

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1115040

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: _____



1115040

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 (Attach Additional Sheets)	<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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	_____ _____

MID CONTINENT

DST#1 3439-3454 LANS.140' & 160'

Start Test Date: 2012/11/04

Final Test Date: 2012/11/04

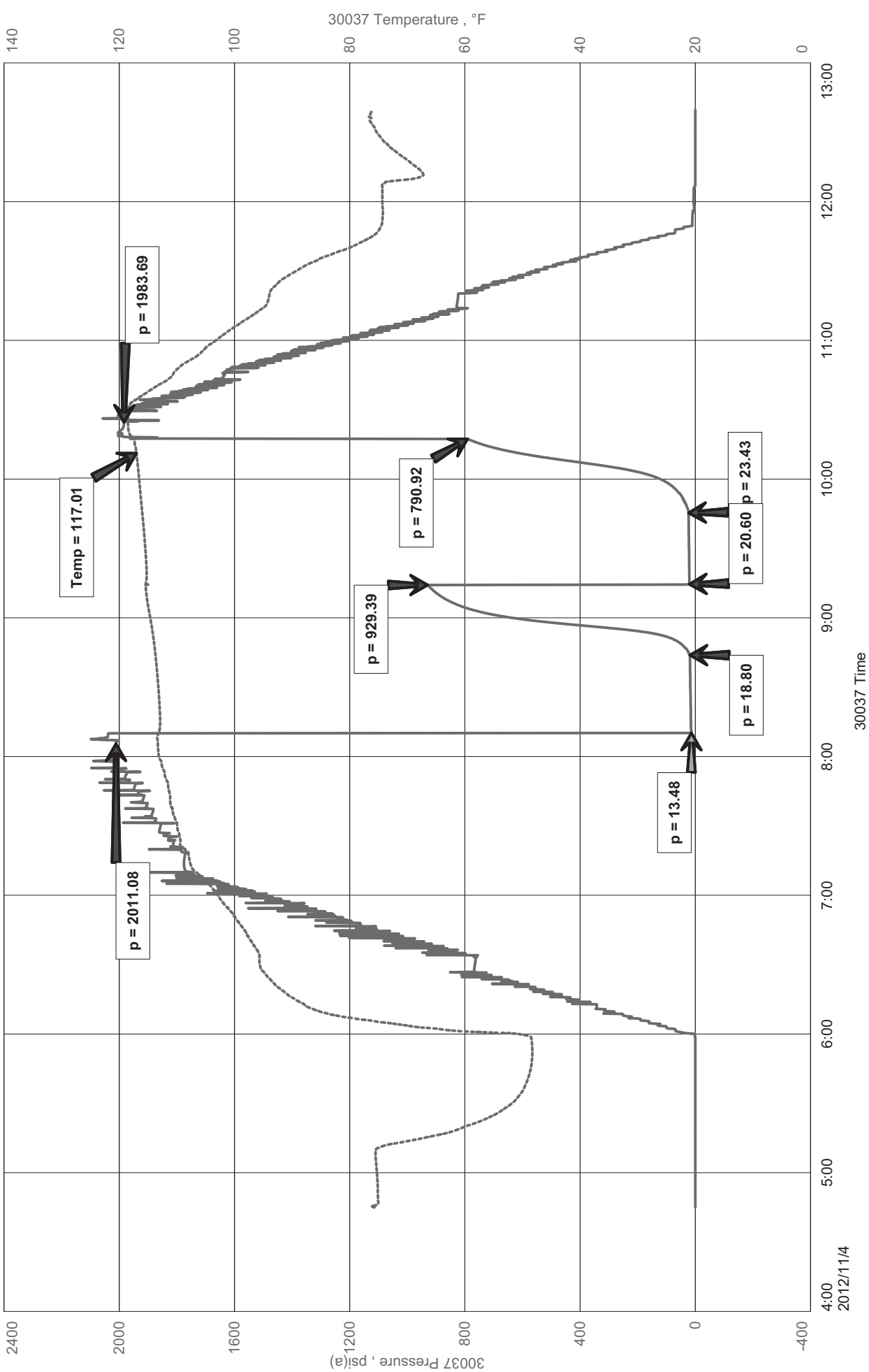
SLEEPER #1-20

Formation: DST#1 3439-3454 LANS.140' & 160'

