


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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> GSW | Permit #: _____ | | |

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

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: <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	Dreyer C 1
Doc ID	1257444

All Electric Logs Run

SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Dreyer C 1
Doc ID	1257444

Tops

Name	Top	Datum
HEEBNER	4004	
TORONTO	4012	
LANSING	4046	
KANSAS CITY	4507	
MARMATON	4658	
PAWNEE	4764	
CHEROKEE	4819	
ATOKA	5057	
MORROW	5114	
CHESTER	5318	
ST GENEVIEVE	5435	

Summary of Changes

Lease Name and Number: Dreyer C 1

API/Permit #: 15-081-22066-00-00

Doc ID: 1257444

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/04/2014	07/10/2015
Kelly Bushing Elevation	3040	3039
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1215882	../kcc/detail/operatorEditDetail.cfm?docID=1257444



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215882
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)</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	Dreyer C 1
Doc ID	1215882

All Electric Logs Run

SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
MICROLOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Dreyer C 1
Doc ID	1215882

Tops

Name	Top	Datum
HEEBNER	4004	
TORONTO	4012	
LANSING	4046	
KANSAS CITY	4507	
MARMATON	4658	
PAWNEE	4764	
CHEROKEE	4819	
ATOKA	5057	
MORROW	5114	
CHESTER	5318	
ST GENEVIEVE	5435	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05790 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-28-14 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 Ment Energy		LEASE Dreyer C WELL NO. 1							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW Ruben, Carlos, Daniel, Roger							
AUTHORIZED BY Tyce Davis JH		JOB TYPE: 2-42 8 5/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				78940	12	5-28-14			2400
				38750 19842	12	ARRIVED AT JOB		AM	0200
				14355 37225	12	START OPERATION		AM	0953
				30463 19544	12	FINISH OPERATION		AM	1138
						RELEASED		AM	1200
						MILES FROM STATION TO WELL			85

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, material 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 101	A-Con Blend ✓	SK	340		6324 0
CL 110	Premium Plus Cement ✓	SK	245		3993 5
CC 109	Calcium Chloride ✓	Lb	1422		1493 11
CC 102	Celloflake ✓	Lb	147		543 91
CC 130	C-51 ✓	Lb	64		1600 0
CF 253	8 5/8 Guide Shoe ✓	Eq	1		380 01
CF 1453	8 5/8 Insert float valve ✓	Eq	1		280 00
CF 4405	8 5/8 Centralizer S ✓	Eq	14		2030 00
CF 4109	8 5/8 Stop collar ✓	Eq	1		100 00
CF 105	8 5/8 Cement Plug ✓	Eq	1		225 00
E 101	Heavy Mileage Equipment	M:	7		1200 01
CE 240	Blending & Mixing Charge	SK	585		819 01
E 113	Proppant & Bulk Delivery Charges	TM	2342		5151 8
CE 202	Depth Charge 1001 - 2000'	4hrs	1		1500 00
CE 504	Plug Container Utilization	Job	1		250 00
E 100	Pick up Charge	M:	85 00		255 00
S003	Service Supervisor	Eq	1		175 00
T 105	Cement Data	Eq	1		550 00
CE 503	High Head Charge	Eq	1		225 00
SUB TOTAL					20036 3

CHEMICAL / ACID DATA:			

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

AFE# 034241

SERVICE REPRESENTATIVE Ruben Math	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY Earl J. (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



Cement Report

Customer	Merit Energy		Lease No.			Date	5-28-14		
Lease	Dreyer 'C'		Well #	1		Service Receipt			
Casing	8 5/8 24#	Depth	1810.87'		County	Haskell		State	KS
Job Type	Z-42		Formation			Legal Description	20-27-34		

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24#	Tubing Size	Shots/Ft	
Depth	1810.87'	Depth	From	To
Volume	112.5 bbl	Volume	From	To
Max Press		Max Press	From	To
Well Connection	1769.32'	Annulus Vol.	From	To
Plug Depth	1769.32'	Packer Depth	From	To

