



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1084020
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

| | | |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |
|-----------------------------------|-----------------|---|

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1084020

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

| | | | | |
|---|--|------------------------------|----------------------------------|---------------------------------|
| Drill Stem Tests Taken <i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Electric Log Run | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | |

| 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 |
| <input type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | | | | |
| <input type="checkbox"/> Plug Off Zone | | | | |

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | | | | | |

| | | |
|--|---|---|
| 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 07, 2012

Leon Rodak
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: ACO1
API 15-159-22688-00-00
Gray 1-20
SW/4 Sec.20-18S-07W
Rice County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Leon Rodak

Gray #1-20
 890' FNL 1210' FWL
 Sec. 20-18S-7W
 1677' KB

Crane #2
 CMX, Inc
 Sec. 20-18S-7W
 1662' KB

| Formation | Sample top | Datum | Ref | Log tops | Datum | Ref | Log tops | Datum |
|-----------|------------|-------|-----|----------|-------|-----|----------|-------|
| Chase | | | | | | | 1104 | +558 |
| Stotler | | | | | | | 1985 | -323 |
| Topeka | 2268 | -591 | +5 | 2262 | -585 | +11 | 2258 | -596 |
| Heebner | 2600 | -923 | +10 | 2599 | -922 | +11 | 2595 | -933 |
| Lansing | 2728 | -1051 | +14 | 2727 | -1050 | +15 | 2727 | -1065 |
| Stark | | | | 2990 | -1313 | +12 | 2987 | -1325 |
| BKC | 3069 | -1392 | +6 | 3062 | -1385 | +13 | 3060 | -1398 |
| Kind Sh | | | | Abs | | | 3165 | -1503 |
| Viola | | | | 3215 | -1538 | +71 | 3271 | -1609 |
| Simpson | | | | 3260 | -1583 | +75 | 3320 | -1658 |
| Arbuckle | 3330 | -1653 | +63 | 3320 | -1643 | +73 | 3378 | -1716 |
| RTD | 3420 | | | | | | 3400 | |
| LTD | | | | 3420 | | | 3400 | |



DRILL STEM TEST REPORT

Prepared For: **Murfin Drilling Co.**

250 N. Water STE 300
Wichita KS. 67202+1216

ATTN: Mike Kidwell

Gray #1-20

20-18s-7w Rice,KS

Start Date: 2012.04.28 @ 12:20:05

End Date: 2012.04.28 @ 18:11:39

Job Ticket #: 47267 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.05.03 @ 14:50:23

Murfin Drilling Co. 20-18s-7w Rice,KS Gray #1-20 DST # 1 LKC"C" 2012.04.28



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Murfin Drilling Co.
 250 N. Water STE 300
 Wichita KS. 67202+1216
 ATTN: Mike Kidwell

20-18s-7w Rice, KS
Gray #1-20
 Job Ticket: 47267 **DST#: 1**
 Test Start: 2012.04.28 @ 12:20:05

GENERAL INFORMATION:

Formation: **LKC"C"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 13:54:00
 Time Test Ended: 18:11:39
 Interval: **2771.00 ft (KB) To 2805.00 ft (KB) (TVD)**
 Total Depth: 2805.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Andy Carreira
 Unit No: 39
 Reference Elevations: 1670.00 ft (KB)
 1662.00 ft (CF)
 KB to GR/CF: 8.00 ft

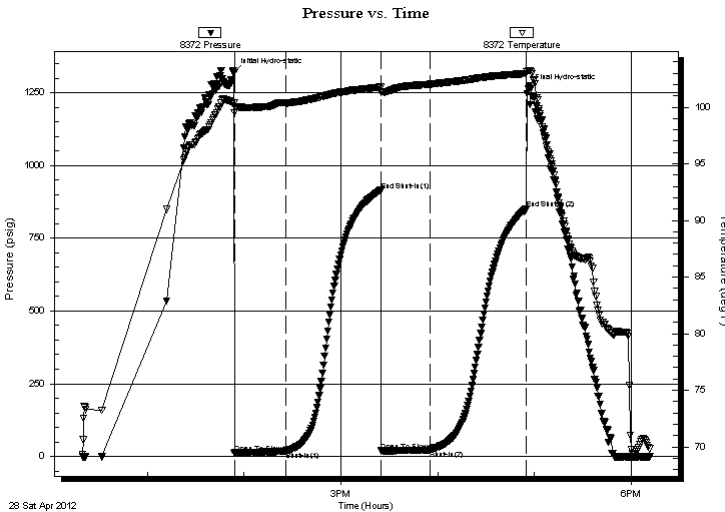
Serial #: 8372

Outside

Press @ Run Depth: 22.89 psig @ 2772.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.04.28 End Date: 2012.04.28 Last Calib.: 2012.04.28
 Start Time: 12:20:05 End Time: 18:11:40 Time On Btm: 2012.04.28 @ 13:53:20
 Time Off Btm: 2012.04.28 @ 16:55:50

