



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	Wright 35-2
Doc ID	1257534

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
MICROLOG
QUAD COMBO LOG
SIX ARM CALIPER LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Wright 35-2
Doc ID	1257534

Tops

Name	Top	Datum
HEEBNER	4112	
TORONTO	4133	
LANSING	4164	
KANSAS CITY	4613	
MARMATON	4743	
PAWNEE	4840	
CHEROKEE	4888	
ATOKA	5032	
MORROW	5152	
ST GENEVIEVE	5382	
ST LOUIS	5564	

Summary of Changes

Lease Name and Number: Wright 35-2

API/Permit #: 15-081-22106-00-00

Doc ID: 1257534

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	2957	2956
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1256593	../..//kcc/detail/operatorEditDetail.cfm?docID=1257534



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1256593
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. 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
--	---

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) (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	Wright 35-2
Doc ID	1256593

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
MICROLOG
QUAD COMBO LOG
SIX ARM CALIPER LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Wright 35-2
Doc ID	1256593

Tops

Name	Top	Datum
HEEBNER	4112	
TORONTO	4133	
LANSING	4164	
KANSAS CITY	4613	
MARMATON	4743	
PAWNEE	4840	
CHEROKEE	4888	
ATOKA	5032	
MORROW	5152	
ST GENEVIEVE	5382	
ST LOUIS	5564	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05516 A

DATE 5/1 TICKET NO. _____

DATE OF JOB <u>5-1-15</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>Wright</u>		WELL NO. <u>35-2</u>			
ADDRESS		COUNTY <u>Haskell</u>		STATE <u>Ks.</u>			
CITY		STATE		SERVICE CREW <u>Daniel, Carlos, Hector R., Rogelio</u>			
AUTHORIZED BY <u>Chad Hinz</u>		JOB TYPE: <u>Z42 Surface</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <u>5-1-15</u> AM <u>12:30</u> TIME
<u>78938</u>	<u>5</u>					ARRIVED AT JOB	<u>AM 3:35</u>
<u>38117/19919-5</u>	<u>5</u>					START OPERATION	<u>AM 5:30</u>
<u>27908/37725</u>	<u>5</u>					FINISH OPERATION	<u>AM 7:46</u>
<u>30464/37724</u>	<u>5</u>					RELEASED	<u>AM 8:30</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: X
(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	sk	300		5580.00
CL 110	Premium Plus Cement	sk	240		3912.00
CC 109	Calcium Chloride	lb.	1,298		1362.90
CC 102	Celloflake	lb.	135		499.50
CC 130	C-51	lb.	57		1425.00
E 101	Heavy Equipment Mileage	mi	150		1125.00
CE 240	Blending & Mixing Service Charge	sk.	540		756.00
E 113	Proppant & Bulk Delivery Charges	tm	1,270		3175.00
CE 202	Depth Charge; 1001-2000'	4hrs.	1		1500.00
CE 504	Plug Container Utilization Charge	job	1		250.00
E 100	Unit Mileage Charge-Pickups, Small/V	mi	50		725.00
3003	Service Supervisor, first 8hrs. on loc.	ea	1		175.00
T 105	Cement Data Acquisition Monitor	ea	1		550.00

