



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1059297

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

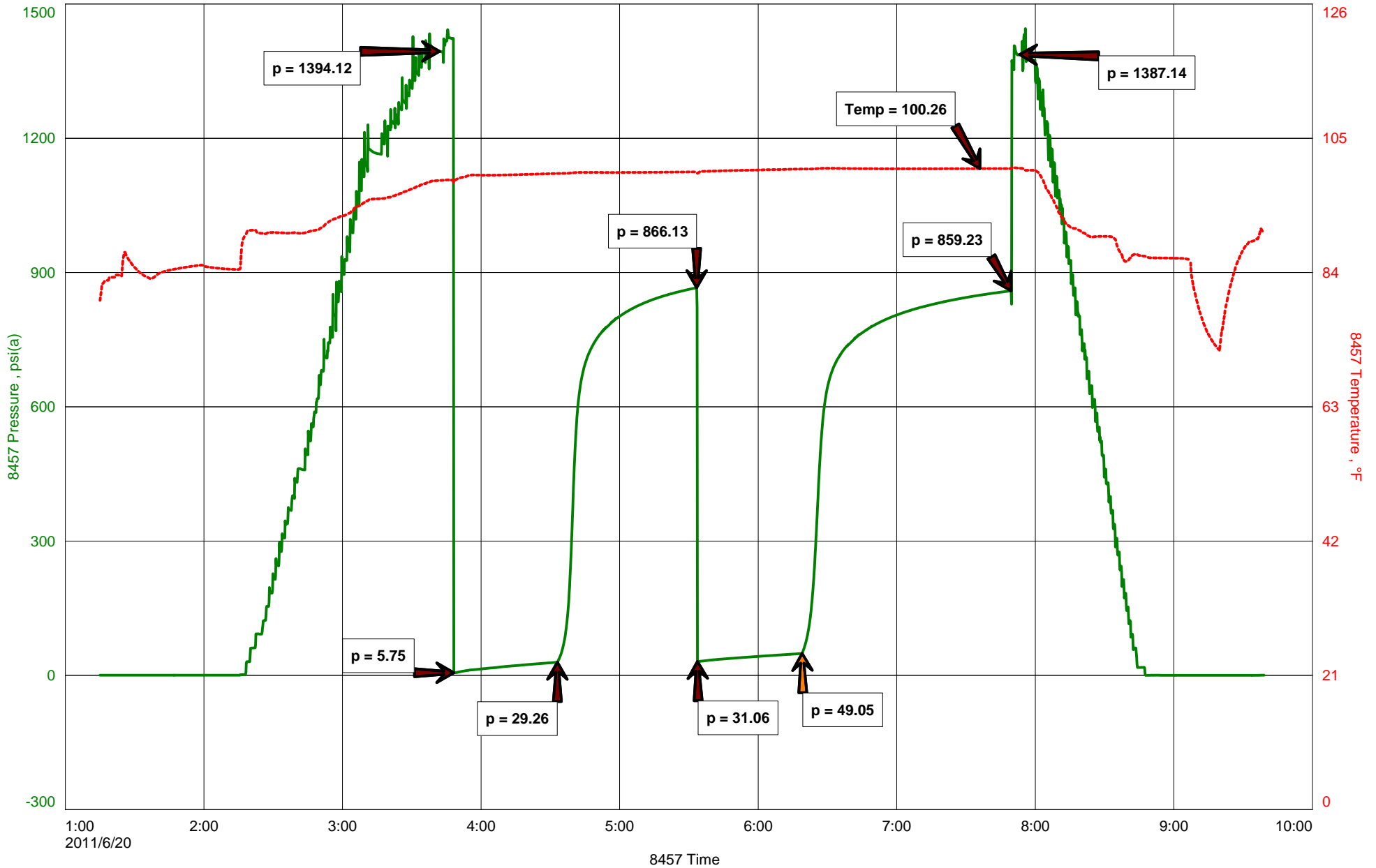
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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HEFFEL UNIT 2-1



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	BUFFALO RESOURCES	Job Number	M173
Well Name	HEFFEL UNIT 2-1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 2910-2928 L/KC "C"	Well Operator	BUFFALO RESOURCES
Surface Location	SEC.1-14S-12W RUSSELL CO.KS.	Report Date	2011/06/20
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	DAVID BARKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 2910-2928 L/KC "C"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/06/20	Start Test Time	01:15:00
Final Test Date	2011/06/20	Final Test Time	09:40:00
		Well Fluid Type	01 Oil
Gauge Name	8457		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
1' CO 100% OIL
90' MW 86% WTR, 14% MUD LIGHT OIL SCUM
91' TOTAL FLUID

