



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: <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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 3
Doc ID	1257533

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 3
Doc ID	1257533

Tops

Name	Top	Datum
HEEBNER	4091	
TORONTO	4109	
LANSING	4140	
KANSAS CITY	4597	
MARMATON	4731	
PAWNEE	4829	
CHEROKEE	4874	
ATOKA	5088	
MORROW	5124	
CHESTER GROUP	5226	
ST GENEVIEVE	5388	
ST LOUIS	5410	



## Summary of Changes

Lease Name and Number: WARNER G 3

API/Permit #: 15-081-22075-00-00

Doc ID: 1257533

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	2959	2958
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257210">../..kcc/detail/operatorEditDetail.cfm?docID=1257210</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257533">../..kcc/detail/operatorEditDetail.cfm?docID=1257533</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1257210  
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
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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](mailto: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	WARNER G 3
Doc ID	1257210

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 3
Doc ID	1257210

Tops

Name	Top	Datum
HEEBNER	4091	
TORONTO	4109	
LANSING	4140	
KANSAS CITY	4597	
MARMATON	4731	
PAWNEE	4829	
CHEROKEE	4874	
ATOKA	5088	
MORROW	5124	
CHESTER GROUP	5226	
ST GENEVIEVE	5388	
ST LOUIS	5410	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 3
Doc ID	1257210

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5372-5386 CHESTER	ACID-1000 GALS OF DIESEL, 30 BBLS FLUSH 7%KCL	5372-5386
		ACID-1500 GALS 7.5%HCL, FLUSHED W/ 33 BBLS OF 5%NHCL.	5372-5386
		FRAC-420 BBLS, 822,000 SCF TOTAL N2, 60,045 LBS 20/40 WHITE SAND	5372-5386





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 05385 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 3-18-15	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: Warner G #3				WELL NO.:			
ADDRESS:		COUNTY: Haskell		STATE: KS					
CITY: STATE:		SERVICE CREW: G Echavaria, S Chavez, V Vasquez							
AUTHORIZED BY: T Davis		JOB TYPE: 242-80% Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78940	3	30464	3				3-18-15	AM	6:00
37223	3	37724	3			ARRIVED AT JOB		AM	10:00
37226	3					START OPERATION		PM	12:00
19827	3					FINISH OPERATION		PM	1:00
37725	3					RELEASED		PM	2:00
						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
CL101	VACen	sk	310		5746.00
CL110	Premium Plus	sk	240		3912.00
CC109	Calcium Chloride	lb	1378		1394.40
CC102	Well Plate	lb	138		510.60
CC130	C-51	lb	59		1475.00
CF912	80% Non Rotating Plug	ea	1		950.00
E101	Heavy Equipment Mileage	mi	150		1125.00
CE240	Blending + Bulk	sk	550		770.00
E113	Proppant + Bulk Delivery	ton/mi	1290		3237.50
CE202	Pump Depth: 1001-2000'	hr	1		1500.00
CE503	High Head 8	ea	1		300.00
CE504	Poly Container	ea	1		250.00
E100	Unit Mileage	mi	50		225.00
S003	Service Supervisor	ea	1		175.00
T105	Cement Data Acquisition	ea	1		550.00
<b>Well Warner G-3</b>					
<b>AFE 334813</b>					
<b>GL 53001073</b>					
SUB TOTAL					11165.00

CHEMICAL / ACID DATA:

Office: Ulysses KS

Date: 3/19/15

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

SERVICE REPRESENTATIVE: *Paul Swera*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Jim [Signature]*

FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



# Cement Report

Customer	Merit Energy	Lease No.		Date	3-18-15
Lease	Warner G	Well #	3	Service Receipt	05385
Casing	8 5/8" 24#	Depth	1705'	County	Maskell
Job Type	242-8 5/8" Surface	Information		State	KS
		Legal Description	26-27-33		

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24#	Tubing Size		Lead 310 sk
Depth	1705'	Shots/Ft		Alcon
Volume	Disp-106.26bbl	From	To	
Max Press	1500 #	From	To	Tail in 240 sk
Well Connection	ID-1705'	Annulus Vol.	From	To
Plug Depth	ST-37.55'	Packer Depth	From	To
				Premium Plus

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:30					on loc-site assessment spot trucks rig up safety meeting - JSA pressure test @ 1500 #
12:15	200		132.5	5	Mix + pump 310 sk Alcon w/ 3% CC, 1/4# PF @ 2% W/A-1 @ 12.1# - 240 sk
	100		57.3	5	switch to 240 sk Class C w/ 2% CC, 1/4# PF @ 14.8# - 1.34 sk
	100		0	5	drop plug, disp csg
	500		9.5	2	slow rate
1:20	1500		10.6	0	land plug, float held - job complete c/cr. just to surface held 1500# - 15 min ok

