
	<p style="text-align: center;">ILLINOIS DEPARTMENT OF NATURAL RESOURCES</p> <p style="text-align: center;">Office of Oil and Gas Resource Management One Natural Resources Way Springfield, Illinois 62702-1271</p>	
<p>HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING PERMIT APPLICATION HVHFF-10</p>		

References to "1-xx" or "§1-xx" are to the Hydraulic Fracturing Regulatory Act., 225 ILCS 732/1-1 et seq. References to "240.xxx" and "245.xxx" are to 62 Ill. Admin. Code 240 and 245, respectively.

Attachment: Proof of Insurance

Please save attachment and use the file name above.

Proof of Insurance §1-35(b)(19); 245.210(a)(19), 245.210(d), 245.210(e).

Attach proof of insurance for yourself and any contractor performing HVHFF operations at the well to cover injuries, damages, or loss related to pollution in the amount of at least \$5,000,000 per occurrence.

Is any part of the well or well site in an area identified by the U.S. Geological Service as having a 2% or greater probability of exceedance in 50 years of peak ground acceleration of 0.4 standard gravity or more? If any part of the well or well site is in an area identified by the U.S. Geological Service as having a 2% or greater probability of exceedance in 50 years of peak ground acceleration of 0.4 standard gravity or more, the insurance policy must have an earthquake damage clause or rider. See 245.210(d). If any part of the well or well site is in an area identified as a floodplain under 17 Ill. Adm. Code 3700 or 3706, the insurance policy must have a clause or rider providing coverage against loss or claims resulting from impacts from any aspect of the permitted operations following floods. See 245.210(e).



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE (MM/DD/YYYY)
10/06/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	877-945-7378	FAX (A/C, NO): 888-467-2378
	E-MAIL ADDRESS:	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A:	Underwriters at Lloyd's London (IL)	
INSURED Basic Energy Services, LP 801 Cherry Street Suite 2100 Ft. Worth, TX 76102	INSURER B:	ACE American Insurance Company	
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 24834170 REVISION NUMBER: See Remarks

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			11563J16	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ Included \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ISAH0904324A	8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 100,000			11570J16	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WLRC48607172	8/1/2016	8/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 7/27/2016 WITH ID: [REDACTED]

See Attached for Named Insured List:

CERTIFICATE HOLDER Woolsey Operating Company Attn: Geri Cooper 125 North Market, Suite 1000 Wichita, KS 67202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE [REDACTED]



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED Basic Energy Services, LP 801 Cherry Street Suite 2100 Ft. Worth, TX 76102	
POLICY NUMBER See First Page		EFFECTIVE DATE: See First Page	
CARRIER See First Page	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Named Insured List:

- Basic Energy Services, L.P.
- Basic Energy Services, Inc. (dba BES Holding Co.)
- Basic Energy Services GP, LLC
- Basic Energy Services LP, LLC
- Basic ESA, Inc.
- Basic Marine Services, Inc.
- First Energy Services Company
- Globe Well Service, Inc.
- JetStar Energy Services, Inc.
- JetStar Holdings, Inc.
- LeBus Oil Field Service Co.
- Oilwell Fracturing Services, Inc.
- SCH Disposal, LLC.
- Sledge Drilling Corp.
- Xterra Fishing & Rental Tools Co.
- Permian Plaza, LLC.
- Hennessey Rental Tools, Inc.
- Chaparral Service, Inc.
- JS Acquisition, LLC.
- Wildhorse Services, Inc.
- Taylor Industries, LLC.
- Platinum Pressure Services, Inc.
- Admiral Well Service, Inc.
- The Maverick Companies, LLC.
- Maverick Stimulation Company, LLC.
- Maverick Coil Tubing Services, LLC.
- Maverick Solutions, LLC.
- MCM Holdings, LLC.
- MSM Leasing, LLC.
- Maverick Thru-Tubing Services, LLC.
- Acid Services, LLC.
- Robota Energy Equipment, LLC.

Additional insured on General Liability in favor of certificate holder as required by written contract per policy clause CGU130T.

Additional Insured in favor of Certificate Holder on Automobile Liability as required by written contract regarding work performed by the named insured(s).

