



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1155857
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: _____



1155857

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 <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 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
<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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Form	ACO1 - Well Completion
Operator	O'Brien Resources, LLC
Well Name	Bar S Ranch 28 1
Doc ID	1155857

All Electric Logs Run

Caliper
Density Neutron
Induction
Micro Log

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

August 20, 2013

Heather Haynes
O'Brien Resources, LLC
PO BOX 6149
SHREVEPORT, LA 71136

Re: ACO1
API 15-167-23897-00-00
Bar S Ranch 28 1
NE/4 Sec.28-11S-14W
Russell 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,
Heather Haynes



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

O'Brien Res., LLC.

28-11s.-14w. Russell Co., KS

P.O. Box 6149
Shreveport, LA 71136

Bar S Ranch 28 #1

Job Ticket: 52347

DST#: 1

ATTN: Sean Deenihan/Steve

Test Start: 2013.08.08 @ 03:49:54

GENERAL INFORMATION:

Formation: **Lansing**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 05:51:24

Time Test Ended: 08:55:09

Test Type: Conventional Bottom Hole (Initial)

Tester: Ryan Reynolds

Unit No: 48

Interval: 2952.00 ft (KB) To 2982.00 ft (KB) (TVD)

Reference Elevations: 1741.00 ft (KB)

Total Depth: 2982.00 ft (KB) (TVD)

1732.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 9.00 ft

Serial #: 8790

Inside

Press @ Run Depth: 40.73 psig @ 2953.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.08.08

End Date:

2013.08.08

Last Calib.:

2013.08.08

Start Time: 03:49:59

End Time:

08:55:08

Time On Btm:

2013.08.08 @ 05:50:39

Time Off Btm:

2013.08.08 @ 07:11:39

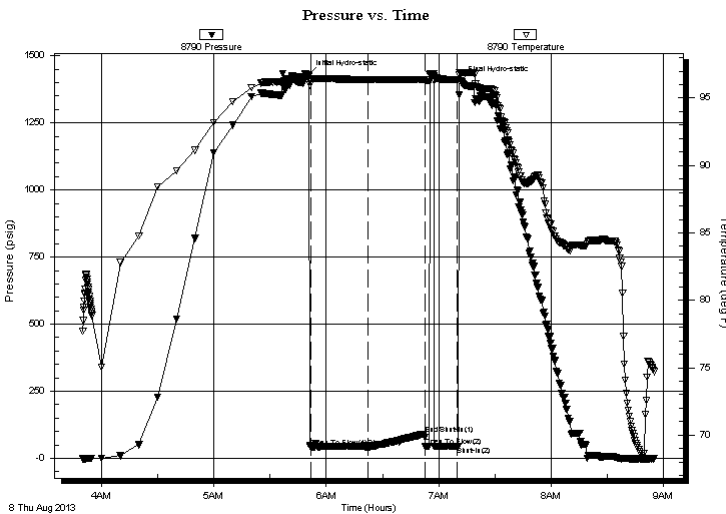
TEST COMMENT: IF: Weak blow . 1/2" - Dead @ 8min.

IS: No blow

FF: No blow . (Fishd tool 5min. into) No blow

No FSI.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1428.60	96.64	Initial Hydro-static
1	42.24	96.31	Open To Flow (1)
32	40.73	96.37	Shut-In(1)
62	91.17	96.36	End Shut-In(1)
63	43.34	96.33	Open To Flow (2)
80	45.07	96.38	Shut-In(2)
81	1406.64	96.88	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Drig mud 100%mud	0.10

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Res., LLC.