TEST COMMENT: IF:(30min) Blow Died in 2 min.
 ISl:(60min) No Return
 FF:(30min) No Blow
 FSl:(60min) No Return

PRESSURE SUMMARY



| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 1317.92 | 100.40 | Initial Hydro-static |
| 1 | 10.83 | 99.55 | Open To Flow (1) |
| 33 | 17.82 | 100.38 | Shut-In(1) |
| 92 | 914.80 | 101.79 | End Shut-In(1) |
| 92 | 19.03 | 101.35 | Open To Flow (2) |
| 123 | 22.89 | 102.03 | Shut-In(2) |
| 182 | 850.13 | 102.97 | End Shut-In(2) |
| 183 | 1264.69 | 103.21 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|----------------------------|--------------|
| 10.00 | Mud w / oil spcks in tool. | 0.05 |
| | | |
| | | |
| | | |
| | | |

Gas Rates

| Choke (inches) | Pressure (psig) | Gas Rate (Mcf/d) |
|----------------|-----------------|------------------|
| | | |



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Murfin Drilling Co.
250 N. Water STE 300
Wichita KS. 67202+1216
ATTN: Mike Kidwell

20-18s-7w Rice,KS
Gray #1-20
Job Ticket: 47267 **DST#: 1**
Test Start: 2012.04.28 @ 12:20:05

Tool Information

| | | | | |
|---------------------------|--------------------|-----------------------|--------------------------------|------------------------------------|
| Drill Pipe: | Length: 2512.00 ft | Diameter: 3.80 inches | Volume: 35.24 bbl | Tool Weight: 2000.00 lb |
| Heavy Wt. Pipe: | Length: 0.00 ft | Diameter: 2.70 inches | Volume: 0.00 bbl | Weight set on Packer: 24000.00 lb |
| Drill Collar: | Length: 239.58 ft | Diameter: 2.25 inches | Volume: 1.18 bbl | Weight to Pull Loose: 60000.00 lb |
| | | | <u>Total Volume: 36.42 bbl</u> | Tool Chased 0.00 ft |
| Drill Pipe Above KB: | 3.58 ft | | | String Weight: Initial 53000.00 lb |
| Depth to Top Packer: | 2771.00 ft | | | Final 53000.00 lb |
| Depth to Bottom Packer: | ft | | | |
| Interval between Packers: | 34.00 ft | | | |
| Tool Length: | 57.00 ft | | | |
| Number of Packers: | 2 | Diameter: 6.75 inches | | |

Tool Comments:

| Tool Description | Length (ft) | Serial No. | Position | Depth (ft) | Accum. Lengths |
|-------------------------|--------------------|-------------------|-----------------|-------------------|-----------------------|
|-------------------------|--------------------|-------------------|-----------------|-------------------|-----------------------|

| | | | | | |
|-----------------|-------|------|---------|---------|------------------------------------|
| Change Over Sub | 1.00 | | | 2749.00 | |
| Shut In Tool | 5.00 | | | 2754.00 | |
| Hydraulic tool | 5.00 | | | 2759.00 | |
| Safety Joint | 3.00 | | | 2762.00 | |
| Packer | 5.00 | | | 2767.00 | 23.00 Bottom Of Top Packer |
| Packer | 4.00 | | | 2771.00 | |
| Stubb | 1.00 | | | 2772.00 | |
| Recorder | 0.00 | 8017 | Inside | 2772.00 | |
| Recorder | 0.00 | 8372 | Outside | 2772.00 | |
| Perforations | 30.00 | | | 2802.00 | |
| Bullnose | 3.00 | | | 2805.00 | 34.00 Bottom Packers & Anchor |

Total Tool Length: 57.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Murfin Drilling Co.

