7/9 Depth	345	County B			State/55		
Type Job C	nw 1	37/8 0	ONduct	rer		Formation	1		Legal D	escription / C	-35-11		
	E DATA	PERF	ORATING	DATA	FLUID	USED		TRE	ATMENT	RESUME			
Casing Size	Tubing Siz	ze Shots/F	t		Acid		RATE PRESS			ISIP			
Depth 345	Depth	From	To		Pre Pad	,	Max			5 Min.	5 Min.		
Volume	Volume	- From_	То		Pad		Min .			10 Min.	e e e e e e e e e e e e e e e e e e e		
Max Press	Max Press	From	То		Frac		Avg			15 Min.			
Well Connection	on Annulus V	ol. From	То			,	HHP Used	t		Annulus Pr	essure		
Plug Depthq	Packer De	From	То		Flush		Gas Volur			Total Load			
Customer Rep	presentative	ron m	1012	Station	Manager D.	SCOTT		Treater	oe n	1 elsor	7		
Service Units	27463	1983	19862		7900	<u> </u>	-						
Driver Namés	McGraw	Lai	vrence		nelson								
Time	Casing Pressure	Tubing Pressure	Bbls. Pum	ped	Rate	<u>.</u>			vice Log	•			
900						onLo	c - Su-	SOTY /	neer,	42			
		<u> </u>						13/8 6		18#	·		
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4:00		-	5		5	H20:	SPqc l	n		- a A/	1/		
			75		<u> </u>						3% CL /4# CRIFLANGE		
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PAGE	CUST NO	INVOICE DATE	_
1 of 1	16719	10/24/2012	

INVOICE NUMBER

1718 - 91033748

Pratt

(620) 672-1201

B CHIEFTAIN OIL COMPANY

PO Box: 124

L KIOWA

KS US 67070

o ATTN:

ACCOUNTS PAYABLE

LEASE NAME

Roark 1

LOCATION

В COUNTY

S

T

Barber KS

STATE

JOB DESCRIPTION Cement-New Well Casing/Pi

JOB CONTACT

јов #	EQUIPMENT #	PURCHASE OF	EDER NO.		TE	RMS	DUE DATE			
40526508	19843				Net -	30 days	11/23,	/2012		
			OTY OCT 29	U of	UNIT	PRICE	INVOICE	AMOUNT		
For Service Dates	s: 10/22/2012 to 10	7/22/2012	المستحدد	Kilom						
			OCT 29	2012						
0040526508		1	acī 2°	£0.0						
			00.	120	سدرا			•		
4740070044.0		0/00/0040	\triangle 20		eren :		i	* ··		
	ent-New Well Casing/Pi 1	0/22/2012	المنك	-	· .		۲,			
Cement 5 1/2" Long	jstring	the state of the s		-:			·· · ·			
AA2 Cement			275.00	EA		12.75		3,506.32		
C-41P			52.00	EA		3.00		156.00		
Salt			1,364.00	EA		0.38		511.51		
C-44			259.00	EA		3.86		1,000.41		
FLA-322			208.00	EA		5.63		1,170.03		
Gilsonite			1,375.00	EA		0.50		690.95		
"Latch Down Plug	& Baffle, 5 1/2"" (Blu		1.00	EA		300.01		300.0		
"Auto Fill Float Sho	∋ 5 1/2"" (Blue)"		1.00	EA		270.01		270.0		
"Turbolizer, 5 1/2""	(Blue)"		7.00	EA		82.50		577.5		
"5 1/2"" Basket (Bl	ue)"		2.00	EA		217.51		435.0		
Claymax KCL Subst	itute		5.00	EA		26.25		131.25		
Mud Flush	,		500.00	EA		0.65		322.51		
Super Flush II			500.00	EA	i	1.15		573.76		
"Unit Mileage Chg (PU, cars one way)"		55.00	MI		3.19		175.3		
Heavy Equipment M	lileage		110.00	MI		5.25		577.5		
"Proppant & Bulk D	el. Chgs., per ton mil		712.00	EA		1.20		854.4		
Depth Charge; 500			1.00	EA		2,160.05		2,160.0		
Blending & Mixing S			275.00	BAG		1.05	İ	288.7		
Plug Container Util.		1	1.00			187.50		187.5		
"Service Supervisor	, first 8 hrs on loc.		1.00	EA		131.25		131.2		
						<i>;</i>				
		•	.					1,500		
•								8392		
•		i			l	1000		5 7 775		

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP
PO BOX 841903 PO BOX 10460
DALLAS, TX 75284-1903 MIDLAND, TX 79702

SUB TOTAL

TAX

14,020.09 588.58

INVOICE TOTAL



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

FIELD SERVICE TICKET 1718 07264 A

DATE TICKET NO:

