



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

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	GRIFFIN E 1
Doc ID	1257474

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	GRIFFIN E 1
Doc ID	1257474

Tops

Name	Top	Datum
HEEBNER	4130	
TORONTO	4149	
LANSING	4226	
KANSAS CITY	4635	
PAWNEE	4873	
CHEROKEE	4911	
MORROW GRP	5184	
CHESTER	5266	
ST GENEVIEVE	5444	
ST LOUIS	5546	



## Summary of Changes

Lease Name and Number: GRIFFIN E 1

API/Permit #: 15-081-22070-00-00

Doc ID: 1257474

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/08/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2997	2996
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1234261	../../../../kcc/detail/operatorEditDetail.cfm?docID=1257474



Confidentiality Requested:

Yes  No

# 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
-----------------------------------	-----------------	---

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: \_\_\_\_\_



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1230348  
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
-----------------------------------	-----------------	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	GRIFFIN E 1
Doc ID	1230348

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	GRIFFIN E 1
Doc ID	1230348

Tops

Name	Top	Datum
HEEBNER	4130	
TORONTO	4149	
LANSING	4226	
KANSAS CITY	4635	
PAWNEE	4873	
CHEROKEE	4911	
MORROW GRP	5184	
CHESTER	5266	
ST GENEVIEVE	5444	
ST LOUIS	5546	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	GRIFFIN E 1
Doc ID	1230348

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5358-5372 CHESTER	ACIDIZE	5358-5372





**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 05958 A

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

DATE OF JOB <b>7-15-14</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>GRIFFIN "E" #1</b> WELL NO.							
ADDRESS		COUNTY <b>Haskell</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>J. CHAVEZ, SAM, ISMAEL, EDGER</b>							
AUTHORIZED BY <b>Tony Bennett</b>		JOB TYPE: <b>242 8 3/8 Surface</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<b>7-15-14</b>		<b>100</b>
<b>78938</b>	<b>12</b>	<b>130463 -</b>	<b>12</b>	<b>14355</b>	<b>12</b>	ARRIVED AT JOB	<b>7-15-14</b>	AM	<b>400</b>
		<b>19566</b>	<b>1</b>	<b>37725</b>	<b>1</b>	START OPERATION	<b>7-15-14</b>	AM	<b>1000</b>
<b>✓ 7089*</b>	<b>12</b>					FINISH OPERATION	<b>7-15-14</b>	AM	<b>330</b>
<b>19570 -</b>	<b>1-</b>					RELEASED	<b>7-15-14</b>	AM	<b>445</b>
						MILES FROM STATION TO WELL			<b>50</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: *[Signature]*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Blend	SK	400		7940 00
CL110	Premium Plus Cement	SK	245		3993 50
CL109	Calcium Chloride	LB	1590		1669 50
CC102	CelloFlake	LB	162		599 40
CC130	G-51	LB	76		1900 00
CF253	✓ Guide Shoe	EA	1		380 00
CF1453	✓ Insert Float Valve	EA	1		280 00
CF4405	✓ Centralizer 8 3/8	EA	14		2030 00
CF4109	✓ Stop Collar	EA	1		160 00
CF105	✓ Rubber Plug	EA	1		225 00
CC165	Stoploss Polymer	SOL	420		2520 00
CC166	Stoploss LCM	LB	160		840 00
E101	Heavy Equipment Mileage	mi	300		2100 00
CE240	Blending & Mixing Charge	SK	645		953 00
E113	Bulk Delivery Charge	+M	1518		3338 50
CE202	Depos Charge	4 hrs	1		1500 00
CE504	Plus Container Charge	Job	1		250 00
E100	Pickup Mileage	mi	50		212 50
S003	Service Supervisor	EA	1		175 00
SUB TOTAL					<b>24567 30</b>

CHEMICAL / ACID DATA:			