28-11s.-14w. Russell Co., KS

P.O. Box 6149
Shreveport, LA 71136

Bar S Ranch 28 #1

Job Ticket: 52347

DST#: 1

ATTN: Sean Deenihan/Steve

Test Start: 2013.08.08 @ 03:49:54

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:

5400 ppm

Viscosity: 59.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5400.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Drig mud 100%mud	0.098

Total Length: 20.00 ft Total Volume: 0.098 bbl

Num Fluid Samples: 0

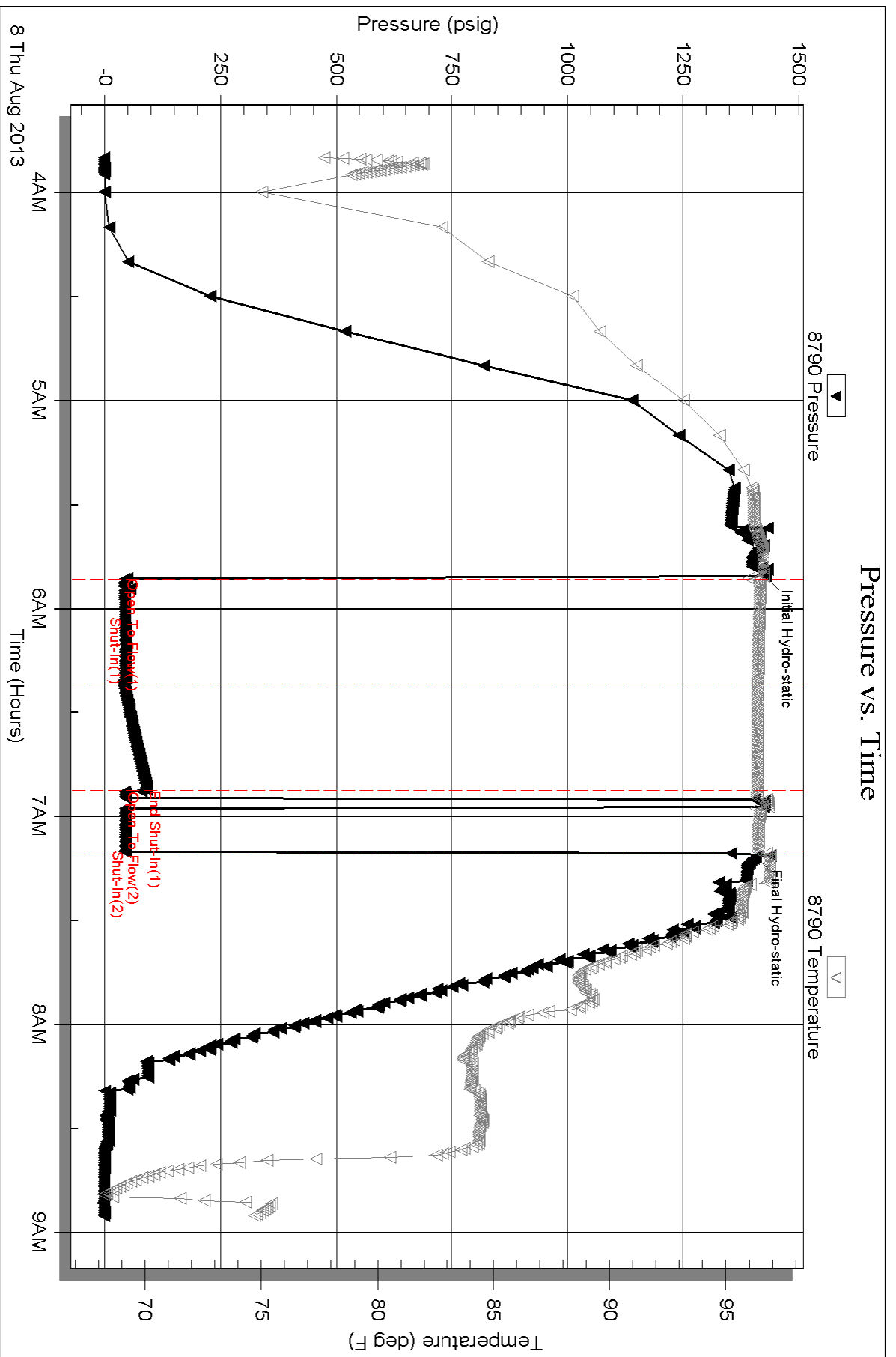
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

O'Brien Res., LLC.