Service Units	78940	37223-37126	14821-37125	30464-37124
Driver Names	Adrian	G. Echavarran	V. Vasquez	S. Chavez

James  
Customer Representative
T Davis  
Station Manager
A. Rivera  
Cementer



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 05342 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>3-22-15</u>	DISTRICT <u>1717</u>	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 CO LLC</u>		LEASE <u>Warner G</u>		3		WELL NO.			
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>Ks</u>					
CITY		STATE		SERVICE CREW <u>Juan Daniel Santiago</u>					
AUTHORIZED BY <u>Tyce Davis</u>		JOB TYPE: <u>2-42 Longstring</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>89315</u>	<u>9</u>							<u>PM</u>	<u>8:00</u>
<u>38117</u>	<u>9</u>					ARRIVED AT JOB		<u>AM</u>	<u>10:00</u>
<u>19919</u>	<u>1</u>					START OPERATION		<u>PM</u>	<u>1:09</u>
<u>30463</u>	<u>9</u>					FINISH OPERATION		<u>PM</u>	<u>2:05</u>
<u>19566</u>	<u>9</u>					RELEASED		<u>PM</u>	<u>3:30</u>
						MILES FROM STATION TO WELL	<u>50</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.

SIGNED: Juan Daniel Santiago  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>cl104</u>	<u>50/50 Poz</u>	<u>sk</u>	<u>277</u>		<u>3047.00</u>
<u>cl111</u>	<u>Sat</u>	<u>lb</u>	<u>1537</u>		<u>768.50</u>
<u>cc201</u>	<u>Gilsonite</u>	<u>lb</u>	<u>1357</u>		<u>929.99</u>
<u>cl113</u>	<u>Gypsum</u>	<u>lb</u>	<u>1165</u>		<u>873.75</u>
<u>cc103</u>	<u>C-15</u>	<u>lb</u>	<u>140</u>		<u>1750.00</u>
<u>cc105</u>	<u>C-91P</u>	<u>lb</u>	<u>59</u>		<u>236.00</u>
<u>cf103</u>	<u>Top Rubber Plug 5 1/2"</u>	<u>ea</u>	<u>1</u>		<u>105.00</u>
<u>e101</u>	<u>Heavy Equipment Mileage</u>	<u>mi</u>	<u>100</u>		<u>750.00</u>
<u>ce240</u>	<u>Mixing Service Charge</u>	<u>sk</u>	<u>277</u>		<u>387.80</u>
<u>e113</u>	<u>Bulk Delivery charge</u>	<u>fm</u>	<u>583</u>		<u>1496.25</u>
<u>ce206</u>	<u>Depth Charge 5001-6000</u>	<u>4hrs</u>	<u>1</u>		<u>2880.00</u>
<u>ce507</u>	<u>Plug container charge</u>	<u>job</u>	<u>1</u>		<u>250.00</u>
<u>e100</u>	<u>Unit Mileage charge Pickup</u>	<u>mi</u>	<u>50</u>		<u>225.00</u>
<u>5003</u>	<u>Service Supervisor</u>	<u>ea</u>	<u>1</u>		<u>175.00</u>
<u>T105</u>	<u>Cement Data Acquisition</u>	<u>ea</u>	<u>1</u>		<u>550.00</u>

Well Warner G-3

AFF 34813

GL 83001025

Office Ulysses KS

Date 3/23/15

SUB TOTAL 6,488.37

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

SERVICE REPRESENTATIVE Juan Daniel Santiago

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Juan Daniel Santiago  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
Liberal, Kansas

### Cement Report

Customer <b>Merit Energy</b>		Lease No.		Date <b>3-22-15</b>		
Lease <b>Warner G</b>		Well # <b>3</b>		Service Receipt <b>5342 A</b>		
Casing <b>5 1/2</b>	Depth <b>5600</b>	County <b>Haskell</b>		State <b>Ks</b>		
Job Type <b>2-42</b>		Formation <b>Longstring</b>		Legal Description <b>Sec 26-27-33</b>		
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>	
Casing size <b>5 1/2</b>	Tubing Size		<b>Shots/Ft</b>		<b>Lead</b>	
Depth <b>5553</b>	Depth	From	To		<b>Tail in Den 13.5</b> <b>277sk</b> <b>yield 1.58</b> <b>gal/sk 7.36</b>	
Volume <b>128.82</b>	Volume	From	To			
Max Press <b>1500</b>	Max Press	From	To			
Well Connection <b>5 1/2</b>	Annulus Vol.	From	To			
Plug Depth		Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
10:00					<b>Safety Meeting</b>	
10:30					<b>on location</b>	
					<b>Drop Ball Circulate</b>	
11:04	1500		1	—	<b>Prime up Ps i Test</b>	
1:26	600		10	3.0	<b>Start cement</b>	
1:10	400		67	5.0	<b>inc rate</b>	
1:25	0		—	—	<b>Shut Down</b>	
1:26					<b>Shut in Head</b>	
					<b>Drop Plug</b>	
					<b>Wash up</b>	
1:31	50		1	5.0	<b>Start Displacement</b>	
1:52	500		80	5.0	<b>1.1 ft Psi</b>	
1:56	800		120	2.0	<b>Slow down Rate</b>	
2:03	1500		129	—	<b>Shut Down</b>	
2:08	1500				<b>Hold 5 min</b>	
2:08	0				<b>Release back held</b>	
2:10					<b>Rig down</b>	
Service Units		89315	38117	19919	30463	19566
Driver Names		Juan	Daniel		Santiago	