			<u> </u>					DATE	TICKET NO:						
DATE OF JOB /O -	-22	-12	DISTRICT PRATI	KS	NEW WELL PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:										
CUSTOMER C		LEASE ROARK / WELL NO.													
ADDRESS		, ,			COUNTY BARBER STATE KS										
CITY			STATE		SERVICE CREW Sullive WRight Phie										
AUTHORIZED B	Υ			•	•	JOB TYPE: CNW 5"2 LONS 51;									
EQUIPMENT		HRS	EQUIPMENT#	HRS	EQI	JIPMENT#	HRS	TRUCK CAL	LED 10-2	DATI	AND TIN				
19889-190			4				-	ARRIVED A	*		AM PM 2/3				
70959-199 3790		-/-	17.	-				START OPE	RATION	\supset	AM 5,4				
3770.				+ +				FINISH OPE	RATION	2	AM 6:4	5			
•								RELEASED		آ آ	AM 2.3				
							·	MILES FRO	M STATION TO	WELL	55				
ITEM/PRICE REF. NO.			MATERIAL, EQUIPMENT	AND SER	VICES US	SED	UNIT	GIGNED:	UNIT PRI		RACTOR OR AG				
CP 105	AA	. 2 /	-m+				sk	225		T	3 825	0			
CP 105		7 c					K	50			650				
ce 105	C 41	1 120	former				16	52			208	Ò			
ec 111	SAL						16	1364			682	00			
CC 115	C 4m2		1 '01				16	259	1.		1, 333	35			
Cc 201			22 Fluid Loss		•		15	1375	· · · · · · · · · · · · · · · · · · ·		1.560 921	25			
CF 607	LAT		Down Biller 1/2	وراسحد	,		54	/	 	+	400	20			
CF 1251	Auto	_	11 chop float				514	1				20			
CF 1651	TOR	201	12.14				5 A	7				00			
CF 1901	13 A50						51	2			<u> 580</u>	1			
c 704	CLAS	40.	<u>4)k</u>				AL.	5		}		00			
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CHE	EMICAL/	ACID [DATA:	Ī					SUB T	JIAL					
·						RVICE & EQU	IPMENT		AX ON \$						
					MA	TERIALS		%T/	AX ON \$			<u> </u>			
<u> </u>		<u>.</u>		}				Man	Kyw 1	OTAL					
										Mr.		I			

FIELD SERVICE ORDER NO.

REPRESENTATIVE Polocot

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



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

FIELD SERVICE TICKET

1718 **17265** A

Cont. 07264A

	- 1101001	•
DATE	TIÇKET NO.	

	, racocorie i olivii	MO & WILLIAM		•	-		DATE	TICKET NO			_	
DATE OF JOB	22-12 0	DISTRICT POLL H	· FC		NEW &	OLD	PROD INJ	□WDW	□ SI	JSTOMER RDER NO.:		
CUSTOMER (CH, of to	as Oic	ř	LEASE ROARK / WELL NO.								
ADDRESS			COUNTY MARRIE STATE NO									
CITY		STATE			SERVICE C	REW			,			
AUTHORIZED B	Υ		JOB TYPE:	CNW	5/7 6	ייה לא אינה אור אינה	•					
EQUIPMENT	T# HRS	EQUIPMENT#	HRS	EQI	JIPMENT#	HRS	TRUCK CALL	, ,	DATE	E AM PM	TIME	
							ARRIVED AT	JOB		AM PM		
					· · · · · · · · · · · · · · · · · · ·		START OPER	RATION		AM PM		
		/					FINISH OPER	RATION		AM PM		
				,	***************************************		RELEASED			AM PM		
							MILES FROM	STATION TO	WELL			
ITEM/PRICE	1	the written consent of an o						R, OPERATOR,	Т	- [•	
REF. NO.	М	IATERIAL, EQUIPMENT	AND SERVI	CES US	ED	UNIT	QUANTITY	UNIT PRIC	Έ	\$ AMO	UNT	
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				SE	RVICE & EQU	IPMENT	%TAX	ON \$		<i>a</i> 1, <i>U</i> /	<u> </u>	
			1		TERIALS		%TAX	ON \$				
	•]				Thank	you TO	DTAL			
	-							/				

SERVICE FIELD SERVICE ORDER NO. THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER, OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	4, of ta		\sim \sim	0		ease No.	. .				Date	٤.٠٠	h	•	. •			
Lease	<u> </u>	<u> </u>	Well #						10-22-12									
Field Order# Station PRAHK								Casing	Depth	542	County	RAI	State	· C				
Type Joh	ıω			1 14/57					Formation				Legal De	escription	//	<u> </u>		
	E DATA			ORAT	,	DATA		· FLUID (JSED		٦	REAT		RESUME				
Casing Size	Tubing Siz	ze S	Shots/Ft	t I		Acid				RATE PRESS				ISIP				
Depth 3547	Depth	F	rom		То		Pre	e Pad		Max				5 Min.				
Volume	Volume		rom	-	То		Pa	d	•	Min				10 Min.				
Max Press	Max Pres	s F	rom		То		Fra	ac		Avg [.]				15 Min.				
Well Connection ريز	on Annulus V	/ol. F	rom		To				:	HHP Use	d		:	Annulus I	ressur	е.		
Plug Depth	Packer De	epth F	rom		То		Flu	ısh		Gas Volui				Total Load				
Customer Rep	presentative					Station	Mar	nager	UE SCUT	#	Trea	ter //	Cent 1	<i>[//</i>	<u>)</u>			
Service Units	3 2900	198	189	198	43	709		19918								· ·		
Driver Names	Sullivan	بي	Righ	1		Phy	,								.]			
Time	Casing Pressure	Tub Pres			.⁄₽umj			Rate				Servi	ce Log					
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·)									Release	Place	107 75	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		<i>,e 12</i> -	, , <u>, , , , , , , , , , , , , , , , , </u>			
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					6				Phy o	n. 4/ 1	1 200	%						
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