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

**APE 34376**

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

FIELD SERVICE ORDER NO. \_\_\_\_\_





# Cement Report

Customer <i>Merit Energy</i>		Lease No.		Date <i>7-15-14</i>		
Lease <i>GRIFFIN "E"</i>		Well # <i>1</i>		Service Receipt <i>5958</i>		
Casing <i>8 5/8</i>		Depth <i>1730</i>		County <i>Haskell</i> State <i>KS</i>		
Job Type <i>242 Surface</i>		Formation		Legal Description		
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>	
Casing size <i>8 5/8</i>		Tubing Size		<b>Shots/Ft</b>		
Depth <i>1757</i>		Depth <i>5539'</i>		From	To	
Volume <i>100615</i>		Volume		From	To	
Max Press <i>2000</i>		Max Press		From	To	
Well Connection <i>8 5/8</i>		Annulus Vol.		From	To	
Plug Depth <i>1600</i>		Packer Depth		From	To	
				Lead <i>400 SK A-6m</i>		
				<i>2.4 FT<sup>3</sup>-SK</i>		
				<i>14.06d-SK 12.1#</i>		
				<b>Tail in</b> <i>245 SK Class C</i>		
				<i>1.34 FT<sup>3</sup></i>		
				<i>6.336d-SK 14.8#</i>		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<i>400</i>					<i>Arrive On Location</i>	
<i>400</i>					<i>Safety Meeting - Rig Up</i>	
<i>400</i>					<i>WAIT For Perforations</i>	
<i>1010</i>	<i>2000</i>				<i>Pressure Test</i>	
<i>1015</i>	<i>500</i>		<i>10</i>	<i>4</i>	<i>Pump Stoploss Polymer</i>	
<i>1030</i>	<i>500</i>		<i>171</i>	<i>5</i>	<i>Pump Lead amt @ 12.1#</i>	
<i>1045</i>	<i>400</i>		<i>58</i>	<i>4</i>	<i>Pump Tail amt @ 14.8#</i>	
<i>1100</i>					<i>Drop Plug - Wash Up</i>	
<i>1105</i>	<i>900</i>		<i>102</i>	<i>5</i>	<i>Displace</i>	
<i>1130</i>					<i>Shut Down</i>	
					<i>WAIT 4 Hours</i>	
					<i>Check Flow Back</i>	
					<i>No Flow BACK</i>	
					<i>Job Complete</i>	
					<i>Cement To Surface</i>	
					<i>Thanks For Using Basic Energy Services</i>	
Service Units	<i>78938</i>	<i>70897-19570</i>	<i>30463-19566</i>	<i>14355-37725</i>		
Driver Names	<i>Jerry</i>	<i>Sam</i>	<i>Ismael</i>	<i>Edgar</i>		

*Jerry*  
Customer Representative

*Jerry Beath*  
Station Manager

*Jerry Chavez*  
Cementer  
Taylor Printing, Inc.









# Cement Report

Customer	Mercit Energy	Lease No.		Date	7-19-14
Lease	Gritten EU	Well #	1	Service Receipt	05900
Casing	5 1/2" 15.5#	Depth	5660'	County	Maskell
Job Type	242-5 1/2" Production	State	KS	Legal Description	11-28-33

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 15.5#	Shots/Ft		Lead  Tail in 305 sk 50/50 Poz
Depth	5660'	From	To	
Volume	Disp - 134 bbl	From	To	
Max Press	2500#	From	To	
Well Connection	105652'	From	To	
Plug Depth	ST-40'	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00					on loc-site assesment
6:00					spot trucks- rig up
5:00					esg on botw, break circ.
5:30					Safety meeting /ISA
7:00					pressure test 2000#
7:00	200		10	4	pump 500 gal stoploss
	700		86	4	mix + pump 305 sk 50/50 poz @ 13.5# - 1.58 A 3/8k
					wash lines
8:00	1400		134	4	drop plug, float held job complete

Service Units	31726	27462	14355-37725		
Driver Names	A Dwea	E Muder	I DeKivila		

J King Customer Representative     
 J Bennett Station Manager     
 A Dwea Cementer