28-11s.-14w. Russell Co., KS

P.O. Box 6149
Shreveport, LA 71136

Bar S Ranch 28 #1

Job Ticket: 52348

DST#: 2

ATTN: Sean Deenihan/Steve

Test Start: 2013.08.08 @ 18:21:54

GENERAL INFORMATION:

Formation: **Lansing**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 20:36:09

Time Test Ended: 02:06:54

Test Type: Conventional Bottom Hole (Reset)

Tester: Ryan Reynolds

Unit No: 48

Interval: 2990.00 ft (KB) To 3020.00 ft (KB) (TVD)

Reference Elevations: 1741.00 ft (KB)

Total Depth: 3020.00 ft (KB) (TVD)

1732.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 9.00 ft

Serial #: 8790

Inside

Press @ Run Depth: 236.10 psig @ 2991.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.08.08

End Date:

2013.08.09

Last Calib.:

2013.08.09

Start Time: 18:21:59

End Time:

02:06:53

Time On Btm:

2013.08.08 @ 20:26:09

Time Off Btm:

2013.08.09 @ 00:08:09

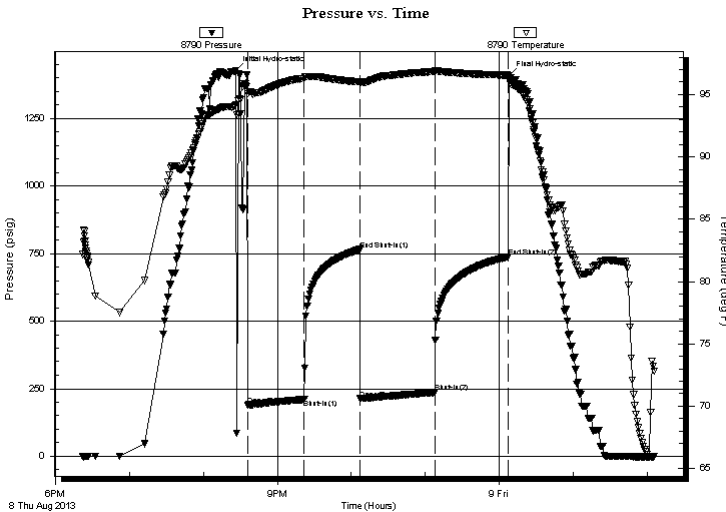
TEST COMMENT: IF: Weak blow . surf. - 1 1/2" (Tool slid 20')

IS: No blow

FF: Weak blow . surf. - 3"

FS: No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1427.31	94.17	Initial Hydro-static
10	189.13	95.08	Open To Flow (1)
56	210.15	96.30	Shut-In(1)
101	764.75	96.02	End Shut-In(1)
101	212.54	95.90	Open To Flow (2)
162	236.10	96.85	Shut-In(2)
221	738.25	96.55	End Shut-In(2)
222	1408.65	96.09	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
90.00	MCW 30% mud, 70% w tr	1.26
300.00	WCM 11% w tr, 89% mud	4.21

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Res., LLC.

28-11s.-14w. Russell Co., KS

P.O. Box 6149
Shreveport, LA 71136

Bar S Ranch 28 #1

Job Ticket: 52348

DST#: 2

ATTN: Sean Deenihan/Steve

Test Start: 2013.08.08 @ 18:21:54

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:

74000 ppm

Viscosity: 59.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.58 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5400.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
90.00	MCW 30% mud, 70% w tr	1.262
300.00	WCM 11% w tr, 89% mud	4.208