20-18s-7w Rice,KS

250 N. Water STE 300
Wichita KS. 67202+1216

Gray #1-20

Job Ticket: 47267

DST#: 1

ATTN: Mike Kidwell

Test Start: 2012.04.28 @ 12:20:05

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4300.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbl |
|--------------|----------------------------|---------------|
| 10.00 | Mud w / oil spcks in tool. | 0.049 |

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

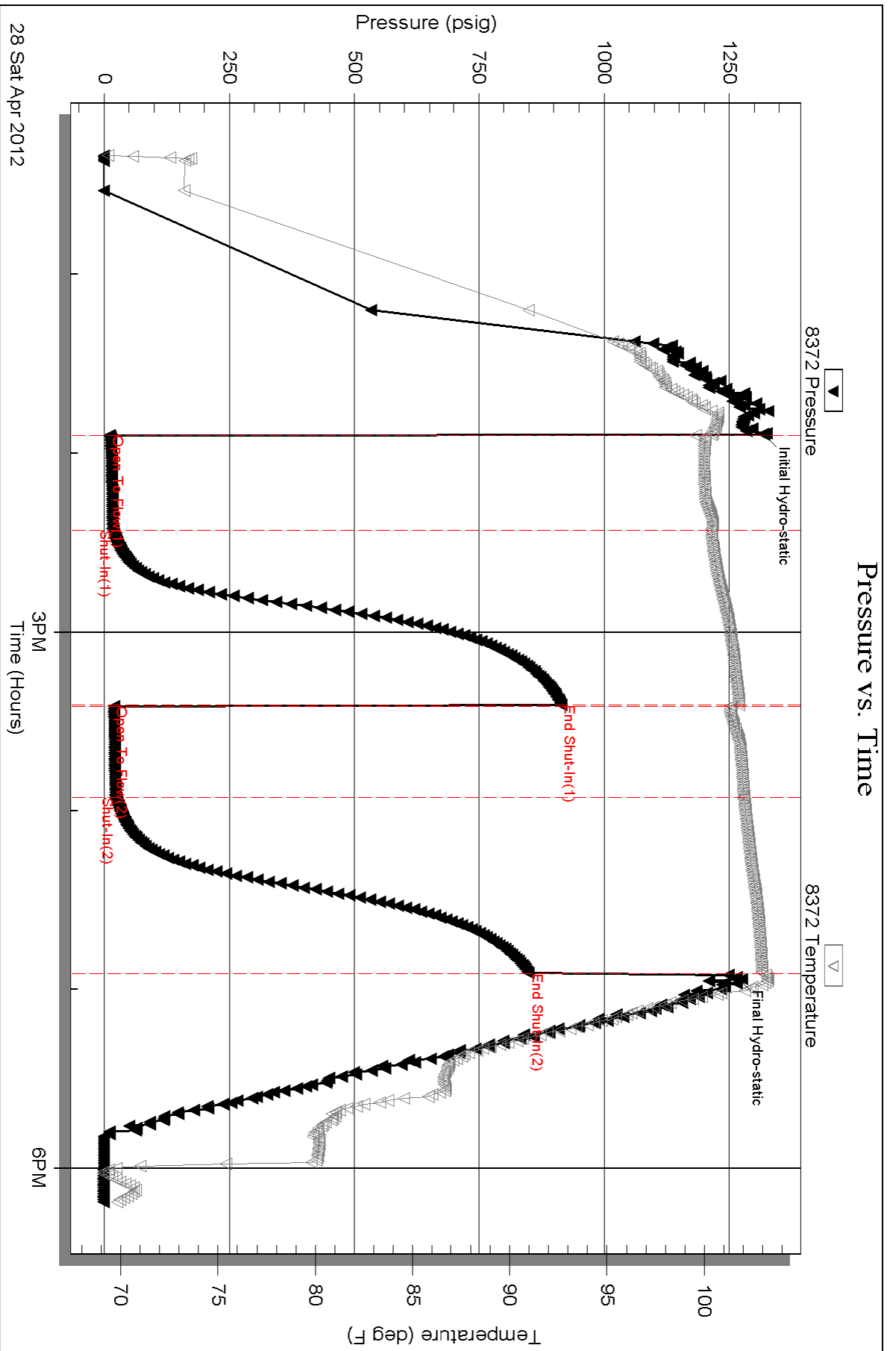
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