CHLOR: 43,000 PPM
PH: 7.0
RW: .18 @ 90 DEG

GRAVITY: 40.5@60DEG

TOOL SAMPLE: 4% OIL, 76% WTR, 20% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

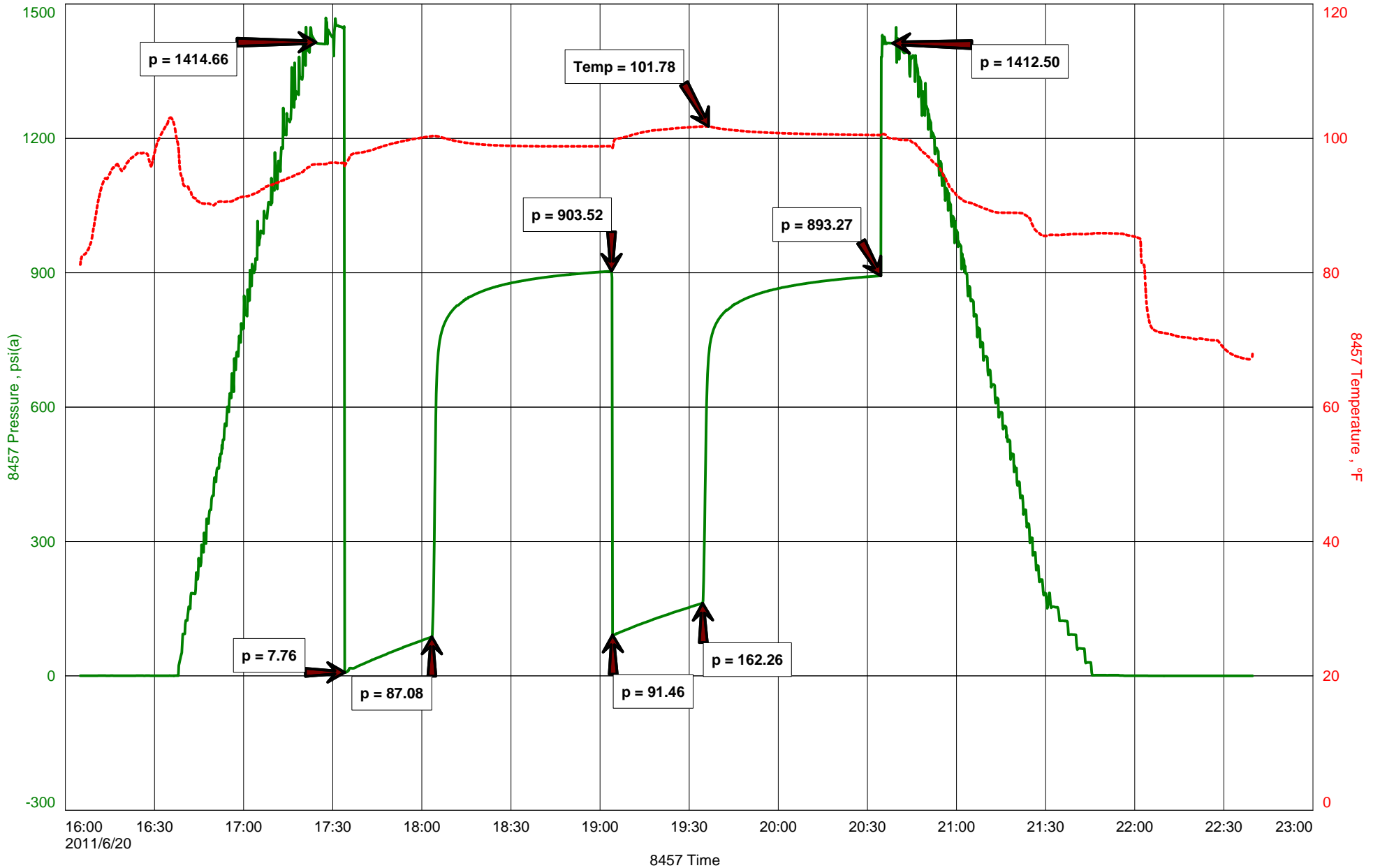
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HEFFEL UNIT 2-1



