



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:

- 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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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## Summary of Changes

Lease Name and Number: GOLDMAN MELCHER 8A

API/Permit #: 15-007-24213-00-00

Doc ID: 1272892

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/14/2014	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		4811-4817
Perf_Material_1		1000g 15% Acid, 4739bbls water, 39600lbs sand
Perf_Material_2		1000g 15% Acid, 4739bbls water, 39600lbs sand
Perf_Record_1		4811-4817

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Record_2		4857-4886
Perf_Shots_1		2
Perf_Shots_2		1
Save Link	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1227607">../kcc/detail/operatorEditDetail.cfm?docID=1227607</a>	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1272892">../kcc/detail/operatorEditDetail.cfm?docID=1272892</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1227607  
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 # \_\_\_\_\_

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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: \_\_\_\_\_

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- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
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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.

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Date: \_\_\_\_\_
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- 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.

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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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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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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1004409	1718	09/16/2014
<b>INVOICE NUMBER</b>			
<b>91595459</b>			

Pratt (620) 672-1201

J LEASE NAME Goldman Melcher A 8  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 F JOB DESCRIPTION Cement-New Well Casing/Pi  
 E JOB CONTACT

B VAL ENERGY  
 I 125 n market ste 1710  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN: ACCOUNTS PAYABLE

**RECEIVED**  
 SEP 17 2014

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40765867	19905	9308-8A	Net - 30 days	10/16/2014
<b>For Service Dates: 09/13/2014 to 09/13/2014</b>				
0040765867				
171811252A Cement-New Well Casing/Pi 09/13/2014 <u>Cement 5 1/2" Longstring</u>				
AA2 Cement		260.00 EA	13.09	3,403.19 T
Celloflake		65.00 EA	2.85	185.17 T
C-41P		62.00 EA	3.08	190.95 T
Salt		1,288.00 EA	0.38	495.85 T
C-44		245.00 EA	3.97	971.49 T
FLA-322		196.00 EA	5.77	1,131.83 T
Gilsonite		1,302.00 EA	0.52	671.66 T
Super Flush II		500.00 EA	1.18	589.01 T
"Latch Down Plug & Baffle, 5 1/2" (Blu		1.00 EA	307.98	307.98
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00 EA	277.18	277.18
"Turbolizer, 5 1/2" (Blue)"		8.00 EA	84.70	677.56
"5 1/2" Basket (Blue)"		1.00 EA	223.29	223.29
"Unit Mileage Chg (PU, cars one way)"		50.00 MI	3.27	163.61
Heavy Equipment Mileage		100.00 MI	5.39	538.97
"Proppant & Bulk Del: Chgs., per ton mil		613.00 EA	1.69	1,038.36
Depth Charge; 5001-6000'		1.00 EA	2,217.46	2,217.46
Blending & Mixing Service Charge		260.00 BAG	1.08	280.26
Plug Container Util. Chg.		1.00 EA	192.49	192.49
"Service Supervisor, first 8 hrs on loc.		1.00 EA	134.74	134.74

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>13,691.05</b>
<b>BASIC ENERGY SERVICES, LP</b>	<b>BASIC ENERGY SERVICES, LP</b>	<b>TAX</b>	<b>546.20</b>
<b>PO BOX 841903</b>	<b>801 CHERRY ST, STE 2100</b>	<b>INVOICE TOTAL</b>	<b>14,237.25</b>
<b>DALLAS, TX 75284-1903</b>	<b>FORT WORTH, TX 76102</b>		



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 11252 A

32-34-11

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 9-13-2014	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: USI Energy, Inc	LEASE: Goldman Melcher A	WELL NO. 8								
ADDRESS:	COUNTY: <del>Pratt</del> BARBER	STATE KS								
CITY:	STATE:	SERVICE CREW: Devin, McCRAW, DACE								
AUTHORIZED BY:	JOB TYPE: CNU / 5 1/2 Longstring									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1						9-13			8:30
19826	1					ARRIVED AT JOB	9-13	AM	PM	1:30
19905	1					START OPERATION	9-13	AM	PM	2:30
19831	1					FINISH OPERATION	9-13	AM	PM	3:30
19862	1					RELEASED	9-13	AM	PM	4:30
						MILES FROM STATION TO WELL	55			

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
CP105	AA2 Cement	SK	210		3,570 00
CP105	AA2 Cement	SK	50		850 00
CC102	Cellofibre	Lb	65		240 50
CC105	C-41P	Lb	62		248 00
CC111	SS1T	Lb	1288		644 00
CC115	C-44	Lb	245		1,261 75
CC129	FLA-322	Lb	196		1,470 00
CC201	Gilsonite	Lb	1302		872 34
CF607	Leach Down Plug + Baffle, 5 1/2 (Blue)	ES	1		400 00
CF1251	Build Fill Plug Shoe 5 1/2 (Blue)	ES	1		360 00
CF1651	Turbolizer, 5 1/2 (Blue)	ES	8		880 00
CF1901	5 1/2 Bssket (Blue)	ES	1		290 00
CC155	Super Flush II	Gal	500		765 00
E100	Unit Milesse Chsrse - Pickup	mi	30		212 50
E101	Heavy Equipment Milesse	mi	100		700 00
E113	Bulk Delivery Chsrse	Ton	613		1,347 50
CE206	Depin Chsrse, 5001-6000'	4hrs	1		2,880 00
CE240	Blending & Mixing Service Chsrse	SK	260		364 00
CE504	Plus container Utilization Chsrse	Job	1		250 00
S003	Service Supervisor, 1 hr + 8 hrs on loc	ES	1		175 00
SUB TOTAL					13,691 05