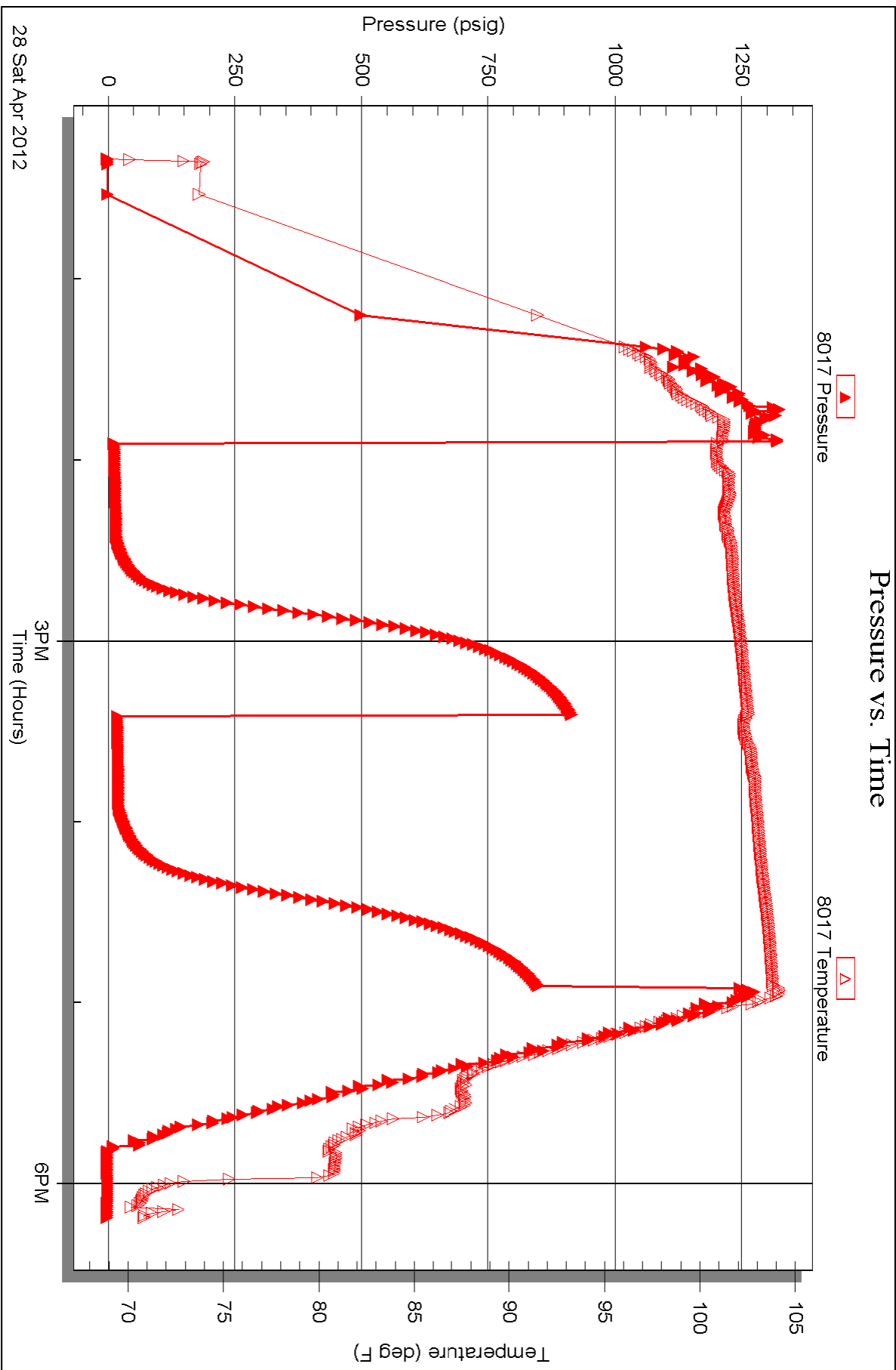
Serial #: 8017

Inside

Murfin Drilling Co.

Gray #1-20

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
MAY 03 2012

Test Ticket

NO. 47267

BY: _____

Well Name & No. Gray #1-20 Test No. 1 Date 4-28-12
 Company Murfin Drilling Co Elevation 1670 KB 1662 GL
 Address 250 N Water, STE 300 Wichita Ks. 67202-1216
 Co. Rep / Geo. Mike Kidwell Rig Murfin 21
 Location: Sec. 20 Twp. 18s Rge. 7W Co. RICE State Ks.