Pool: WILDCAT

Job Number: M423

SLEEPER #1-20



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M423
Well Name	SLEEPER #1-20	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3439-3454 LANS.140'& 160'	Well Operator	MID CONTINENT
Surface Location	SEC.20-19S-27W LANE CO.KS.	Report Date	2012/11/04
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
	Test Unit		NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3439-3454 LANS.140'& 160'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/11/04	Start Test Time	04:45:00
Final Test Date	2012/11/04	Final Test Time	11:40:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**

25' OSM 4% OIL, 96% MUD
25' TOTAL FLUID

TOOL SAMPLE: 1% GAS, 5% OIL,94% MUD

4195 ft. Size 6 3/4 in. Packer depth _____

_____ 4177 ft. Recorder Number _____ 30

e) _____ 4232 ft. Recorder Number _____ 6

_____ ft. Recorder Number _____

Viscosity _____ 51 Drill Collar Length _____

Water Loss _____ 7.5 cc. Weight Pipe Length _____

_____ 2,400 P.P.M. Drill Pipe Length _____ 41

Serial Number _____ 1 Test Tool Length _____

_____ Reversed Out _____ NO Anchor Length _____

Tool Joint Size _____ 4 1/2 XH 20# in. Surface Choke Size _____ 1

FINISHING UNTIL DEAD @ 12 MIN (NO BB)

LEAK INTERMITTENT SB (NO BB)

4% OIL, 96% MUD

AL FLUID

XH 20#

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M424
Well Name	SLEEPER #1-20	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4237-4260 LANS.180'	Well Operator	MID CONTINENT
Surface Location	SEC.20-19S-27W LANE CO.KS.	Report Date	2012/11/05
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
	Test Unit		NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4237-4260 LANS.180'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/11/05	Start Test Time	00:45:00
Final Test Date	2012/11/05	Final Test Time	11:00:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**

65' GMW 1% GAS,90% WTR, 9% MUD
65' TOTAL FLUID

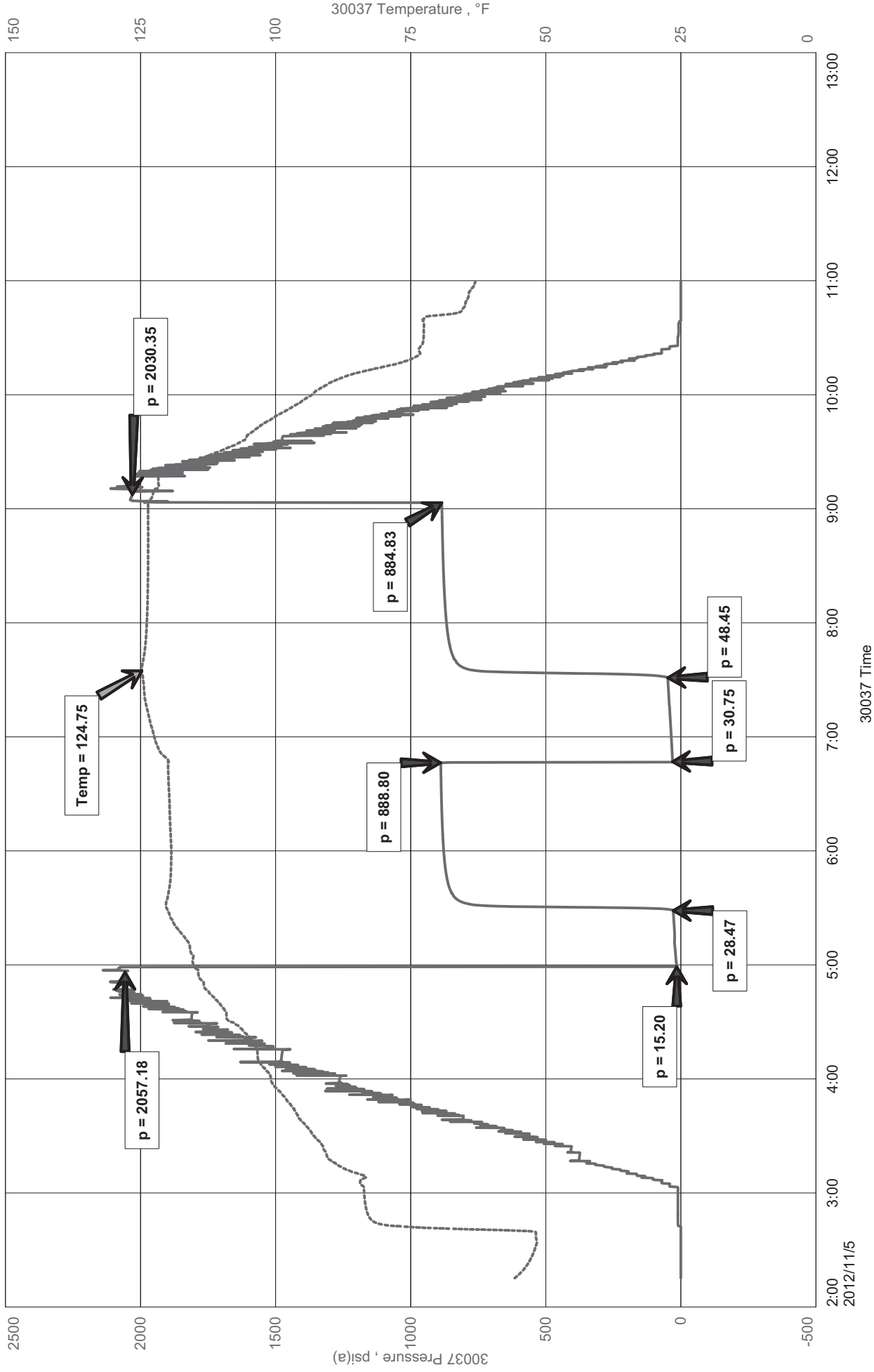
CHLOR: 25,000 PPM
PH:10.0
RW: .40 @ 65 DEG

