



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
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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
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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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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Strasser A 3
Doc ID	1257532

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
HIGH FREQUENCY DIELECTRIC LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Strasser A 3
Doc ID	1257532

Tops

Name	Top	Datum
HEEBNER	3821	
TORONTO	3836	
LANSING	3914	
KANSAS CITY	4225	
MARMATON	4372	
CHEROKEE	4503	
ATOKA	4645	
MORROW	4666	
ST GENEVIEVE	4693	
ST LOUIS	4781	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Strasser A 3
Doc ID	1257532

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4782-4798 ST LOUIS	ACID-3200 GALS OF 15%HCL, FLUSH W/33 BBLs	4782-4798
	RBP@4770		4770
4	4670-4676 MORROW	FRAC-472BBLs, 60,349 LBS OF 20/40SAND, 854,000 SCF TOTAL N2	4670-4676
	RBP@4655		4655
4	4490-4498 FT SCOTT	ACID-1200 GALS 15%HCL ACID, 32BBL FLUSH4%KCL	4490-4498
4	4465-4469 PAWNEE	ACID-600 GALS 15%HCL ACID, 32 BBL FLUSH 4%KCL	4465-4469
		FRAC-1834 BBLs, 100,556 LB 40/70 SAND, 3,540,000 SCF TOTAL N2	4465-4469

Summary of Changes

Lease Name and Number: Strasser A 3

API/Permit #: 15-055-22396-00-00

Doc ID: 1257532

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/08/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2858	2857
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1257218	../..//kcc/detail/operatorEditDetail.cfm?docID=1257532



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1257218
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
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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)</i> <i>(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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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Strasser A 3
Doc ID	1257218

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
HIGH FREQUENCY DIELECTRIC LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Strasser A 3
Doc ID	1257218

Tops

Name	Top	Datum
HEEBNER	3821	
TORONTO	3836	
LANSING	3914	
KANSAS CITY	4225	
MARMATON	4372	
CHEROKEE	4503	
ATOKA	4645	
MORROW	4666	
ST GENEVIEVE	4693	
ST LOUIS	4781	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Strasser A 3
Doc ID	1257218

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
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4	4670-4676 MORROW	FRAC-472BBLs, 60,349 LBS OF 20/40SAND, 854,000 SCF TOTAL N2	4670-4676
	RBP@4655		4655
4	4490-4498 FT SCOTT	ACID-1200 GALS 15%HCL ACID, 32BBL FLUSH4%KCL	4490-4498
4	4465-4469 PAWNEE	ACID-600 GALS 15%HCL ACID, 32 BBL FLUSH 4%KCL	4465-4469
		FRAC-1834 BBLs, 100,556 LB 40/70 SAND, 3,540,000 SCF TOTAL N2	4465-4469



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 05297 A

DATE 3/26 TICKET NO. _____

DATE OF JOB <u>3/26/15</u>	DISTRICT	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 <u>Merit Energy</u>		LEASE <u>Syrasser "A"</u>					WELL NO. <u>3</u>
ADDRESS		COUNTY <u>Finney</u>				STATE <u>KS</u>	
CITY	STATE	SERVICE CREW <u>Tommy, Carlos, Hector, Rojas</u>					
AUTHORIZED BY <u>Tyce Davis</u>		JOB TYPE: <u>Z4Z Surface</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <u>3/23</u> AM/PM <u>AM</u> TIME <u>4:00</u>
<u>86573</u>	<u>5 1/2</u>					ARRIVED AT JOB	<u>3/26</u> AM/PM <u>AM</u> <u>6:00</u>
<u>38750/19847</u>	<u>5 1/2</u>					START OPERATION	AM/PM <u>PM</u> <u>9:06</u>
<u>38119/37547</u>	<u>5 1/2</u>					FINISH OPERATION	AM/PM <u>PM</u> <u>10:34</u>
<u>30463/19566</u>	<u>5 1/2</u>					RELEASED	AM/PM <u>PM</u> <u>11:30</u>
						MILES FROM STATION TO WELL	<u>50 mi</u>

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.