Interval Tested 2771-2805 Zone Tested LKC "C"
 Anchor Length 34' Drill Pipe Run 2512 Mud Wt. 9.0
 Top Packer Depth 2766 Drill Collars Run 239.58 Vis 48
 Bottom Packer Depth 2771 Wt. Pipe Run 0 WL 7.2
 Total Depth 2805 Chlorides 4300 ppm System LCM 1/2#

Blow Description IF: Blow died in 2 min.
ISI: NO RETURN
FF: NO BLOW
FSP: NO RETURN

| Rec | Feet of | %gas | %oil | %water | %mud |
|-----------|-----------------------------|------|------|--------|------|
| <u>10</u> | <u>Mud w/oil spks INTOO</u> | | | | |
| Rec | Feet of | %gas | %oil | %water | %mud |
| Rec | Feet of | %gas | %oil | %water | %mud |
| Rec | Feet of | %gas | %oil | %water | %mud |
| Rec | Feet of | %gas | %oil | %water | %mud |

Rec Total 10 BHT 102° Gravity API RW @ ° F Chlorides ppm
 (A) Initial Hydrostatic 1317 Test 1150' T-On Location 11:37
 (B) First Initial Flow 10 Jars T-Started 12:20
 (C) First Final Flow 17 Safety Joint 75' T-Open 13:55
 (D) Initial Shut-In 914 Circ Sub T-Pulled 16:55
 (E) Second Initial Flow 19 Hourly Standby 18:12 T-Out
 (F) Second Final Flow 22 Mileage 188 RT (291.40) x 2 Comments 47 hrs of standby
 (G) Final Shut-In 850 Sampler 4:30 5:15 pm loaded
 (H) Final Hydrostatic 1264 Straddle tools
 Ruined Shale Packer
 Ruined Packer
 Extra Copies

Initial Open 30 Shale Packer
 Initial Shut-In 60 Extra Packer
 Final Flow 30 Extra Recorder
 Final Shut-In 60 Day Standby 1 day 23 hrs Sub Total 800
 Accessibility Total 2607.80
 Sub Total 1807.80 MP/DST Disc't

Approved By _____ Our Representative [Signature]

TriLOBITE TESTING Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 130980
Invoice Date: Apr 26, 2012
Page: 1

acct. Lizz H.

Bill To:
Murfin Drlg. Co., Inc.
*PO Box 661
Colby, KS 67701*

**OPERATOR PAY MDC
LEASE:** _____



*Gray 1-20
/BEN*

| Customer ID | Well Name# or Customer P.O. | Payment Terms | |
|--------------|-----------------------------|---------------|----------|
| Murfin | Gray # 120 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS2-01 | Great Bend | Apr 26, 2012 | 5/26/12 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|-------------|-----------------------|------------|----------|
| 200.00 | MAT | Class A Common | 16.25 | 3,250.00 |
| 4.00 | MAT | Gel | 21.25 | 85.00 |
| 7.00 | MAT | Chloride | 58.20 | 407.40 |
| 216.53 | SER | Handling | 2.10 | 454.71 |
| 40.00 | SER | Ton Miles | 23.22 | 928.72 |
| 1.00 | SER | Surface | 1,125.00 | 1,125.00 |
| 40.00 | SER | Heavy Vehicle Mileage | 7.00 | 280.00 |
| 40.00 | SER | Light Vehicle Mileage | 4.00 | 160.00 |
| 1.00 | CEMENTER | Wayne Davis | | |
| 1.00 | EQUIP OPER | Joel Monahan | | |
| 1.00 | OPER ASSIST | Garrett McLemore | | |

OK

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$2341.79

ONLY IF PAID ON OR BEFORE
May 21, 2012

| | |
|------------------------|-----------------|
| Subtotal | 6,690.83 |
| Sales Tax | 273.20 |
| Total Invoice Amount | 6,964.03 |
| Payment/Credit Applied | |
| TOTAL | 6,964.03 |

Deduct

4622.24



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 131041
Invoice Date: May 1, 2012
Page: 1

Acct. Liz H.