James

Customer Representative

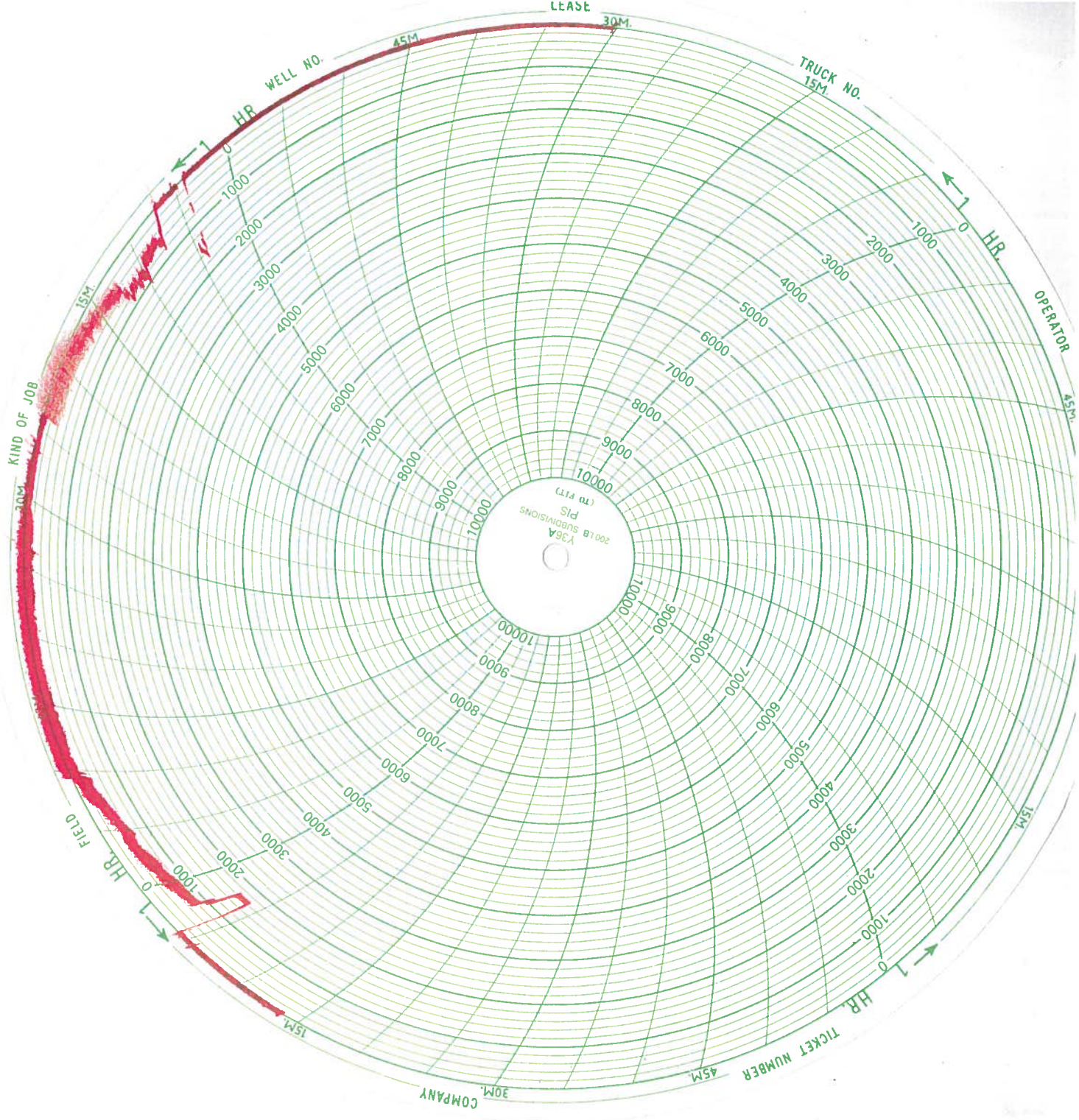
Tyce Davis

Station Manager

JUAN Ortiz

Cementer





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