

ALLIED CEMENTING CO., LLC. 30890

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberals KS

DATE <u>2-23-11</u>	SEC. <u>4</u>	TWP. <u>28s</u>	RANGE <u>30w</u>	CALLED OUT	ON LOCATION	JOB START <u>12:30 PM</u>	JOB FINISH <u>1:30 PM</u>
LEASE <u>R Escand</u>		WELL # <u>1-45w</u>		LOCATION <u>Vec Copland KS</u>		COUNTY <u>Cass</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Sterling

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>1883</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>1878</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>43</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>117 BBL H₂O</u>	

EQUIPMENT

PUMP TRUCK # <u>372</u>	CEMENTER <u>Kenny</u>
	HELPER <u>Cesar</u>
BULK TRUCK # <u>457-251</u>	DRIVER <u>Lenny</u>
BULK TRUCK # <u>472-468</u>	DRIVER <u>Jose</u>

REMARKS:

THANK YOU!!!

CHARGE TO: FALCON EXPLORATION

STREET _____

CITY _____ STATE _____ ZIP _____

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.

PRINTED NAME Leon Kuhnd

SIGNATURE Leon Kuhnd

OWNER

CEMENT AMOUNT ORDERED 675 SK 65135/6%

gel 3% CC 25 pps Flo-seal

150 SK Class A 3% CC 2% gel

COMMON <u>150</u>	@ <u>15.45</u>	<u>2317.50</u>
POZMIX	@	
GEL <u>3</u>	@ <u>20.80</u>	<u>62.40</u>
CHLORIDE <u>27</u>	@ <u>58.20</u>	<u>1571.40</u>
ASC	@	
<u>Litemight 675</u>	@ <u>14.80</u>	<u>9990.00</u>
<u>Flaseal 168</u>	@ <u>2.50</u>	<u>420.00</u>
	@	
	@	
	@	
	@	
HANDLING <u>897</u>	@ <u>2.40</u>	<u>2152.80</u>
MILEAGE		<u>4933.50</u>
TOTAL <u>21447.60</u>		

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>2011.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>55</u>	@ <u>7.00</u>	<u>385.00</u>
MANIFOLD <u>1</u>	@ <u>113.00</u>	<u>113.00</u>
	@	
	@	

TOTAL 2509.00

PLUG & FLOAT EQUIPMENT

<u>Suger 50</u>	@ <u>1.27</u>	<u>63.50</u>
<u>Guide Shoe</u>	@ <u>282</u>	<u>282.00</u>
<u>Insert/Float</u>	@ <u>377</u>	<u>377.00</u>
<u>Centralizer</u>	@ <u>62</u>	<u>248.00</u>
<u>Basket</u>	@ <u>248</u>	<u>248.00</u>
<u>Rubber Plug</u>	@ <u>130</u>	<u>130.00</u>

TOTAL 1348.50

SALES TAX (If Any) _____

TOTAL CHARGES [scribble]

DISCOUNT [scribble] IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 30899

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS.

DATE <u>3-08-11</u>	SEC. <u>4</u>	TWP. <u>28s</u>	RANGE <u>30w</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00 AM</u>	JOB FINISH <u>6:00 AM</u>
LEASE <u>R. Josseland</u>		WELL # <u>1-45w</u>		LOCATION <u>Vee Cooplard KS.</u>		COUNTY <u>Gary</u>	STATE <u>K.S.</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Sterling

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. _____

CASING SIZE 8 5/8 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 210 SK 60/40/4 gel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

Lite weight 210 @ 14.80 3108.00

HANDLING 210 @ 2.40 504.00

MILEAGE _____ 1050.00

TOTAL 4662.00

EQUIPMENT

PUMP TRUCK CEMENTER Kenny

372 HELPER Cesar

BULK TRUCK

457-251 DRIVER Jose

BULK TRUCK

_____ DRIVER _____

REMARKS:

50 SK @ 19.20

40 SK @ 8.50

50 SK @ 4.50

20 SK @ 6.00

30 SK @ RH

20 SK @ MH

THANK YOU!!!

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 1185.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 50 @ 7.00 350.00

MANIFOLD _____ @ _____

TOTAL 1535.00

CHARGE TO: FALCON EXPLORATION

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

NA

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 0

To Allied Cementing Co., LLC.
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PRINTED NAME ALAN LOFTIS

SIGNATURE Alan Loftis

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS