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:

response...

Expires: January 31, 2005

3235-0104

0.5

Estimated average burden hours per

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 * SCF IV LP			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Complete Production Services, Inc. [CPX]				
(Last)	(First)	(Middle)	04/20/2006	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
600 TRAVIS	, SUIT	E 6600					Tiled(Month Day) Tear)	
(Street) HOUSTON, TX 77002			(Check all applicable))	6. Individual or Joint/Group	
				DirectorX 10% Owne OfficerX Other (give title below) (specify below) Member of a group			Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	ies Be	neficially Owned	
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.		
Common Stock			39,396,756		D (1)	Â		
Reminder: Repo	_		each class of securities benefic	ially S	EC 1473 (7-02	2)		
	infor	mation con	spond to the collection of tained in this form are not ond unless the form displ	t				

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

currently valid OMB control number.

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Security Direct (D	Security: Direct (D) or Indirect		

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	ÂΧ	Â	Member of a group		
SIMMONS L E 600 TRAVIS SUITE 6600 HOUSTON, TX 77002	Â	ÂX	Â	Member of a group		
SCF IV GP LTD PARTNERSHIP 600 TRAVIS SUITE 6600 HOUSTON, TX 77002	Â	ÂX	Â	Member of a group		
SIMMONS L E & ASSOCIATES INC 600 TRAVIS SUITE 6600 HOUSTON, TX 77002	Â	ÂX	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
- (1) 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.

Reporting Owners 2