



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1145510
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
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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

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: _____



1145510

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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

June 05, 2013

Leah Kasten
CMX, Inc.
1700 N WATERFRONT PKWY Bldg 300B
WICHITA, KS 67206

Re: ACO1
API 15-047-21617-00-00
Bornholdt 1
NE/4 Sec.06-24S-19W
Edwards 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,
Leah Kasten



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

CMX INC
1700N WaterFront PKWY
Bldg 300 B
ATTN: Leah Kasten

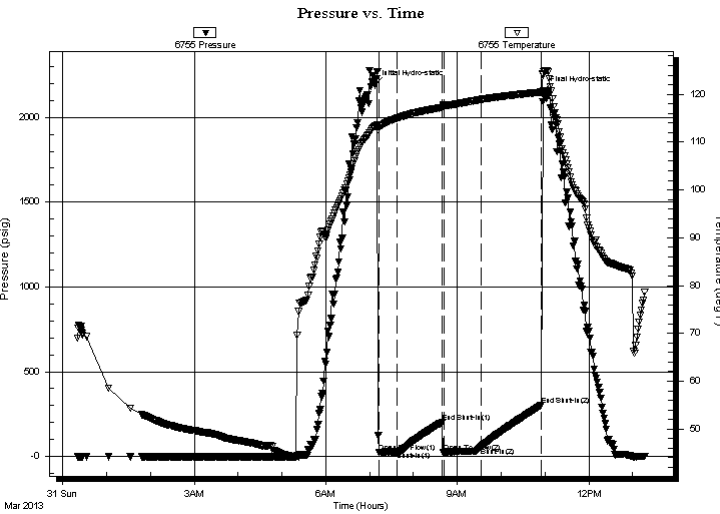
6-24-19 Edwards Co
Bornholdt #1
Job Ticket: 50945 **DST#: 1**
Test Start: 2013.03.31 @ 00:20:15

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 07:13:15
Time Test Ended: 13:17:30
Interval: **4510.00 ft (KB) To 4552.00 ft (KB) (TVD)**
Total Depth: 4552.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Chris Staats
Unit No: 47
Reference Elevations: 2202.00 ft (KB)
2189.00 ft (CF)
KB to GR/CF: 13.00 ft

Serial #: 6755 Inside
Press @ RunDepth: 56.48 psig @ 4511.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2013.03.31 End Date: 2013.03.31 Last Calib.: 2013.03.31
Start Time: 00:20:20 End Time: 13:17:30 Time On Btm: 2013.03.31 @ 07:07:30
Time Off Btm: 2013.03.31 @ 10:57:15

TEST COMMENT: IF: Strong blow BOB 2 min
IS: No blow back
FF: Strong blow BOB 5 sec
FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2190.58	113.32	Initial Hydro-static
6	25.56	113.33	Open To Flow (1)
30	28.53	114.98	Shut-In(1)
92	200.37	117.21	End Shut-In(1)
94	25.24	117.69	Open To Flow (2)
145	56.48	118.88	Shut-In(2)
228	302.62	120.44	End Shut-In(2)
230	2159.31	124.24	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
30.00	MUD	0.15

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX INC
1700N WaterFront PKWY
Bldg 300 B
ATTN: Leah Kasten

6-24-19 Edwards Co
Bornholdt #1
Job Ticket: 50945 **DST#: 1**
Test Start: 2013.03.31 @ 00:20:15

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: 57.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.99 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 4200.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	MUD	0.148