TOOL SAMPLE: 100% GASSY WTR W/ SOME SPECKS OF OIL & SLIGHT GASSY ODOR

MID CONTINENT
DST#2 4237-4260 LANS.180'
Start Test Date: 2012/11/05
Final Test Date: 2012/11/05

SLEEPER #1-20
Formation: DST#2 4237-4260 LANS.180'
Pool: WILDCAT
Job Number: M424

SLEEPER #1-20



4237 ft. Size 6 3/4 in. Packer depth _____

4219 ft. Recorder Number 30
4257 ft. Recorder Number 6
_____. ft. Recorder Number _____
Viscosity 47 Drill Collar Length _____
Water Loss 7.6 cc. Weight Pipe Length _____
2,800 P.P.M. Drill Pipe Length 42
Serial Number 1 Test Tool Length _____
Reversed Out NO Anchor Length _____
Tool Joint Size 4 1/2 XH 20# in. Surface Choke Size 1

C. TO A 1/2" INTERMITTENT BLOW (NO BB)

MIN A VWSB INC TO <1/4" DIMINISHING UNTIL DEAD

W 1% GAS, 90% WTR, 9% MUD

AL FLUID

LOR: 25,000 PPM

10.0

/: .40 @ 65°

XH 20#

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M425
Well Name	SLEEPER #1-20	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4254-4290 LANS.200'	Well Operator	MID CONTINENT
Surface Location	SEC.20-19S-27W LANE CO.KS.	Report Date	2012/11/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
	Test Unit		NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4254-4290 LANS.200'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/11/05	Start Test Time	19:50:00
Final Test Date	2012/11/06	Final Test Time	06:10:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**
1275' GIP
216' GO 2% GAS, 98% OIL
499' GMW 2% GAS, 96% WTR, 2% MUD W/ A THIN SCUM OF OIL
715' TOTAL FLUID

