



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
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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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	PURCELL D 1
Doc ID	1257467

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	PURCELL D 1
Doc ID	1257467

Tops

Name	Top	Datum
HEEBNER	3670	
TORONTO	3685	
LANSING	3771	
MARMATON	4334	
CHEROKEE	4522	
ATOKA	4775	
MORROW	4919	
CHESTER	5291	
ST GENEVIEVE	5323	
ST LOUIS	5373	



## Summary of Changes

Lease Name and Number: PURCELL D 1

API/Permit #: 15-187-21275-00-00

Doc ID: 1257467

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/08/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3274	3273
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1226742">../..kcc/detail/operatorEditDetail.cfm?docID=1226742</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257467">../..kcc/detail/operatorEditDetail.cfm?docID=1257467</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1226742  
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](mailto: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	PURCELL D 1
Doc ID	1226742

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	PURCELL D 1
Doc ID	1226742

Tops

Name	Top	Datum
HEEBNER	3670	
TORONTO	3685	
LANSING	3771	
MARMATON	4334	
CHEROKEE	4522	
ATOKA	4775	
MORROW	4919	
CHESTER	5291	
ST GENEVIEVE	5323	
ST LOUIS	5373	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	PURCELL D 1
Doc ID	1226742

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5409-5413, 5417-5425 ST LOUIS		5409-5424





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1717 05798 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>6-13-14</b> DISTRICT <b>1717</b>		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 <b>Merit Energy</b>		LEASE <b>Purcell D</b> WELL NO. <b>1</b>								
ADDRESS		COUNTY <b>Stanton</b> STATE <b>KS</b>								
CITY STATE		SERVICE CREW <b>Ruben Carlos-Daniel-Edgar</b>								
AUTHORIZED BY <b>Tyce Davis</b>		JOB TYPE: <b>2-42 8 5/8 Surface</b>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
				<b>78940</b>	<b>12</b>		<b>6-13-14</b>			<b>0300</b>
				<b>3875019842</b>	<b>12</b>	ARRIVED AT JOB				<b>0300</b>
				<b>27808 37724</b>	<b>12</b>	START OPERATION				<b>1322</b>
				<b>14355 37725</b>	<b>12</b>	FINISH OPERATION				<b>1450</b>
						RELEASED				<b>1500</b>
						MILES FROM STATION TO WELL				<b>90</b>

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	360		6696 00
CL 110	✓ Premium Plus Cement	SK	245		3993 50
CC 109	✓ Calcium Chloride	Lb	1479		1552 95
CC 102	✓ Celloflike	Lb	152		562 40
CC 130	✓ C-51	Lb	68		1700 00
CF 253	✓ 8 5/8 Guide Shoe	Eg	1		380 00
CF 1453	✓ 8 5/8 Insert float Valve	Eg	1		280 00
CF 4405	✓ 8 5/8 Centralizers	Eg	15		2175 00
CF 4109	✓ 8 5/8 Stop Collar	Eg	1		100 00
CF 105	✓ 8 5/8 Cement Plug	Eg	1		225 00
CF 3000	✓ Thread Lock Kit	Eg	12		408 00
CC 165	Stoploss Polymer	Lb	890		5040 00
CC 164	Stoploss LCM	Lb	390		1680 00
E 101	Heavy Equipment Mileage	Mi	270		1890 00
CE 240	Blending & Mixing Charge	SK	605		847 00
E 113	Proppant & Bulk Delivery Charge	TM	2565		5643 00
CE 202	Depth Charge 1001-2000'	Yrs	1		1500 00
CE 504	Plug Container Utilization Charge	Job	1		250 00
E 100	Pick up Charge	Mi	90		382 50

SUB TOTAL **28522 76**

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 OR OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
Liberal, Kansas

**Cement Report**

Customer	Merit Energy	Lease No.		Date	6-13-14
Lease	Purcell - D	Well #	1	Service Receipt	
Casing	8 5/8 24#	Depth	1905'	County	Stanton
Job Type	Z-42	Formation		State	KS
				Legal Description	26-30-40

