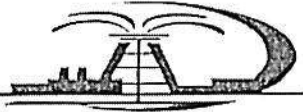


MCG DRILLING & COMPLETING, LLC



103 N. Sycamore P.O. Box 399
ARCHER CITY, TEXAS 76351

Archer City Office: 940-574-2417
Archer City Fax: 940-574-2418

All paperwork must be completed to its entirety and must be accompanied with a copy of employee's:

Drivers License and
Social Security Card

****No paychecks will be received until paperwork is completed and turned in to the office.****

****If paperwork is received after Wednesday of payperiod, payroll checks will not be created and received until the following payperiod!****

By signing below, I, _____, agree to the above requirements of MCG Drilling & Completing, LLC.

Signature of Applicant

MCG DRILLING & COMPLETING, LLC

APPLICATION FOR EMPLOYMENT

APPLICANTS MUST CONSENT TO BE TESTED FOR ILLEGAL DRUGS

Date _____

Name _____
Last First Middle

Present/Mailing Address _____
Street Address Apartment #

_____ City State Zip Code

How long at this address _____ Social Security No. _____-_____-_____
 Home Telephone _(____) _____ Cell Number _(____) _____

Position applying for _____ Days/hours available to work
 Salary desired _____ No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____
 Employment desired _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL OR PART-TIME
 When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ NO _____ YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVERS LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License

Number _____ State of Issue _____ Operator Commercial(CDL)

Expiration Date _____

Have you had any accidents during the past three years? Yes No How Many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _(____) _____

Telephone _(____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. i.e. certifications, special classes attended, etc.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
			From To
Your Last Job Title			

Reason For Leaving (Be Specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

APPLICATION FOR EMPLOYMENT

Name of employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your Last Job Title			
Reason For Leaving (Be Specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your Last Job Title			
Reason For Leaving (Be Specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

APPLICATION FOR EMPLOYMENT

Name of employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your Last Job Title			
Reason For Leaving (Be Specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

HEALTH RECORD

Have you any physical impairment related to the job for which you are applying? (i.e.: hernia, back trouble, illness associated with chemicals, silicosis, asbestosis, hearing loss, dizziness, epilepsy, etc.) Yes No
(If "Yes", Explain) _____

Have you ever been injured on the job or had a job related illness/injury? Yes No
(If "Yes", describe all such injuries below)

NATURE OF INJURY OR ILLNESS	EMPLOYER WHEN INJURED OR ILL	YEAR	CAUSE OF INJURY OR ILLNESS
1.			
2.			

WILL YOU ABIDE BY THE SAFETY REQUIREMENTS OF THIS COMPANY? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

I hereby declare all the foregoing statements to be true and correct, and authorize you to consult previous employers. In the event I am employed, I understand that any misrepresentation made by me in filling out this form shall be considered as sufficient cause for my dismissal without advance notice.

Signature

Date

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)			5
6 Additional amount, if any, you want withheld from each paycheck			6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>
OR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

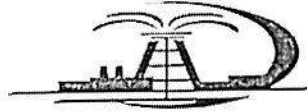
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



MCG DRILLING & COMPLETING, LLC

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

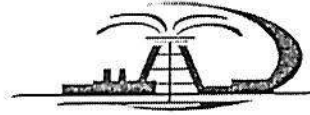
(Please read the following, sign below, and return with application)

I, _____, hereby authorize any investigator or duly accredited representative of MCG Drilling & Completing, LLC bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by MCG Drilling & Completing, LLC and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, result to me on account of compliance, or any attempts to comply, with this authorization.

Applicants Signature

Date



MCG DRILLING & COMPLETING, LLC

PROHIBITED ITEM SUBSTANCE POLICY

1. STATEMENT OF POLICY:

Drugs, mind controlling substances and alcoholic beverages, firearms, weapons and explosives, stolen property and unauthorized possession of MCG DRILLING & COMPLETING, LLC property are not allowed. This policy is not intended as a replacement for or limitation on any applicable laws or regulations and may impose a higher standard than applicable laws or regulations.

MCG DRILLING & COMPLETION PREMISES as used in this statement of Policy, include any MCG DRILLING & COMPLETING office, work location, desk, locker, drilling unit or vehicle engaged in a MCG DRILLING & COMPLETION operation.

A. To maintain a safe work environment that is conducive to high work standards, this policy prohibits on any MCG DRILLING & COMPLETING PREMISES:

- (1) Bringing and/or the presence of certain items and substances;
- (2) The use, possession or distribution of certain items and substances;
- (3) The presence of employees and others with detectable levels of certain substances in their systems;
- (4) The unauthorized possession of property or equipment

2. PROHIBITED ITEMS AND SUBSTANCES

A. The items and substances covered by this policy include:

- (1) Illegal drugs or other mind-controlling substances
- (2) Alcoholic beverages
- (3) "Look alike" substances
- (4) Inhalants, prescription drugs or "over the counter" medications (except as provided below)
- (5) Any equipment, paraphernalia or literature related to illegal drug or substance use
- (6) Any stolen property or unauthorized possession of MCG DRILLING & COMPLETING PROPERTY

B. Employees and others may maintain on MCG DRILLING & COMPLETING PREMISES, prescription drugs and "over the counter" medications provided:

- (1) The drugs have been prescribed by a doctor for the person in possession of the drug
- (2) The drugs are kept in their original container

- (3) The drug or medication has been reported to MCG DRILLING & COMPLETING management with a note from the individual's doctor stating that the drug or medication is safe for use in the MCG DRILLING & COMPLETING work environment

C. Other prohibited items include:

- (1) Firearms of whatever nature
- (2) Weapons and explosives
- (3) Any knife with a blade more than four (4) inches in length
- (4) Any other type of weapon, ammunition or fireworks

3. ENFORCEMENT

MCG DRILLING & COMPLETING expects every employee voluntarily to comply with this policy:

A. MCG DRILLING & COMPLETING will, regularly without notice, take actions to ensure compliance with this policy. These actions include, without limitations, the following:

- (1) Reasonable searches and inspections of MCG DRILLING & COMPLETING PREMISES
- (2) Reasonable searches and inspections of employees and others on the premises, including the personal effects, lockers and vehicles of such persons
- (3) Urine drug screens and blood tests or other investigative examinations of such persons
- (4) Confiscation of prohibited items and substances, and when appropriate, delivery of such items to law enforcement authorities

4. VIOLATIONS OR REFUSAL OF COMPLIANCE:

A. Any employee who:

- (1) Brings, uses, distributes or is found in possession of any prohibited items or substances on MCG DRILLING & COMPLETING PREMISES
- (2) Is found in unauthorized possession of MCG DRILLING & COMPLETING PROPERTY
- (3) Reports to work under the influence of a prohibited drug or substance
- (4) After testing, is found to have identifiable traces of a prohibited drug or substance in their system, despite when or where the drug or substance entered the employee's system
- (5) Refuses to comply with a search, drug screen test, or other investigative examination
- (6) Refuses to sign any MCG DRILLING & COMPLETING POLICIES

EMPLOYEE WILL BE REMOVED FROM MCG DRILLING & COMPLETING PREMISES AND WILL BE SUBJECT TO DISCIPLINARY ACTION

- B. FOR A FIRST TIME OFFENSE THE EMPLOYEE WILL BE TERMINATED. AFTER ONE MONTH, THE TERMINATED EMPLOYEE MAY BE ELIGIBLE TO APPLY FOR EMPLOYMENT. IF REHIRED, THE EMPLOYEE WILL BE ASSIGNED TO A POSITION OR RIG AT THE DISCRETION OF MCG DRILLING & COMPLETION MANAGEMENT. FOR THE SECOND OFFENSE, THE EMPLOYEE WILL BE TERMINATED AND WILL NOT BE ELIGIBLE FOR REHIRING.

C. IF OWNERSHIP OF PROHIBITED ITEMS CANNOT BE DETERMINED, MCG DRILLING & COMPLETING MANAGEMENT RESERVES THE RIGHT TO EXERCISE OTHER ALTERNATIVES

5. CONTRACT EMPLOYEES AND THIRD PARTIES:

Employees of MCG DRILLING & COMPLETING contractors and other third parties on MCG DRILLING & COMPLETING PREMISES are subject to this policy. Any individual found violating this policy will be removed from MCG DRILLING & COMPLETING PREMISES and their employer will be notified.

6. POST ACCIDENT DRUG TESTING:

A. MCG DRILLING & COMPLETING employees are drug tested following every reportable accident.

Accidents on the way to, from or on the location involving damage to trucking or drilling equipment will require a drug test. This test follows MCG DRILLING & COMPLETING policy and will be done within 12 hours.

As soon as possible after an incident, the employee's immediate supervisor will accompany the employee to a testing facility and initiate testing procedures.

