

**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  SLOW  
 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  SWGPS 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
--	---

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: OTTO 1-21

API/Permit #: 15-193-20938-00-00

Doc ID: 1324251

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	12/16/2014	12/07/2016
CasingAdd_Type_PctP DF_1		3%CC
CasingAdd_Type_PctP DF_2		3%CC
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
Date of First or Resumed Production or SWD or Enhr Perf_Depth_1		1/23/2015 4671-4682
Perf_Record_1		4671-4682
Perf_Shots_1		4

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Producing Method Pumping	No	Yes
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1235298	../kcc/detail/operatorEditDetail.cfm?docID=1324251



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1235298  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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

**CONFIDENTIAL** WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic     Other (Core, Expl., etc.): \_\_\_\_\_

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

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening     Re-perf.     Conv. to ENHR     Conv. to SWD
- Plug Back       Conv. to GSW     Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion    Permit #: \_\_\_\_\_
- SWD                  Permit #: \_\_\_\_\_
- ENHR                Permit #: \_\_\_\_\_
- GSW                  Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27     NAD83     WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

*(Data must be collected from the Reserve Pit)*

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

- Confidentiality Requested  
Date: \_\_\_\_\_
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- 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](mailto: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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PAGE	CUST #	YARD #	INVOICE DATE
1 of 2	1004409	1718	12/09/2014
<b>INVOICE NUMBER</b>			
<b>91670672</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 Otto 1-21  
 O LOCATION  
 B COUNTY Thomas  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

RECEIVED

JOB #	EQUIPMENT #	PURCHASE ORDER NO	TERMS	DUE DATE
40795074	99999/Ft.Morgan Pu	9308	Net - 30 days	01/08/2015

**For Service Dates: 12/04/2014 to 12/04/2014**

0040795074

171811693A Cement-New Well Casing/Pi 12/04/2014  
 Cement 5 1/2" Two Stage Longstring

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
AA2 Cement	175.00	EA	13.09	2,290.75 T
A-Con Blend Common	400.00	EA	13.86	5,544.00 T
60/40 POZ	50.00	EA	9.24	462.00 T
Celloflake	144.00	EA	2.85	410.26 T
C-41P	42.00	EA	3.08	129.36 T
Salt	796.00	EA	0.39	306.46 T
C-44	165.00	EA	3.97	654.31 T
FLA-322	132.00	EA	5.78	762.30 T
Calcium Chloride	1,128.00	EA	0.81	911.99 T
Super Flush II	500.00	EA	1.18	589.05 T
Gilsonite	875.00	EA	0.52	451.41 T
"Two Stage Cement Collar, 5 1/2" (Red)"	1.00	EA	4,697.00	4,697.00
"5 1/2" Latch Down Plug & Assembly (Red)	1.00	EA	654.50	654.50
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	277.20	277.20
"Turbolizer, 5 1/2" (Blue)"	7.00	EA	84.70	592.90
"5 1/2" Basket (Blue)"	1.00	EA	223.30	223.30
"Unit Mileage Chg (PU, cars one way)"	120.00	MI	3.47	415.80
Heavy Equipment Mileage	360.00	MI	5.78	2,079.00
"Proppant & Bulk Del. Chgs., per ton mil	3,504.00	EA	1.92	6,745.19
Depth Charge; 4001'-5000'	1.00	EA	1,940.40	1,940.40
Blending & Mixing Service Charge	625.00	BAG	1.08	673.75
Depth Charge; 2001'-3000'	1.00	EA	1,386.00	1,386.00
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

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>32,524.18</b>
<b>BASIC ENERGY SERVICES, LP</b>	<b>BASIC ENERGY SERVICES, LP</b>	<b>TAX</b>	<b>894.60</b>
<b>PO BOX 841903</b>	<b>801 CHERRY ST, STE 2100</b>	<b>INVOICE TOTAL</b>	<b>33,418.78</b>
<b>DALLAS, TX 75284-1903</b>	<b>FORT WORTH, TX 76102</b>		