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24#	Tubing Size		Lead 360 SX @ 12.1 PPF
Depth	1905'	Depth	From To	3% CC, 1/4# Polyfume, 2% WCA-1
Volume	118.6 bbl	Volume	From To	A - Con Blend
Max Press		Max Press	From To	Tail in 245 SX @ 14.8 PPF
Well Connection		Annulus Vol.	From To	2% CC, 1/4# Polyfume
Plug Depth	1865'	Packer Depth	From To	Premium Plus Cement

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0300					On location
1000					Rig up
1300					Safety Meeting
1322	2500				Pressure Test
1325	100		20	5	Pump Stoploss
1330	100		154	5	Pump 360 SX @ 12.1 PPF
1400	150		58	5	Pump 245 SX @ 14.8 PPF
1415					Drop Plug
1417	150			5	Start Displacement
1441	500		105	2	Slow Rate
1445	1000		118	2	Bump Plug
1450	0				Release Pressure - float held
1530	0				Casing Test - collar leak. shut down - Rig Down

Service Units	78440	38750 17842	27868 37724	14355 37725	
Driver Names	Ruben	Carlos	Daniel	Edgar	

Jimmy Customer Representative     
 Jerry Bennett Station Manager     
 Ruben Martinez Cementer



**BASIC**  
ENERGY SERVICES  
Liberal, Kansas

**Cement Report**

Customer <u>Merit Energy</u>		Lease No.		Date <u>6-16-14</u>	
Lease <u>Porcell J</u>		Well # <u>1</u>		Service Receipt	
Casing <u>5 1/2 17#</u>		Depth <u>5715'</u>		County <u>Stanton</u> State <u>KS</u>	
Job Type <u>Z-42</u>		Formation		Legal Description <u>26.30-40</u>	
<b>Pipe Data</b>			<b>Perforating Data</b>		
Casing size <u>5 1/2 17#</u>		Tubing Size		<b>Shots/Ft</b>	
Depth <u>5715'</u>		Depth		From To	
Volume <u>131.6 bbl</u>		Volume		From To	
Max Press		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth <u>5674'</u>		Packer Depth		From To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>2100</u>					<u>On location Rig up</u>
<u>2200</u>					<u>Safety Meeting</u>
<u>2225</u>	<u>2500</u>				<u>Pressure Test</u>
<u>2227</u>	<u>100</u>		<u>5</u>	<u>5</u>	<u>Pump Water Ahead</u>
<u>2228</u>	<u>100</u>		<u>12</u>	<u>5</u>	<u>Pump Super flush 11 500 gallons</u>
<u>2229</u>	<u>200</u>		<u>5</u>	<u>5</u>	<u>Pump Water behind</u>
<u>2230</u>	<u>200</u>		<u>111</u>	<u>5</u>	<u>Pump 395 5x @ 13.5 PP6</u>
<u>2300</u>					<u>Drop Plug</u>
<u>2305</u>	<u>100</u>			<u>5</u>	<u>Start Displacement</u>
<u>2334</u>	<u>850</u>		<u>110</u>	<u>2</u>	<u>slow Rate</u>
<u>2339</u>	<u>1350</u>		<u>131.6</u>	<u>2</u>	<u>Bump Plug</u>
<u>2345</u>	<u>0</u>				<u>Release Pressure - float held</u>
					<u>Shut Down - Rig Down</u>
					<u>HOC 3559'</u>
					<u>TOC <u>2149'</u></u>
					<u>HOSE 388'</u>
					<u>TOSE <del>388'</del> <u>1761'</u></u>
Service Units	<u>78940</u>	<u>38750</u>	<u>19842</u>	<u>27868</u>	<u>37727</u>
Driver Names	<u>Ruben</u>	<u>Carlos</u>	<u>David</u>		

Jimmy  
Customer Representative

Jerry Bennett  
Station Manager

Ruben Martinez  
Cementer  
Taylor Printing, Inc.