CGL WAIVER OF SUBROGATION ENDORSEMENT (CGU12L)

Underwriters agree to waive their rights of subrogation against any principal where waiver is required by written contract but only in respect of liability for Bodily Injury and/or Property Damage arising out of operations performed by you and only to the extent required under contract.

Waiver of Subrogation in favor of Certificate Holder on Automobile and Workers Compensation as required by written contract regarding work performed by the named insured(s).

General Liability

Policy No: [REDACTED]
Security: 100% - Lloyds Syndicate [REDACTED]

Sudden & Accidental Pollution coverage is provided as per the following policy provision:
THE FOLLOWING ENDORSEMENT REPLACES THE TERMS OF ANY OTHER SEEPAGE AND POLLUTION EXCLUSION(S) CONTAINED IN THIS POLICY (CGU12B & Amendatory #3)

- This policy does not apply to any actual or alleged liability for Bodily Injury, Property Damage, or Advertising Injury directly or indirectly caused by or arising out of seepage, pollution, or contamination however caused whenever or wherever happening;
This exclusion shall not apply where all of the following conditions are shown by the "Insured" to have been met:
- a. the seepage, pollution or contamination was caused by an occurrence; and,
 - b. the occurrence first commenced on an identified specific date during the period of this policy; and,
 - c. the occurrence was first discovered by the insured within 45 days of such first commencement;



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.		NAMED INSURED Basic Energy Services, LP 801 Cherry Street Suite 2100 Ft. Worth, TX 76102	
POLICY NUMBER See First Page		EFFECTIVE DATE: See First Page	
CARRIER See First Page	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

and,
 d. written notification of the occurrence was first received from the insured by us within 90 days of the insured's first discovery of the occurrence; and,
 e. the occurrence did not result from the insured's intentional violation of any statute, rule, ordinance or regulation.
 Even if the above conditions a. to e. are satisfied, this policy does not apply to any actual or alleged liability:
 (i) to abate or investigate any threat of seepage onto or pollution or contamination of the property of a third party;
 (ii) for seepage, pollution or contamination of property which is or was, at any time, owned, leased, rented or occupied by any insured, or which is or was, at any time, in the care, custody or control of any insured (including the soil, minerals, water or any other substance on, in or under such owned, leased, rented, occupied or controlled property or property in such care, custody or control);
 As used in sub-paragraph (ii), oil and gas leasehold properties are not considered owned, leased, rented or occupied properties or properties in the insured's care, custody or control.
 In consideration of this extension of coverage, coverage is always subject to conditions a. to e. of this endorsement.
 (iii) arising out of the handling, processing, treatment, storage, disposal or dumping of any waste materials or substances, or arising out of such waste materials or substances during transportation.
 This sub-paragraph (iii) shall not apply to Bodily Injury or Property Damage generated from the insured's operations involving the transportation and handling of salt water or brine water or frac fluid, cutting(s) or waste products.
 Notwithstanding the above, this Policy shall not indemnify the Insured for liability in respect of the disposal and dumping of any waste materials or substances.
 Excess Liability policy is follow form to scheduled underlying subject to policy terms, conditions, and exclusions.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IMA, Inc. - Wichita Division PO Box 2992 Wichita, KS 67201 316 267-9221	CONTACT NAME: PHONE (A/C, No, Ext): 316 267-9221	FAX (A/C, No): 316 266-6254
	E-MAIL ADDRESS:	
INSURED Woolsey Operating Company, LLC 125 N Market Ste 1000 Wichita, KS 67202-1729	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Federal Insurance Company	
	INSURER B: Everest National Insurance Co.	
	INSURER C: Vigilant Insurance Company	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			[REDACTED]	08/01/2016	08/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			[REDACTED]	08/01/2016	08/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			[REDACTED]	08/01/2016	08/01/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	[REDACTED]	08/01/2016	08/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Pollution			[REDACTED]	08/01/2016	08/01/2017	Each Pollution Incident \$1,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Excess Liability is excess over the General Liability, Pollution Liability, Auto Liability and Employers Liability coverages, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER Illinois Department of Natural Resources Office of Oil and Gas Resource Management One Natural Resources Way Springfield, IL 62707	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE [REDACTED]
--	--