



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	Onion B 5
Doc ID	1257469

Tops

Name	Top	Datum
HEEBNER	4021	
TORONTO	4046	
LANSING	4075	
KANSAS CITY	4529	
MARMATON	4665	
PAWNEE	4771	
CHEROKEE	4836	
ATOKA	5089	
MORROW	5183	
CHESTER	5376	
ST GENEVIEVE	5479	

Summary of Changes

Lease Name and Number: Onion B 5

API/Permit #: 15-081-22068-00-00

Doc ID: 1257469

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/09/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3000	2999
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1226783	../../kcc/detail/operatorEditDetail.cfm?docID=1257469



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226783
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	Onion B 5
Doc ID	1226783

Tops

Name	Top	Datum
HEEBNER	4021	
TORONTO	4046	
LANSING	4075	
KANSAS CITY	4529	
MARMATON	4665	
PAWNEE	4771	
CHEROKEE	4836	
ATOKA	5089	
MORROW	5183	
CHESTER	5376	
ST GENEVIEVE	5479	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Onion B 5
Doc ID	1226783

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5318-5322 MORROW		5318-5322



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05649 A

DATE _____ TICKET NO. _____

DATE OF JOB 06-19-14 DISTRICT 1717 Liberal, KS		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 Orion 'B' 5 WELL NO.						
ADDRESS		COUNTY Haskell STATE KS						
CITY STATE		SERVICE CREW Roger Brown - Carlos - Cesar - Ismael						
AUTHORIZED BY Jerry Bennett JD		JOB TYPE: 242 - 8 5/8" Surface AFE# 034375						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 06-19-14 DATE	AM/PM	TIME
21755	6							0600
38750-19842 -	6 -					ARRIVED AT JOB	1	0800
30463-19566	6					START OPERATION		2000
14355-37725	6					FINISH OPERATION		2200
						RELEASED		2230
						MILES FROM STATION TO WELL		45

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	✓ ACen' Blend	sk	340		6324 00
CL110	✓ Premium Plus Cement	sk	245		3993 50
CC109	✓ Calcium Chloride	lb	1422		1493 10
CC102	✓ Cellulose	lb	747		543 90
CC130	✓ C-51	lb	2630 64		1600 00
CF253	✓ Guide shoe - Regular 8 5/8"	ea	1		380 00
CF1453	✓ Flapper type Insult Float Valve 8 5/8"	ea	1		280 00
CF4405	✓ Economizer Hinged, Welded Standard Box 8 5/8" - 12 1/4"	ea	14		2030 00
CF4109	✓ Stop Collar 8 5/8"	ea	1		100 00
CF105	✓ Stop Rubber Cement Plug - 8 5/8"	ea	1		225 00
E101	Heavy Equipment Mileage	mi	135		945 00
CE240	Blending & Mixing Service Charge	sk	585		819 00
E113	Proppant and Bulk Delivery Charges	tn	1240		2727 45
CE202	Depth Change - 1001' - 2000'	4Hrs	1		1500 00
SUB TOTAL					19845 40
TAX					407 90
TOTAL					19407 90

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____



BASICSM
 ENERGY SERVICES
 PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
 P.O. Box 129
 Liberal, Kansas 67905
 Phone 620-624-2277

FIELD SERVICE TICKET CONT.

TICKET NO. 1717-05649 A

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CE504	Plug Container Utilization Charge	JRB	1		250.00
E100	Unit Mileage Charge - Pickup	mi	45		191.25
5003	Service Supervisor - first 8 Hrs on Location	eA	1		175.00
E105	Cement Data Acquisition Monitor	ea	1		550.00
CE165	Stop Loss Polymer LCM Didn't Use	gal	840		
CE 403	Additional L Hrs - After 6 Hrs	Hrs.	4		2000.00
CE503	High Head Height - Above 6 ft.	eA	1		300.00