AFE#44577

SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CL101	✓ Acon Blend	sk	310		5766.00	
CL110	✓ Premium Plus cement	sk	230		3749.00	
CC109	✓ Calcium Chloride	lb	1310		1375.50	
CL102	✓ Cellotake	lb	136		503.20	
CC130	✓ C-51	lb	59		1479.00	
CF912	8 3/8 No Rotating Plug	ea	1		950.00	
CF4405	✓ Econimizer Hinged W/etched Standard Centralizer	ea	10		900.00	
E101	Heavy Equipment Mileage	mi	150		1125.00	
CE240	Blending & Mixing Service Charge	sk	540		756.00	
E113	Proppant and Bulk Delivery Charge	tm	1273		3181.25	
CE202	Depth Charge 1001-2000	4hrs	1		1500.00	
CE504	Plug Container Utilization Charge	Job	1		250.00	
E100	Unit Mileage Charge "Pickup"	mi	50		225.00	
5003	Service Supervisor first 8hrs on loc	ea	1		175.00	
					SUB TOTAL	11150.47

Well STRASSER A-3

AFE 44577

GL 83001025

Office Holcomb KS

Date 3/26/15

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

SERVICE REPRESENTATIVE Tommy Marcellus THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

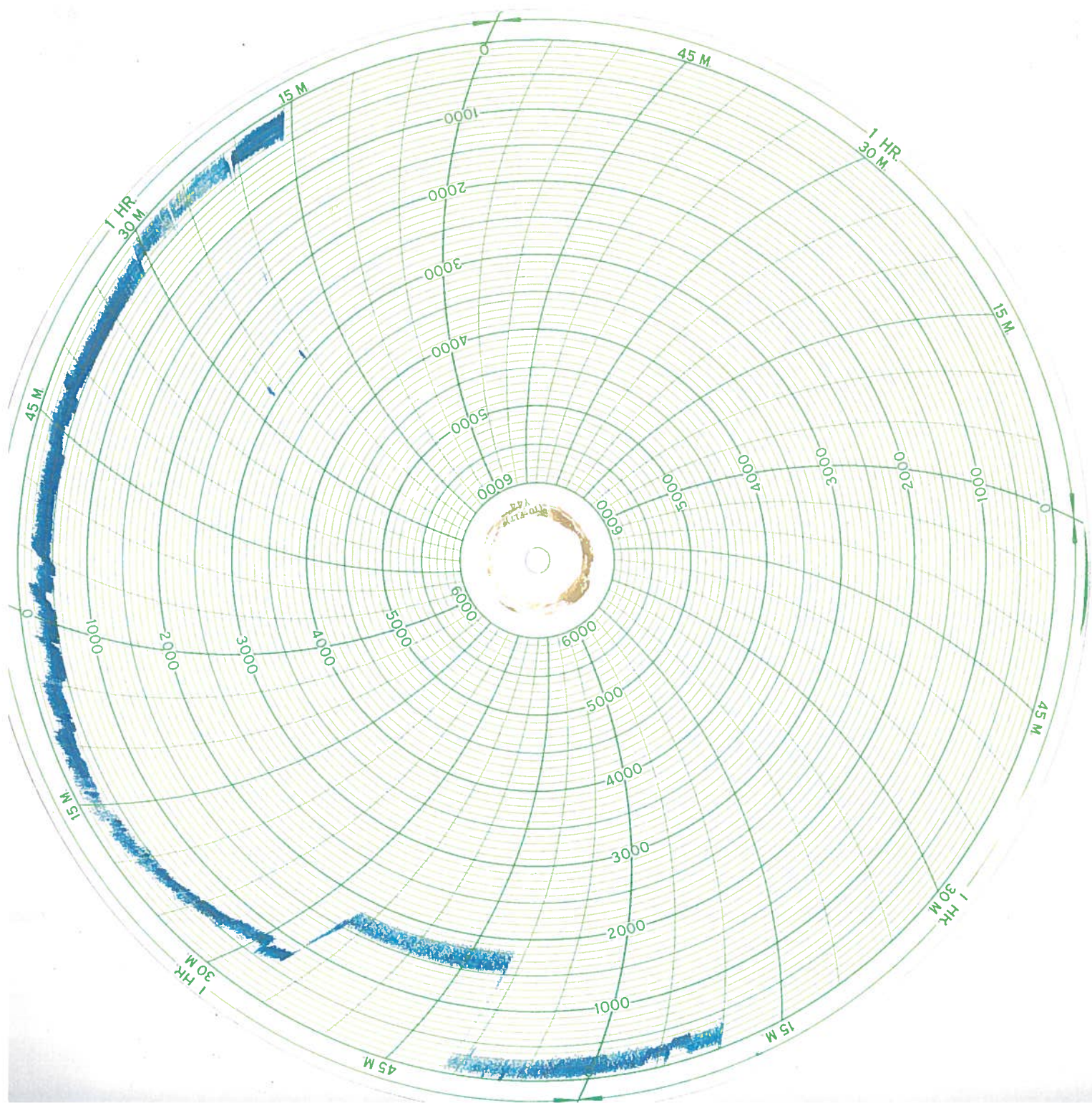
Customer	Merit Energy	Lease No.		Date	3/26/15
Lease	Strasser A	Well #	3	Service Receipt	1417-05297A
Casing	8 5/8 24#	Depth	1737.25	County	Finney
Job Type	Surface	Formation		State	KS
				Legal Description	28/23/32