Total Length: 390.00 ft

Total Volume: 5.470 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

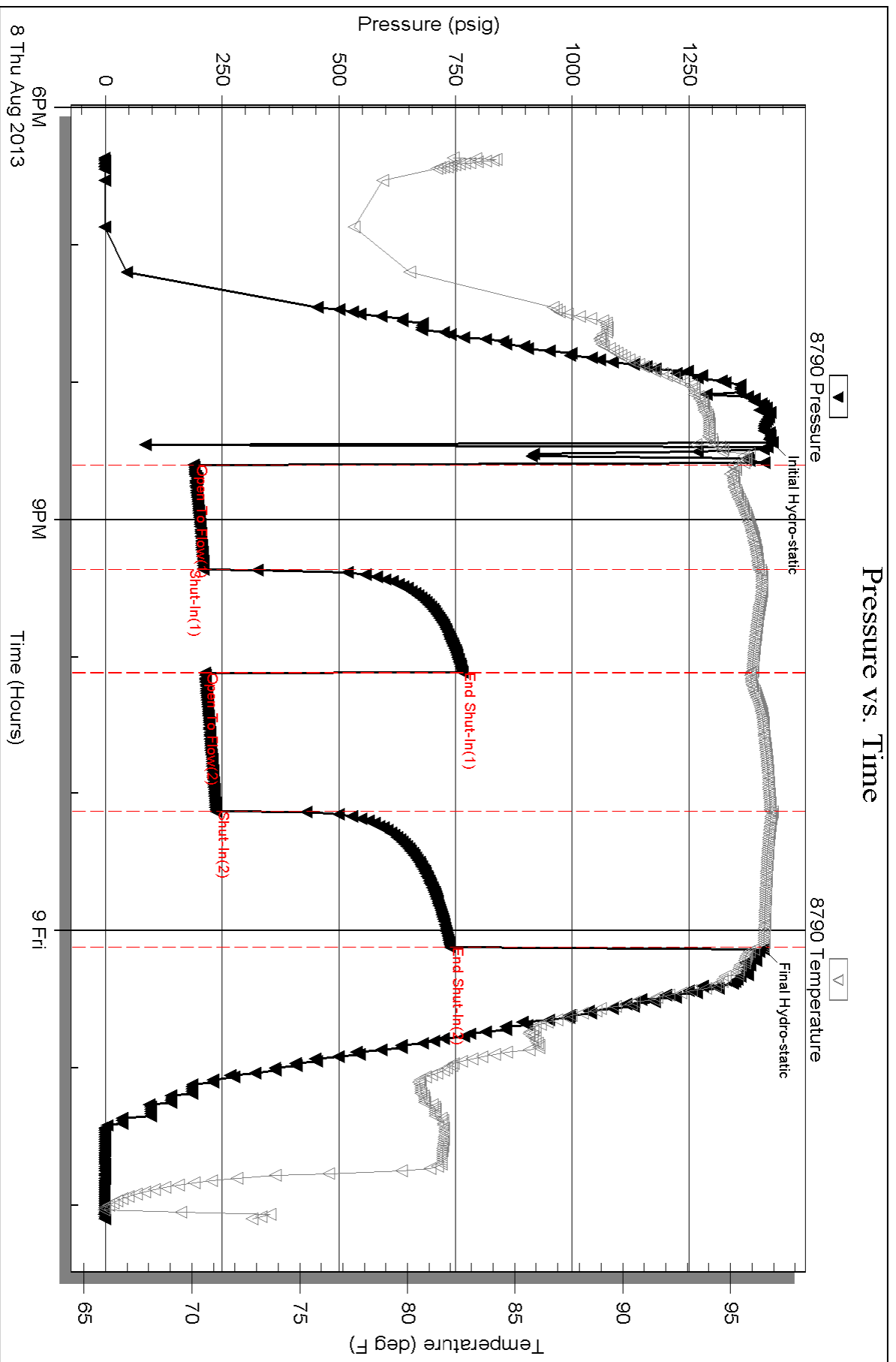
Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

O'Brien Res., LLC.

28-11s.-14w. Russell Co., KS

P.O. Box 6149
Shreveport, LA 71136

Bar S Ranch 28 #1

Job Ticket: 54268

DST#: 3

ATTN: Sean Deenihan/Steve

Test Start: 2013.08.11 @ 00:30:41

GENERAL INFORMATION:

Formation: **LKC**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 01:57:21
 Time Test Ended: 05:38:05
 Interval: **3032.00 ft (KB) To 3074.00 ft (KB) (TVD)**
 Total Depth: 3074.00 ft (KB) (TVD)
 Hole Diameter: 7.85 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Ray Schwager
 Unit No: 70
 Reference Elevations: 1741.00 ft (KB)
 1730.00 ft (CF)
 KB to GR/CF: 11.00 ft