Well Wright 35-2

AFE 44850

GL 83001075

Office Olysses

Date 5/1/15

SUB TOTAL 10,267.70

CHEMICAL / ACID DATA	SERVICE & EQUIPMENT	%TAX ON \$	
	MATERIALS	%TAX ON \$	
	TOTAL		

SERVICE REPRESENTATIVE Daniel Beck THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Merit Energy</i>		Lease No.		Date <i>9-1-15</i>	
Lease <i>Wright</i>		Well # <i>35-2</i>		Service Receipt <i>1717 05516 A</i>	
Casing <i>8 5/8" 24#</i>	Depth	County <i>Haskell</i>		State <i>Ks.</i>	
Job Type <i>242 Surface</i>	Formation	Legal Description <i>35 27 33</i>			
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8" 24#</i>	Tubing Size	Shots/Ft		Lead 'A-Con' Blend <i>300sk</i>	
Depth <i>1,670.47 ft</i>	Depth	From	To		
Volume <i>103.39 bbl</i>	Volume	From	To	<i>2.40 ft³/sk 14.00 ft³/sk</i>	
Max Press <i>1500 psi</i>	Max Press	From	To	Tail in Premium Plus Cement <i>240sk</i>	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		
Plug Depth <i>1625.76 ft</i>	Packer Depth	From	To	<i>1.34 ft³/sk 6.33 ft³/sk</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:30</i>					<i>Call Out</i>
<i>15:35</i>					<i>On Location, wait on casing</i>
<i>16:45</i>					<i>Safety M. w/ BES Personnel</i>
<i>17:30</i>					<i>Rig Up Head & Circulate</i>
<i>18:00</i>					<i>Rig Up Pump</i>
<i>18:15</i>					<i>Safety M. w/ Rig Crew</i>
<i>18:20</i>	<i>100</i>			<i>5.0</i>	<i>Pressure test to 1500</i>
<i>18:40</i>	<i>100</i>			<i>5.0</i>	<i>Pump Lead</i>
<i>19:00</i>					<i>Pump Tail</i>
	<i>75</i>		<i>10</i>	<i>5.0</i>	<i>Shutdown/Wash Pump/Displace</i>
	<i>100</i>		<i>20</i>	<i>5.0</i>	<i>A+ 18 bbl Cement Returns</i>
	<i>150</i>		<i>30</i>	<i>5.0</i>	
	<i>200</i>		<i>40</i>	<i>4.9</i>	
	<i>250</i>		<i>50</i>	<i>4.8</i>	
	<i>400</i>		<i>60</i>	<i>4.7</i>	
	<i>550</i>		<i>70</i>	<i>5.0</i> <i>4.7</i>	
	<i>600</i>		<i>80</i>	<i>4.6</i>	
	<i>650</i>		<i>90</i>	<i>4.5</i>	
<i>19:35</i>	<i>600</i>		<i>93</i>	<i>2.4</i>	<i>slow rate</i>
	<i>650</i>		<i>100</i>	<i>2.5</i>	
<i>19:46</i>	<i>1100</i>		<i>103.5</i>	<i>0</i>	<i>Plug Landed Pressure Up</i>
					<i>Float Held Job Complete</i>
Service Units	<i>78938</i>	<i>38117/19919</i>	<i>27808/37725</i>	<i>30464/37724</i>	
Driver Names	<i>Daniel</i>	<i>Carlos</i>	<i>Hector R.</i>	<i>Rogelio</i>	

Early Zion
Customer Representative

Tyce Davis
Station Manager

Daniel Beck
Cementer



BASICSM
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1717 05410 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-5-15 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 Wright #35-2		WELL NO.					
ADDRESS		COUNTY Finney		STATE KS					
CITY STATE		SERVICE CREW G Echavaria, S Chavez							
AUTHORIZED BY T Davis		JOB TYPE: 342 - PTA							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78940	6						5-5-15		3:00
37223	6					ARRIVED AT JOB			7:00
37726-	6					START OPERATION			10:00
14355	6					FINISH OPERATION			4:00
19883	6					RELEASED			5:00
						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
CU03	100/40 Poz	sk	110		1320 00
CC200	Cement Gel	lb	190		47 50
E101	Heavy Equipment Mileage	mi	150		1125 00
CE240	Blending & Mixing Service	SK	110		154 00
E113	Propanol + Bulk Delivery	ton/w	238		593 75
CE202	Pump Depth: 1001-2000'	thr	1		1500 00
E100	Unit Mileage	mi	50		225 00
S003	Service Supervisor	ea	1		175 00
F105					
Well Wright 35-2					
AFE 44850					
GL 830D1075					
Office Ulysses					
Date 5/5/15					

SUB TOTAL **2827.14**

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

TOTAL

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE Paul Davis	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature] (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
--	---

FIELD SERVICE ORDER NO.

Customer	Merit Energy	Lease No.		Date	5-5-15
Lease	Wright	Well #	35-2	Service Receipt #	05410
Casing	Depth	County	Finney	State	KS
Job Type	241-PTA	Formation		Legal Description	35-27-33

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
Depth	Depth	From	To	Tail in 110 sk 60/40 Poz
Volume	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:00					on loc-site assessment
					spot trucks-rig up
					safety meeting
					pressure test @ 1000#
9:30					circ @ 1724'
9:45	100		13.4	3	mix + pump 50 sk 60/40 Poz @ 13.5#
	100		20	3	1.50 ft ³ /sk
10:00					disp balanced plug
	100		10.7	3	toh, circ @ 904'
	100		10	3	mix + pump 40 sk
10:30					disp balanced plug
	100		5.3	3	toh, circ @ 86' 0
11:30					mix + pump 20 sk
					circ cut to surface
					job complete

Service Units	78940	37223-37726	14355-19883		
Driver Names	A Olvera	G Edwaranda	S Chavez		

Ed Zion Customer Representative
 T Davis Station Manager
 A Olvera Cementer