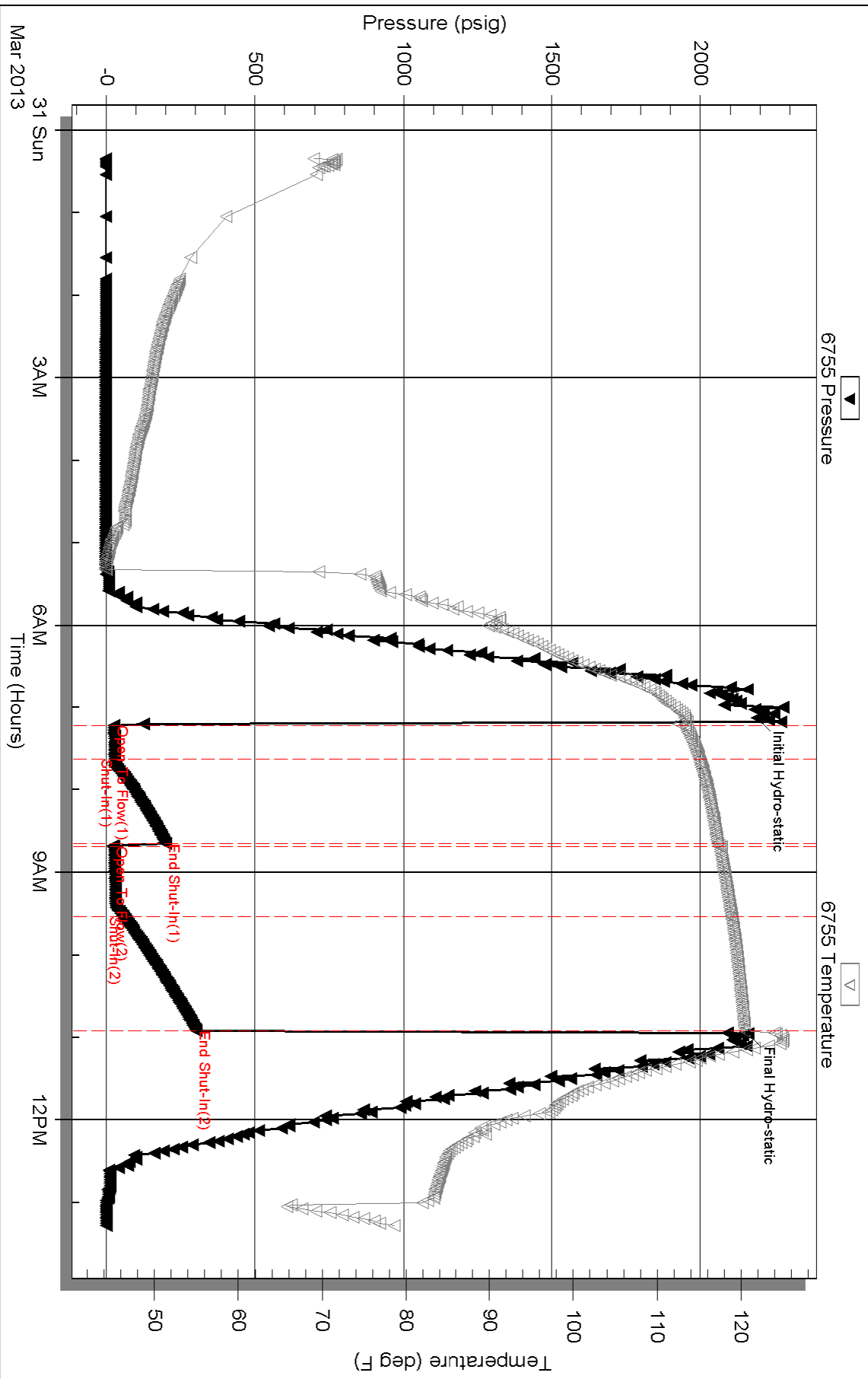
Total Length: 30.00 ft Total Volume: 0.148 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Pressure vs. Time





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

CMX INC
1700N WaterFront PKWY
Bldg 300 B
ATTN: Leah Kasten

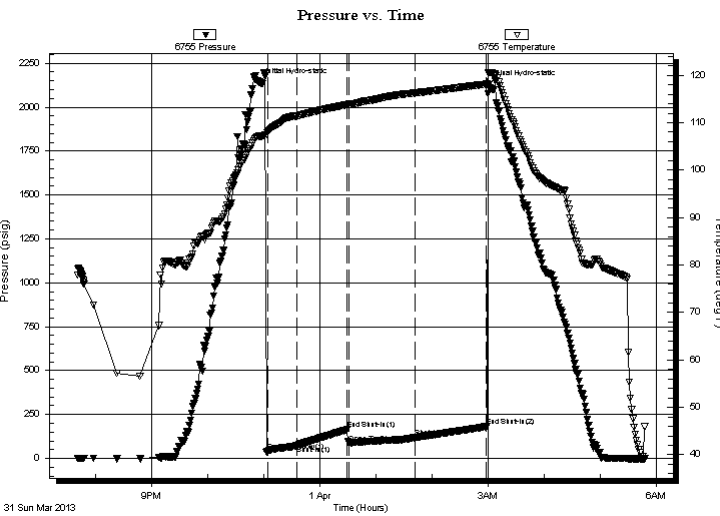
6-24-19 Edwards Co
Bornholdt #1
Job Ticket: 50946 **DST#: 2**
Test Start: 2013.03.31 @ 19:40:29