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24#	Tubing Size		Lead
Depth	1737.25	Depth	From To	310 SK Acon @ 12.1
Volume	104.24	Volume	From To	240 14.00
Max Press	2500 psi	Max Press	From To	Tail in 230 SK Prem. @ 14.8
Well Connection	PC	Annulus Vol.	From To	
Plug Depth	1686.18	Packer Depth	From To	1.34 6.33

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0600					On location
0800					Safety mtg w/ Rig crew
0815					Rig up
09:06					Press. test 2500 - failed Replace Single
09:12					Pressure test again 2500
09:15	170		132.5 BBL	5.4	Start cementing lead
09:40	200		54.89	5.1	Switch to tail cement
09:53					Cement returns to Pit 6 BBL rem. on tail
09:55					Shut down drop plug
09:58					Start displacement Washup on plug
	20		10	2.5	
	100		20	5.4	
	120		30	5.3	
	160		40	5.1	110 BBLs to Pit
	210		50	4.8	259 SKS.
	290		60	5.3	
	348		70	5.0	
	430		80	5.2	
	500		90	5.0	
	550		97	5.0	
	460		100	3.0	
10:19	500		104 107	0	Pressured up to 1500 and hold for 15 min
10:34					Released back floor held Job Complete

Service Units	86573	38750/19842	38119/37547	30463/19566
Driver Names	Tommy M.	Carlos Thoma	Hector Rotiaga	Rojelio Mesta

James Customer Representative
 Tyce Davis Station Manager
 Tommy Marcellos Cementer





BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 05393 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3-29-15	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: Merit Energy		LEASE: Strasser A #3				WELL NO.:			
ADDRESS:		COUNTY: Finney	STATE: KS						
CITY:		SERVICE CREW: G Echavaria, S Chavez							
AUTHORIZED BY: T Davis		JOB TYPE: 2 1/2" 8 7/8" 5 1/2" Production							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78940	2						3-29-15	8:00	1:00
37223	2					ARRIVED AT JOB		8:30	3:30
37726	2	Well Strasser A-3						8:30	4:30
30463	2	AFE 44577						8:30	5:30
19566	2	GL 8300 10 75						8:30	7:00
Office Holcomb KS						MILES FROM STATION TO WELL	50 mi		

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)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CU104	50/50 Poz	SR	200		2200.00
CC111	Salt	lb	1227		613.50
CC201	Gilsonite		1000		670.00
CC113	Gypsum		840		630.00
CC103	CELS		101		1262.50
CC105	E-4TP		42		168.00
CF281	5 1/2" Guide Shoe	ea	1		250.00
CF901	Float Collar		1		800.00
CF103	Plug		1		105.00
ED01	Heavy Equipment Mileage	mi	100		750.00
CE240	Blendmix & Mixing Service	SLC	200		280.00
EM3	Proppant + Bulk Delivery	ton/mi	420		1050.00
CE205	Pump Depth 4001-5000	hr	1		2500.00
CE503	High Head	ea	1		300.00
CE504	Big Container	ea	1		285.50
ED00	Unit Mileage	mi	50		225.50
SO03	Service Supervisor	ea	1		175.50
NO5	Data Acquisition	ea	1		550.00
SUB TOTAL					5932.50

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <i>Dul Sweea</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Janet</i>
FIELD SERVICE ORDER NO.:	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

