CORRECTION #2

Confidentiality Requested: Yes No

### Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

### **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License #			API No. 15
Name:			Spot Description:
Address 1:			Sec TwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			□ NE □ NW □ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Feet
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cmt
Original Comp. Date:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
O constituents at	D		Chloride content: ppm Fluid volume: bbls
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of hala disposal in fladica offsite.
☐ GSW	Permit #:		Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
Recompletion Date		Recompletion Date	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 III Approved by: Date:



Operator Name:				Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
open and closed, flowing and flow rates if gas to	ng and shut-in pressu surface test, along w	res, whe	ther shut-in pre hart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrost space is neede	atic pressures, b ed.	ottom hole tempe	erature, fluid recovery,
Final Radioactivity Log files must be submitted	-					gs must be em	alled to kcc-well-	logs@kcc.ks.gov	v. Digital electronic lo
Drill Stem Tests Taken (Attach Additional S	heets)	Ye	es No				ion (Top), Depth		Sample
Samples Sent to Geold	ogical Survey	Ye	es 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run		Y∈  Y∈							
List All E. Logs Run:									
		Beno	CASING ort all strings set-o	RECORD	Ne		etion etc		
Purpose of String	Size Hole	Siz	e Casing	Wei	ght	Setting	Type of	# Sacks	Type and Percent
	Drilled	Set	t (In O.D.)	Lbs.	Ft.	Depth	Cement	Used	Additives
			ADDITIONAL	CEMENTII	NG / SQL	EEZE RECORU	)		
Purpose: Perforate Protect Casing	Perforate Top Bottom		of Cement	# Sacks	# Sacks Used Type and Percent Additives				
Plug Back TD Plug Off Zone									
Did you perform a hydraul Does the volume of the to Was the hydraulic fracturir	tal base fluid of the hydra	ulic fractu	ıring treatment ex		•	Yes Yes Yes	No (If No, s	skip questions 2 ar skip question 3) fill out Page Three	,
Shots Per Foot			RD - Bridge Plug Each Interval Perl				acture, Shot, Ceme Amount and Kind of I		d Depth
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:			
Date of First, Resumed F	Production, SWD or ENH	R.	Producing Meth	nod:			Yes N	io	
Estimated Production Per 24 Hours	Oil B	bls.	Flowing  Gas	Pumpin Mcf	g		Other <i>(Explain)</i> Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	Used on Lease		NDpen Hole	METHOD OF	_	Comp. Co	ommingled bmit ACO-4)	PRODUCTIO	ON INTERVAL:

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	Тор	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	1257474			

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
SURFACE	12.25	8.625	24	1757	CLASS C	SEE ATTACH ED
PRODUC TION	7.875	5.5	17	5658	50-50 POZ	SEE ATTACH ED

### **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/operatorE ditDetail.cfm?docID=12 34261	//kcc/detail/operatorE ditDetail.cfm?docID=12 57474

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

### **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:	SecTwpS. R		
Address 2:	Feet from North / South Line of Section		
City:	Feet from _ East / _ West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()	□NE □NW □SE □SW		
CONTRACTOR: License #	GPS Location: Lat:, Long:		
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
	Field Name:		
	Producing Formation:		
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Elevation: Ground: Kelly Bushing:		
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Total Vertical Depth: Plug Back Total Depth:		
☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet		
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set:Feet		
Operator:	If Alternate II completion, cement circulated from:		
	feet depth to:w/sx cmt.		
Well Name:	sx cm.		
Original Comp. Date: Original Total Depth:			
_ Deepening       _ Re-perf.       _ Conv. to ENHR       _ Conv. to SWD         _ Plug Back       _ Conv. to GSW       _ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Trug Back Only, to down to Houde			
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls		
Dual Completion Permit #:	Dewatering method used:		
SWD Permit #:	Location of fluid disposal if hauled offsite:		
ENHR Permit #:	Operator Name:		
GSW Permit #:	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West		

### **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 Approved by: Date:



Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1230348

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 #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name: Producing Formation:				
□ Oil         □ WSW         □ SWD         □ SIOW           □ Gas         □ D&A         □ ENHR         □ SIGW	Elevation: Ground: Kelly Bushing:				
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Demot #	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	Location of fluid disposal if fladied offsite.				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R				
Recompletion Date Recompletion Date	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:						