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 23:03:44
Time Test Ended: 05:47:44
Interval: **4509.00 ft (KB) To 4562.00 ft (KB) (TVD)**
Total Depth: 4562.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Reset)
Tester: Chris Staats
Unit No: 47
Reference Elevations: 2202.00 ft (KB)
2189.00 ft (CF)
KB to GR/CF: 13.00 ft

Serial #: 6755 Inside
Press @ Run Depth: 117.82 psig @ 4510.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2013.03.31 End Date: 2013.04.01 Last Calib.: 2013.04.01
Start Time: 19:40:34 End Time: 05:47:44 Time On Btm: 2013.03.31 @ 22:54:29
Time Off Btm: 2013.04.01 @ 03:00:29

TEST COMMENT: IF: Fair blow 4 1/4 "
IS: No blow back
FF: Weak blow 2"
FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2140.35	107.11	Initial Hydro-static
10	40.69	107.93	Open To Flow (1)
41	73.39	111.39	Shut-In(1)
95	164.63	113.82	End Shut-In(1)
97	88.00	113.89	Open To Flow (2)
167	117.82	116.24	Shut-In(2)
244	180.86	118.13	End Shut-In(2)
246	2129.03	120.57	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
185.00	O,M 1%oil 99%mud	0.91

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX INC
1700N WaterFront PKWY
Bldg 300 B
ATTN: Leah Kasten

6-24-19 Edwards Co
Bornholdt #1
Job Ticket: 50946 **DST#: 2**
Test Start: 2013.03.31 @ 19:40:29

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: 75.00 sec/qt	Cushion Volume: bbl		
Water Loss: 11.78 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 7000.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

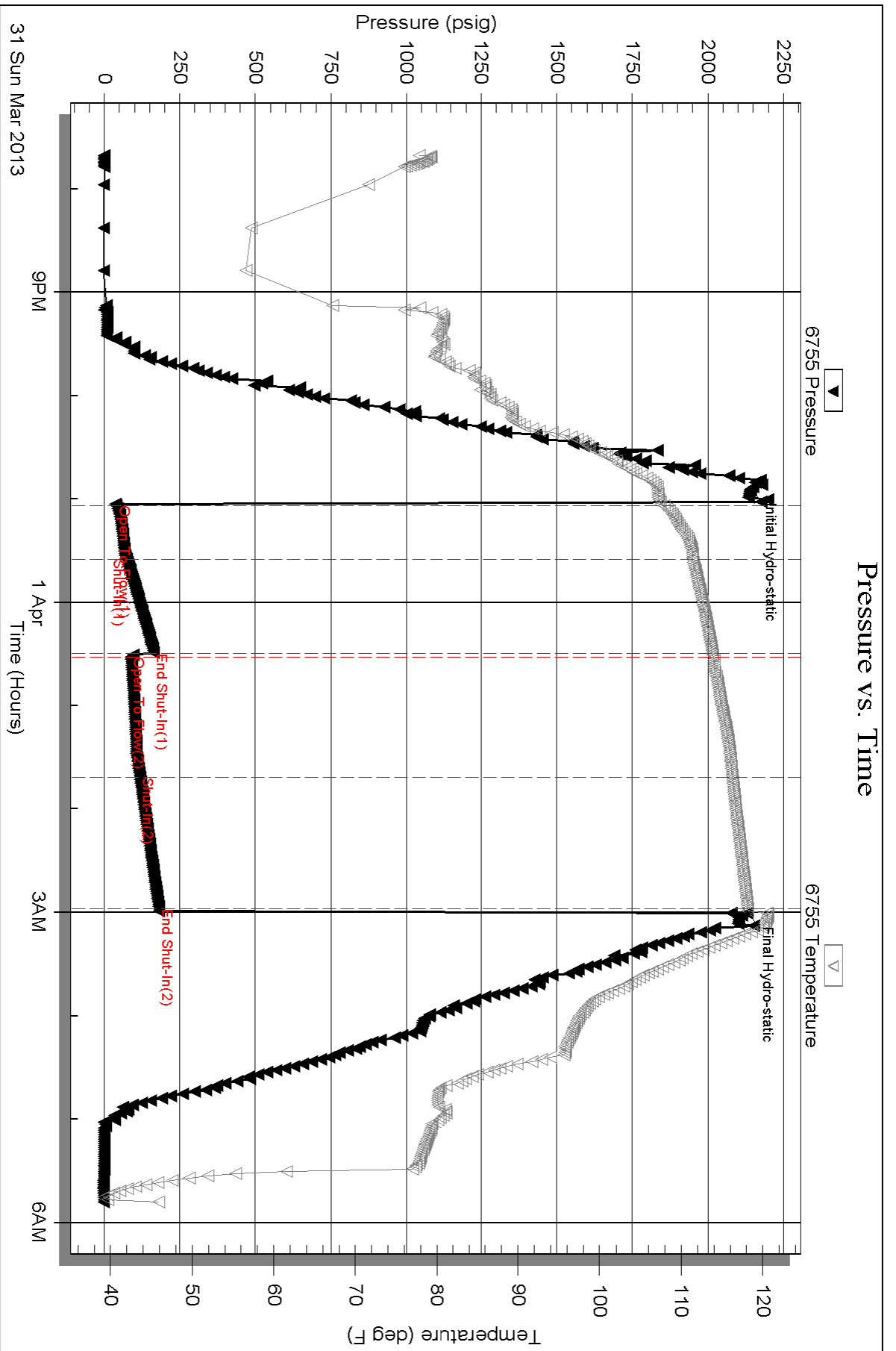
Length ft	Description	Volume bbl
185.00	O,M 1%oil 99%mud	0.910

