



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
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 and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

| | |
|---|---|
| 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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 | | | | |
| | | | | |

| 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | SCHARTZ M 1 |
| Doc ID | 1048462 |

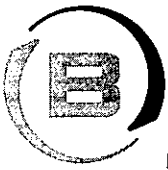
All Electric Logs Run

| |
|--------------------------------------|
| |
| MICROLOG |
| ARRAY COMPENSATED TRUE RESISTIVITY |
| SPECTRAL DENSITY DUAL SPACED NEUTRON |
| CEMENT BOND LOG |
| BOREHOLE SONIC ARRAY |

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | OXY USA Inc. |
| Well Name | SCHARTZ M 1 |
| Doc ID | 1048462 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| HEEBNER | 3860 | -706 |
| LANSING | 3964 | -810 |
| SWOPE | 4419 | -1265 |
| MARMATON | 4596 | -1442 |
| CHEROKEE | 4769 | -1615 |
| ATOKA | 4986 | -1832 |
| MORROW | 5237 | -2083 |
| CHESTER | 5605 | -2451 |
| ST. GENEVIEVE | 5676 | -2522 |
| ST. LOUIS | 5709 | -2555 |



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01008 A

8-30-10 DATE TICKET NO. _____

| | | | | | | | | |
|------------------------|------------------------------|--|--|-------------------------------|------------------------------|------------------------------|---------------------|---------|
| DATE OF JOB 8-30-10 | DISTRICT Liberal, KS 1717 | 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 OXY USA | LEASE SHARTZ "M" | | WELL NO. 1 | | | | | |
| ADDRESS | | COUNTY GRANT | STATE KANSAS | | | | | |
| CITY Liberal | STATE KANSAS | | SERVICE CREW Carlos Lopez - Mickey C. | | | | | |
| AUTHORIZED BY | | JOB TYPE: 8 5/8" SURFACE Z-42 | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | TIME |
| 14355 | 5 | | | | | 8-30-10 | 8-30-10 | 12:00 |
| 14284 | 5 | | | | | ARRIVED AT JOB | 8-30-10 | AM 4:00 |
| 14354 | 5 | | | | | START OPERATION | 8-30-10 | PM 6:25 |
| 19578 | 5 | | | | | FINISH OPERATION | 8-30-10 | AM 8:00 |
| 27462 | 5 | | | | | RELEASED | 8-30-10 | AM 9:00 |
| | | | | | | MILES FROM STATION TO WELL | 75 | |

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 | |
|---------------------|---|-------|----------|------------|-----------|----------|
| CL 101 | "A" CON BLEND | SKS | 480 | | 8928 00 | |
| CL 110 | PREMIUM PLUS CEMENT | SKS | 200 | | 3260 00 | |
| CC 109 | Calcium Chloride | lb | 1732 | | 1818 60 | |
| CC 102 | CEIOFLAKE | lb | 291 | | 1076 70 | |
| CC 130 | C-51 | lb | 91 | | 2275 00 | |
| CF 1453 | Flapper Type Insert Float Valve 8 5/8" | ea | 1 | | 280 00 | |
| CF 253 | GUIDE SHOE - REGULAR 8 5/8" | ea | 1 | | 380 00 | |
| CF 1773 | CENTRALIZERS 8 5/8" x 12 1/4" | ea | 5 | | 725 00 | |
| CF 1903 | 8 5/8" BASKET | ea | 1 | | 315 00 | |
| CF 105 | TOP RUBBER CEMENT PLUG 8 5/8" | ea | 1 | | 225 00 | |
| E 101 | Heavy Equipment Mileage | mi | 75 | | 525 00 | |
| CE 240 | Blending & Mixing Service Charge | SKS | 680 | | 952 00 | |
| E 113 | Proppant & Bulk Delivery Charge | Tm | 800 | | 1280 00 | |
| CE 202 | Depth Charge 1001' - 2000' | 4 hrs | 1 | | 1500 00 | |
| CE 504 | Plug Container Utilization Charge | Job | 1 | | 250 00 | |
| E 100 | Unit Mileage Charge - Pickups | mi | 25 | | 106 25 | |
| 5003 | Service Supervisor, First 8 hrs on loc. | ea | 1 | | 175 00 | |
| | | | | | SUB TOTAL | 14731.68 |