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	BUFFALO RESOURCES	Job Number	M174
Well Name	HEFFEL UNIT 2-1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 2966-2986 L/KC "G"	Well Operator	BUFFALO RESOURCES
Surface Location	SEC.1-14S-12W RUSSELL CO.KS.	Report Date	2011/06/20
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	DAVID BARKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 2966-2986 L/KC "G"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/06/20	Start Test Time	16:05:00
Final Test Date	2011/06/20	Final Test Time	22:40:00
		Well Fluid Type	01 Oil
Gauge Name	8457		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
80' GIP
1' CO 100% OIL
334' MW 90% WTR, 10% MUD, LIGHT SCUM OF OIL
335' TOTAL FLUID

CHLOR: 32,000 PPM
PH: 7.0
RW: .26 @ 56 DEG
GRAVITY: 39.2 @ 60 DEG

TOOL SAMPLE: 2% GAS, 8% OIL, 79% WTR, 11% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	BUFFALO RESOURCES	Job Number	M175
Well Name	HEFFEL UNIT 2-1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 2890-2920 L/KC "A"	Well Operator	BUFFALO RESOURCES
Surface Location	SEC.1-14S-12W RUSSELL CO.KS.	Report Date	2011/06/20
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	DAVID BARKER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 2890-2920 L/KC "A"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/06/21	Start Test Time	03:55:00
Final Test Date	2011/06/21	Final Test Time	08:40:00
		Well Fluid Type	01 Oil
Gauge Name	8457		
Gauge Serial Number			