CHLOR: 46,000 PPM
PH:7.0
RW: . @ 66 DEG

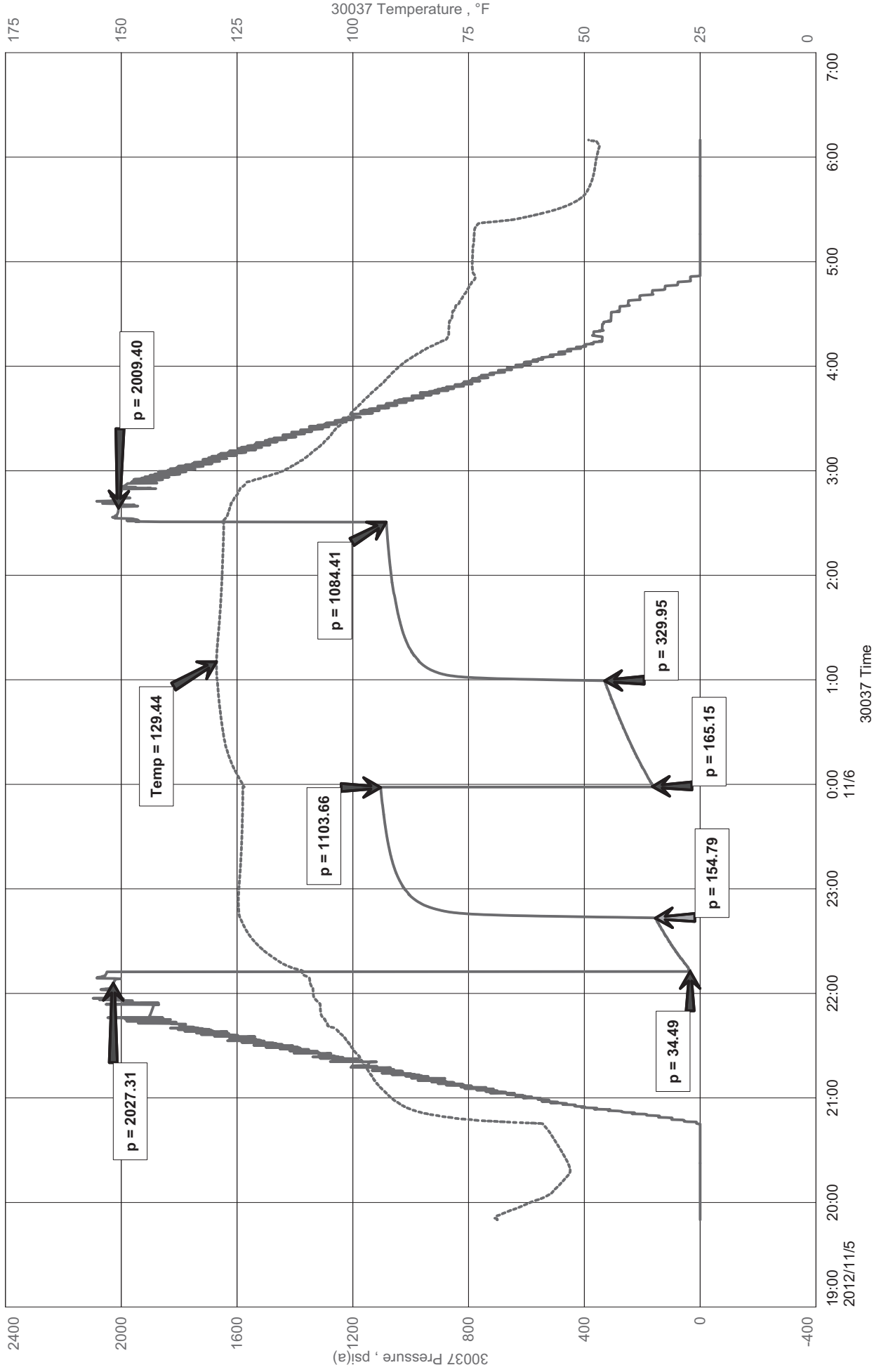
GRAVITY: 37.6 @ 60

TOOL SAMPLE: 2% GAS,4% OIL, 94% WTR

MID CONTINENT
DST#3 4254-4290 LANS.200'
Start Test Date: 2012/11/05
Final Test Date: 2012/11/06

SLEEPER #1-20
Formation: DST#3 4254-4290 LANS.200'
Pool: WILDCAT
Job Number: M425

SLEEPER #1-20



254 ft. Size 6 3/4 in. Packer depth _____

4236 ft. Recorder Number 30
4287 ft. Recorder Number 6
____ ft. Recorder Number _____
Viscosity 46 Drill Collar Length _____
Water Loss 8.4 cc. Weight Pipe Length _____
4,300 P.P.M. Drill Pipe Length 41
Serial Number 1 Test Tool Length _____
Reversed Out NO Anchor Length _____
Tool Joint Size 4 1/2 XH 20# in. Surface Choke Size 1

17 MIN (2 1/2" BB)

15 MIN (4" BB)

2% GAS, 98% OIL

GRAVITY: 37.6 @ 60°

W 2% GAS, 96% WTR, 2% MUD W/ A THIN SCUM OF OIL

TAL FLUID

7.0

/: .15 @ 66°

LOR: 46,000 PPM

CAPACITY (BPF) 0.01288

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M426
Well Name	SLEEPER #1-20	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4306-4346 LANS.220'	Well Operator	MID CONTINENT
Surface Location	SEC.20-19S-27W LANE CO.KS.	Report Date	2012/11/07
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
	Test Unit		NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4306-4346 LANS.220'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/11/06	Start Test Time	16:45:00
Final Test Date	2012/11/07	Final Test Time	03:15:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