B. For all workers' compensation claims, MCG DRILLING & COMPLETING requires employees with work related injuries to submit to a hair follicle, urine drug screen and/or a blood test for prohibited substances immediately upon seeking treatment at a medical facility.

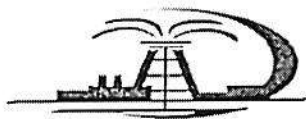
I HAVE READ AND UNDERSTAND MCG DRILLING & COMPLETING'S PROHIBITED ITEM AND SUBSTANCE POLICY AND WILL ABIDE BY ALL POLICIES.

Employee's Name (Please Print)

Employee's Signature

Date

Employee's Supervisor Name



MCG DRILLING & COMPLETING, LLC

ACCIDENT CORRESPONDENCE

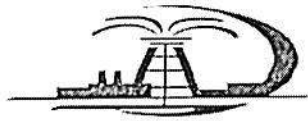
MCG DRILLING & COMPLETING, LLC is asking you to sign the following statement as a condition of your employment with this company. It is not to deny you any benefits or compensation due you should become involved in a work related injury. Rather, it is our sincere hope that by requesting each employee to comply with these safety standards, we will provide you with a safe place in which to work. Be sure that you understand the following paragraphs before you sign the statement. See your supervisor if you should have any questions.

1. In the event I am injured while in the course of my work, I will report the injury to my supervisor before reporting to a doctor or medical facility for medical treatment
2. I have received/acknowledged and read a copy of the Company Accident Prevention Program Safety Policies, Procedures, and Plans
3. I understand the Company's Safety Policies and Procedures as well as the possible disciplinary actions that may be taken if I do not comply with these safety standards or policy procedures
4. I accept my responsibility to comply with all established rules and agree as a condition of employment

Print Name

_____/_____/_____
Month Day Year

Employee's Signature



MCG DRILLING & COMPLETING, LLC

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of MCG Drilling & Completing, LLC., to submit to a drug or alcohol test and to furnish a sample of my urine, hair follicle, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I authorize the Company to perform an on-site drug test and if I disagree with the results, the Company will give me 1 hour "at my own expense" to go to an authorized drug testing facility and have a sample taken. If the facility drug test reflects a negative result, I will be reimbursed for that drug screening. I further authorize and give full permission to have the Company and/or treating medical facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. I will hold harmless the Company, treating medical facility, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, testing medical facility, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me or I have read this policy, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT. I ALSO UNDERSTAND THAT THE COMPANY HAS A RIGHT TO CONDUCT A RANDOM DRUG SCREEN AT ANY TIME.

Employee's Signature

Name of Company representative

Date



MCG DRILLING & COMPLETING, LLC

WAIVER OF CONFIDENTIALITY

I understand the information in my worker's compensation file(s) is confidential under Article 8307, §9a, Revised Civil Statutes of Texas. However, I do hereby waive any such right of confidentiality and both authorities and request that such information be made available to _____

_____ MCG DRILLING & COMPLETING, LLC

(employer) whose address is _____ 103 N. SYCAMORE P.O. BOX 399

_____ ARCHER CITY, TEXAS 76351

to whom I have made an application for employment.

Applicant's: _____
Employee's Signature

Print Name

Social Security Number

Street/Mailing Address

City/State/Zip



MCG DRILLING & COMPLETING, LLC

EMERGENCY INFORMATION

DATE: _____

NAME: _____ S.S. NO: _____-_____-_____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

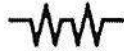
DRIVERS LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	LICENSE PLATE NO.
_____	_____	_____	_____
AUTO INSURANCE COMPANY: _____		POLICY NO.: _____	

MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED
SPOUSE NAME: _____ HOME PHONE #: _____
WORK PHONE #: _____
CELL PHONE #: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY: _____
ADDRESS: _____
HOME/WORK/CELL #: _____
RELATIONSHIP: _____

MEDICAL CONDITIONS WE NEED TO BE AWARE OF: _____ _____
ANY MEDICINES WE NEED TO BE AWARE OF: _____ _____
ANY ALLERGIES OR ANY ALLERGIC REACTIONS TO MEDICINES: _____ _____

SIGNATURE: _____ DATE: _____



WORKWELL, TX

Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature

Date

Printed name

I live at:

Street address

City

State

Zip code

Name of employer: MCG Drilling & Completing, LLC

Name of network: WorkWell, TX

To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- Initiating the network program (companywide)
- Initial employee notification (new hire)
- Injury notification (Date of injury: / /)

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.