Test Results

Remarks NO PACKERSEAT

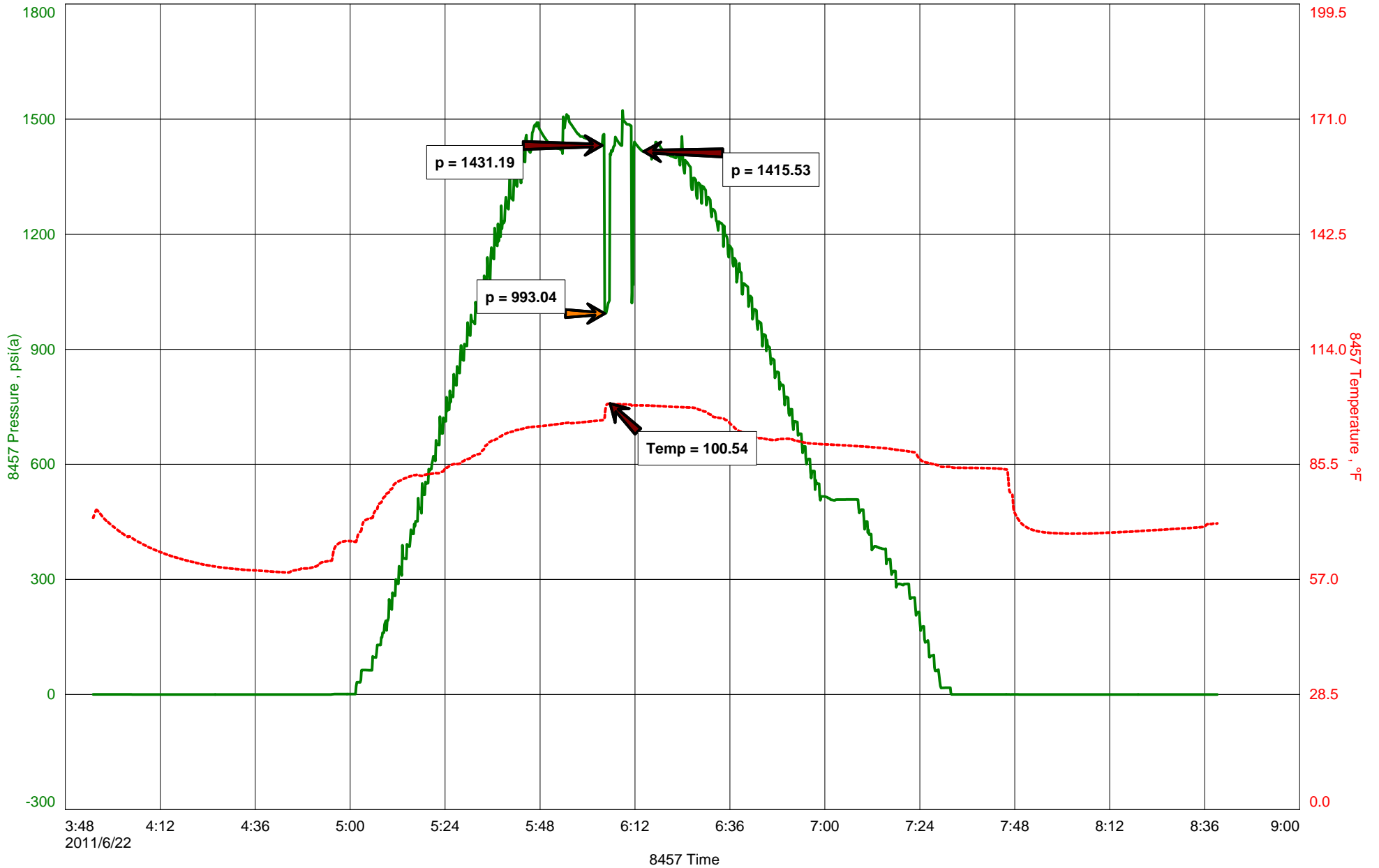
RECOVERED:
580' DM
580' TOTAL FLUID

TOOL SAMPLE: DM W/ A FEW SPOTS OF OIL

BUFFALO RESOURCES
DST#2 2890-2920 L/KC "A"
Start Test Date: 2011/06/21
Final Test Date: 2011/06/21

HEFFEL UNIT 2-1
Formation: DST#2 2890-2920 L/KC "A"
Pool: WILDCAT
Job Number: M175

HEFFEL UNIT 2-1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

COPY

Date: 6/26/2011
 Invoice # 4885
 P.O.#:
 Due Date: 7/26/2011
 Division: Russell

Invoice

Contact:
 BUFFALO RESOURCES
Address/Job Location:
 BUFFALO RESOURCES
 301 COMMERCE ST
 SUITE 1380
 FT WORTH TX 76102

Reference:
 HEFFEL UNIT 2-1

Description of Work:
 PLUG JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 977.42	No				
Common-Class A	108	\$ 1,410.39	Yes				
Bulk Truck Mat-Material Service Charge	188	\$ 402.48	No				
POZ Mix-Standard	72	\$ 354.52	Yes				
Pump Truck Mileage-Job to Nearest Camp	14	\$ 149.56	No				
Premium Gel (Bentonite)	6	\$ 104.56	Yes				
Flo Seal	45	\$ 96.34	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	14	\$ 87.52	No				
Dry Hole Plug	1	\$ 59.94	Yes				

Invoice Terms:

Net 30

SubTotal: \$ 3,642.73
 Discount Available ONLY if Invoice is Paid & Received
 within listed terms of invoice: \$ (546.41)

SubTotal for Taxable Items: \$ 1,721.89
 SubTotal for Non-Taxable Items: \$ 1,374.43

Total: \$ 3,096.32
 Tax: \$ 142.92

8.30% Russell County Sales Tax

Amount Due: \$ 3,239.24
Applied Payments:
Balance Due: \$ 3,239.24

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4885

Date	6/22/11	Sec.	1	Twp.	14	Range	12	County	Russell	State	KS	On Location		Finish	3:30 PM				
Lease	Hestel Unit			Well No.	2-1			Location								Dorrance + I-70, 1 N, 1/2 W, S into			
Contractor	Duke Drilling Rig #2							Owner									To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
Type Job	PTA							Charge To									Buffalo Resources, LLC		
Hole Size	7 7/8"							T.D.											
Csg.								Depth											
Tbg. Size								Depth											
Tool								Depth									City	State	
Cement Left in Csg.								Shoe Joint									The above was done to satisfaction and supervision of owner agent or contractor.		
Meas Line								Displace									Cement Amount Ordered		180 sx 60/40 4 1/2" x 1 1/4" # 1000 5x Procele

EQUIPMENT

Pumptrk	5	No.	Cementer	Paul	Common	108
			Helper			
Bulktrk	10	No.	Driver	Neale	Poz. Mix	72
			Driver			
Bulktrk	PV	No.	Driver	Rocky	Gel.	6
			Driver			

JOB SERVICES & REMARKS

Remarks:		Calcium	
Rat Hole	30 sx	Hulls	
Mouse Hole	15 sx	Salt	
Centralizers		Flowseal	45 #
Baskets		Kol-Seal	
D/V or Port Collar		Mud CLR 48	
	3220' - 25 sx	CFL-117 or CD110 CAF 38	
	675' - 100 sx	Sand	
	40' - 10 sx	Handling	188
		Mileage	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	8 5/8"
AFU Inserts	
Float Shoe	Dry Hole Plug
Latch Down	

Pumptrk Charge	plug
Mileage	1/4

Tax	
Discount	
Total Charge	

X Signature *John Ambruster*

Thank you!!