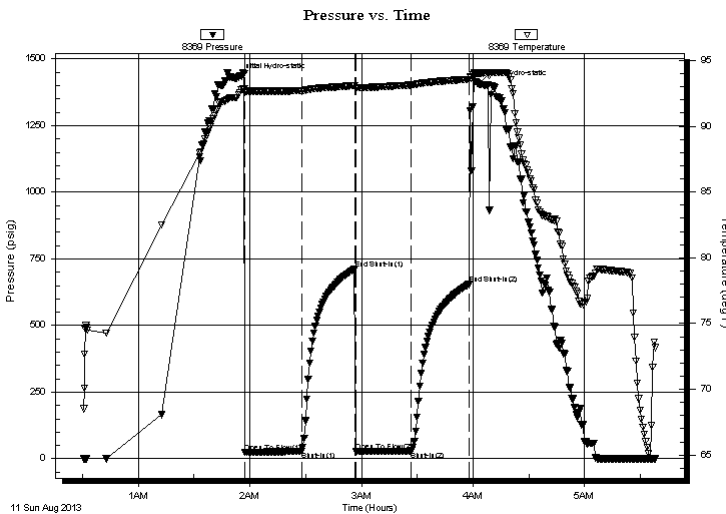
Serial #: 8369

Inside

Press @ Run Depth: 30.15 psig @ 3038.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.08.11 End Date: 2013.08.11 Last Calib.: 2013.08.11
 Start Time: 00:30:41 End Time: 05:38:05 Time On Btm: 2013.08.11 @ 01:52:51
 Time Off Btm: 2013.08.11 @ 04:03:06

TEST COMMENT: 30-IFP-w k bl thru-out 1/2" to 1 1/4" bl slid tool 10' to bottom
 30-ISIP-no bl
 30-FFP-no bl
 30-FSIP-no bl

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1428.03	92.17	Initial Hydro-static
5	23.52	92.54	Open To Flow (1)
35	26.91	92.70	Shut-In(1)
64	712.28	93.08	End Shut-In(1)
64	27.20	92.87	Open To Flow (2)
94	30.15	93.13	Shut-In(2)
125	654.91	93.57	End Shut-In(2)
131	1405.61	94.03	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
30.00	Mud	0.42

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Res., LLC.

28-11s.-14w. Russell Co., KS

P.O. Box 6149
Shreveport, LA 71136

Bar S Ranch 28 #1

Job Ticket: 54268

DST#: 3

ATTN: Sean Deenihan/Steve

Test Start: 2013.08.11 @ 00:30:41

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: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.54 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5700.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	Mud	0.421

Total Length: 30.00 ft Total Volume: 0.421 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