**OPERATOR PAY MDC
LEASE:** *BM*

Gray 1-20



Bill To:
Murfin Drlg. Co., Inc.
*PO Box 661
Colby, KS 67701*

| Customer ID | Well Name#/ or Customer P.O. | Payment Terms | |
|--------------|------------------------------|---------------|----------|
| Murfin | Gary # 1-20 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS2-03 | Medicine Lodge | May 1, 2012 | 5/31/12 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|-------------|-----------------------|------------|----------|
| 135.00 | MAT | Class A Common | 16.25 | 2,193.75 |
| 90.00 | MAT | Pozmix | 8.50 | 765.00 |
| 8.00 | MAT | Gel | 21.25 | 170.00 |
| 56.00 | MAT | FloSeal | 2.70 | 151.20 |
| 235.00 | SER | Handling | 2.25 | 528.75 |
| 45.00 | SER | Ton Miles | 25.85 | 1,163.25 |
| 1.00 | SER | Rotary Plug | 2,225.00 | 2,225.00 |
| 45.00 | SER | Heavy Vehicle Mileage | 7.00 | 315.00 |
| 45.00 | SER | Light Vehicle Mileage | 4.00 | 180.00 |
| 1.00 | CEMENTER | Ron Gilley | | |
| 1.00 | CEMENTER | Jason Thimesch | | |
| 1.00 | OPER ASSIST | Brandon Boor | | |

| | |
|------------------------|-----------------|
| Subtotal | 7,691.95 |
| Sales Tax | 561.51 |
| Total Invoice Amount | 8,253.46 |
| Payment/Credit Applied | |
| TOTAL | 8,253.46 |

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2692.18

ONLY IF PAID ON OR BEFORE
May 26, 2012

Product OK

ALLIED OIL & GAS SERVICES, LLC 054073

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

| | | | | | | | |
|---------------------------|----------------|--------------------|---|---------------------------|--------------------|------------------|------------|
| DATE <i>5-1-12</i> | SEC. <i>30</i> | TWP. <i>18s</i> | RANGE <i>7W</i> | CALLED OUT PM <i>6:30</i> | ON LOCATION | JOB START | JOB FINISH |
| LEASE <i>Gary</i> | | WELL # <i>1-20</i> | LOCATION <i>Lyons Ks N to Ave E, 3/4 W, 1/4 N</i> | | COUNTY <i>Rice</i> | STATE <i>Ks.</i> | |
| OLD OR (NEW) (Circle one) | | | F into | | | | |

CONTRACTOR *Murfinzi*
 TYPE OF JOB *Rotary Plug*
 HOLE SIZE *7-1/8* T.D. *3320*
 CASING SIZE 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 *Murfin*
 CEMENT
 AMOUNT ORDERED *225' x 60:40:4 7/8 gel + 1/4" #8 Seal*

EQUIPMENT

PUMP TRUCK CEMENTER *Ron Gilley*
 # *471-307* HELPER *Jason T*
 BULK TRUCK
 # *301* DRIVER *Brandon B.*
 BULK TRUCK
 # DRIVER

| | | |
|-------------------------------|---------------------------|-----------------|
| COMMON <i>Class A</i> | <i>135</i> @ <i>16.25</i> | <i>2,193.75</i> |
| POZMIX | <i>90</i> @ <i>8.50</i> | <i>765.00</i> |
| GEL | <i>8</i> @ <i>21.25</i> | <i>170.00</i> |
| CHLORIDE | @ | |
| ASC | @ | |
| <i>fl seal</i> | <i>56</i> @ <i>2.70</i> | <i>151.20</i> |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| HANDLING | <i>235</i> @ <i>2.25</i> | <i>528.75</i> |
| MILEAGE <i>235 x .11 x 45</i> | | <i>1,163.75</i> |
| TOTAL | | <i>4,971.95</i> |

REMARKS:
pump 35' x at 3320'
pump 35' x at 1000'
pump 35' x at 650'
pump 35' x at 350'
pump 25' x at 60'
plug rat # Mouse 30s x ea.

SERVICE

| | | |
|-------------------|-------------------------|-----------------|
| DEPTH OF JOB | <i>3320'</i> | |
| PUMP TRUCK CHARGE | | <i>2,225.00</i> |
| EXTRA FOOTAGE | @ | |
| MILEAGE | <i>45</i> @ <i>7.00</i> | <i>315.00</i> |
| MANIFOLD | @ | |
| <i>Light Veh.</i> | <i>45</i> @ <i>4.00</i> | <i>180.00</i> |
| | @ | |
| TOTAL | | <i>2,720.00</i> |

CHARGE TO: *Murfin*
 STREET _____
 CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, 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.

PLUG & FLOAT EQUIPMENT

| | | |
|-------------|---|--|
| | @ | |
| | @ | |
| <i>none</i> | @ | |
| | @ | |
| | @ | |
| TOTAL | | |

PRINTED NAME *Juan Tinoco*
 SIGNATURE *Juan Tinoco*

SALES TAX (if Any) _____
 TOTAL CHARGES *# 7,169.95*
 DISCOUNT *35%* IF PAID IN 30 DAYS