PAGE	CUST #	YARD #	INVOICE DATE
2 of 2	1004409	1718	12/09/2014
<b>INVOICE NUMBER</b>			
<b>91670672</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 Otto 1-21  
 O LOCATION  
 B COUNTY Thomas  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE	
40795074	99999/Ft.Morgan Pu			Net - 30 days	01/08/2015	
			QTY	U of M	UNIT PRICE	INVOICE AMOUNT

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>32,524.18</b>
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	<b>TAX</b>	<b>894.60</b>
PO BOX 841903	801 CHERRY ST, STE 2100	<b>INVOICE TOTAL</b>	<b>33,418.78</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 11693 A

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

DATE OF JOB <u>12-4-14</u> DISTRICT <u>Pratt</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>VAL Energy Incorporated</u>		LEASE <u>OTTO</u>		WELL NO. <u>1-2</u>		
ADDRESS		COUNTY <u>Thomas</u>		STATE <u>Ks</u>		
CITY		STATE		SERVICE CREW <u>MATTAL, Jerry, Kyle, J.R.</u>		
AUTHORIZED BY		JOB TYPE: <u>CRW 5 1/2 Two Stage 1044 string</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>12-3-14</u> DATE <u>AM</u> TIME <u>9:05</u>
<u>37586</u>	<u>4</u>					ARRIVED AT JOB <u>AM</u> <u>6:50</u>
		<u>84995/84984</u>	<u>4</u>			START OPERATION <u>12-4-14</u> <u>AM</u> <u>7:10</u>
<u>84991/84982</u>	<u>4</u>					FINISH OPERATION <u>AM</u> <u>7:10</u>
<u>84993/84987</u>	<u>4</u>					RELEASED <u>AM</u> <u>8:00</u>
						MILES FROM STATION TO WELL <u>120</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 105	AA-2 CMT	SK	175		2975 00
CP 101	A con Blend	SA	400		7,200 00
CP 103	60/40 P02	SK	50		600 00
CC 102	colliflank	lb	144		532 80
CC 105	C-91P	lb	42		168 00
CC 111	SALT	lb	796		398 00
CC 115	C-44	lb	165		849 75
CC 129	FIN 322	lb	132		990 00
CC 201	Silsonite	lb	875		586 25
CC 109	Calcium chloride	lb	1128		1,184 40
CF 1251	Anchor Float shoe 5 1/2	ea	1		360 00
CF 1651	Turboliner 5 1/2	ea	7		770 00
CF 1901	BASKET 5 1/2	ea	1		290 00
CF 401	Two Stage CMT collar 5 1/2	ea	1		6,100 00
CF 601	Anchor plug + Baffle rod 5 1/2	ea	1		850 00
CC 155	Super Flush II	gal	500		765 00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE <u>Mike Mattal</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X [Signature]</u>
---	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**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 ~~11694~~ A

CONTINUATION OF 11693

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

DATE OF JOB 12-4-14 DISTRICT P/471		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. Corporation		LEASE OTTO WELL NO.:							
ADDRESS _____		COUNTY Thomas STATE KS							
CITY _____ STATE _____		SERVICE CREW _____							
AUTHORIZED BY _____		JOB TYPE: _____							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
						ARRIVED AT JOB		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
							MILES FROM STATION TO WELL		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED:   
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	P.U. Miles	Mi	120		540 00
E 101	Heavy eq Miles	Mi	360		2,700 00
E 113	PROP + Bulk Mat.	FM	3504		8,760 00
Ce 203	Depth Charge 4000-5000'	4hr	1		2,520 00
Ce 240	Bloom + Misc	SK	625		875 00
Ce 504	PLY CONTAIN	TJB	1		250 00
S 003	Supervisor	ea	1		175 00
Ce 203	Depth Charge 2000-3000'	4hr	1		1,800 00

CHEMICAL / ACID DATA:			

SUB TOTAL	42,239 20
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	32,524 18

SERVICE REPRESENTATIVE Mike Marral THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:   
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

