



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	WARNER G 1
Doc ID	1257452

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 1
Doc ID	1257452

Tops

Name	Top	Datum
HEEBNER	4089	
TORONTO	4108	
LANSING	4170	
KANSAS CITY	4583	
MARMATON	4725	
PAWNEE	4825	
CHEROKEE	4865	
ATOKA	5077	
MORORW	5131	
CHESTER	5208	
ST GENEVIEVE	5374	
ST LOUIS	5460	

Summary of Changes

Lease Name and Number: WARNER G 1

API/Permit #: 15-081-22063-00-00

Doc ID: 1257452

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/25/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2962	2961
Save Link	../..//kcc/detail/operatorEditDetail.cfm?docID=1219999	../..//kcc/detail/operatorEditDetail.cfm?docID=1257452



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219999
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)</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 1
Doc ID	1219999

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 1
Doc ID	1219999

Tops

Name	Top	Datum
HEEBNER	4089	
TORONTO	4108	
LANSING	4170	
KANSAS CITY	4583	
MARMATON	4725	
PAWNEE	4825	
CHEROKEE	4865	
ATOKA	5077	
MORORW	5131	
CHESTER	5208	
ST GENEVIEVE	5374	
ST LOUIS	5460	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	WARNER G 1
Doc ID	1219999

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5352-5364 CHESTER		5352-5364



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

FIELD SERVICE TICKET
 1717 05781 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-13-14	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 Warner '6'					WELL NO. 1		
ADDRESS		COUNTY Haskell			STATE KS				
CITY		STATE		SERVICE CREW Ruben-Carlos-Cesar-Norma					
AUTHORIZED BY Tyce Davis TRB		JOB TYPE: 2-42 8 5/8 Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
				78940	10		5-13-14	PM	1000
				3875019842-	10-	ARRIVED AT JOB		AM	1230
				3046319566	10	START OPERATION		AM	1753
				3046437547	10	FINISH OPERATION		AM	1950
						RELEASED		AM	2000
						MILES FROM STATION TO WELL		PM	50

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 101	A - Con Blend	SK	340 ✓		6324 00
CL 110	Premium Plus Cement	SK	245 ✓		3993 50
CC 109	Calcium Chloride	Lb	1422 ✓		1493 10
CC 102	Celloflake	Lb	147 ✓		543 90
CC 130	C-51	Lb	64 ✓		1600 00
CF 253	8 5/8 Guide Shoe	Ea	1 ✓		380 00
CF 1453	8 5/8 Insert float Valve	Ea	1 ✓		280 00
CF 4405	8 5/8 Centralizers	Ea	14 ✓		2030 00
CF 4109	8 5/8 Stop Collar	Ea	1 ✓		100 00
CF 105	8 5/8 Cement Plug	Ea	1 ✓		225 00
E 101	Heavy Equipment Mileage	Mi	150		1050 00
CE 240	Blending & Mixing Charge	SK	585		819 00
E 113	Proppant & Bulk Delivery Charge	TM	1378		3030 50
CE 202	Depth Charge 1001'-2000'	4hrs	1		1500 00
CE 504	Plug Container Utilization Charge	Job	1		250 00
E 100	Pick up Charge	Mi	50		212 50
5003	Service Supervisor	Ea	1		175 00
T 105	Cement Data	Ea	1		550 00

SUB TOTAL 18417 38
 SERVICE & EQUIPMENT 1000 00
 MATERIALS %TAX ON \$
 TOTAL 17417 38

AFE: 034202

SERVICE REPRESENTATIVE:

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

FIELD SERVICE ORDER NO.

ISS arising out of any
 versions or for any
 editions or for any
 editions or for any
 editions or for any



Cement Report

Customer Merit Energy	Lease No.	Date 5-13-14
Lease Warner '6	Well # 1	Service Receipt
Casing 8 5/8 24#	Depth 1805.7'	County Haskell State KS
Job Type Z-42	Formation	Legal Description 26-27-34

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8 24#	Tubing Size	Shots/Ft		Lead 340sx @ 12.1 PPG 31.00, 1/4# polyflake, 27.0 WCA-1 A-Con-Blend Tail in 245sx @ 14.8 PPG 27.0 FC, 1/4# polyflake Premium Plus Cement
Depth 1805.7'	Depth	From	To	
Volume 112.666	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth 1763.99'	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1230					On location
1630					Rig up
1700					Safety Meeting
1753	2500				Pressure Test
1755	100		145	5	Pump 340sx @ 12.1 PPG
1830	150		58	5	Pump 245sx @ 14.8 PPG
1842					Drop Plug
1844				5	Start Displacement
1909	450		95	2	Slow Rate
1913	1000		112	2	Bump Plug
1918	0				Release Pressure - float held
1920	1500				Casing Test
1950	0				Release Pressure - Shut down
					Rig Down

Service Units	78940	38750	30468	30463
Driver Names	Ruben Martinez	Carlos	Norma	Resar

Early Customer Representative Jerry Bennett Station Manager Ruben Martinez Cementer

