



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
_____	_____	_____

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
--	---

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: GATES 2-31

API/Permit #: 15-035-24616-00-00

Doc ID: 1309992

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	Rene Stucky	Karen Ritter
Approved Date	12/31/2014	06/22/2016
CasingAdd_Type_PctP DF_1		cc
CasingAdd_Type_PctP DF_2		cc
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
Date of First or Resumed Production or SWD or Enhr		1/13/2015
Method Of Completion - Perf	No	Yes
Perf_Depth_1		3062-78, 3092-3102, 3108-3122
Perf_Material_1		1000g 15%, 39600lbs sand, 4654bbbls water

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Record_1		3062-78, 3092-3102, 3108-3122
Perf_Shots_1		1
Producing Method Pumping	No	Yes
Save Link	../../kcc/detail/operatorE ditDetail.cfm?docID=12 36604	../../kcc/detail/operatorE ditDetail.cfm?docID=13 09992



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236604
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

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

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

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

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

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

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (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 N°	YARD #	INVOICE DATE
1 of 1	1004409	1718	10/31/2014
INVOICE NUMBER			
91638377			

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 Gates 2-31
 O LOCATION
 B COUNTY Cowley
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

RECEIVED

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40782478	19905	9308-2	Net - 30 days	11/30/2014	
For Service Dates: 10/29/2014 to 10/29/2014					
0040782478		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
171811225A Cement-New Well Casing/Pi 10/29/2014					
Cement 5 1/2" Longstring					
AA2 Cement		125.00	EA	11.39	1,423.75 T
60/40 POZ		30.00	EA	8.04	241.20 T
Celloflake		32.00	EA	2.48	79.33 T
C-41P		30.00	EA	2.68	80.40 T
Salt		570.00	EA	0.34	190.95 T
C-44		118.00	EA	3.45	407.16 T
FLA-322		95.00	EA	5.02	477.37 T
Super Flush II		500.00	EA	1.03	512.55 T
Gilsonite		625.00	EA	0.45	280.56 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)		1.00	EA	268.00	268.00
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00	EA	241.20	241.20
"Turbolizer, 5 1/2" (Blue)"		5.00	EA	73.70	368.50
"5 1/2" Basket (Blue)"		1.00	EA	194.30	194.30
"Unit Mileage Chg (PU, cars one way)"		120.00	MI	3.02	361.80
Heavy Equipment Mileage		240.00	MI	5.03	1,206.00
"Proppant & Bulk Del. Chgs., per ton mil		864.00	EA	1.68	1,447.20
Depth Charge; 3001-4000'		1.00	EA	1,447.20	1,447.20
Blending & Mixing Service Charge		155.00	BAG	0.94	145.39
Plug Container Util. Chg.		1.00	EA	167.50	167.50
"Service Supervisor, first 8 hrs on loc.		1.00	EA	117.25	117.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,657.61
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	236.37
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	9,893.98
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

31-325-6E

FIELD SERVICE TICKET
1718 11225 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-29-14		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: GAMES				WELL NO.: 2-71							
ADDRESS:				COUNTY: Cowley				STATE: KS							
CITY:				STATE:				SERVICE CREW: Mattai, McGraw, COBB							
AUTHORIZED BY:				JOB TYPE: COW 5 1/2 LONG STAIRS											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
37586	1						10-28-14			5:35					
						ARRIVED AT JOB				11:00					
77686/19900	1					START OPERATION	10-29-14			4:25					
						FINISH OPERATION				5:30					
19889/19862	1					RELEASED				5:45					
						MILES FROM STATION TO WELL	120								

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	AA-2 CRT	SK	125		2,125.00	
CP103	6240 P02	SK	30		360.00	
CC 102	Cellotape	lb	32		118.40	
CC 105	C-41P	lb	30		120.00	
CC 111	SAIT	lb	570		285.00	
CC 115	C44	lb	118		607.70	
CC 129	KIA 322	lb	95		712.50	
CC 201	giltsonite	lb	625		418.75	
CF 607	ATCH DOWN plug + GAFFLE 5 1/2	EA	1		400.00	
CF 1251	Arrow Kill Flow 540 5 1/2	EA	1		360.00	
CF 1651	Furballer 5 1/2	EA	5		550.00	
CF 1901	BASK-1 5 1/2	EA	1		290.00	
CC 155	SUP-FLUSH II	gal	500		765.00	
E100	P.u. Mils	Mi	120		540.00	
E101	Heavy eq. Mils	Mi	240		1,800.00	
E113	Prod + BULK P-1	TM	864		2,100.00	
CC 204	DELTA Charge 3001-4000	4hr	1		2,160.00	
CC 240	Bleed + mix charge	SK	155		217.00	
CC 504	plug container	JOB	1		250.00	
5003	supervisor	EA	1		175.00	
					SUB TOTAL	14,414.35
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT					%TAX ON \$	
MATERIALS					%TAX ON \$	
					TOTAL	14,657.61

