

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 2
Doc ID	1257449

All Electric Logs Run

MICROLOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ANNULAR HOLE VOLUME PLOT

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 2
Doc ID	1257449

Tops

Name	Top	Datum
HEEBNER	4038	
TORONTO	4058	
LANSING	4084	
KANSAS CITY	4545	
MARMATON	4692	
PAWNEE	4798	
CHEROKEE	4855	
ATOKA	5102	
MORORW	5187	
CHESTER	5392	
ST GENEVIEVE	5494	

Summary of Changes

Lease Name and Number: ALEXANDER H 2

API/Permit #: 15-081-22062-00-00

Doc ID: 1257449

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/04/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3072	3071
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1215867	../..//kcc/detail/operatorEditDetail.cfm?docID=1257449



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215867
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	ALEXANDER H 2
Doc ID	1215867

All Electric Logs Run

MICROLOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ANNULAR HOLE VOLUME PLOT

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 2
Doc ID	1215867

Tops

Name	Top	Datum
HEEBNER	4038	
TORONTO	4058	
LANSING	4084	
KANSAS CITY	4545	
MARMATON	4692	
PAWNEE	4798	
CHEROKEE	4855	
ATOKA	5102	
MORORW	5187	
CHESTER	5392	
ST GENEVIEVE	5494	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER H 2
Doc ID	1215867

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5308-5312, 5315-5317, 5318-5326, 5336-5344 MORROW	ACIDIZE-330 GAL 15%HCL W/ ADDITIVES.FLUSH 31 BBL 6%KCL	5308-5344
		FRAC MORROW-350 BBL, 50BBLS LINEAR FLUID, X LINK FLUID 300 BBLs, 20/40 SAND 44,081 LBS	



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05807 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-5-14	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: Merit Energy	ADDRESS: J	LEASE: Alexander H #2	WELL NO.:							
CITY:	STATE:	COUNTY: Haskell	STATE: KS							
AUTHORIZED BY: J Bennett JRB	SERVICE CREW: E Mendoza, S Chavez, G Echa		JOB TYPE: 742-8 5/8" Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
34726	8						5-5-14			1:30
27462	8									3:30
30463	8									10:45
19566	8									12:30
19827	8									2:00
19883	8									8:00
						MILES FROM STATION TO WELL	85 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	A-Con	sk	340		6324 00
CL110	Premium Plus	sk	245		3993 50
CL109	Calcium Chloride	lb	1422		1493 10
CL102	Cell Flake	lb	147		543 90
CL130	C-51	lb	64		1600 00
CF253	8 5/8 Regular Guide Shoe	ea	1		380 00
CF453	Flapper Type Insert		1		280 00
CF4405	Centralizer		14		2030 00
CF4109	Stop Collar		1		100 00
CF3000	Thread Lock		12		408 00
E101	Heavy Equipment Mileage	mi	255		1785 00
CE240	Slurry & Mix Service	sk	585		819 00
E113	Proppant - Bulk Delivery	ton/mi	2342		5151 85
CE202	Pump Parts 001-20000	4hr	1		1500 00
CE804	Pug Container	ea	1		250 00
E100	Unit Mileage	mi	85		361 25
S003	Service Supervisor	ea	1		175 00
CE803	High Head 12'	ea	1		300 00

AFE# 034160

SUB TOTAL \$20620.85

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE:

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASIC™
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Merit Energy	Lease No.		Date	5-5-14
Lease	Alexander A	Well #	2	Service Receipt	05807
Casing	8 5/8" 24#	County	Waskell	State	KS
Job Type	242 8 5/8" surface	Formation		Legal Description	33-27-34

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24#	Tubing Size		Lead
Depth	1800'	Depth	From To	340 sk A-Con
Volume	112 bbl	Volume	From To	
Max Press	1500#	Max Press	From To	Tail in
Well Connection	10-1890'	Annulus Vol.	From To	245 sk Premium Plus
Plug Depth	SI-40'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00					on loc-site assessment
8:00					spot trucks - rig up
4:30					start csg + float equipment
9:00					csg on btm, break circ
10:00					safety meeting ISA
10:15					pressure test 2000#
10:45	200		145.3	5	mix + pump 340 sk ACon w/ 3% CC, 1/4# PF, 2% WCA I 12.1 pp - 2.40 A3 sk 14.0 g/sk
11:15	150		58.5	5	switch to fail 245 sk Prem. Plus w/ 2% CC, 1/4 PF 14.8 pp 1.34 g/sk
11:30	100		0	5	drop plug, disp csg
	100		40	0	slow rate, leak in collar fix it continue pump, with caution
12:15	600		100	2	slow rate
12:30	800		112.1	0	land plug, float held circ 74 bbl cut slurry to surface
					job complete did not test csg leak in collar

