



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
--	---

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	ENTERPRISES A 6
Doc ID	1257443

All Electric Logs Run

SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
REPEAT SECTION
MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG
AHV/BHV HOLE VOLUME PLOT

Summary of Changes

Lease Name and Number: ENTERPRISES A 6

API/Permit #: 15-081-22058-00-00

Doc ID: 1257443

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/24/2014	07/10/2015
Contractor License Number	34660	99975
Contractor Name	Aztec Well Servicing Co.	COMPANY SERVICING TOOLS
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1215847	../kcc/detail/operatorEditDetail.cfm?docID=1257443



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215847
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	ENTERPRISES A 6
Doc ID	1215847

All Electric Logs Run

SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
REPEAT SECTION
MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG
AHV/BHV HOLE VOLUME PLOT

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ENTERPRISES A 6
Doc ID	1215847

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4684-4692.5 KANSAS CITY	ACIDIZE-850 GALS 15% HCL FLUSHED W/28 BBLs 2%KCL	4684-4692.5



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05762 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-14-14 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 Oxy USA		LEASE Enterprises WELL NO. 6							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW Ruben, Carlos-Cesar, Santiago							
AUTHORIZED BY Tyce Davis		JOB TYPE: 8 5/8 Surface - Z-42							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				78940	5		4-14-14		1000
				38750 19842	5	ARRIVED AT JOB		AM	1000
				3046437547	5	START OPERATION		AM	1247
				30463 19883	5	FINISH OPERATION		AM	1430
						RELEASED		AM	1500
						MILES FROM STATION TO WELL		PM	30

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: P.M. Wy
(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	13 95	4185 00
CL 110	Premium Plus	SK	245	12 23	2996 35
CC 109	Calcium Chloride	Lb	1308	79	1033 32
CC 102	Celloflake	Lb	137	2 78	380 86
CC 130	C-51	Lb	57	18 75	1068 75
CF 253	4 5/8 Guide Shoe	Eg	1		285 00
CF 1453	8 5/8 Insert float Valve	Eg	1		210 00
CF 4405	8 5/8 Centralizer	Eg	17	108 75	1848 75
CF 4556	8 5/8 Cement Basket	Eg	1		787 50
CF 105	8 5/8 Plug	Eg	1		168 75
CF 4109	8 5/8 Stop Collar	Eg	1		
E 101	Heavy Equipment Mileage	Mi	90	5 25	472 50
CE 240	Blending & Mixing Service Charge	SK	545	1 05	572 25
E 113	Pippant & Bulk Delivery Charge	TM	770	1 20	924 00
CE 202	Depth Charge 1001 - 2000'	Eg	1		1125 00
CE 101	Pick up Charge	Mi	30	3 19	95 70
CE 100504	Plug Container Charge	Eg	1		187 50
S 003	Service Supervisor Charge	Eg	1		131 25
T 105	Cement Data	Eg	1		412 50
SUB TOTAL					16884 98

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
P 1180813	Enterprises A-6	CAPEX
O 020177	Cal Wyliv	
E 3023	P.M. Wy	
T 0102		
TOTAL		

SERVICE REPRESENTATIVE <u>Ruben Mark</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>P.M. Wy</u>
--	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer Oxy USA		Lease No.		Date 4-14-14	
Lease Enterprises 'A'		Well # 6		Service Receipt	
Casing		Depth		County Haskell State KS	
Job Type		Formation		Legal Description 21-30-32	
Pipe Data			Perforating Data		
Casing size 8 5/8 24#		Tubing Size		Shots/Ft	
Depth 1523'		Depth		From To	
Volume 94.2 bbl		Volume		From To	
Max Press		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth 1482'		Packer Depth		From To	
				Premium Plus Cement	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1000					On location - Rig up
1200					Safety Meeting
1247	2500				Pressure Test
1250	200		128	5.5	Pump 300sx @ 12.1 PPL
1314	300		58	5.5	Pump 245sx @ 14.8 PPL
1324					Drop Plug
1328				5.5	Start Displacement
1345	350		80	2	Slow Rate
1347	850		94	2	Bump Plug
1352	0				Release Pressure - float Held
1352	1500				Casing Test
1430	0				Release Pressure
1430					Shut Down Rig Down
Service Units		78940	38750 19812	30107 37547	30463 19883
Driver Names		Ruben	Carlos	Cesar	Santiago

Cal
Customer Representative

Jerry Bennett
Station Manager

Ruben Martinez
Cementer
Taylor Printing, Inc.