CLOUD LITHO - Abilene, TX

Customer VAI Energy Inc.	Lease No.	Date 12-4-14	
Lease OTTO	Well # 1-21		
Field Order # 11015	Station Pratt	Casing 3/2	Depth 4915.3
		County THOMAS	State K1
Type Job 5/2 TWO STAGS - LONG STAGS		Formation	Legal Description 21-85-35 W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 3/2	Tubing Size	Shots/Ft		Acid 175 SUG AA-2	RATE 1.2	PRESS 1100	ISIP	
Depth 4915.3	Depth	From	To	Pre Pad 400 SUG	Max 3%	CC 1/4"	5 Min.	
Volume 114.2	Volume	From	To	Pad 50 SUG	Min 6.0/10.0	2%	10 Min.	
Max Press 2,000	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PE	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4677.2	Packer Depth	From	To	Flush 113.3	Gas Volume		Total Load	

Customer Representative LARRY McADAMS	Station Manager KEVIN GOLDBER	Treater MIKE MATTHEW
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Service Units	37536	84991	84982	84993	84987	84995	84984
Driver Names	MATTHEW	KATIE		LEAS		ESTIMATE	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:50					ON LOCATION / SAFETY MEETING
11:50					RUN 5 1/2 17" CSNG, DV @ 2850'
					TRUBS ON 3, 4, 5, 6, 7, 46, 48, BASKET ON 46
2:05					CSNG ON BOTTOM
2:26					HOOK TO CSNG / BACK CIRC W RIG
3:00	200		5	5	PUMP 5 BBL WATER
3:10	200		12	5	PUMP 12 BBL SUPER FLUSH II
3:12	200		3	5	PUMP 3 BBL WATER
3:13	300		4.2	6.5	MIX 175 SUG AA-2
3:30			4	3	WASH PUMP LINE
3:36					DROP PLUG
3:36	100			6	START WATER DISP.
3:47	100		47	3	START MUD DISP.
4:00	300		80	4.5	LIFT MESSAGE
4:07	550		100	3	SLOW RATE
4:10	1500		113.3		PLUG DOWN, ISOLATED 7 H10
4:21					DROP OP-TRIP TOOL
4:36	900				OP-TRIP TOOL W. TRUCK
4:45					HOOK UP TO CUC. W. RIG
4:50			7.5		PLUG REM. & HOUSE HOLE

## TREATMENT REPORT

Customer: <b>VAT Energy Inc</b>	Lease No.	Date: <b>12-4-14</b>
Lease: <b>OTTO</b>	Well #: <b>1-21</b>	
Field Order # <b>11693</b>	Station <b>Pratt</b>	Casing <b>5 1/2</b> Depth <b>4915.13</b>
		County <b>Thomas</b> State <b>KS</b>
Type Job	Formation	Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	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	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager	Treater
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Service Units									
Driver Names									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:03	350	}	176	6	MIX 400 SKS A-CO <sub>2</sub>
6:48	-		4	3	WASH PUMP + LINE, (release plug)
6:52	300		-	6	START FRESH WATER DISPLACEMENT
6:59	500		60	3	ISLOW
7:05	1700		67		PLUG DOWN
					JOB COMPLETE
					THANK YOU!!
					MIKE MATAI
					Jerry, Kyle, J.R.



PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 147231

Invoice Date: Nov 22, 2014

Page: 1

Federal Tax I.D.#: 20-8651475

<b>Bill To:</b>
Val Energy, Inc. 200 W. Douglas STE #520 Wichita, KS 67202

**RECEIVED**  
DEC 04 2014

9208  
SURFACE Cement

<b>Customer ID</b>	<b>Field Ticket #</b>	<b>Payment Terms</b>	
Val	64358	Net 30 Days	
<b>Job Location</b>	<b>Camp Location</b>	<b>Service Date</b>	<b>Due Date</b>
KS1-01	Oakley	Nov 22, 2014	12/22/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Otto #1-21		
200.00	CEMENT MATERIALS	Class A Common	17.90	3,580.00
376.00	CEMENT MATERIALS	Gel	0.50	188.00
564.00	CEMENT MATERIALS	Chloride	1.10	620.40
216.27	CEMENT SERVICE	Cubic Feet Charge	2.48	536.35
444.14	CEMENT SERVICE	Ton Mileage Charge	2.75	1,221.39
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
45.00	CEMENT SERVICE	Pump Truck Mileage	7.70	346.50
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
45.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	198.00
1.00	CEMENT SERVICE	Waiting on Location	440.00	440.00
1.00	CEMENT SUPERVISOR	LaRene Wentz		
1.00	EQUIPMENT OPERATOR	Wayne McGhghy		
1.00	OPERATOR ASSISTANT	Shawn Tatro		