515' GO 5% GAS, 95% OIL
45' GMO 2% GAS, 85% OIL, 13% MUD
140' GMW 2% GAS, 83% WTR, 15% MUD W/ A THIN SCUM OF OIL
700' TOTAL FLUID

GTS DURING FINAL SHUT IN. GAS DID BURN

CHLOR: 30,000 PPM
PH:7.0
RW: .24 @ 68 DEG

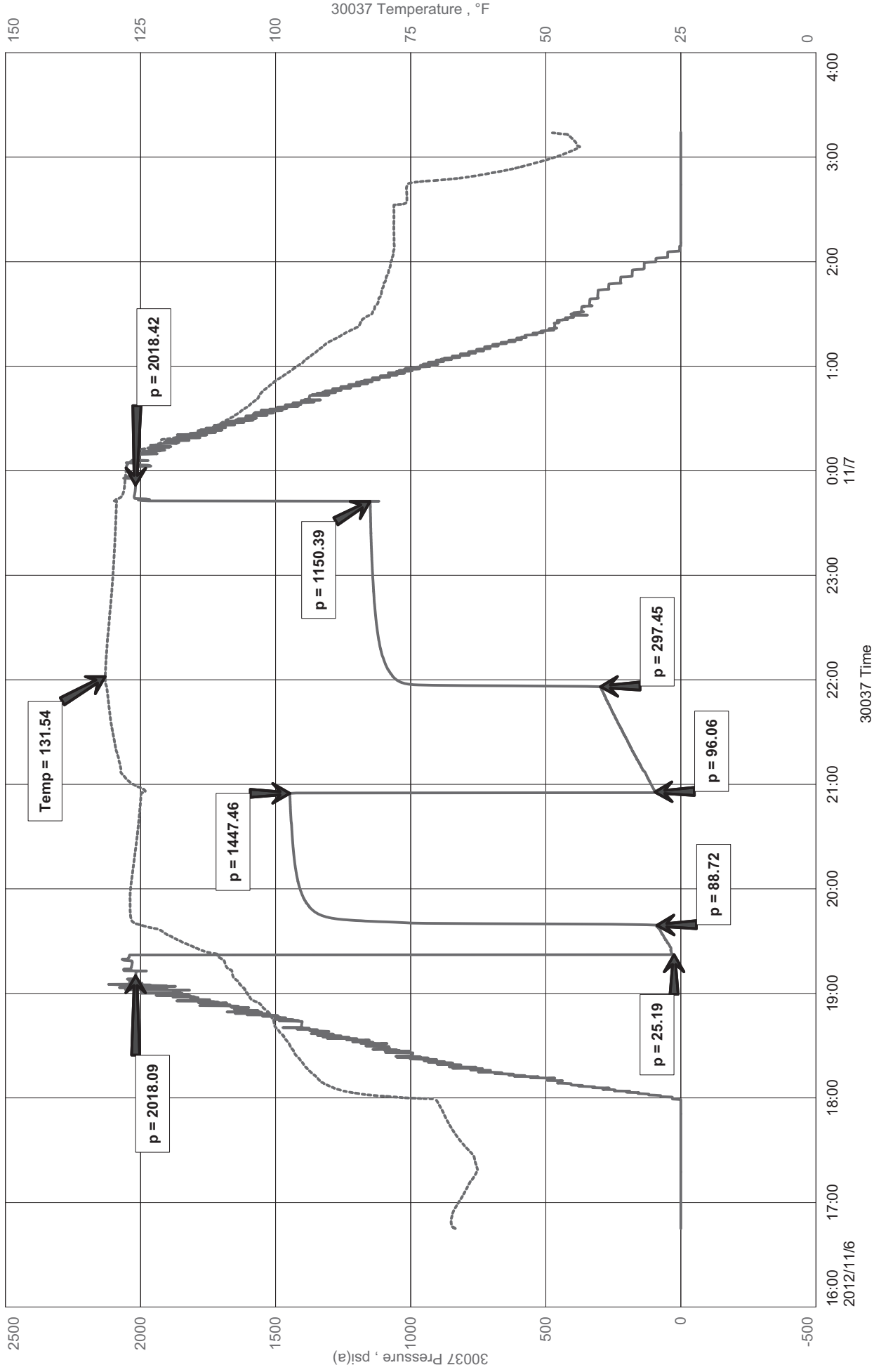
GRAVITY: 37.0 @ 60

TOOL SAMPLE: 4% GAS,34% OIL, 44% WTR, 18% MUD

MID CONTINENT
DST#4 4306-4346 LANS.220'
Start Test Date: 2012/11/06
Final Test Date: 2012/11/07