KOLAR Document ID: 1230348

### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives	
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Oseu			, ypo and resourced and control of the control of t		
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping  Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vented, Submit ACO-18.) (Submit ACO-5) (Submit ACO-4)										
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type Bridge Plug Set At  Acid, Fracture, Shot, Cementing Squeeze F (Amount and Kind of Material Used)		Record				
TUBING RECOR	D: 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	Тор	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

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

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
SURFACE	12.25	8.625	24	1757	CLASS C	SEE ATTACH ED
PRODUC TION	7.875	5.5	17	5658	50-50 POZ	SEE ATTACH ED



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

### FIELD SERVICE TICKET 1717 05958

TICKET NO.

DATE OF 7-15-14 DISTRICT /7/7				NEW WELL PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:				
CUSTOMER Merit Energy				LEASE GriFFIN "" #1 WELL NO.				
ADDRESS				COUNTY Haskell STATE 115				
CITY STATE				SERVICE CREWT. Chart, SAM, I Small, Edger				
AUTHORIZED BY Jen Benth				JOB TYPE: Z42 818 Surface				
EQUIPMENT#	HŔS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALLED 7-15-14 PM 100	
	>	/	1			10	ARRIVED AT JOB 7-15 14 AM-400	
78938	16	130463 -	172	14355		12	START OPERATION 7-15-14 AM - 1000	
1-000 # -	17-	19566		377	(2)	+/	FINISH OPERATION 7-15-14 AM 730	
19570 -	1-	1					RELEASED 7-15-14 AM -445	
/1///	/						MILES FROM STATION TO WELL 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: >

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SE	ERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	11
11.101	A-Con Blend		5K	400		7440	00
CL110	Pression Phis Cent		5/6	245		3993	50
CC 109	Calcium Chloride		15	1590		1669	50
CC 102	CelloFlake		16	162		599	40
CC130	C-51		16	76		1900	00
	Gerde Shoe		C4	/		380	
	Insert Plant Value		CA	1		72 80	CO
	CENTRALIZET 81/8		EA	14		2030	00
CF4109 ~	Ston Coller		EA	1		100	
CF 105 V	Milber Plux		CA	/		225	OD
CC 165	Storloss Polymer		Sol	420		2520	65
CC166	Stoploss LCM		16	160		845	
E101	Heavy Equipment Mikeupo		mi	300		2/80	200
CE 240	Blending + Mixing Charge		5k	645	Inn traction and that	953	Co
£113	Bulk Deliver Charge		tm	1518		3338	50
CE 202	Depth Chirge		4/415	/		1500	20
CE 504	My Contener Cherge		106	1		250	00
£100	Picken Mikoge		mi	50		212	50
5003	Service Superviso		CA	1		175	00
CH	EMICAL / ACID DATA:				SUB TOTAL	24567	30
		SERVICE & E	OUIPMENT	%TAX	ON \$		
		MATERIALS			ON\$		
					TOTAL		

**SERVICE** REPRESENTATIVE THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:



TICKET NO 17/1905958

ITEM/PRICE					758	
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CE403	Consut Pumper High Head Charge	Hr	4/	7)	2000 a	
5503	Hirl Hend Charle	306	/ /		3000	
	The Man Crops					
1						
			-			
					TAYLOR PRINTING.	



