



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: <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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 2
Doc ID	1257448

All Electric Logs Run

BOREHOLE VOLUME LOG
COMPENSATED DENSITY DUAL SPACED NEUTRON GAMMA RAY MEMORY LOG
ARRAY INDUCTION NEUTRON/DENSITY GAMMA RAY MEMORY LOG
ARRAY INDUCTION GAMMA RAY MEMORY LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 2
Doc ID	1257448

Tops

Name	Top	Datum
TORONTO	4085	
LANSING	4103	
KANSAS CITY	4586	
MARMATON	4721	
PAWNEE	4821	
CHEROKEE	4864	
ATOKA	5080	
MORROW	5134	
CHESTER	5217	
ST GENEVIEVE	5378	
ST LOUIS	5466	

Summary of Changes

Lease Name and Number: WARNER G 2

API/Permit #: 15-081-22069-00-00

Doc ID: 1257448

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	2960	2959
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1215890	../..kcc/detail/operatorEditDetail.cfm?docID=1257448



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215890
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	WARNER G 2
Doc ID	1215890

All Electric Logs Run

BOREHOLE VOLUME LOG
COMPENSATED DENSITY DUAL SPACED NEUTRON GAMMA RAY MEMORY LOG
ARRAY INDUCTION NEUTRON/DENSITY GAMMA RAY MEMORY LOG
ARRAY INDUCTION GAMMA RAY MEMORY LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 2
Doc ID	1215890

Tops

Name	Top	Datum
TORONTO	4085	
LANSING	4103	
KANSAS CITY	4586	
MARMATON	4721	
PAWNEE	4821	
CHEROKEE	4864	
ATOKA	5080	
MORROW	5134	
CHESTER	5217	
ST GENEVIEVE	5378	
ST LOUIS	5466	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05892 A

DATE OF JOB: 7-4-14	DISTRIC: 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: Warner G #2		WELL NO.:						
ADDRESS:	COUNTY: Haskell	STATE: KS							
CITY: S	SERVICE CREW: E Mendoza, T DeHuis, M Bosny								
AUTHORIZED BY: J Bennett	JOB TYPE: 242-858 Surface								
EQUIPMENT#	HRS	E	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
81726	8						7-4-14	AM	5:00
27463	8					ARRIVED AT JOB		AM	8:00
27808	8					START OPERATION		AM	10:00
37724	8					FINISH OPERATION		AM	11:00
30454	8					RELEASED		AM	12:00
19578	8					MILES FROM STATION TO WELL		AM	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
CL101	A-Con	SK	340		6324 00
CL110	Premium Plus	SK	245		3993 50
CC109	Calcium Chloride	LB	1422		1493 10
CC102	Cellulose	LB	147		543 90
CC130	CS	LB	64		1600 00
CE253	8 5/8 Shoe	EA	1		380 00
CE453	Insert	I	1		280 00
CE440	Centralizer	I	14		2 00
CE4109	Stop Collar	I	1		1 00
CE105	Plug	I	1		225
E101	Heavy Equipment Mileage	MI	150		105 00
CE240	Blandby & Murphy Service	SK	585		819 00
E113	Proppant Bulk Delivery	TON	1378		3030 5
CE202	Pump Depth 1001-2000	HR	1		1500 0
CE503	fish head &	EA	1		300 00
CE504	Pipe Connector	EA	1		250 00
E100	Unit Mileage	MI	50		21 50
S003	Service Supervisor	EA	1		1750

CHEMICAL / ACID DATA:			

MATERIALS	%TAX ON \$

AFE # 34370

SERVICE REPRESENTATIVE: <i>Paul Garcia</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO.:	OPERATOR OR



Cement Report

Customer Merit Energy		Lease No.		Date 7-9-14	
Lease Warner 61		Well # 2		Service Receipt 05892	
Casing 8 5/8" 24#		Depth 1746'		County Maskell State KS	
Job Type 242-8 5/8" surface		Formation Surface		Legal Description 26-27-34	
Pipe Data			Perforating Data		Cement Data
Casing size 8 5/8" 24#	Tubing Size		Shots/Ft		Lead 340 sk A-Cen
Depth 1746'	Depth	From	To		Tail in 245 sk Prem. Plus
Volume Disp-109 bbl	Volume	From	To		
Max Press 1500#	Max Press	From	To		
Well Connection ID-1738'	Annulus Vol.	From	To		
Plug Depth SJ-37'	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00					on loc-site assessment spot trucks-rig up CSG on btwn break circ Safety meeting-TSA
10:30					pressure tests 2000 #
10:30			145.3	5	Mix + pump 340 sk A-Cen c 12.1# - 2.40 ft 3/4"
10:55			58.5	5	switch to tail 245 sk Prem. Plus @ 14.8# - 1.34 ft 3/4"
11:05	0		0	5	drop plug, disp CSG
11:25	600		100	2	slow rate
11:30	1100	1	109	0	land plug, float held job complete
12:00					circ cont to surface 30 min CSG test 1500 - OK
Service Units	34726	27462	27805	37724	30454-14578
Driver Names	A Dura	E Mulvan	M Bosquez	T Peltola	

E Zion
Customer Representative

J Bennett
Station Manager



BASIC[™]
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Merit Energy	Lease No.		Date	
Lease	Warner "G"	Well #	Z	Service Receipt	1717 05911A
Casing	8 3/8	Depth	1800	County	Haskell
Job Type	PTA	Formation		State	KS
				Legal Description	Sec 26 / Twp 27 / Range 34

Pipe Data		Perforating Data		Cement Data	
Casing size	8 3/8	Tubing Size	4 1/2 x hole 16/16	Lead	1955K 60/40KZ
Depth	1800 Approx	Depth	1902/905/82'	From	To
Volume		Volume		From	To
Max Press		Max Press		From	To
Well Connection	Swage	Annulus Vol.		From	To
Plug Depth		Packer Depth		From	To
				Shots/Ft	
				Lead	1.50 AP/K 2.562/KZ
				Tail in	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
16:00					Onloc.
17:30					safety mtg
17:40					Line Up
18:08	0			3.8	Start Pumping Water Ahead
18:13	0			2.6	Start Cementing
18:24			18.7 BBL		Disp 164 Strokes + 1.5 Water
18:30					Lay down 23 JTS
20:09			52 BBL		Roll hole 3
20:20	0		13.35 BBL	3	Start Cement
20:25	0		9.4	3	Start Disp.
20:29					Pull up to 82'
21:40	0		5	3 BPM	Start Cement Cement to Surface Washup to Pit
22:00					Job Complete

Service Units	78939	37223/34726	14354/19578		
Driver Names	Chad Hinz	Tommy Marcellus	Scotty Glover		

Jimmy Ballew
Customer Representative

Jerry Bennett
Station Manager

Tommy Marcellus
Cementer