

# ALLIED OIL & GAS SERVICES, LLC 062314

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
*Medicine Lodge KS*

DATE <i>2-10-14</i>	SEC. <i>12</i>	TWP. <i>335</i>	RANGE <i>20W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Gork</i>	WELL # <i>3320</i>	<i>1-12</i>	LOCATION <i>Coldwaterles S&amp;S to Tel</i>	COUNTY <i>Cemarche</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)			<i>low Sinto</i>				

CONTRACTOR <i>T. Dan w/s</i>	OWNER <i>CWS</i>
TYPE OF JOB <i>PTA</i>	
HOLE SIZE <i>2 7/8</i>	T.D.
CASING SIZE <i>2 7/8</i>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT AMOUNT ORDERED *95 sx (60:40.4)*  
*(-1)*

COMMON <i>A</i>	<i>575x</i>	@	<i>1790</i>	<i>1020.30</i>
POZMIX <i>Florch</i>	<i>385x</i>	@	<i>4.35</i>	<i>355.30</i>
GEL <i>3.25 sx</i>		@	<i>2340</i>	<i>76.05</i>
CHLORIDE		@		
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING <i>105.50</i>		@	<i>2.48</i>	<i>241.20</i>
MILEAGE <i>435 2.2500 3590</i>		@	<i>2.60</i>	<i>662.69</i>

TOTAL *2315.54*

**REMARKS:**

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\_\_\_\_\_

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\_\_\_\_\_

**SERVICE**

DEPTH OF JOB	<i>820</i>
PUMP TRUCK CHARGE	<i>2158.75</i>
EXTRA FOOTAGE	@
MILEAGE <i>600</i>	@ <i>770</i> <i>462</i>
MANIFOLD	@
<i>L.V. M. Hoge 600</i>	@ <i>2110</i> <i>264</i>
<i>Dana Hoge</i>	@ <i>1194.00</i>

TOTAL *4578.75*

CHARGE TO: \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL \_\_\_\_\_

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.

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES *6894.29*

DISCOUNT *586.015* IF PAID IN 30 DAYS

PRINTED NAME *T. Dan w/s*

SIGNATURE *T. Dan w/s*