*Discount 10%
10/29/14*

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

FIELD SERVICE ORDER NO. _____

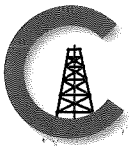
Customer VAL Energy inc.	Lease No.	Date 10-29-14
Lease Gares	Well # 2-31	
Field Order # 11225	Station Pratt	Casing 5 1/2 Depth 3489
Type Job CNW 5 1/2 long string		County Cowley State KS
Formation		Legal Description 31-325-6E

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 125 sacks AA-2	RATE .8%	PRESS 200	ISIP 2000
Depth 3489	Depth	From	To	Pre Pad 1% gas block	Max 10%		5 Min
Volume 82.9	Volume	From	To	Pad 5 # sk silsol	Min		10 Min.
Max Press 1300	Max Press	From	To	Frac 30 sacks 60/40	Avg 10%	2%	15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 3489	Packer Depth	From	To	Flush 82.4	Gas Volume		Total Load

Customer Representative DUSTIN	Station Manager Kevin Goinley	Treater Mike Marrot
---------------------------------------	--------------------------------------	----------------------------

Service Units	77586	77686	19905	19889	19862			
Driver Names	MARROT	MARROT		COBB				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00					ON location, safety meeting
					Run 5 1/2 15.5 # casing Bore on #6
					Turbos on 1, 3, 5, 7, 10
3:20					CASING ON BOTTOM
3:30					HOOK TO CASING / BREAK circ. w. RIG
4:20	200		5	5	PUMP 5 BBL WATER
4:24	200		12	5	PUMP 12 BBL SUPRIFLUS 4 II
4:25	200		3	5	PUMP 3 BBL WATER
4:26	300		30	6	MIX 125 SACKS AA-2
4:31			4	3	WASH PUMP + LINE, release plug
4:35	150			6	START DISPLACEMENT
4:45	250		62	5.5	LIFT PRESSURE
4:47	200		70	3	Slow rate
4:49	600/1500		82.4	-	Plug down, released + hold
4:55			7	-	Plug at hole
					CIRCULATION thru JOB
					JOB COMPLETE
					Thank You!
					Mike Marrot
					MW + COLT



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 272117

Invoice Date: 10/29/2014 Terms: 0/30/10,n/30

Page 1

VAL ENERGY
125 N. MARKET, SUITE 1710
WICHITA KS 67202
(316) 263-6688

GATES 2-31
46540
31/32/6
10/24/2014
KS

RECEIVED
OCT 31 2014

9208-2
SURFACE CEMENT

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	190.00	15.7000	2983.00
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1102	CALCIUM CHLORIDE (50#)	550.00	.7800	429.00
1107	FLO-SEAL (25#)	100.00	2.4700	247.00
4310	MISC. EQUIPMENT	10.00	1.4000	14.00
	SUGAR			

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-1120.80

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	55.00	4.20	231.00
713 TON MILEAGE DELIVERY	489.50	1.41	690.20

Amount Due 5781.21 if paid after 11/08/2014

Parts:	3750.00	Freight:	.00	Tax:	168.28	AR	4588.68
Labor:	.00	Misc:	.00	Total:	4588.68		
Sublt:	-1120.80	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

272117
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 46540
LOCATION EL Dorado
FOREMAN Fuzz Y

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
10-24-14	8576	Gates 2.31	31	32	6	Cowley												
CUSTOMER Ual Energy			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Josh</td> <td></td> <td></td> </tr> <tr> <td>763</td> <td>Jud</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Josh			763	Jud		
TRUCK #	DRIVER	TRUCK #					DRIVER											
446	Josh																	
763	Jud																	
MAILING ADDRESS 200 W. Douglas St # 520																		
CITY Wichita	STATE KS	ZIP CODE 67202																

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 338' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 338' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 20.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Ual #3 Rig up and circulate.
Mix 190 sks Class 'A' 390cc, 290gal 1/2" poly flake
Displace 20 1/4 gal and shut in.
Cement did circulate approx 4 bags to pit.

Thanks Fuzz Y crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5406	1	PUMP CHARGE	870.00	870.00
5406	55	MILEAGE	4.20	231.00
5407A	8.9 ton	Tow Mileage Delivery	7.75	690.19
11045	190 sks	Class 'A' cement	15.20	2983.00
1118B	350 #	Gel	.22	77.00
1102	550 #	Calcium chloride	.78	429.00
1107	100 #	Poly. Flake	2.47	247.00
4310	10 #	SUGAR	1.40	14.00
		Subtotal		5541.19
		disc.		1120.70
		Subtotal		4420.39
		SALES TAX		168.28
		ESTIMATED TOTAL		4588.67

AVIN 3737
 AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.