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 1,783.58

ONLY IF PAID ON OR BEFORE

Dec 22, 2014

Subtotal	8,917.89
Sales Tax	313.77
Total Invoice Amount	9,231.66
Payment/Credit Applied	
<b>TOTAL</b>	<b>9,231.66</b>

# ALLIED OIL & GAS SERVICES, LLC 064358

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:  
Oakley, KS  
11-22-14

DATE <u>11-22-14</u>	SEC. <u>21</u>	TWP. <u>8</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION <u>8:00pm</u>	JOB START <u>12:30pm</u>	JOB FINISH <u>1:00pm</u>
LEASE <u>OTC</u>	WELL# <u>1-21</u>	LOCATION <u>Levant, 15, 3rd, Y25</u>			COUNTY <u>Thomas</u>	STATE <u>Ks</u>	
OLD OR (NEW) (Circle one)				<u>Units</u>			

CONTRACTOR Val 4

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 260'

CASING SIZE 8 7/8 DEPTH 260'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 1.5-68 bbl

OWNER same

CEMENT AMOUNT ORDERED 200 SK Comm 38CC

2 bags

COMMON	<u>200 SK @ 17.90</u>	<u>3580.00</u>
POZMIX	_____ @ _____	_____
GEL	<u>3264 @ .50</u>	<u>1632.00</u>
CHLORIDE	<u>5644 @ 1.10</u>	<u>6208.40</u>
ASC	_____ @ _____	_____

EQUIPMENT

PUMP TRUCK # <u>431</u>	CEMENTER <u>LaRone Edwards</u>
BULK TRUCK # <u>871/310</u>	HELPER <u>Wayne McGhiey</u>
BULK TRUCK # _____	DRIVER <u>Mario Casarubias (FWS)</u>
BULK TRUCK # _____	DRIVER <u>Shawn Tastro</u>

Material Total	_____ @ _____	<u>4,300.40</u>
	_____ @ _____	_____
	_____ @ _____	_____
	_____ @ _____	_____
	_____ @ _____	_____
	_____ @ _____	_____
HANDLING <u>2/61-27-14</u>	<u>@ 2.48</u>	<u>536.35</u>
MILEAGE <u>987 hrs x 1.45</u>	<u>@ 2.75</u>	<u>2721.75</u>
TOTAL		_____

REMARKS:

Mix 200 SK cement

Displace with water

Cement dial calculate

103 Ks to pit

Thank you

CHARGE TO: Val Energy

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB	<u>260'</u>	_____
PUMP TRUCK CHARGE	_____	<u>1512.25</u>
EXTRA FOOTAGE	_____ @ _____	_____
MILEAGE <u>MIFU 45</u>	<u>@ 7.20</u>	<u>324.00</u>
MANIFOLD <u>Head</u>	_____ @ _____	<u>275.00</u>
<u>MIFU 45</u>	<u>@ 4.40</u>	<u>198.00</u>
<u>Electric time 1 hr</u>	_____ @ _____	<u>450.00</u>
TOTAL		<u>4,524.51</u>

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME \_\_\_\_\_

SIGNATURE [Signature]

PLUG & FLOAT EQUIPMENT

_____	_____ @ _____	_____
_____	_____ @ _____	_____
_____	_____ @ _____	_____
_____	_____ @ _____	_____
TOTAL		_____

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 8,911.91

DISCOUNT 1,783.58 (20%) IF PAID IN 30 DAYS

7,128.33 Net