### Cement Report

Liberal, Kansas					I m	Coment Report	
Customer Merit Energy Lease No. Date 7-1.					7-15-14		
Lease Griffin "E"	Well # /			Service Receipt 5958			
Casing 85kg Depth 1730		County Haskell			State 165		
Job Type Z42 SurFace Formation Legal Description							
Pipe C			Perforating	Data	Cement Data		
Casing size & 5/8	Tubing Size		Shots			Lead 400 SIL Alon	
Depth / 757	Depth 57 39		From		То	Z.4f+3-SIL	
Volume 100615			From		То	14.06d-51 12.1#	
Max Press ZOOO	Max Press		From		То	Tail in 245s1cClass C	
Well Connection 85/8	Annulus Vot.		From		То	1,34F+3	
Plug Depth / (LOD)	Packer Depth		From		То	Le, 336d-5K 14.8#	
Casing Tubing Time Pressure Pressure	Bbls. Pumbed	Rate			Service	Log	
400				An	rice On 1	Location	
400				SAF	ch Mach	g-Ne Up	
400				WAT	TFor 1	Per Ferations	
1010 7000			Pressure Test				
1015 500	10	4				55 Pohjmet	
1030 500	171	5	Poma Levo cont @ 12.1#				
1045 400	58	4	Pum Tail out @ 14.8 #				
1100			Drap Plus - Was 2 Up				
1105 900	102	5	Displace			*	
1130			Shut Dun			n	
			WAIT 4 Hears				
			CHECK Flaw BACK				
				No	Flow I	BACK	
				3	Ob Comple	ete	
				Came	A TO SU	Foe	
Thanks For Using Basic Every Services						· Erey Sources	
						**	
Service Units 78938	70897-19570	30463-19	566	14355-31	7725		
Driver Names 122-/	Som	Ismee	1	EdGAT			

**Customer Representative** 

Station Manager Station Manager

Cementer Taylor Printing, Inc.



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

# FIELD SERVICE TICKET 1717 05900 A

PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF JOB □INJ ☐ WDW DISTRICT **LEASE** WELL NO CUSTOMER COUNTY **ADDRESS** SERVICE CREW CITY STATE JOB TYPE: **AUTHORIZED BY EQUIPMENT#** HRS EQUIPMENT# HRS **EQUIPMENT#** HRS TRUCK CALLED 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. UNIT \$ AMOUNT MATERIAL, EQUIPMENT AND SERVICES USED QUANTITY **UNIT PRICE** 335500 938 1937 260 1021 250 370 00 87500 84 109 00 76500 252600 630 50 SUB TOTAL CHEMICAL / ACID DATA: %TAX ON \$ SERVICE & EQUIPMENT **MATERIALS** %TAX ON \$ TOTAL AF\* 34376

REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

**SERVICE** 



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

TICKET NO. 05900

PRESSURE PUMP	PING & WIRELINE	TIC	KET NO.	
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT QUANTITY	UNIT PRICE	\$ AMOUNT
CF253 85	& Shoe	ee 1		380 00
CF1403 1	Insert			495 00
CF44P5	Gentralizer	14		203000
CF4109 +	- Clamp			100 00
CF3000 Th	read lock	+ 19		408 00
501 1	eary Egry ment Meare	in 130		910 00
CEZ40 BL	endiles & Mixty Serice	× 305		42700
Elis Pro	mant + Bulk Delivery	10 /w 835		18375
CEZOG PU	up Depth	460		2880 00
CE503 H	W Head 8'	la 1		300 00
CEODY Pla	is Container	eal		250 00
=100 U,	A Mileage	ni 65		276 25
5003 5	raice Supervisor	ea (		175 0
T   T   T   T   T   T   T   T   T   T	v			
			_	



Comont Poport

	Liberal	, Kansas					ement neport	
Customer Merit Enorgy Lease No.					Date 7-19-14			
Lease	ritten	₩.	Ū	Well #		Service Receipt	5900	
Casing 5	29 15	Sept 50	660	County 1	skell	State CS		
Job Type 247-564 Formation How Legal Description 11-28-33								
		Pipe D				g Data	Cement Data	
Casing size	5/211	5.5#	Tubing Size		Shots/Ft		Lead	
Depth	Floto 0'				From	То		
Volume D	50-134	1661	Volume		From	То	= 11: 200	
Max Press	72500	)把			From	То	1all in 508 sk	
Well Connec	HOM DE	57'			From	То	Tail in 308 sk 50/50 Poz	
Plug Depth	ST-3	D'	Packer Depth		TION	10	l	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate		Service Log		
2:00					on 100-st	e asses	neut	
6:00					spot truck	5- rig u	0	
5:00					CS9 on bot	wy brea	c cire	
5:30					Satury n	reetile /	JSA	
7:00					pressure +		0#	
7:00	200		10	4	pump 50	0 gal Stop	0/055	
	700		86	4	Mix open	N 305 3	k 50/50 POZ	
					@ 13,5#	-1.58 B	tysk'	
			'		wash line		. A A	
8:00	1400		134	4	dop plu	1 Sout	reld	
					ph com	blete		
		_						
						·		
	- Low				2			
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