Total Length: 185.00 ft Total Volume: 0.910 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

CMX INC
 1700N WaterFront PKWY
 Bldg 300 B
 ATTN: Leah Kasten

6-24-19 Edwards Co
Bornholdt #1
 Job Ticket: 50947 **DST#: 3**
 Test Start: 2013.04.01 @ 13:45:44

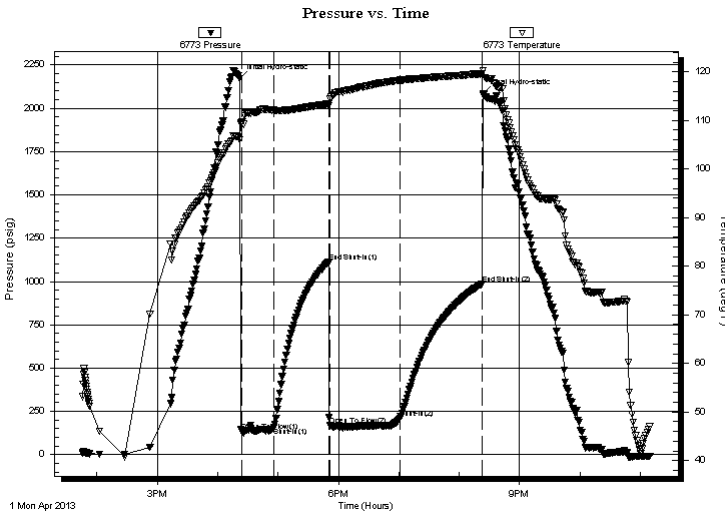
GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 16:23:29
 Time Test Ended: 23:10:14
 Interval: **4551.00 ft (KB) To 4578.00 ft (KB) (TVD)**
 Total Depth: 4578.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Chris Staats
 Unit No: 47
 Reference Elevations: 2202.00 ft (KB)
 2189.00 ft (CF)
 KB to GR/CF: 13.00 ft

Serial #: 6773 Outside
 Press @ Run Depth: 210.55 psig @ 4552.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.04.01 End Date: 2013.04.01 Last Calib.: 2013.04.01
 Start Time: 13:45:49 End Time: 23:10:14 Time On Btm: 2013.04.01 @ 16:21:44
 Time Off Btm: 2013.04.01 @ 20:23:59