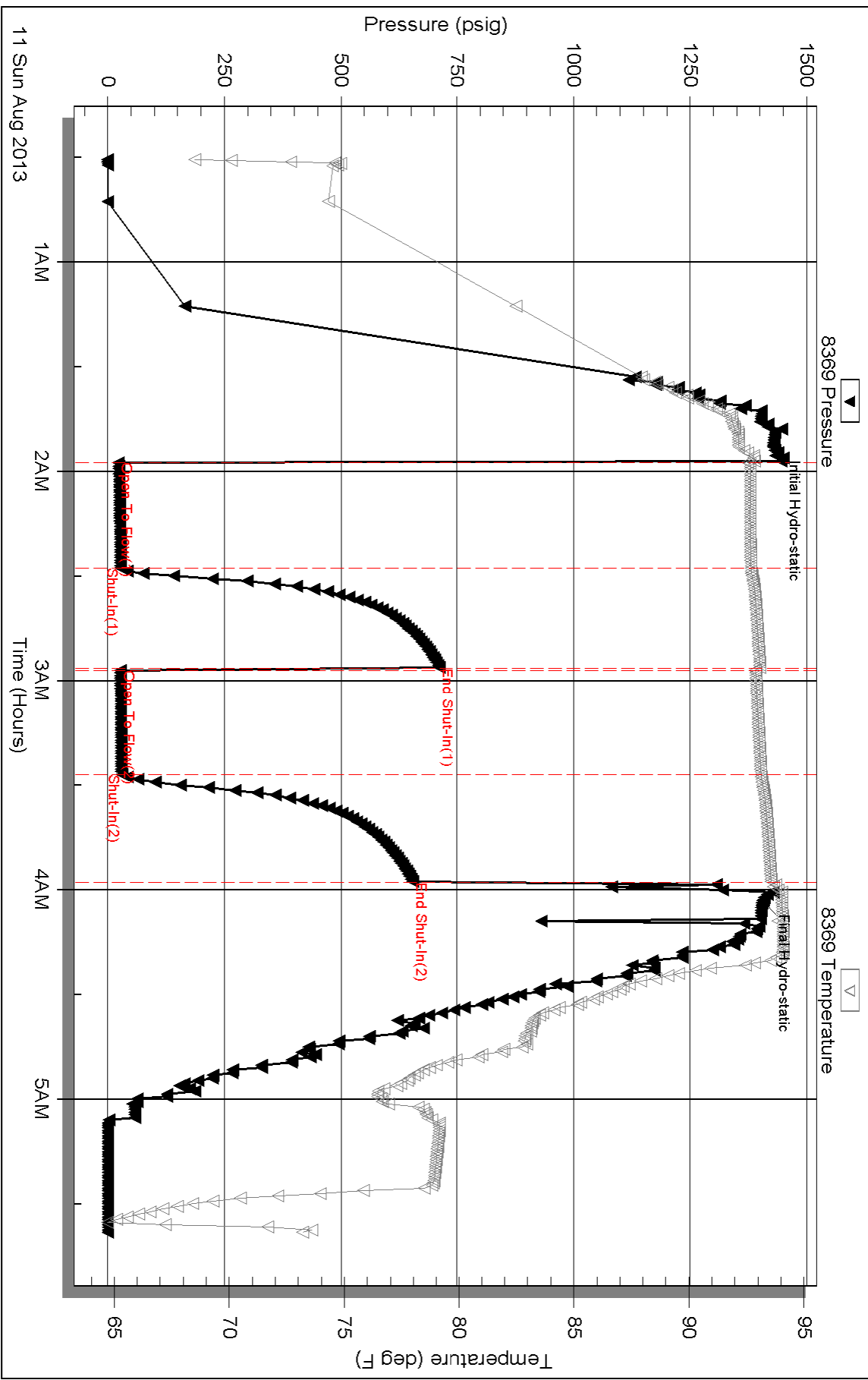
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

O'Brien Res., LLC.

28-11s.-14w. Russell Co., KS

P.O. Box 6149
Shreveport, LA 71136

Bar S Ranch 28 #1

Job Ticket: 54269

DST#: 4

ATTN: Sean Deenihan/Steve

Test Start: 2013.08.11 @ 15:35:23

GENERAL INFORMATION:

Formation: **LKC**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 17:28:03

Time Test Ended: 20:42:17

Test Type: Conventional Bottom Hole (Reset)

Tester: Ray Schwager

Unit No: 70

Interval: 3138.00 ft (KB) To 3174.00 ft (KB) (TVD)

Reference Elevations: 1741.00 ft (KB)

Total Depth: 3174.00 ft (KB) (TVD)

1730.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Fair

KB to GR/CF: 11.00 ft

Serial #: 8369

Inside

Press @ Run Depth: 23.64 psig @ 3144.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.08.11

End Date:

2013.08.11

Last Calib.:

2013.08.11

Start Time: 15:35:23

End Time:

20:42:17

Time On Btm:

2013.08.11 @ 17:25:03

Time Off Btm:

2013.08.11 @ 19:02:18

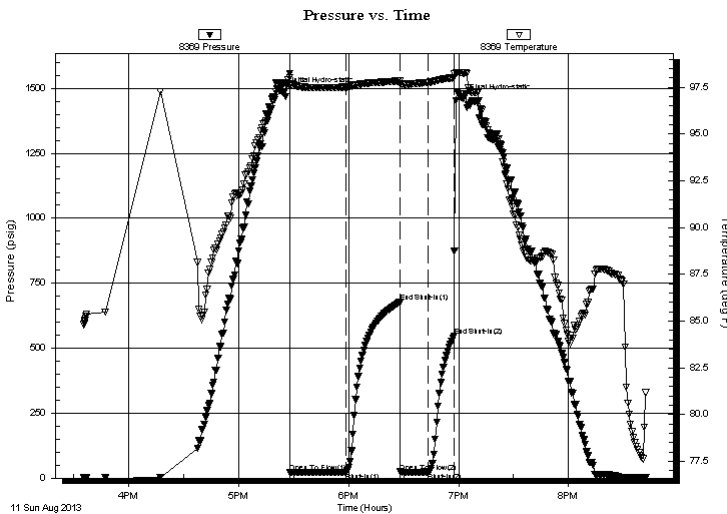
TEST COMMENT: 30-IFP-w k surface bl , died in 20min ,slid tool 5' to bottom