Service Units	34776	27462	30463	19866	19827	19883
Driver Names	A. Rivera	B. Mendez	S. Chavez	G. Beltrami		

T. Ballew
Customer Representative

T. Bennett
Station Manager



PAGE	CUST NO	INVOICE DATE
1 of 1	1002716	05/12/2014
INVOICE NUMBER		
1717 - 91487653		

Liberal (620) 624-2277
 B MERIT ENERGY COMPANY
 I PO Box: 1293
 L LIBERAL
 L KS US 67901
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Alexander H-2
 O LOCATION
 B COUNTY Haskell
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40721318	19842		Net - 30 days	06/11/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 05/09/2014 to 05/09/2014</i>				
0040721318				
171705779A Cement-New Well Casing/Pi 05/09/2014 5 1/2 production				
50/50 POZ	365.00	EA	8.25	3,011.24 T
Gypsum	1,535.00	EA	0.56	863.44 T
Salt	2,243.00	EA	0.38	841.13 T
C-15	185.00	EA	9.38	1,734.38 T
C-41P	77.00	EA	3.00	231.00 T
Gilsonite	1,825.00	EA	0.50	917.06 T
"Guide Shoe - Regular. 5 1/2" (Blue)"	1.00	EA	187.50	187.50
"Flapper Ins. Ft. Vlv., 5 1/2" (Blue	1.00	EA	161.25	161.25
Antelope 5 1/2 X 7 7/8 Turbo	25.00	EA	56.25	1,406.25
Stop Collar 5 1/2	1.00	EA	63.00	63.00
"Top Rubber Cmt Plug, 5 1/2""	1.00	EA	78.75	78.75
Super Flush II	500.00	EA	1.15	573.75 T
Heavy Equipment Mileage	130.00	MI	5.25	682.50
Blending & Mixing Service Charge	365.00	BAG	1.05	383.25
"Proppant & Bulk Del. Chgs., per ton mil	997.75	EA	1.65	1,646.29
Depth Charge; 5001-6000'	1.00	EA	2,160.00	2,160.00
Plug Container Util. Chg.	1.00	EA	187.50	187.50
"Unit Mileage Chg (PU, cars one way)"	65.00	MI	3.19	207.19
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25
Cement Data Acquisition Monitor	1.00	EA	412.50	412.50

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	15,879.23
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	543.44
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	16,422.67
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

JRB



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1717 05779 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-9-14 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 Merit Energy		LEASE Alexander 'H' WELL NO. 2								
ADDRESS		COUNTY Haskell STATE KS								
CITY STATE		SERVICE CREW Ruben-Carlos-Daniel								
AUTHORIZED BY Tyce Davis IRB		JOB TYPE: 2-42 5 1/2 Production								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
				78940	7.5		5-9-14			2200
				3875019842	7.5	ARRIVED AT JOB				2330
				3046319566	7.5	START OPERATION				0352
						FINISH OPERATION				0507
						RELEASED				0530
						MILES FROM STATION TO WELL				65

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	385		4015 00
CC 113	Gypsum	Lb	1535		1151 25
CC 111	Salt	Lb	2243		1121 50
CC 103	C-15	Lb	185		2312 50
CC 105	C-41P	Lb	77		308 00
CC 201	Wilsonite	Lb	1825		1222 75
CF 251	5 1/2 Inwide Shoe	Eq	1		250 00
CF 1451	5 1/2 Inset Valve	Eq	1		215 00
CF 4452	5 1/2 Centralizer	Eq	25		1875 00
CF 4105	5 1/2 Stop Collar	Eq	1		84 00
CF 103	5 1/2 Cement Plug	Eq	1		105 00
CC 155	Super Flush	Gal	500		765 00
E 101	Heavy Equipment Mileage	Mi	130		910 00
CE 240	Blending & Mixing Charge	SK	365		511 00
E 113	Proppant and Bulk Charge	Tm	998		2195 05
CE 206	Depth Charge: 5001-6000'	Yhrs	1		2880 00
CE #3504	Plug Container Utilization Charge	Job	1		250 00
E 100	Pick up Charge	Mi	65		276 25
5003	Service Supervisor	Eq	1		175 00
SUB TOTAL					15879 25