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

| | | |
|---------------------|------------|--|
| SERVICE & EQUIPMENT | %TAX ON \$ | |
| MATERIALS | %TAX ON \$ | |
| TOTAL | | |

| | |
|--|--|
| SERVICE REPRESENTATIVE <u>[Signature]</u> | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT) |
| FIELD SERVICE ORDER NO. | |

| | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| Customer OX4 USA | Lease No. | Date 8-30-10 |
| Lease SHARTZ "M" | Well # 1 | |
| Field Order # 1008 A | Station Liberal, KS 1717 | Casing 8 5/8" |
| | | Depth 1758.25 |
| Type Job 8 5/8 Surface Z-42 | Formation | County GRANT |
| | | State KS |
| | | Legal Description 7-30-38 |

| PIPE DATA | | PERFORATING DATA | | FLUID USED | TREATMENT RESUME | | |
|------------------------------|--------------|------------------|----|------------|-------------------|-------------|--------------------------|
| Casing Size 8 5/8" | Tubing Size | Shots/Ft | | Acid | RATE | PRESS | ISIP |
| Depth 1758.25 | Depth | From | To | Pre Pad | Max 5.5 | 1000 | 5 Min. |
| Volume 109 | Volume | From | To | Pad | Min 2 | 50 | 10 Min. |
| Max Press 1370 | Max Press | From | To | Frac | Avg 4 | 350 | 15 Min. |
| Well Connection | Annulus Vol. | From | To | | HHP Used | | Annulus Pressure |
| Plug Depth 1713.8 | Packer Depth | From | To | Flush | Gas Volume | | Total Load 109 |

| | | |
|--|---|--------------------------------|
| Customer Representative Cal Wylie | Station Manager JERRY BENNETT | Treater Carlos Lopez |
| Service Units 14355 14284 14354 19578 27462 19902 | | |
| Driver Names Ruben Chavez Ruben Martinez Mickey C. Lopez | | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|---------|-----------------|-----------------|--------------|------|--|
| 4:00 pm | | | | | ARRIVE @ LOCATION |
| 4:10 pm | | | | | Spot in Trucks & Rig up IRON |
| 6:25 | | | | | STAB CEMENT HEAD & Circ. Well |
| 6:30 | 2500 | | | | CHANGE OVER & TEST LINES |
| 6:34 | | | 5 | 3 | 5 bbl/H2O AHEAD |
| 6:37 | | | 206 | 5 | 480 SKS Lead CEMENT @ 12.1 ppq w/ |
| 7 | | | | | 3% CC - 1/2 # CENFLAKE - .2% WCA-1 |
| 7:14 | | | 47.7 | 5 | 200 SKS Tail CEMENT @ 14.8 ppq w/ |
| | | | | | 2% CC - 1/4 # CENFLAKE |
| 7:24 | | | | | Shut Down - Drop Top Plug - |
| 7:26 | | | 109 | 5.5 | Displacement w/ H2O |
| 7:47 | | | 99 | 2 | Slow Down RATE to 2 bpm LAST 10 ^{bbl} |
| 7:54 | | | 109 | 2 | Bump Plug to |
| 7:56 | | | | | Release PRESSURE |
| 8:00 | | | | | RIG DOWN EQUIPMENT |
| 9:00 | | | | | DEPART LOCATION |



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PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 01078 A

DATE _____ TICKET NO. _____

| | | | | | | | | |
|--------------------------|----------------|--|-----------------------------------|-------------------------------|------------------------------|------------------------------|---------------------|---------|
| DATE OF JOB: 9/6/10 | DISTRICT: 1717 | 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: Oxy USA | | LEASE: Scharitz "m" | | 1 WELL NO. | | | | |
| ADDRESS: | | COUNTY: Morton | | STATE: KS | | | | |
| CITY: | | STATE: | | SERVICE CREW: Royce, Roban M. | | | | |
| AUTHORIZED BY: Tye Davis | | JOB TYPE: 5 1/2 L.S. 742 | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | TIME |
| 19888 | 10.5 | | | | | | 9/6/10 | 2:30 AM |
| 30464 | 10.5 | | | | | ARRIVED AT JOB | | 5:00 AM |
| 19919 | 10.5 | | | | | START OPERATION | 9/7/10 | 1:35 PM |
| 19827 | 10.5 | | | | | FINISH OPERATION | | 2:52 PM |
| 19566 | 10.5 | | | | | RELEASED | | 3:30 AM |
| | | | | | | MILES FROM STATION TO WELL | 65 | |

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: J.M.W.
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

1102615-0202

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|------|----------|------------|-----------|
| CL100 | Common | SK | 50 | | 800 00 |
| CL104 | 50/50 Poz | SK | 115 | | 1265 00 |
| CC113 | Gypsum | lb | 485 | | 363 75 |
| CC111 | Salt | lb | 640 | | 320 00 |
| CC107 | C-42 P | lb | 25 | | 200 00 |
| CC124 | FLA-115 | lb | 59 | | 885 00 |
| CC201 | Gilsonite | lb | 575 | | 385 25 |
| CF1451 | Flapper Type Float Valve 5 1/2 | EA | 1 | | 215 00 |
| CF251 | Guide Shoe Reg. 5 1/2 | EA | 1 | | 250 00 |
| CF1651 | Turbolizer 5 1/2 | EA | 20 | | 2200 00 |
| CF103 | Top Rubber Cement Plug 5 1/2 | EA | 1 | | 105 00 |
| CF501 | 5 1/2 Stop Ring | EA | 1 | | 40 00 |
| CC155 | Super Flush 11 | gal | 500 | | 765 00 |
| E101 | Heavy Equip Mileage | mi | 130 | | 910 00 |
| CF240 | Blending + mixing Charge | SK | 165 | | 231 00 |
| E113 | Bulk Delivery Charge | tm | 468 | | 748 80 |
| CF206 | Depth Charge 500' to 6000' | 4hr | 1 | | 2880 00 |
| CE504 | Plug Container | SK | 1 | | 250 00 |
| E100 | Pickup Mileage | mi | 65 | | 276 25 |

