



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:
 Yes No

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	McNerney 1
Doc ID	1303957

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH Half Width
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH 2 =100
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	McNerney 1
Doc ID	1303957

Tops

Name	Top	Datum
Heebner	4049	
Toronto	4062	
Lansing	4144	
Marmaton	4699	
Cherokee	4864	
Atoka	5039	
Morrow	5179	
Chester	5394	
St Genevieve	5456	
St Louis	5503	
Spergen	5679	

Summary of Changes

Lease Name and Number: McNerney 1

API/Permit #: 15-081-22107-00-00

Doc ID: 1303957

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	09/02/2015	04/18/2016
Perf_Depth_4		5370-5374
Perf_Material_4		Frac- 968 Lbs total fluid, 151,043 lbs total 16/30 Arizona,
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1263077	../kcc/detail/operatorEditDetail.cfm?docID=1303957



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1263077
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
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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) (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	McNerney 1
Doc ID	1263077

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH Half Width
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH 2 =100
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	McNerney 1
Doc ID	1263077

Tops

Name	Top	Datum
Heebner	4049	
Toronto	4062	
Lansing	4144	
Marmaton	4699	
Cherokee	4864	
Atoka	5039	
Morrow	5179	
Chester	5394	
St Genevieve	5456	
St Louis	5503	
Spergen	5679	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	McNerney 1
Doc ID	1263077

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5387-5394 Chester	Acid-1400 gals 7.5% HCL, 36 bbls flush 87%KCL	5387-5394
		Frac-429 bbls, 51,327 lbs 20/40 white sand, 827,000 SCF total N2	5387-5394
4	5345-5368, 5370-5374 L. Morrow		5345-5374



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05518 A

DATE 5/9/15 TICKET NO. _____

DATE OF JOB <u>5-8-15</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>McNerney</u>		WELL NO. <u>1</u>		
ADDRESS _____		COUNTY <u>Haskell</u>		STATE <u>Ks.</u>		
CITY _____ STATE _____		SERVICE CREW <u>Daniel, Carlos, Victor, Rogelio</u>				
AUTHORIZED BY <u>Chad Hinz</u>		JOB TYPE: <u>Z42 Surface</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>5-8-15</u> ^{DATE} <u>AM 4:30</u> ^{TIME}
<u>78938</u>	<u>2hr.30min</u>					ARRIVED AT JOB <u>AM 7:30</u>
<u>38117 / 19919</u>	<u>2hr.38min</u>					START OPERATION <u>5-8-15</u> <u>AM 11:30</u>
<u>30464 / 37724</u>	<u>2hr.38min</u>					FINISH OPERATION <u>5-9-15</u> <u>PM 1:08</u>
<u>27808 / 37725</u>	<u>2hr.38min</u>					RELEASED <u>5-9-15</u> <u>PM 2:00</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		9580 00
CL 110	Premium Plus Cement	sk	240		3912 00
CC 109	Calcium Chloride	lb.	1298		1362 90
CC 102	Kelloflake	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		796 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		225 00
S 003	Service Supervisor, first 8hrs. on loc.	ea	1		175 00
T 105	Cement Data Acquisition Monitor	ea	1		550 00
	<u>Well McNerney 1</u>				
	<u>AFE 44638</u>				
	<u>GL 83001075</u>				
	<u>Office Ulysses</u>				

SUB TOTAL 10,267 70

CHEMICAL / ACID DATA:			