SLEEPER #1-20
Formation: DST#4 4306-4346 LANS.220'
Pool: WILDCAT
Job Number: M426

SLEEPER #1-20



306 ft. Size 6 3/4 in. Packer depth

4288 ft. Recorder Number 30

e) 4343 ft. Recorder Number 6

ft. Recorder Number

Viscosity 45 Drill Collar Length

Water Loss 9.2 cc. Weight Pipe Length

5,500 P.P.M. Drill Pipe Length 42

Serial Number 1 Test Tool Length

Reversed Out NO Anchor Length

Tool Joint Size 4 1/2 XH 20# in. Surface Choke Size 1

2 MIN (5" BB)

6 1/2" (11" BB) GTS DURING FINAL SH

5% GAS, 95% OIL GRAVITY: 37.0 @ 60°

2% GAS, 85% OIL, 13% MUD

W 2% GAS, 83% WTR, 15% MUD W/ A THIN SCUM OF OIL

TAL FLUID

7.0

/: .24 @ 68°

LOR: 30,000 PPM

CAPACITY (BPF) 0.01288

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

February 14, 2013

G. M. Canaday
Mid-Continent Energy Operating Co.
100 W 5TH ST STE 450
TULSA, OK 74103-4254

Re: ACO1
API 15-101-22408-00-00
Sleeper 1-20
NE/4 Sec.20-19S-27W
Lane 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,
G. M. Canaday



PO BOX 31 Russell, KS 67665

RECEIVED

DEC - 3 2012

INVOICE

Invoice Number: 133485

Invoice Date: Nov 9, 2012

Page: 1

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

Bill To:
Mid-Continent Energy Operating Co
100 W 5th Street
Suite 450
Tulsa, OK 74103-4254

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms
Mid-Cont	Sleeper #1-20	Net 30 Days
Job Location	Camp Location	Service Date
KS1-02	Liberal	Nov 9, 2012
Due Date	12/9/12	

Quantity	Item	Description	Unit Price	Amount
50.00	MAT	60-40	15.95	797.50
200.00	MAT	ASC Class H	23.40	4,680.00
1,000.00	MAT	Gilsonite	0.98	980.00
94.00	MAT	FL-160	18.90	1,776.60
12.00	MAT	Super Flush	58.70	704.40
261.00	SER	Cubic Feet	2.48	647.28
604.85	SER	Ton Mileage	2.60	1,572.61
1.00	SER	Production Casing	2,765.75	2,765.75
1.00	SER	Manifold Rental	275.00	275.00
50.00	SER	Pump Truck Mileage	7.70	385.00
50.00	SER	Light Vehicle Mileage	4.40	220.00
1.00	EQP	4.5 Latch Down Plug	272.61	272.61
10.00	EQP	4.5 Centratizer	56.16	561.60
2.00	EQP	4.5 Basket	315.00	630.00
1.00	EQP	4.5 Float Shoe	482.04	482.04
1.00	EQP	4.5 Port Collar	2,907.45	2,907.45
1.00	EQP	4.5 Clamp	49.14	49.14
1.00	CEMENTER	Tim Chandler		
1.00	OPER ASSIST	Angel Tapia		
1.00	OPER ASSIST	Angel Garcia		

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

Dec 4, 2012

ONLY IF PAID ON OR BEFORE

\$ 3941.40

Subtotal	19,706.98
Sales Tax	872.00
Total Invoice Amount	20,578.98
Payment/Credit Applied	
TOTAL	20,578.98

LSE #

CO #

ACCT #

APPROVED

BCP ACP LOE

ALLIED OIL & GAS SERVICES, LLC

052678

Federal Tax I.D. # 20-5975804

SERVICE POINT:

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

DATE 11/9/12	SEC 20	TWP 19S	RANGE 27W	CALL OUT	ON LOCATION	JOB START 11:00	JOB FINISH 17:30
LEASE SLEEPER 1-20				LOCATION Dighton Kansas			
OLD OR NEW (Circle one)				COUNTY Kansas			