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05766 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-18-14 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 Oxy USA		LEASE Enterprises A WELL NO. 6						
ADDRESS		COUNTY Haskell STATE KS						
CITY STATE		SERVICE CREW Ruben, Carlos-Daniel						
AUTHORIZED BY Tyce Davis JRB		JOB TYPE: 2-41 5/2 Production						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 4-18-14 DATE	AM	TIME
				78940	4		PM	0600
				3875019842	4	ARRIVED AT JOB	AM	0600
				1435537725	4	START OPERATION	AM	0833
						FINISH OPERATION	AM	0945
						RELEASED	AM	1000
						MILES FROM STATION TO WELL	PM	30

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
CL 104	50/50 Poz	SK	260	8 25	2145 00
CC 105	C-41P	Lb	55	3 00	165 00
CC 113	Gypsum	Lb	1095	56	613 20
CC 111	Salt	Lb	1600	38	608 00
CC 103	C-15	Lb	132	9 38	1238 16
CC 102	Bilsonite	Lb	1300	50	650 00
CC 155	Super flush	Gal	500	1 15	575 00
CF 251	5/2 Guide Shoe	Eg	1		187 50
CF 1451	5/2 Insert float valve	Eg	1		161 25
CF 103	5/2 Rubber Plug	Eg	1		78 75
CF 4105	5/2 Stop Collar	Eg	1		63 00
CF 4452	5/2 Centralizers	Eg	25	56 25	1406 25
E 101	Heavy Equipment Milage	Mg	60	5 25	315 00
CE 240	Blending & Mixing Charge	SK	260	1 05	273 00
E 113	Propanit & Bulk Delivery Charge	TM	329	1 20	394 80
CE 5	Depth Charge 500' - 600'	Eg	1		2160 00
CE 504	Plug Container Charge	Eg	1		187 50
E 100	Pickup Charge	Mg	30	3 19	95 70
S003	Service Supervisor Charge	Eg	1		131 25
SUB TOTAL					11860 86

CHEMICAL / ACID DATA:			

AP1 _____ SERVICE & EQUIPMENT **11860 86** %TAX ON \$ _____
 LEASEWELL **Enterprises A** MATERIALS %TAX ON \$ _____
 MAXIMO / WSM # _____ TOTAL _____
 TASK **01-02** ELEMENT **3023**
 PROJECT # **1180813** CAPEX / OPEX - Circle one _____

SERVICE REPRESENTATIVE Ruben Martinez	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY Early Zion
FIELD SERVICE ORDER NO. _____	SIGNATURE  (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05766 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-18-14 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 ROY USA		LEASE Enterprises A WELL NO. 6				
ADDRESS		COUNTY Haskell STATE KS				
CITY STATE		SERVICE CREW Ruben, Carlos - Daniel				
AUTHORIZED BY Tyce Davis		JOB TYPE: 241 5/2 Production				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 4-18-14 DATE	AM	TIME
		78940	4	ARRIVED AT JOB	PM	0600
		3875019842	4	START OPERATION	PM	0833
		14355 37235	4	FINISH OPERATION	PM	0945
				RELEASED	PM	1000
				MILES FROM STATION TO WELL 30		

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
T 105	Cement Datz	Eg	1		412.50

CHEMICAL / ACID DATA:			

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

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

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



Cement Report

Customer Oxy USA		Lease No.		Date 4-18-14	
Lease Enterprises A		Well # 6		Service Receipt	
Casing		Depth		County Haskell	
Job Type		Formation		State KS	
Legal Description					
Pipe Data			Perforating Data		
Casing size 5 1/2 17#	Tubing Size		Shots/Ft		Lead 2 10 SX @ 13.5 SPX 51- W6, 10.5 9 1/4, 67. C 1/5, 1/4# Deformer, 57 6 1/2 size
Depth 5245.45'	Depth	From	To	Tail in 50 SX @ 13.5 SPX Mouse Hole	
Volume 120.8 bbl	Volume	From	To		
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth 5207'	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0600					On location - Rig up
0800					Safety Meeting
0833	2500				Pressure Test
0835	100		5	5	Pump Water Ahead
0837	100		12	5	Pump 500 gallons of Super Flush
0840	150		5	5	Pump Water behind
0842	100		59	5	Pump 2 10 SX @ 13.5 SPX
0855					Drop Plug - Wash up
0900	100			5	Start Displacement
0918	650		105	2	slow Rate
0924	1250		120	2	Bump Plug
0930	0				Release Pressure - float held
0938	100		14	4	Plug Mouse Hole
0945	0				Shot Down - Rig Down
Service Units	78990	38750 19842	14555 37225		
Driver Names	Ruben	Carlos	Daniel		

Early

Customer Representative

Jerry Bennett

Station Manager

Ruben Martinez

Cementer