Quality Oilwell Cementing



QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

COPY

Date: 6/22/2011
 Invoice # 4881
 P.O.#:
 Due Date: 7/22/2011
 Division: Russell

Invoice

Contact:
 BUFFALO RESOURCES
Address/Job Location:
 BUFFALO RESOURCES
 301 COMMERCE ST
 SUITE 1380
 FT WORTH TX 76102

Reference:
 HEFFEL UNIT 2-1

Description of Work:
 SURFACE JOB

Services / Items Included:

	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 963.85	No				
Common-Class A	150	\$ 1,931.67	Yes				
Bulk Truck Matl-Material Service Charge	263	\$ 555.22	No				
POZ Mix-Standard	100	\$ 485.56	Yes				
Calcium Chloride	9	\$ 357.77	Yes				
8 5/8" Centralizer	3	\$ 202.67	Yes				
Pump Truck Mileage-Job to Nearest Camp	16	\$ 168.55	No				
8 5/8" Top Rubber Plug	1	\$ 111.89	Yes				
Baffle Plate Aluminum, 8 5/8"	1	\$ 95.00	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	16	\$ 98.63	No				
Premium Gel (Bentonite)	4	\$ 68.74	Yes				

Invoice Terms:

Net 30

SubTotal: \$ 5,039.54
 Discount Available ONLY if Invoice is Paid & Received
 within listed terms of invoice: \$ (755.93)

SubTotal for Taxable Items: \$ 2,765.29
 SubTotal for Non-Taxable Items: \$ 1,518.32

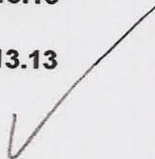
8.30% Russell County Sales Tax

Total: \$ 4,283.61
 Tax: \$ 229.52

Amount Due: \$ 4,513.13
Applied Payments:
Balance Due: \$ 4,513.13

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4881

Date <u>6-16-11</u>	Sec. <u>1</u>	Twp. <u>14</u>	Range <u>12</u>	County <u>Russell</u>	State <u>KS</u>	On Location	Finish <u>11:00pm</u>
Lease <u>Hoffel unit</u>	Well No. <u>2-1</u>	Location <u>Dorrance 1N 1W Sinto</u>					
Contractor <u>Duke #2</u>				Owner			
Type Job <u>Surface</u>				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size <u>12 1/4</u>	T.D. <u>524'</u>			Charge To			
Csg. <u>8 5/8 23lb</u>	Depth			Street <u>Buffalo Resources</u>			
Tbg. Size	Depth			City			
Tool	Depth			State			
Cement Left in Csg. <u>42.50'</u>	Shoe Joint <u>42.50'</u>			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace <u>30 1/2 bbs</u>			Cement Amount Ordered <u>250 6 3/4 3 9cc 2 9 gel</u>			

EQUIPMENT

Pumptrk <u>1</u>	No.	Cementer <u>Brandon</u>
Bulktrk <u>8</u>	No.	Driver <u>Paul</u>
Bulktrk <u>pu</u>	No.	Driver <u>Doug</u>

Common <u>100 150</u>
Poz. Mix <u>100</u>
Gel. <u>4</u>
Calcium <u>9</u>

JOB SERVICES & REMARKS

Remarks:

Rat Hole

Mouse Hole

Centralizers

Baskets

D/V or Port Collar

Cement did Circ'do

Hulls

Salt

Flowseal

Kol-Seal

Mud CLR 48

CFL-117 or CD110 CAF 38

Sand

Handling 263

Mileage

FLOAT EQUIPMENT

Thank You'do

Quality Oilwell Cementing

Guide Shoe

Centralizer - 3

Baskets

AFU Inserts

Float Shoe

Latch Down

1- 8 5/8 baffle plate

1- 8 5/8 solid rubber plug

Pumptrk Charge Surface

Mileage 16

X Signature Daron Patterson

Tax

Discount

Total Charge