TEST COMMENT: IF: Fair blow 4 1/4"
 IS: No blow back
 FF: Weak blow 3 1/2"
 FS: No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2170.64	106.05	Initial Hydro-static
2	137.30	109.52	Open To Flow (1)
35	157.10	112.06	Shut-In(1)
89	1110.83	113.39	End Shut-In(1)
90	168.72	114.48	Open To Flow (2)
160	210.55	118.28	Shut-In(2)
241	985.71	119.61	End Shut-In(2)
243	2083.77	120.25	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	240 GIP	0.00
120.00	M,W 40% mud 60% w ater	0.59
60.00	W,M 40%w ater 60% mud	0.30
20.00	MUD	0.23

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX INC
1700N WaterFront PKWY
Bldg 300 B
ATTN: Leah Kasten

6-24-19 Edwards Co
Bornholdt #1
Job Ticket: 50947 **DST#: 3**
Test Start: 2013.04.01 @ 13:45:44

Mud and Cushion Information

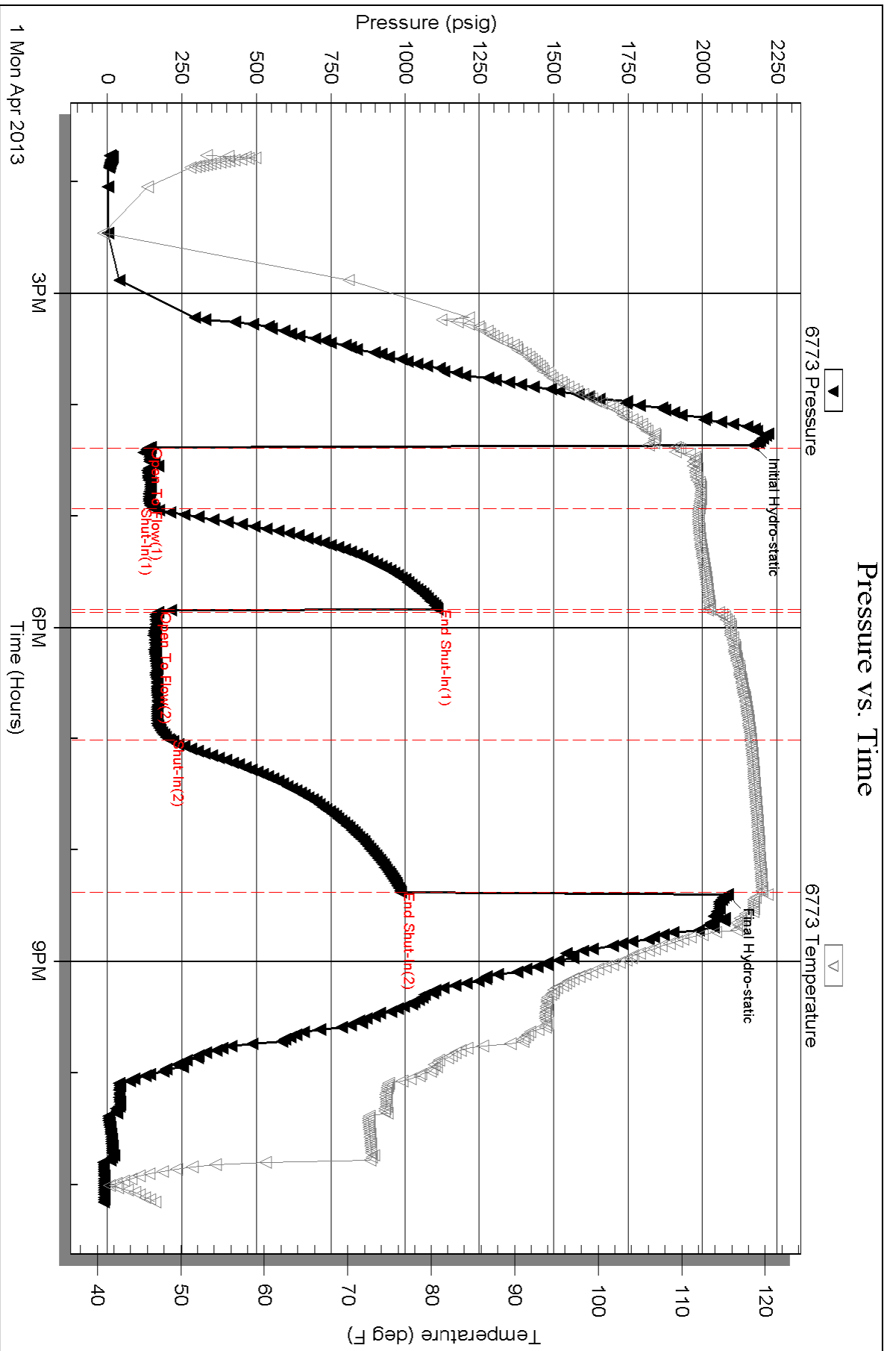
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	15000 ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.79 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 11000.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	240 GIP	0.000
120.00	M,W 40% mud 60% water	0.590
60.00	W,M 40% water 60% mud	0.295
20.00	MUD	0.235

