

ALLIEL CEMENTING CO., LLC.

Federal Tax I.D.# 20-5975804 039069

REMIT TO: P.O. BOX 31
 RUSSELL, KANSAS 67665

SERVICE POINT:
Ogley

DATE <u>8-13-10</u>	SEC. <u>5</u>	TWP. <u>235</u>	RANGE <u>32nd</u>	LOCATION <u>Wichita</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00pm</u>	JOB FINISH <u>5:00pm</u>
LEASEE <u>Went</u>	WELL # <u>6-5</u>						COUNTY <u> Kearny</u>	STATE <u> KS</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)								

CONTRACTOR Bereco OWNER Same

TYPE OF JOB Spacer

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE 2 7/8 DEPTH 3957

DRILL PIPE DEPTH _____

TOOL DEPTH _____

PRES. MAX MINIMUM _____

MEAS. LINE SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. 4085'

DISPLACEMENT _____

EQUIPMENT

CEMENT AMOUNT ORDERED 150 sks com

See on side

COMMON 150 sks @ 15.45 2317.50

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

PUMP TRUCK CEMENTER Andrew

423-281 HELPER Carene

BULK TRUCK DRIVER Kelly

347

BULK TRUCK DRIVER _____

HANDLING 155 545 @ _____ 7.40 328.00

MILEAGE 108.54 1/4 mile @ _____ 275.00

TOTAL 3464.50

REMARKS:
 Pressure back side 500# take injection rate 1 1/2 Bbl/min 250# mix 150 S45 wash pump and lines clean start Displacement, Displace to bottom of packer 1000# pressure started to fall pressure to 1000# pressure fell, dried up Reverse clean pull 5 stands pressure to 500# shut in

Thank you

DEPTH OF JOB 3957'

PUMP TRUCK CHARGE _____ 1185.00

EXTRA FOOTAGE @ _____

MILEAGE 50 miles @ 2.00 300.00

MANIFOLD @ _____

TOTAL 1535.00

CHARGE TO: Bereco

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME GER S TWAER

SIGNATURE [Signature]