

1189234

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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ALLIED OIL & GAS SERVICES, LLC 059568

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>9-7-2013</u>	SEC. <u>16</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Nusser</u>	WELL # <u>5-16</u>	LOCATION <u>Agretner, ks / South</u>			COUNTY <u>Barber</u>	STATE <u>Ks</u>	
OLD OR (NEW) (Circle one)			<u>less, north into</u>				

CONTRACTOR Menzel OWNER V Gushy Good
 TYPE OF JOB SOBCE
 HOLE SIZE 12 1/4 T.D. 391'
 CASING SIZE 8 5/8 DEPTH 391
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 41'
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 22 1/2 bbls fresh water

EQUIPMENT
 PUMP TRUCK CEMENTER Derin F.
 # 558-558 HELPER Scott P.
 BULK TRUCK
 # 364 DRIVER James B.
 BULK TRUCK
 # DRIVER

REMARKS:
Cement did Circulate

CHARGE TO: V Gushy Good
 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 X
 SIGNATURE [Signature]
Thank you!!!

CEMENT
 AMOUNT ORDERED 150sc 65.35:690601
390cc + 1/4 #115cc, 100cc Class 12
390cc + 290601
 COMMON 100 SK @ 17.90 1790.00
 POZMIX @ _____
 GEL 2 @ 23.40 46.80
 CHLORIDE 9 @ 64.00 576.00
 ASC @ _____
 ALW 150 SK @ 16.50 2475.00
 Floseal 37 @ 2.97 109.89
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 280.65 @ 2.48 696.01
 MILEAGE 12.06/25/2.60 783.90
 TOTAL 6477.60

SERVICE
 DEPTH OF JOB 391'
 PUMP TRUCK CHARGE 1512 25
 EXTRA FOOTAGE @ _____
 MILEAGE 25 @ 7.70 192.50
 MANIFOLD Hess renrsi @ _____
LV 25 @ 4.40 110.00
 @ _____
 TOTAL 2089.75

PLUG & FLOAT EQUIPMENT
8 5/8
 1-Rubber Plug @ 76.25
 1-Fiber bellie Plug @ 91.25
 3-Centersizers @ 37.50 112.50
 @ _____
 @ _____
 TOTAL 280.00

SALES TAX (If Any) _____
 TOTAL CHARGES 8847.35
 DISCOUNT _____ IF PAID IN 30 DAYS
(NET) 7133.88

ALLIED OIL & GAS SERVICES, LLC 061814

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
9-16-13					4:00 AM	12:30 AM	11:30 AM
LEASE <u>Mugel</u>		WELL # <u>5-16</u>		LOCATION <u>Hardy mgs 15 1E</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				N. in 00			

CONTRACTOR Mendenhall Drilling #1 OWNER _____
 TYPE OF JOB 5 1/2 production
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH 5563
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 42 ft
 PERFS. _____
 DISPLACEMENT 131.39 bbls freshwater
 EQUIPMENT _____

PUMP TRUCK CEMENTER Dustin Chambers
 # 394 HELPER Mike Scarbarn
 BULK TRUCK _____
 # 381-252 DRIVER Shawn Kerns
 BULK TRUCK _____
 # _____ DRIVER _____

CEMENT AMOUNT ORDERED 225 SKS class H
104.90 1T + 107.00 2T + 6# 101521
134.00 1T

COMMON	<u>225</u>	@	<u>21.20</u>	<u>4,770.⁰⁰</u>
POZMIX		@		
GEL		@		
CHLORIDE		@		
ASC		@		
Sap @ Sap	<u>500 gal</u>	@	<u>1.27</u>	<u>635.⁰⁰</u>
Fl-160	<u>169</u>	@	<u>18.90</u>	<u>3,194.¹⁰</u>
Cve	<u>43</u>	@	<u>37.60</u>	<u>1,616.⁸⁰</u>
Gilsonite	<u>1350</u>	@	<u>.98</u>	<u>1,323.⁰⁰</u>
Salt	<u>1200</u>	@	<u>26.35</u>	<u>316.²⁰</u>
		@		
		@		
		@		
HANDLING	<u>301.64</u>	@	<u>2.48</u>	<u>748.⁰⁶</u>
MILEAGE	<u>12.99 x 25 x</u>	@	<u>2.60</u>	<u>844.⁷⁵</u>
TOTAL				<u>13,448.¹²</u>

REMARKS:

Profs circulate with rig mud
pump 500 gal of Sap & Sap
Mix 225 SKS of cement
Shut Down west lines, Release plug
Dig place 129 3/4 bbls of freshwater
Load plug @ 1900H
plug Down - 11:00 AM
Release plug
Cement by circulate

CHARGE TO: Vaughn Food Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>3099.25</u>
EXTRA FOOTAGE	@		
MILEAGE <u>12.99</u>	@	<u>7.70</u>	<u>192.⁰⁰</u>
MANIFOLD	@	<u>275.⁰⁰</u>	<u>275.⁰⁰</u>
	@	<u>4.40</u>	<u>110.⁰⁰</u>
	@		
TOTAL			<u>3,676.⁷⁵</u>

PLUG & FLOAT EQUIPMENT

1-5 1/2 Guide shoe	@	<u>280.⁰⁰</u>	<u>280.⁰⁰</u>
1-5 1/2 Catch Down Plug	@	<u>324.⁰⁷</u>	<u>324.⁰⁷</u>
15-5 1/2 centralizers	@	<u>57.33</u>	<u>859.⁷⁵</u>
	@		
	@		
TOTAL			<u>1,464.⁸²</u>

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PRINTED NAME X Vaughn Good
 SIGNATURE X Vaughn Good
Thank You!!

SALES TAX (If Any) _____
 TOTAL CHARGES 18,589.²¹
 DISCOUNT 3,717.⁷⁴
 IF PAID IN 30 DAYS
14,871.⁷⁶