30-ISIP-no bl

15-FFP-no bl

15-FSIP-no bl

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1486.23	97.70	Initial Hydro-static
3	21.05	97.56	Open To Flow (1)
34	21.73	97.51	Shut-In(1)
63	676.09	97.83	End Shut-In(1)
64	24.19	97.67	Open To Flow (2)
79	23.64	97.76	Shut-In(2)
93	545.50	98.00	End Shut-In(2)
98	1461.39	98.26	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	Mud	0.05

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

O'Brien Res., LLC.

28-11s.-14w. Russell Co., KS

P.O. Box 6149
Shreveport, LA 71136

Bar S Ranch 28 #1

Job Ticket: 54269

DST#: 4

ATTN: Sean Deenihan/Steve

Test Start: 2013.08.11 @ 15:35:23

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: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.75 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6900.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	Mud	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 #: 8369

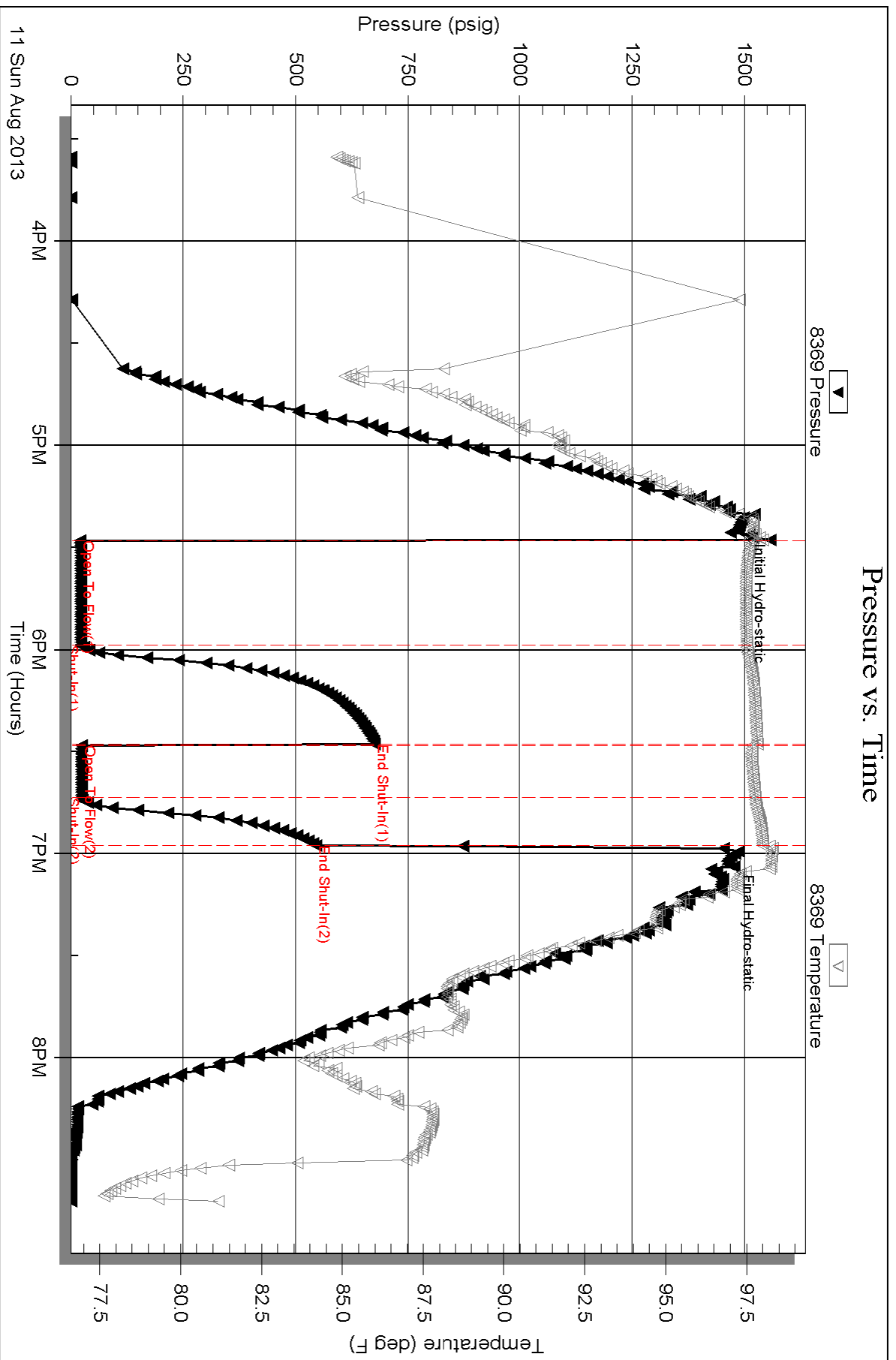
Inside

O'Brien Res., LLC.

Bar S Ranch 28 #1

DST Test Number: 4

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 54269

Printed: 2013.08.12 @ 01:01:55

ALLIED OIL & GAS SERVICES, LLC 056982

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell, Ks

DATE <u>8.08.13</u>	SEC. <u>28</u>	TWP. <u>17</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 AM</u>	JOB FINISH <u>6:00 PM</u>
LEASE <u>Bgr S Ranch</u>	WELL # <u>1</u>	LOCATION <u>Russell Ks</u>		COUNTY <u>Russell</u>	STATE <u>Ks</u>		
OLD OR NEW (Circle one)		<u>Non 281 to Ambrose rd</u>					