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <i>Merit Energy</i>		Lease No. <i>Onion 'B' 5'</i>		Date <i>06-19-14</i>	
Lease <i>Onion 'B' 115'</i>		Well # <i>5</i>		Service Receipt <i>1117 05649A</i>	
Casing <i>8 5/8"</i>	Depth <i>1820'</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>8 5/8" Surface</i>		Formation		Legal Description <i>2-29-34 AFE# 034375'</i>	
Pipe Data			Perforating Data		
Casing size <i>8 5/8"</i>	Tubing Size	Shots/Ft		Cement Data	
Depth <i>1820'</i>	Depth	From	To	Lead <i>340 sks 'A' Con</i>	
Volume <i>113.6 BBLs</i>	Volume	From	To	<i>12.1 ppg 2.4 cu ft sk</i>	
Max Press <i>2500 psi</i>	Max Press	From	To	<i>3% CaCl₂ 2% WCA-1</i>	
Well Connection	Annulus Vol.	From	To	Tail in <i>245 sks Premium</i>	
Plug Depth <i>1786'</i>	Packer Depth	From	To	<i>14.8 ppg 1.34 cu ft sk</i>	
		From	To	<i>2% CaCl₂</i>	
		From	To	<i>1/4" #2 1/4 flake</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0500</i>					<i>Called Out</i>
<i>0800</i>					<i>On Location</i>
<i>1700</i>					<i>Set up Safety Meeting</i>
<i>1715</i>					<i>On Bottom Circulate with Rig</i>
<i>2000</i>					<i>Hook up Hoop & Planifold</i>
<i>2040</i>					<i>Test Liner to Rig Floor 2000psi</i>
<i>2045</i>					<i>Pump 3 BBLs water ahead</i>
<i>2020</i>	<i>100</i>		<i>145</i>	<i>5</i>	<i>Mix & Pump Lead cement</i>
					<i>12.1 ppg - 2.4 cu ft sk 145 BBLs slurry</i>
<i>2050</i>	<i>200</i>		<i>58.5</i>	<i>5</i>	<i>Mix & Pump Tail Cement</i>
					<i>14.8 ppg - 1.34 cu ft sk 58.5 BBLs slurry</i>
<i>2105</i>	<i>200</i>				<i>Finished Mixing Cement</i>
					<i>Washup Drop Top Plug</i>
			<i>113.6</i>		<i>Displace at 5 BPM</i>
					<i>Last 10 BBLs slow down to 2 BPM</i>
<i>2130</i>	<i>1000</i>				<i>Set Plug 500 psi over</i>
<i>2132</i>					<i>Relaxed</i>
<i>2135</i>	<i>1500</i>				<i>Pressure back up hold for 30 mins</i>
					<i>Relaxed - Job Completed - Thank-e</i>
Service Units	<i>9/955</i>	<i>30463-19566</i>	<i>38750-19642</i>	<i>14359-37125</i>	
Driver Names	<i>Roger</i>	<i>Co star</i>	<i>Charles</i>	<i>Ismael</i>	

Jimmy Ballen

Customer Representative

Jersey Binnett

Station Manager

Roger Brown

Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 05928 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-23-14 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 Onion 'B' WELL NO. 1								
ADDRESS		COUNTY Haskell STATE KS								
CITY STATE		SERVICE CREW Ruben - Carlos - Chad								
AUTHORIZED BY Tyce Davis		JOB TYPE: 2-42 5 1/2 Production								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
				78940	7		6-23-14			1700
				38750/9842	7	ARRIVED AT JOB				1830
				-30463 19566	7	START OPERATION				2335
						FINISH OPERATION				2358
						RELEASED				2400
						MILES FROM STATION TO WELL				4.5

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: [Signature]
(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	305		3355 00
CC 113	Gypsum	Lb	1285		963 75
CC 111	Salt	Lb	1877		938 50
CC 103	C-15	Lb	155		1937 50
CC 105	C-41P	Lb	65		260 00
CC 201	Gilsonite	Lb	1525		1021 25
CF 251	5 1/2 Guide shoe	Eg	1		250 00
CF 1481	5 1/2 Insert float Valve	Eg	1		215 00
CF 4452	5 1/2 Centralizers	Eg	20		1500 00
CF 4105	5 1/2 Stop Collar	Eg	1		84 00
CF 103	5 1/2 Cement Plug	Eg	1		105 00
CC 155	Super flush II	Gal	500		765 00
E 101	Heavy Equipment Mileage	M:	90		630 00
CE 240	Blending & Mixing Charge	SK	305		427 00
E 113	Proppant & Bulk Delivery Charge	TM	578		1272 15
CE 206	Depth Charge 500' - 6000'	Yhrs	1		2880 00
CE 304	Plug Container Utilization Charge	Job	1		250 00
E 100	Pickup Charge	M:	45		191 25
T 105	Cement Data	Eg	1		550 00
SUB TOTAL					13328 18

CHEMICAL / ACID DATA:			

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

AFE# 034375

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
---	---

FIELD SERVICE ORDER NO.



Cement Report

Customer	Merit Energy	Lease No.		Date	6-23-14
Lease	Orion B	Well #	1	Service Receipt	
Casing	5 1/2 17#	Depth	5671'	County	Haskell
Job Type	2-42	Formation		State	KS
				Legal Description	

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2 17#	Tubing Size		Lead 305 SX @ 13.5 ppf 5% W-60, 10% Salt, br. C-15, 1/4# Deframer, 5# Gilsontite 50/50 Poz Tail in
Depth	5671'	Depth	From To	
Volume	130.6 bbl	Volume	From To	
Max Press		Max Press	From To	
Well Connection		Annulus Vol.	From To	
Plug Depth	5631'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1830					On Location
2200					Rig up
2230					Safety Meeting
2235	2500				Pressure Test
2238	100		812	5	Pump 500 gallons of Superflush
2240	100		86	5	Pump 305 SX @ 13.5 ppf
2315					Drop Plug
2320				5	Start Displacement
2348	600		115	2	Slow Rate
2353	1250		130	2	Bump Plug
2358	0				Release Pressure - Float Held
					Shut Down Rig Down
					Final Lift Pressure = 750 PSI;
					Plug Pressure = 1250 PSI;
					HOC = 2750'
					TOC = 2923'
					HOSF = 3138'
					TOSF = 2535'

Service Units	78940	38750 19847	30963 19866		
Driver Names	Ruben	Carlos	Chad		

Jimmy
Customer Representative

Jerry Bennett
Station Manager

Ruben Martinez
Cementer