TICKET NO. 45M-1HR



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05783 A

DATE _____ TICKET NO. _____

DATE OF JOB 5-18-14 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 Merit Energy		LEASE Warner G WELL NO. 1							
ADDRESS		COUNTY Haskell STATE KS							
CITY STATE		SERVICE CREW Ruben, Carlos-Daniel							
AUTHORIZED BY Tyce Davis JRB		JOB TYPE: 2-40 5 1/2 Production							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 5-18-14 DATE	AM	PM	TIME
				78940	6	ARRIVED AT JOB			2300
				38750 19842-	6	START OPERATION	AM	PM	0130
				1435537725	6	FINISH OPERATION	AM	PM	0330
						RELEASED	AM	PM	0432
						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	286		3080 00
CC 113	Gypsum	Lb	1180		885 00
CC 111	Salt	Lb	1724		862 00
CC 103	C-15	Lb	142		1775 00
CC 105	C-41P	Lb	59		236 00
CC 201	Wilsonite	Lb	1400		938 00
CF 251	5 1/2 Guide Shoe	Eg	1		250 00
CF 1461	5 1/2 Insert Valve	Eg	1		215 00
CF 448a	5 1/2 Centralizers	Eg	2.5		1875 00
CF 4105	5 1/2 Stop Collar	Eg	1		84 00
CF 103	5 1/2 Plug	Eg	1		105 00
CC 155	Super flush 11	gal	500		765 00
E 101	Heavy Equipment Mileage	Mi	130		910 00
CE 240	Blending & Mixing Charge	SK	280		392 00
E 113	Proppant & Bulk Delivery	Tm	767		1687 40
CE 204	Depth Charge 3001'-6000'	4h-g	1		2880 00
CE 504	Plug Container Utilization charge	Job	1		250 00
T 105	Cement Data	Eg	1		550 00
E 100	Pick up Charge	Mi	65		276 25
SUB TOTAL					13642 99

CHEMICAL / ACID DATA:			

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

AFE# 034202

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
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1717 ~~05784~~ A

DATE _____ TICKET NO. 05783

DATE OF JOB <u>5-18-14</u> DISTRICT <u>1717</u>			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>Warner G</u>		WELL NO. <u>1</u>					
ADDRESS _____			COUNTY <u>Askell</u>		STATE <u>KS</u>					
CITY _____ STATE _____			SERVICE CREW _____							
AUTHORIZED BY <u>Tyce Davis</u>			JOB TYPE: _____							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						MILES FROM STATION TO WELL				

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
<u>5003</u>	<u>Service Supervisor</u>	<u>Eg</u>	<u>1</u>		<u>175 00</u>

SUB TOTAL

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ <small>(WELL OWNER OPERATOR CONTRACTOR OR AGENT)</small>
------------------------------	---

FIELD SERVICE ORDER NO. _____



BASIC™
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <u>Merit Energy</u>		Lease No.		Date <u>5-18-14</u>		
Lease <u>Warner G</u>		Well #		Service Receipt		
Casing <u>5 1/2 17#</u> Depth		County <u>Haskell</u>		State <u>KS</u>		
Job Type <u>Z-40</u>		Formation		Legal Description		
Pipe Data			Perforating Data			Cement Data
Casing size <u>5 1/2 17#</u>	Tubing Size		Shots/Ft		Lead <u>2805 x 13.5 PFB</u> <u>5' W60, 107' S-11</u> <u>6' C-15, 114# Detramer</u> <u>5# Wilson Jr</u> <u>50/50 to 2</u>	
Depth <u>5677'</u>	Depth	From	To			
Volume <u>130.7 bbl</u>	Volume	From	To			
Max Press	Max Press	From	To			
Well Connection	Annulus Vol.	From	To			
Plug Depth <u>5635'</u>	Packer Depth	From	To	Tail in		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<u>0130</u>					<u>On location - Rig up</u>	
<u>0300</u>					<u>Safety Meeting</u>	
<u>0330</u>	<u>2500</u>				<u>Pressure Test</u>	
<u>0335</u>	<u>140</u>		<u>5</u>	<u>5</u>	<u>Pump Water</u>	
<u>0337</u>	<u>100</u>		<u>12</u>	<u>5</u>	<u>Pump 500 gallons Superflush II</u>	
<u>0339</u>	<u>100</u>		<u>5</u>	<u>5</u>	<u>Pump Water</u>	
<u>0340</u>	<u>200</u>		<u>79</u>	<u>5</u>	<u>Pump 2805 x 13.5 PFB</u>	
<u>0357</u>					<u>Wash up - Drop Plug</u>	
<u>0402</u>	<u>100</u>			<u>5</u>	<u>Start Displacement</u>	
<u>0423</u>	<u>800</u>		<u>115</u>	<u>2</u>	<u>Slow Rate</u>	
<u>0427</u>	<u>1300</u>		<u>130</u>	<u>2</u>	<u>Bump Plug</u>	
<u>0432</u>	<u>0</u>				<u>Release Pressure - Flood Held</u>	
					<u>Shut Down Rig Down</u>	
Service Units	<u>78940</u>	<u>38750</u>	<u>19892</u>	<u>37125</u>	<u>14355</u>	
Driver Names	<u>Ruben</u>	<u>Carlos</u>	<u>Daniel</u>			

Early
Customer Representative

Jerry Bennett
Station Manager

Ruben Martinez
Cementer