SUB TOTAL: 8,380.53

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

| | | |
|---------------------|------------|--|
| SERVICE & EQUIPMENT | %TAX ON \$ | |
| MATERIALS | %TAX ON \$ | |
| TOTAL | | |

| | |
|--|---|
| SERVICE REPRESENTATIVE: <u>Chad Hinz</u> | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>J.M.W.</u> |
|--|---|

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

| | | |
|--------------------------------|-----------------|--|
| Customer Oxy USA | Lease No. | Date 9/6/10 |
| Lease Schartz "M" | Well # 1 | |
| Field Order # | Station | Casing 5 1/2 Depth 5340 RTD County Morton State KS |
| Type Job 5 1/2 L.S. Z42 | Formation | Legal Description 7-30-38 |

| PIPE DATA | | PERFORATING DATA | | FLUID USED | | TREATMENT RESUME | |
|-----------------------------|--------------|------------------|----|--------------------------------|----------------------------------|------------------|----------------------------|
| Casing Size 5 1/2 | Tubing Size | Shots/Ft | | Acid 15% 50/50 po7 | RATE 5 1/2 W-60, 10% salt | PRESS | ISIP 1/4 # Debramer |
| Depth 5344.27 | Depth | From | To | Pre Pad 6 1/2 C-15, 5 # | Max Gilsonite @ 13.8 # | | Min 1.52 cu ft/sk |
| Volume 600 134.6 | Volume | From | To | Pad 6.65 gal/sk | Min | | 10 Min. |
| Max Press | Max Press | From | To | Frac 50% C" @ 15.6 # | Avg # 1.16 cu ft/sk | | 15 Min 5.22 gal/sk |
| Well Connection P.C. | Annulus Vol. | From | To | | HHP Used | | Annulus Pressure |
| Plug Depth | Packer Depth | From | To | Flush Fresh | Gas Volume | | Total Load |

| | | |
|--|-------------------------------------|--------------------------|
| Customer Representative Cal White | Station Manager Erny Bennett | Treater Chad Hinz |
| Service Units 19454 30464 19919 19427 19566 | | |
| Driver Names Chinz R. Olds R. Martinez | | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|-------|-----------------|-----------------|--------------|------------|---------------------------------------|
| 17:00 | | | | | on Loc, spot trucks, safety mtg, sign |
| 23:40 | | | | | Break Circ. XXXXXXXXXX |
| 01:30 | 9/4/10 | | | | safety mtg |
| 01:35 | 350 | | 5 | 3 | Pump HzO spacer |
| 01:37 | 250 | | 12 | 3 | Pump superflush |
| 01:42 | 250 | | 5 | 3 | Pump HzO spacer |
| 01:46 | - | | | | Plug R+M |
| 02:09 | 350 | | 0 | 5.5 | start mix 50/50 po7 @ 13.8 # |
| 02:16 | 150 | | 29 | 5.6 | Finish mixing |
| 02:17 | 0 | | 31 | - | Shutdown, washup, Drop Plug |
| 02:24 | 0 | | 0 | 4-6 | Start Disp. |
| 02:44 | 350 | | 114 | 3 | Slow Rate |
| 02:50 | 700-2300 | | 134 | | Plug Down |
| 02:52 | 2300-0 | | | | Release Psi, float held |
| | | | | | Job Complete |
| | | | | | Thank You Chad & Crew. |



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

December 22, 2010

LAURA BETH HICKERT
OXY USA Inc.
5 E GREENWAY PLZ
PO BOX 27570
HOUSTON, TX 77227-7570

Re: ACO1
API 15-067-21715-00-00
SCHARTZ M 1
SW/4 Sec.07-30S-38W
Grant County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
LAURA BETH HICKERT

Attachment to Schartz M-1 (API # 15-067-21715-00-00)

Cement & Additives

| String | Type | # of Sacks Used | Type and Percent Additives |
|------------|-----------|-----------------|---|
| Surface | A-Con | Lead: 480 | 3% CC, 1/4# Cellflake, 0.2% WCA1 |
| | Prem Plus | Tail: 200 | 2% CC, 1/4# Cellflake |
| Production | 50-50 Poz | 115 | 5% W-60, 10% Salt, 0.6% C-15, 1/4# Defoamer, 5# Gilsonite |