Lead 3405xe 12.1 PPS
 37. CC, 1/4# Polyflake,
 27. WCA-1
 A-Cen Blend
 Tail in 2455xe 14.8 PPS
 27. CC,
 44# Polyflake
 Premium Plus Cement

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
0200					On Location
0900					Rig up
0930					Safety Meeting
0953	2500				Pressure Test
0955	150		145	5	Pump 3405xe 12.1 PPS
1026	200		58	5	Pump 2455xe 14.8 PPS
1037					Drop Plug
1039	150			5	Start Displacement
1058	500		500 100	2	Slow Rate
1103	1050		112	2	Bump Plug
1108	0				Release Pressure - float held
1108	1500				Casing Test
1138	0				Release Pressure - Casing held
					Shut Down - Rig Down

Service Units	78940	38750 19847	30463 12566	14355 37225	
Driver Names	Ruben	Carlos	Daniel	Roger	

Early Customer Representative
 Jerry Bennett Station Manager
 Ruben Martinez Cementer



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

FIELD SERVICE TICKET
1717 05823 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-1-14	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 Dreyer C#1			WELL NO.:			
ADDRESS		COUNTY Haskell		STATE KS				
CITY		STATE		SERVICE CREW E Mandoga, I DeHila				
AUTHORIZED BY J Bennett		JOB TYPE: 242- PTH						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
34726	8						6-1-14	2:00
27462	8							4:00
19827	8							6:00
19883	8							6:00
						ARRIVED AT JOB		7:00
						START OPERATION		6:00
						FINISH OPERATION		6:00
						RELEASED		7:00
						MILES FROM STATION TO WELL	60	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	6040 Poz	sk	145		1740 00	
CE200	Cement Gel	lb	250		62 50	
E101	Heavy Equipment Mileage	mi	120		840 00	
CE240	Blending + Mixing Service	sk	145		203 50	
E113	Proppant + Bulk Delivery	ton	375		825 00	
CE202	Pump Depth 100ft-200ft	cell	1		1500 00	
E100	Unit Mileage	mi	60		255 00	
S003	Service Supervisor	ea	1		175 00	
					SUB TOTAL	4200.38

CHEMICAL / ACID DATA:			

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

AFE # 034241

SERVICE REPRESENTATIVE Paul Surra	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Paul Surra
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer Merit Energy		Lease No.		Date 6-1-14	
Lease Preyer		Well # 1		Service Receipt 05823	
Casing	Depth	County Maskell		State KS	
Job Type 242-PTA	Formation			Legal Description 20-27-34	
Pipe Data			Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead	
Depth	Depth	From	To		
Volume	Volume	From	To		
Max Press	Max Press	From	To	Tail in	
Well Connection	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					on loc-site assessment
					spot trucks - rig up
8:00					safety meeting - JSA
8:45					pressure test 1000#
8:00					circ 1840'
8:30	100		10	5	pump 10 bbl H ₂ O spacer
8:32	100		17.4	5	mix + pump 60 sk 60/40 Poz
					@ 13.5 ppb - 1.50 @ 3/8sk
8:35	100		15.5	5	pump 1.5 bbl H ₂ O, then 14 bbl mud
					balanced plug
11:30					circ @ 830'
11:35	100		10	5	pump 10 bbl H ₂ O spacer
11:37	100		10.7	5	mix + pump 40 sk 60/40 Poz
					@ 13.5 ppb - 1.50 @ 3/8sk
11:40	100		6	5	pump 1.5 bbl H ₂ O, then 4.5 bbl
					mud balanced plug
1:00					circ @ 60'
1:05			5.3	5	mix + pump 20 sk 60/40 Poz
					@ 13.5 ppb - 1.50 @ 3/8sk
1:40					circ cont to surface
					job complete
Service Units	34720	27462	1987-1983		
Driver Names	A Owea	E Mendoza	J Dehila		

Todd

Customer Representative

J Bennett

Station Manager

A Owea

Cementer