CONTRACTOR ~~XXXXXXXXXX~~ 2 1/2 W 1 N W into OWNER Dale #10

TYPE OF JOB Surfplug

HOLE SIZE 12 1/4 T.D. _____ CEMENT AMOUNT ORDERED 180 SK COM

CASING SIZE 8 5/8 DEPTH 262.76' 3/4 cc 21-gel

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____ COMMON 180 SK @ 17.90 \$ 3,222.00

MEAS. LINE _____ SHOE JOINT _____ POZMIX _____ @ _____

CEMENT LEFT IN CSG. _____ GEL 3 SK @ 23.40 \$ 70.20

PERFS. _____ CHLORIDE 6 SK @ 64.0 \$ 384.00

DISPLACEMENT 15.78 bbl ASC _____ @ _____

EQUIPMENT _____ @ _____

PUMP TRUCK # 409 CEMENTER Don / Fountain @ _____

BULK TRUCK # 410 HELPER Nolan D. @ _____

BULK TRUCK # _____ DRIVER Danny S. @ _____

BULK TRUCK # _____ DRIVER _____ @ _____

HANDLING 175.50 P/L @ 2.48 \$ 429.91

MILEAGE 203.65 77m @ 2.60 \$ 529.23

TOTAL \$ 54,685.34

REMARKS:

* Circulated hole with mud to surface.

* Ran 180 SK @ 27.42 P/L

* Displaced cement @ 15.78 bbl cement to surface.

* Shut off to 300 psi (shown)

CHARGE TO: D' Brian Resources.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 262.76'

PUMP TRUCK CHARGE \$ 1,512.25

EXTRA FOOTAGE @ _____

MILEAGE Heavy 23m @ 7.70 \$ 177.10

MANIFOLD Light 23m @ 4.40 \$ 101.20

_____ @ _____

_____ @ _____

TOTAL \$ 1,790.55

PLUG & FLOAT EQUIPMENT

~~1 x 8 1/2" RASIGT @ — \$559.26~~

~~_____ @ _____~~

~~_____ @ _____~~

~~_____ @ _____~~

~~_____ @ _____~~

TOTAL \$ 559.26

SALES TAX (If Any) _____

TOTAL CHARGES ~~\$5,416.97~~ \$ 7,035.15

DISCOUNT \$1,618.97 IF PAID IN 30 DAYS

Net 5416.18

PRINTED NAME _____

SIGNATURE [Signature]

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.