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]*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>VSI Energy, Inc</i>	Lease No.	Date <i>9-13-2014</i>	
Lease <i>Goldman Melcher A</i>	Well # <i>8</i>		
Field Order # <i>1232</i>	Station <i>Priddy</i>	Casing <i>5 1/2</i>	Depth <i>5423</i>
Type Job <i>CNU / 5 1/2 LongString</i>	Formation <i>TD 5470</i>	County <i>Berber</i>	State <i>KS</i>
		Legal Description <i>32-34-11</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>5 1/2</i>				Pre Pad	Max		5 Min.
Depth <i>5423</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>129</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth <i>5402</i>	Packer Depth	From	To				

Customer Representative	Station Manager <i>Kevin Gordley</i>	Treater <i>Darin Franklin</i>
Service Units	<i>27783 19826 19905 19831 19862</i>	
Driver Names	<i>Darin McGrew Phye Phye</i>	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>1:30pm</i>					<i>On location / safety meeting</i>
					<i>260sr AA 2 Cement, 1/4 # Gill Pipe</i>
					<i>.25% Defosmer, 10% SSIT, 1% Gss black</i>
					<i>.8% FLA-322, 5# SIC 6, 1/2 sonite</i>
					<i>15 pps, 1.43 v. 1.2, 5.93 w. 1.0. Rec.</i>
					<i>Pipe on bottom &amp; break circulation</i>
<i>2:30pm</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Pump 5 bbbs water</i>
	<i>300</i>		<i>12</i>	<i>5</i>	<i>12 bbbs mud flush</i>
	<i>300</i>		<i>5</i>	<i>5</i>	<i>5 bbbs water</i>
	<i>300</i>		<i>54</i>	<i>5</i>	<i>Mix 210 sr cement</i>
					<i>Shut down</i>
					<i>Wash pump &amp; lines</i>
					<i>Release plug</i>
	<i>100</i>		<i>0</i>	<i>6</i>	<i>start displacement</i>
	<i>600</i>		<i>92</i>	<i>6</i>	<i>lift pressure</i>
	<i>800</i>		<i>118</i>	<i>3</i>	<i>slow rate</i>
<i>3:30pm</i>	<i>1500</i>		<i>126</i>	<i>3</i>	<i>Bump plug</i>
					<i>Flow - Hold</i>
	<i>100</i>		<i>12</i>	<i>3</i>	<i>plus Ret &amp; mouse holes</i>
					<i>Job complete / Darin &amp; crew</i>
					<i>Thank you!!!</i>



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1004409	1718	09/01/2014
<b>INVOICE NUMBER</b>			
<b>91583665</b>			

Pratt (620) 672-1201  
 B VAL ENERGY  
 I 125 n market ste 1710  
 L WICHITA  
 L KS US 67202  
 T  
 O **ATTN:** ACCOUNTS PAYABLE

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

**RECEIVED**

<b>JOB #</b>	<b>EQUIPMENT #</b>	<b>PURCHASE ORDER NO.</b>	<b>TERMS</b>	<b>DUE DATE</b>
40760430	19905	SEP 03 2014	Net - 30 days	10/01/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/28/2014 to 08/28/2014</i>				
0040760430				
171811050A Cement-New Well Casing/Pi 08/28/2014				
<u>Cement 8 5/8 Surface</u>				
60/40 POZ	190.00	EA	9.24	1,755.60 T
Celloflake	48.00	EA	2.85	136.75 T
Calcium Chloride	492.00	EA	0.81	397.78 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	123.20	123.20
"Baffle Plate Alum., 8 5/8"" (Blue)"	1.00	EA	130.90	130.90
"8 5/8"" Basket (Blue)"	1.00	EA	242.55	242.55
Sugar	50.00	EA	3.85	192.50 T
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	3.27	163.63
Heavy Equipment Mileage	100.00	MI	5.39	539.00
"Proppant & Bulk Del. Chgs., per ton mil	410.00	EA	1.69	694.54
Depth Charge; 0-500'	1.00	EA	770.00	770.00
Blending & Mixing Service Charge	190.00	BAG	1.08	204.82
Plug Container Util. Chg.	1.00	EA	192.50	192.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.75	134.75

9208-8A

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>5,678.52</b>
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	<b>TAX</b>	<b>177.51</b>
PO BOX 841903	801 CHERRY ST, STE 2100	<b>INVOICE TOTAL</b>	<b>5,856.03</b>
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 11050 A

32-345-11W

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 8-28-14 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: Val Energy, Inc.		LEASE: Goldman Melcher A WELL NO. 8							
ADDRESS:		COUNTY: Barber STATE: KS							
CITY: STATE:		SERVICE CREW: Ed Aaron Joe							
AUTHORIZED BY:		JOB TYPE: CNW surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
77686-19905	45 min						8-28-14	PM	9:00
<del>13869969-21010</del>	45 min							AM/PM	11:30
28443								AM/PM	1330
								AM/PM	1415
								AM/PM	1515
						MILES FROM STATION TO WELL			50

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 103	60/40 POZ	SK	190		2,280.00
CC 102	celloflake	lb	48		177.60
CC 109	Calcium Chloride	lb	492		516.60
CF 153	wooden plug	eg	1		160.00
CF 753	Baffle Plate	eg	1		170.00
CF 1903	8 3/8 Basket	eg	1		315.00
CL 131	Sugar	lb	50		250.00
E 100	Pickup mileage	mi	50		212.50
E 101	Heavy mileage	mi	100		700.00
E 113	Bulk Delivery	TM	410		907.00
CE 200	Depth Charge	4hr	1		1,000.00
CE 240	Mixing Charge	SK	190		266.00
CE 504	Plug Container	JOB	1		250.00
S 003	super visor	eg	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		10	5,678.52
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: *[Signature]*  
FIELD SERVICE ORDER NO. \_\_\_\_\_

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