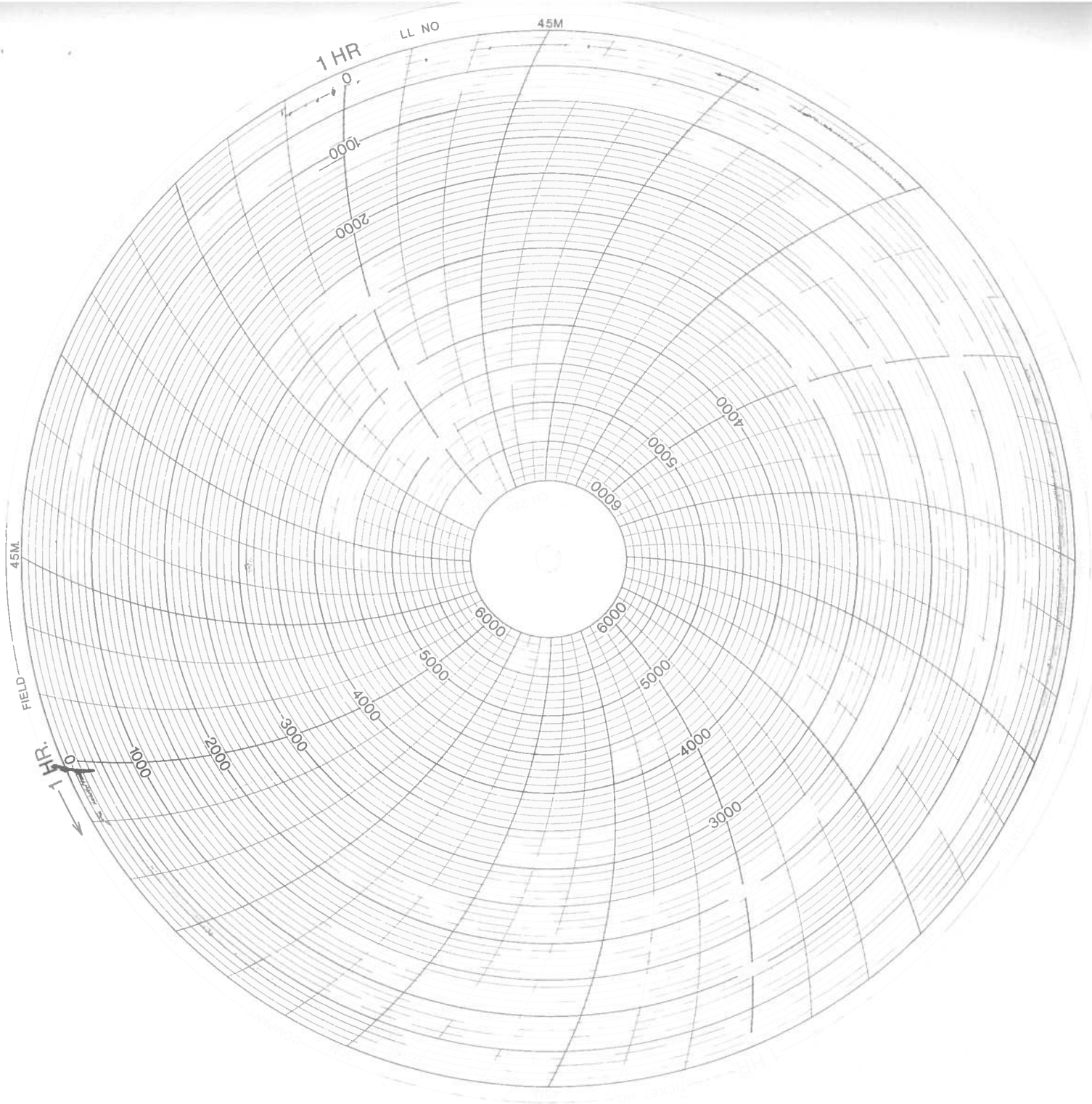
CHEMICAL / ACID DATA:			

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

NO CREDIT FOR LOST TIME ON CENTRALIZERS @ SURF TOTAL

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

FIELD SERVICE ORDER NO.



MERIT ENERGY
ALEXANDER 'H' #2 5 1/2 PRODUCTION