CONTRACTOR VRL		OWNER
TYPE OF JOB 4 1/2" Production		
HOLE SIZE 7 1/8"	DEPTH 4,708	
CASING SIZE 4 1/2"	DEPTH 4,708	
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL	DEPTH	
PRES. MAX 2,000	MINIMUM	
MEAS. LINE	SHOE JOINT	
CEMENT LEFT IN CSG. 42	PERFS.	
DISPLACEMENT 74	EQUIPMENT	

PUMP TRUCK CEMENTER T.M.C.	HELPER ANGEL T	BULK TRUCK	# 544-552
BULK TRUCK	DRIVER RAGEL G	BULK TRUCK	# 470-528
DRIVER			
REMARKS:			
Thank You			

CHARGE TO: M.D. CONSULTING	STATE OK	CITY Tulsa
STREET	STATE	CITY
ZIP		

TERMS AND CONDITIONS: listed on the reverse side.	PRINTED NAME Clint Andrews	SIGNATURE
---	----------------------------	-----------

TO: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cement 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

SALES TAX (If Any) \$19,706.98/
TOTAL CHARGES \$19,706.98/
DISCOUNT 20%
IF PAID IN 30 DAYS

NET = \$15,765.58/

ITEM	QUANTITY	UNIT PRICE	TOTAL
Latch Down Plug	1	@ 272.44	\$272.44
Centralizer	10	@ 56.14	\$561.40
Cement Basket	2	@ 315.09	\$630.18
Float Shoe	1	@ 482.04	\$482.04
Port Collar	1	@ 2,902.45	\$2,902.45
Clamp	1	@ 49.14	\$49.14
TOTAL			\$4,902.84

ITEM	QUANTITY	UNIT PRICE	TOTAL
PLUG & FLOAT EQUIPMENT			
DEPTH OF JOB	4,708		
PUMP TRUCK CHARGE			\$2,715.75
EXTRA FOOTAGE			
MILEAGE			
MANIFOLD	1	@ 4.49	\$4.49
Light Vehicle	50	@ 7.79	\$389.50
Heavy Vehicle	50	@ 7.79	\$389.50
TOTAL			\$3,145.15

ITEM	QUANTITY	UNIT PRICE	TOTAL
COMMON			
POZ MIX			
GEL			
CHLORIDE			
ASC			
60-40	50 SKS	@ 15.99	\$799.50
ASC.H	200 SKS	@ 23.49	\$4,698.00
GEL.MIX	1,000 lbs	@ .98	\$980.00
EL-110	94 lbs	@ 18.99	\$1,776.60
Super Glass	12 bbls	@ 58.79	\$704.49
HANDLING	261	@ 2.48	\$647.28
MILEAGE	604.85 @ 2.69		\$1,572.67
TOTAL			\$11,158.39

CEMENT AMOUNT ORDERED 50 SKS 60.40 + 4% GEL
200 SKS Class H 10.25 + 2% GEL
5# SK GEL.MIX 1.62 + 4% GEL



PO BOX 31 Russell, KS 67665

RECEIVED

DEC - 3 2012

INVOICE

Invoice Number: 133387

Invoice Date: Oct 29, 2012

Page: 1

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

Federal Tax I.D.#: 20-5975804

Bill To:
Mid-Continent Energy Operating Co
100 W 5th Street
Suite 450
Tulsa, OK 74103-4254

Customer ID	Well Name# or Customer P.O.	Payment Terms
Mid-Cont	Sleeper #1-20	Net 30 Days
Job Location	Camp Location	Service Date
KS1-01	Great Bend	Oct 29, 2012
		Due Date
		11/28/12

Quantity	Item	Description	Unit Price	Amount
185.00	MAT	Class A Common	17.90	3,311.50
4.00	MAT	Gel	23.40	93.60
7.00	MAT	Chloride	64.00	448.00
200.91	SER	Cubic Feet	2.48	498.25
301.95	SER	Ton Mileage	2.60	785.07
1.00	SER	Surface	1,512.25	1,512.25
33.00	SER	Pump Truck Mileage	7.70	254.10
33.00	SER	Light Vehicle Mileage	4.40	145.20
1.00	CEMENTER	Charles Elkins		
1.00	EQUIP OPER	Tint Hall		
1.00	OPER ASSIST	Alan Genereux		