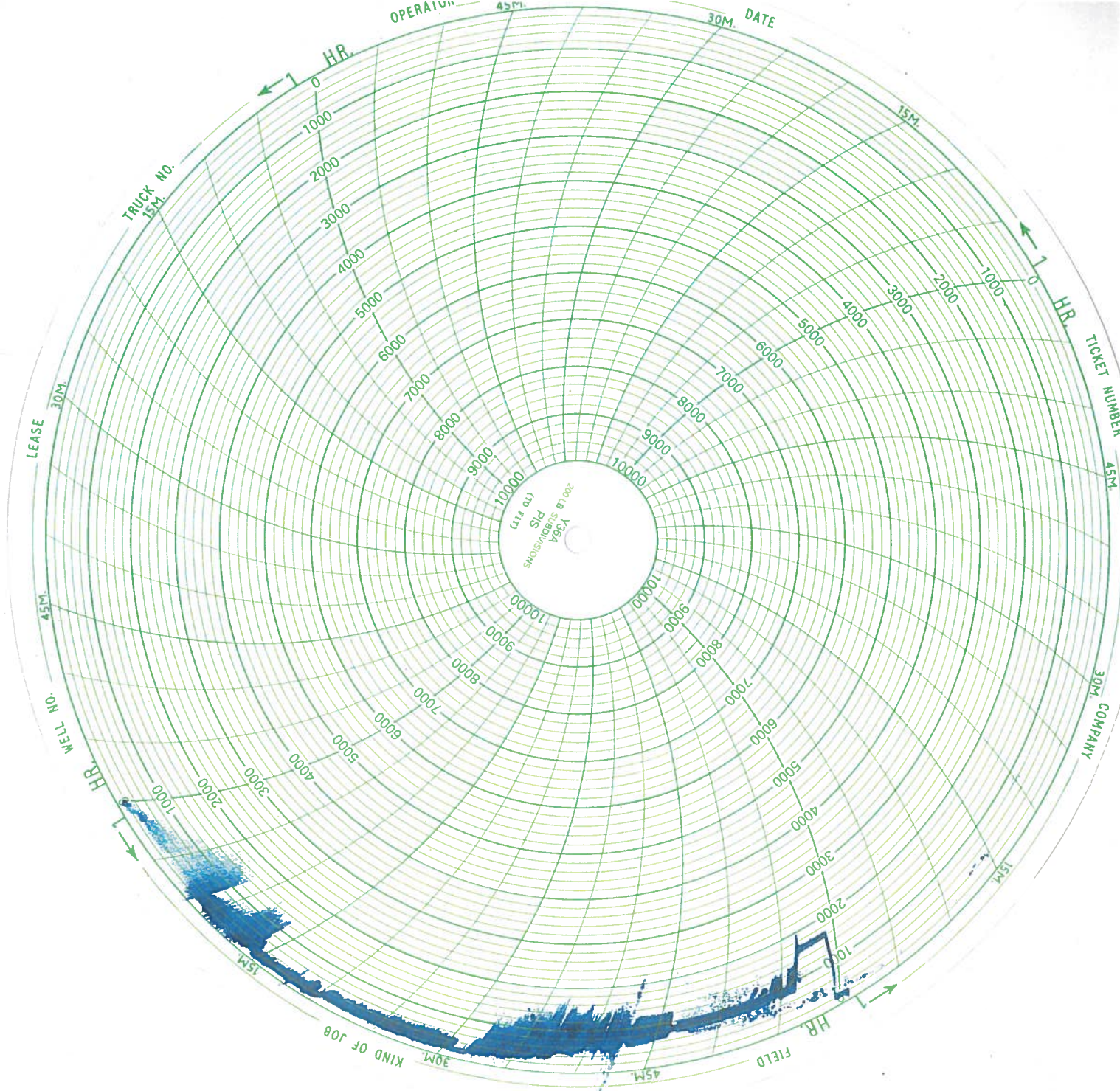
Customer	Merit Energy	Lease No.		Date	3-29-15
Lease	Strasser A00	Well #	3	Service Receipt	05393
Casing	5 1/2" 17#	Depth	5000'	County	Finney
Job Type	242-5 1/2" Production	Formation		State	KS
		Legal Description	28-23-32		

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 17#	Tubing Size		Lead
Depth	5000'	Shots/Ft	From To	
Volume	Disp- 115 bbl	From	To	
Max Press	2500#	From	To	Tail in 200sk
Well Connection	ID- 5000'	Annulus Vol.	From To	50/50 Poz
Plug Depth	ST-42.27'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
					on loc-site assessment
					spot trucks - rig up
					CSG on bit, break circ
					safety meeting - JSA
					pressure test 3000#
4:45	200		56.3	6	mix + pump 200sk 50/50 Poz @ 13.5 # - 1.58 #/sk
4:55					wash lines
5:00	100		0	2	drop plug, disp csg
5:20	900		105	2	slow rate
5:30	1500		115	0	bump plug, land, seat hold
					job complete

Service Units	78940	37223	37M	30463 - P/100
Driver Names	A Sween	G Edwards	S Chavez	

