

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET

1710 45146 A

| | 1/18 10110 A |
|---|--|
| | DATE TICKET NO |
| - | NEW OLD PROD INJ WDW CUSTOMER ORDER NO.: |
| | LEASE SCAME BY WELL NO. 2-2 |
| | COUNTY 1 SS STATE 45 |
| | SERVICE CREW MATERI, OSBOTA, DUM, WILL |
| | 100 TYPE: 7-42 85/8 SUIFA |

DATE OF JOB PI aft DISTRICT 7,111,79 CUSTOMER **ADDRESS** STATE CITY **AUTHORIZED BY** JOB TYPE TIME DATE **EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED **EQUIPMENT#** HRS 2746 ARRIVED AT JOB START OPERATION AM FINISH OPERATION RELEASED MILES FROM STATION TO WELL 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)

| REF. NO. | MATERIAL, EQUIPMENT AND SERVICES U | JSED UNIT | | UNIT PRICE | \$ AMOUNT | |
|----------|------------------------------------|---------------------|-------|------------|-----------|-----|
| EP103 | 60/40 102 | 54, | 300 | | 3,600 | 5 |
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| CC 102 | Ex110614x | 15 | 75 - | // | 277 | 51 |
| 66109 | CAlcium chloria | 16 | 774 - | | 812 | 74 |
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| • | | | | SUB TOTA | 11,460 | 3 |
| CH | EMICAL / ACID DATA: | | | | | |
| | | SERVICE & EQUIPMENT | | X ON \$ | - | |
| | | MATERIALS | %TA | X ON \$ | | |
| | | | | TOTA | 1 | 11 |
| | | | | Jh | P | |
| | | | 700 | 3. N. | N | |

| SERVICE | | | | | |
|----------------|-----|----|-------|-----|----|
| REPRESENTATIVE | 14. | Me | No CY | TTU | Ţ. |

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: V

FIELD SERVICE ORDER NO.



TREATMENT REPORT

| Customer | Dallie |) ș | Le | Lease No. | | | | | | Date 6 - 18 - 17 | | | | | |
|-----------------|---------------|-----------|-----------|------------------------|------------|---------|---------------------------|--------------------------------|-------------------|------------------|------------------|----------|--|--|--|
| Lease Sch | | | W | 'ell # | 5 | - 26 | | | 1 | 6-1 | 0 | / | | | |
| Field Order | | PIATI | - | Casing & V Depth 3 4 7 | | | | County V < 55 State V, | | | | | | | |
| Type Job ~ | - 47 | 8 1/8 | 5 WIK | 400 | | | Formation | | | Legal D | escription | 6-17-24 | | | |
| PIPE | ORATING | | | | | 7 | FREATMENT | RESUME | | | | | | | |
| Casing Size | Tubing Size | Shots/F | 't | | Acid | 700 | HO PORATE PRESS | | | ISIP | | | | | |
| Depth 3 44.1 | Depth | From | То | Pre Pad | | | Max 3 | 9, 66 | 7 9=911 | 5 Min. | C2 | | | | |
| Volume, q | Volume | From | То | | Pad | | | Min | | | 10 Min. | | | | |
| Max Press | Max Press | From | То | | Frac | ; | Avg | | | | 15 Min. | | | | |
| Well Connection | n Annulus Vol | | То | | | | HHP Used | | ed | | Annulus Pressure | | | | |
| Plug Depth (| Packer, Dept | | То | | Flush 20.6 | | | Gas Volume | | | Total Load | | | | |
| Customer Rep | resentative R | | | Station | Mana | iger W | STEIMA | + ∧⁄ | Trea | iter mike | MAT | TPI | | | |
| Service Units | 83353 | | 27461 | | | 19960 | 73768 | | | | | | | | |
| | MATTO. | | 050500 | | | North | MICO | | | | | | | | |
| Time | Casing Tubing | | Bbls. Pum | ped | | Rate | | Service Log | | | | | | | |
| 8:45 | | 1 | - 1 | | | 2 | ON LUCATIO | | on sakody morring | | | | | | |
| OP:01 | | |) | | | | run 898 24* csng. | | | | | | | | |
| 11.50 | | | | | (a = 1 | | C575 | SAS ON BUTTOM | | | | | | | |
| J1:3 № | 2 | | | | | | Hour To Cany | | | | | | | | |
| 11-40 | | | 3 | | | | Punip | ump 3 blot water | | | | | | | |
| 11:42. | | | 20-6 | | | | Plug down. / Shot in well | | | | | | | | |
| 11-55 | | | | | | | | | | | | | | | |
| 12:015 | | | | | | | | | | | | | | | |
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| 10244 | NE Hiwa | ıy 61 • I | P.O. Box | 8613 | • Pra | att, KS | 67124-86 | 13 • (62 | 20) 67: | 2-1201 • Fa | ix (620) | 672-5383 | | | |