Date 5/9/15

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>5-8-15</i>
Lease <i>McNerney</i>	Well # <i>1</i>	Service Receipt <i>1717 05518 A</i>
Casing <i>8 5/8" 24#</i>	Depth <i>1668.64 ft</i>	County <i>Haskell</i>
Job Type <i>242 Surface</i>	Formation	State <i>Ks.</i>
		Legal Description <i>3 28 34</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>1668.64'</i>	Depth	From	To	
Volume <i>103.28 bbl</i>	Volume	From	To	<i>2.40^{ft³/sk}</i> <i>14.00^{gal}/sk</i>
Max Press <i>1500 psi</i>	Max Press	From	To	Tail in Premium Plus Cement <i>240sk</i>
Well Connection <i>PC</i>	Annulus Vol.	From	To	
Plug Depth <i>1623.98'</i>	Packer Depth	From	To	<i>1.34^{ft³/sk}</i> <i>6.33^{gal}/sk</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>16:30</i>					<i>Call Out</i>
<i>19:30</i>					<i>On Location, wait on casers</i>
<i>21:00</i>					<i>Safety Meeting w/BES Personnel</i>
<i>21:55</i>					<i>Rig Up</i>
<i>22:45</i>					<i>Safety Meeting w/Rig Crew</i>
<i>23:00</i>					<i>Rig Up Head</i>
<i>23:20</i>					<i>Pressure Test to 1500psi</i>
<i>23:30</i>	<i>200</i>		<i>128.23 bbl</i>	<i>5.0</i>	<i>Pump Lead 300sk</i>
<i>23:56</i>	<i>50</i>		<i>57.27 bbl</i>	<i>2.5</i>	<i>Pump Tail 240sk</i>
<i>0:20</i>					<i>Shutdown / Drop Plug / Wash Up</i>
	<i>50</i>		<i>10</i>	<i>5.1</i>	<i>Disp</i>
	<i>50</i>		<i>20</i>	<i>5.1</i>	
	<i>150</i>		<i>30</i>	<i>4.6</i>	
	<i>200</i>		<i>40</i>	<i>4.6</i>	
	<i>250</i>		<i>50</i>	<i>4.4</i>	
	<i>400</i>		<i>60</i>	<i>4.1</i>	
	<i>500</i>		<i>70</i>	<i>3.8</i>	
	<i>550</i>		<i>80</i>	<i>3.6</i>	
	<i>580</i>		<i>90</i>	<i>3.4</i>	
<i>0:55</i>	<i>580</i>		<i>93</i>	<i>1.6</i>	<i>Slow Rate</i>
	<i>600</i>		<i>100</i>	<i>1.6</i>	
<i>1:00</i>	<i>1300</i>		<i>103</i>	<i>0</i>	<i>Pressure Up</i>
<i>1:08</i>					<i>Release Back Float Held Job Complete</i>

Service Units	<i>78938</i>	<i>38117/19919</i>	<i>30464/37724</i>	<i>27808/37725</i>
Driver Names	<i>Daniel</i>	<i>Carlos</i>	<i>Victor</i>	<i>Regelio</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 05413 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-13-15	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: McNerny #1	WELL NO.:							
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY:	STATE:	SERVICE CREW: G. Echarria, S. Chavez							
AUTHORIZED BY: T. Davis	JOB TYPE: 242 5 1/2" Production								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
78940	3						5-13-15		7:00
37223	3					ARRIVED AT JOB		PM	10:00
37726	3					START OPERATION		PM	11:00
19831	3					FINISH OPERATION		PM	12:00
37897	3					RELEASED		PM	3:00
						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
CL104	50/50 Poz	SK	270		2970 00
CC111	Salt	lb	1658		829 00
CC201	Gilsonite		1352		905 84
CC113	Gypsum		1135		851 25
CC103	E-15		137		1712 50
CC105	C-11P		57		228 00
E101	Heavy Equipment Mileage	mi	100		750 00
CE240	Blending & Mixing Service	SK	270		378 00
E113	Proppant & Bulk Delivery	ton/yr	568		1418 75
CE206	Pump Depth: 5000-6000'	4hr	1		2880 00
CE504	Plug Cement	ea	1		250 00
E100	Unit Mileage	mi	50		225 00
S003	Service Supervisor	ea	1		175 00
CE503	High Head 10'	ea	1		300 00
T105	Data Acquisition	ea	1		500 00
Well: McNerny #1					
A/E: 44638					
GL CHEMICAL: 1075					
Office: Ulysses 125					
Date: 5/13/15					

SUB TOTAL **5192.40**

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

TOTAL

SERVICE REPRESENTATIVE

[Signature]

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

[Signature]

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.