James
Customer Representative
T Davis
Station Manager
A Sween
Cementer
Taylor Printing, Inc



OPERATION

DATE

HR

TRUCK NO.
15M

HR

TICKET NUMBER

COMPANY

LEASE

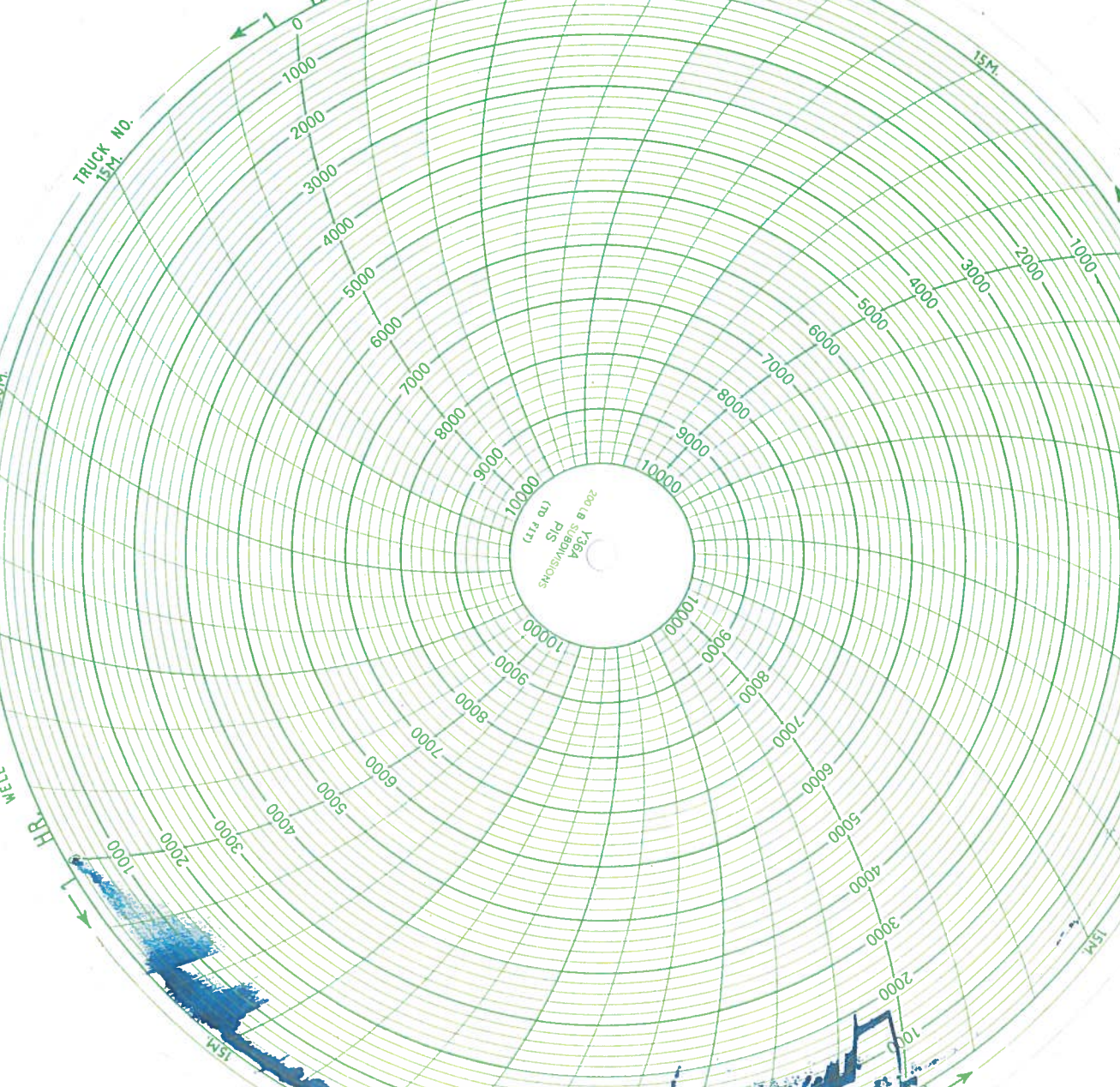
WELL NO.

HR

FIELD

KIND OF JOB

200 LB. SAND
1.564
PIS
DIMENSIONS (IN IN)



1000

2000

3000

4000

5000

6000

7000

8000

9000

10000

15M

30M

45M

15M

30M

45M

15M

30M

45M

15M

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