

Complete Production Services, Inc.  
 Form 3  
 April 20, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Â SCF IV LP (Last) (First) (Middle) 600 TRAVIS,Â SUITE 6600 (Street) HOUSTON,Â TXÂ 77002 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/20/2006	3. Issuer Name and Ticker or Trading Symbol Complete Production Services, Inc. [CPX]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) Member of a group	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	39,396,756	D (1)	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of			

Shares (I)  
(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SCF IV LP 600 TRAVIS SUITE 6600 HOUSTON, TX 77002	Â	Â X	Â	Member of a group
SIMMONS L E 600 TRAVIS SUITE 6600 HOUSTON, TX 77002	Â	Â X	Â	Member of a group
SCF IV GP LTD PARTNERSHIP 600 TRAVIS SUITE 6600 HOUSTON, TX 77002	Â	Â X	Â	Member of a group
SIMMONS L E & ASSOCIATES INC 600 TRAVIS SUITE 6600 HOUSTON, TX 77002	Â	Â X	Â	Member of a group

## Signatures

By: SCF-IV, L.P., By: SCF-IV, G.P., L.P., its general partner, By: L.E. Simmons & Associates Incorporated, its general partner, By: L.E. Simmons, its sole stockholder and director /s/ Anthony DeLuca (attorney-in-fact) for L.E. Simmons

04/20/2006

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

This Form 3 is being filed by more than one reporting person. SCF-IV, L.P., a Delaware limited partnership ("SCF-IV"), directly owns the shares of the common stock of the Issuer. SCF-IV, G.P., Limited Partnership, a Delaware limited partnership ("SCF-IV GP") is the sole general partner of SCF-IV. L.E. Simmons & Associates, Incorporated, a Delaware corporation ("Simmons & Associates"), is the sole general partner of SCF-IV GP. L.E. Simmons is the sole stockholder and director of Simmons & Associates. SCF-IV GP, Simmons & Associates, and L.E. Simmons are indirect beneficial owners of the reported securities.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.