Total Length: 200.00 ft Total Volume: 1.120 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 135605
Invoice Date: Apr 4, 2013
Page: 1

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

Now Includes:



Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
CMX	60387	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	Apr 4, 2013	5/4/13

Quantity	Item	Description	Unit Price	Amount
		Bomholdt #1		
156.00	MAT	Class A Common	17.90	2,792.40
104.00	MAT	Pozmix	9.35	972.40
9.00	MAT	Gel	23.40	210.60
65.00	MAT	Flo Seal	2.97	193.05
279.24	SER	Cubic Feet	2.48	692.52
408.10	SER	Ton Mileage	2.60	1,061.06
1.00	SER	Rotary Plug	2,810.84	2,810.84
35.00	SER	Pump Truck Mileage	7.70	269.50
35.00	SER	Light Vehicle Mileage	4.40	154.00
1.00	CEMENTER	Tim Dickson		
1.00	EQUIP OPER	Mike Scothorn		
1.00	OPER ASSIST	Kevin Weighous		

Subtotal	9,156.37
Sales Tax	668.42
Total Invoice Amount	9,824.79
Payment/Credit Applied	
TOTAL	9,824.79

7,261.21

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

\$ 2,563.78

ONLY IF PAID ON OR BEFORE

Apr 29 2013

ALLIED OIL & GAS SERVICES, LLC

060387

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Forest Bend Km

DATE <u>4-4-13</u>	SEG <u>10</u>	TWP <u>24</u>	RANGE <u>19</u>	CALLED OUT <u>7:30 AM</u>	ON LOCATION <u>10:15 AM</u>	JOB START <u>11:00 AM</u>	JOB FINISH <u>12:15 PM</u>
LEASE <u>Rosshold</u>	WELL # <u>1</u>	LOCATION <u>Kimley, Co North</u>			COUNTY <u>Edwards</u>	STATE <u>Ka</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>1 1/2 East, South</u>					

CONTRACTOR Auto #7 OWNER Same

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 ID 5103 CEMENT

CASING SIZE _____ DEPTH _____ AMOUNT ORDERED 200 lb 60/40 42.5 gal

TUBING SIZE _____ DEPTH _____ 1/4 #50 Rosshold

DRILL PIPE 4 1/2 DEPTH 4970

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Tom Nicks

316 HELPER Mike Scatman

BULK TRUCK _____

314-170 DRIVER Kevin McElroy

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Solids @ 4970'
Solids @ 1340'
Solids @ 720'
Solids @ 420'
Solids @ 60'
Solids in Rosshold
Solids in Rosshold

COMMON 156 @ 17.90 2792.40

POZMIX 104 @ 9.35 972.40

GEL 9 @ 23.40 210.60

CHLORIDE _____ @ _____

ASC _____ @ _____

Floccal 65 @ 2.87 193.05

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 279.24 @ 2.48 692.52

MILEAGE 11.66 x 35 @ 2.60 1016.10

TOTAL 5,922.03

SERVICE

DEPTH OF JOB 4970

PUMP TRUCK CHARGE _____ 2810.84

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

HVM 35 @ 7.70 269.50

LVM 35 @ 4.40 154.00

TOTAL 3234.34

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: C.M.X

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 Charles R. Roub

SIGNATURE Charles R. Roub

SALES TAX (If Any) _____

TOTAL CHARGES 9156.37

DISCOUNT -2,563.78 IF PAID IN 30 DAYS

6592.59



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 135478
Invoice Date: Mar 24, 2013
Page: 1