Subtotal	7,047.97
Sales Tax	242.75
Total Invoice Amount	7,290.72
Payment/Credit Applied	
TOTAL	7,290.72

CO #	ACCT #
LSE #	APPROVED
BCP	ACP
LOE	

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF \$ 1761.99
ONLY IF PAID ON OR BEFORE Nov 23, 2012

ALLIED OIL & GAS SERVICES, LLC

059045

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Greene Bend, KS

DATE 10-24-12	SEC 20	TWP 19S	RANGE 27W	CALL OUT	ON LOCATION	JOB START	JOB FINISH
LEASE 510000				WELL # 1-20	LOCATION Turkey Red Rd. for 6 miles, Turn Left	COUNTY	STATE KS
OLD OR NEW (Circle one)				West on Rd 40 for 1 mile, South into field			

CONTRACTOR Val #2
TYPE OF JOB 54 ft
HOLE SIZE 12 1/4"

CASING SIZE 8 5/8" 24 ft
TUBING SIZE 4 1/2" 24 ft
DEPTH 245.15 ft
TOOL DEPTH 245.15 ft
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT 20 ft
CEMENT LEFT IN CSG. 20 ft / 1.272.535 / 5.35 ft
PERFS. DISPLACEMENT 18 bbls Fresh Water

EQUIPMENT
PUMP TRUCK CEMENTER Charles Ekins
224 HELPER Tim Hall
BULK TRUCK DRIVER Alan Gentry
410
BULK TRUCK DRIVER
DRIVER
REMARKS:
Pump 5 bbls Fresh Water
Pump 44 bbls (18535) Cement
Displace with 18 bbls Fresh Water
Leave 1.272.535 (5.35X) Cement in casing
Circulate 18 bbls (7558) Cement to surface

DEPTH OF JOB 295
PUMP TRUCK CHARGE 1512.25
EXTRA FOOTAGE
MILEAGE Hwm 33 @ 2.70 254.10
MANIFOLD Hwm 33 @ 4.40 145.20
TOTAL 1,911.55

CHARGE TO: Mid Continent
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.

PRINTED NAME Chris McEARS
SIGNATURE Chris McEARS

SALES TAX (If Any) 7.047.92
TOTAL CHARGES 1.761.22
DISCOUNT 5.285.79
IF PAID IN 30 DAYS

PLUG & FLOAT EQUIPMENT
TOTAL 1,911.55

COMMON 185 @ 17.90 3,311.50
POZMIX 4 @ 23.40 93.60
GEL 7 @ 64.00 448.00
ASC
AMOUNT ORDERED 185.51 A' + 340 Ccc
+ 2 1/2 Ccc



**P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300**

RECEIVED

NOV 21 2012

Invoice

DATE	INVOICE #
11/16/2012	23469

BILL TO

Mid Continent Energy Operating Company
100 W 5th Street, Suite 450
Tulsa, OK 74103

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-20	Sleeper	Lane	Cheyenne Well Se...	Oil	Development	Cement Port Collar	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				40	Miles	6.00	240.00
576D-D	Pump Charge - Port Collar				1	Job	1,250.00	1,250.00
330	Swift Multi-Density Standard (MIDCON II)				200	Sacks	16.50	3,300.00T
276	Flocele				50	Lb(s)	2.00	100.00T
290	D-Air				2	Gallon(s)	35.00	70.00T
104	Port Collar Tool Rental				1	Each	250.00	250.00T
581D	Service Charge Cement				300	Sacks	2.00	600.00
583D	Drayage				597.06	Ton Miles	1.00	597.06
Subtotal								6,407.06
Sales Tax Lane County						6.30%		234.36
Thank You For Your Business!						Total		
						\$6,641.42		

DATE	16 NOV 17	PAGE NO	1
------	-----------	---------	---

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								300sk SMD w/ 1/2" Flocele 2 3/8 x 4 1/2 port collar 2212'
	1200 1230							on loc TRK 114
	1225					1000	1000	test to 1000psi - held open port collar
	1229	3	2			400		inj rate 3bpm @ 400psi
	1232	3				400		mix SMD cement @ 11.2 ppg fluid to surface
		3	22			450		
		106 3						— cement to surface —
			106			500		{ 200sk mixed 20 to pit }
			7					Displace w/ H ₂ O
	1312					1000	1000	close port collar test to 1000psi - held
	1320							Run 5 joints
	1326		25					Reverse hole clean - 2 cement plugs - wash truck Rack up job complete Blaine TJ & Dave