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
CMX	60365	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KSI-01	Great Bend	Mar 24, 2013	4/23/13

Quantity	Item	Description	Unit Price	Amount
250.00	MAT	Bornholdt #1		
		Class A Common	17.90	4,475.00
5.00	MAT	Gel	23.40	117.00
9.00	MAT	Chloride	64.00	576.00
271.00	SER	Cubic Feet	2.48	672.08
434.00	SER	Ton Mileage	2.60	1,128.40
1.00	SER	Surface	1,512.25	1,512.25
35.00	SER	Pump Truck Mileage	7.70	269.50
35.00	SER	Light Vehicle Mileage	4.40	154.00
1.00	SER	Head Rental	275.00	275.00
1.00	EQP	8.5/8 Wooden Plug	107.64	107.64
1.00	CEMENTER	Charles Elkins		
1.00	CEMENTER	Patrick Helgerson		
1.00	EQUIP OPER	Kevin Eddy		
1.00	OPER ASSIST	Kevin Weighous		

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

\$ 2,600.32

ONLY IF PAID ON OR BEFORE

Apr 18 2013

Subtotal	9,286.87
Sales Tax	385.12
Total Invoice Amount	9,671.99
Payment/Credit Applied	
TOTAL	9,671.99

7071.67

ALLIED OIL & GAS SERVICES, LLC

060365

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend, KS

DATE <u>3-24-13</u>	SEC. <u>2</u>	TWP. <u>24S</u>	RANGE <u>19W</u>	CALLED OUT <u>3:00 AM</u>	ON LOCATION <u>6:00 AM</u>	JOB START <u>8:30 AM</u>	JOB FINISH <u>9:30 AM</u>
LEASE <u>Bornholdt</u>			WELL # <u>1</u>	LOCATION <u>West side of Kingsley North on 90th Ave 6 mi South Int'l Log</u>		COUNTY <u>Edwards</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>(58m)</u>				

CONTRACTOR Duke F OWNER CMX, Inc.

TYPE OF JOB Surface Casing

HOLE SIZE 12 1/4" T.D. 406 ft CEMENT AMOUNT ORDERED 250 sq "A" + 3% Cost

CASING SIZE 8 5/8" 24" DEPTH 380.03 ft + 2% Gel

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 20 ft

CEMENT LEFT IN CSG. 20 ft, 1.27 bbl, 5.35x

PERFS. _____

DISPLACEMENT 23.5 bbl Fresh Water

EQUIPMENT

PUMP TRUCK CEMENTER Charles Elkins

606 HELPER Patrick Helgerson + Kevin Eddy

BULK TRUCK _____

599 DRIVER Kevin Welchows

BULK TRUCK _____

_____ DRIVER _____

CEMENT

AMOUNT ORDERED 250 sq "A" + 3% Cost

+ 2% Gel

COMMON 250 @ 17.90 4,475.00

POZMIX _____ @ _____

GEL 5 @ 23.40 117.00

CHLORIDE 9 @ 64.00 576.00

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 271 @ 2.48 672.98

MILEAGE 434 X 2.60 1128.40

TOTAL 6,968.40

REMARKS:

Pump 5 bbls Fresh Water

Mix + Pump 60 bbls Cement (250 sq)

Drop Plug

Displace with 23.5 bbls Fresh Water

Leave 20 ft, 1.27 bbl, 5.35x Cement in Casing

Circulate 5 bbls, 2.15x Cement to Surface

Plug Down @ 9:15 AM

SERVICE

DEPTH OF JOB 380

PUMP TRUCK CHARGE 1512.35

EXTRA FOOTAGE _____ @ _____

MILEAGE 434 @ 7.70 269.20

MANIFOLD _____ @ _____

434 @ 4.40 1910.00

Head Rent @ 275.00 275.00

TOTAL 2,216.35

CHARGE TO: CMX, Inc.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

8 5/8" Wooden Plug @ 107.64 107.64

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 107.64

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 Golden Pank

SIGNATURE Golden Pank

SALES TAX (if Any) _____

TOTAL CHARGES 9,286.33

DISCOUNT 2,600.33

IF PAID IN 30 DAYS

6,686.00