



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217115
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: _____

1217115

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)* _____

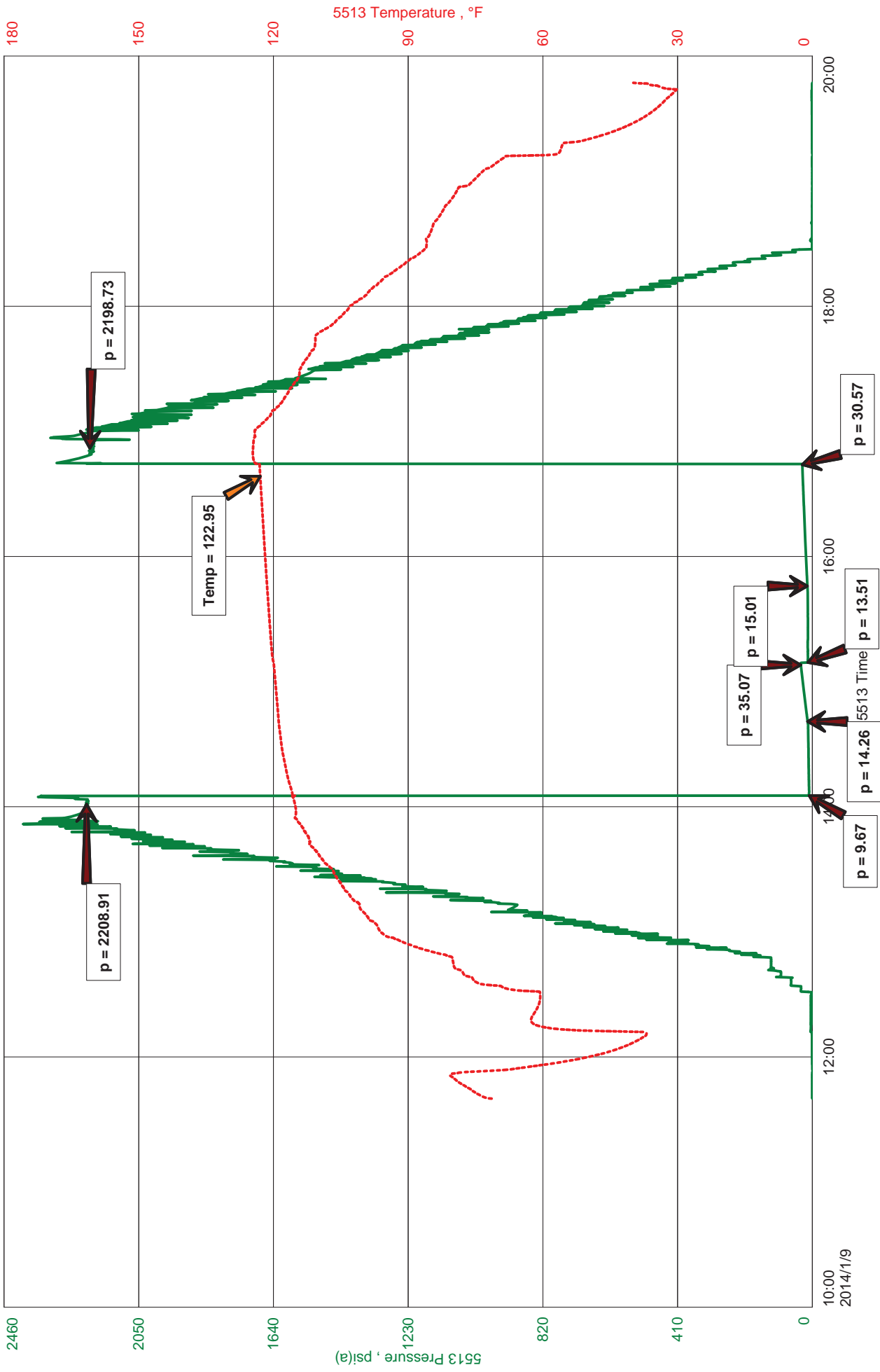
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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High Bluff Operating, LLC
DST #4 Pawnee b 4548-4592
Start Test Date: 2014/01/09
Final Test Date: 2014/01/09

Miller 13 #1
Formation: Pawnee B
Pool: Wildcat
Job Number: K075

Miller 13 #1





JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	High Bluff Operating, LLC	Job Number	K075
Contact	Jamie Brown	Representative	Jason McLemore
Well Name	Miller 13 #1	Well Operator	High Bluff Operating, LLC
Unique Well ID	DST #4 Pawnee b 4548-4592	Prepared By	Jason McLemore
Surface Location	13-6s-13w-Thomas	Qualified By	Bill Kemp
Field	Wildcat	Test Unit	#7
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Pawnee B	Well Operator	High Bluff Operating, LLC
Well Fluid Type	01 Oil	Report Date	2014/01/09
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/01/09	Start Test Time	11:40:00
Final Test Date	2014/01/09	Final Test Time	19:40:00

Test Results

RECOVERED:

1	Free Oil
5	OCM, 10% Oil, 90% Mud
6	Total Fluid



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: miller13dst4

TIME ON: 11:40 AM
 TIME OFF: 7:40 PM

Company High Bluff Operating, LLC Lease & Well No. Miller 13 #1
 Contractor H2 #4 Charge to High Bluff Operating, LLC
 Elevation 3352 GL Formation Pawnee B Effective Pay _____ Ft. Ticket No. K075
 Date 1-9-14 Sec. 13 Twp. 6 S Range 13 W County Thomas State KANSAS
 Test Approved By Bill Kemp Diamond Representative Jason McLemore

Formation Test No. 4 Interval Tested from 4548 ft. to 4592 ft. Total Depth 4592 ft.
 Packer Depth 4543 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4548 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 4534 ft. Recorder Number 5513 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 4535 ft. Recorder Number 5588 Cap. 6000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 54 Drill Collar Length 248 ft. I.D. 2 1/4 in.
 Weight 9.6 Water Loss 9.6 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 5000 P.P.M. Drill Pipe Length 4272 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number SJ Test Tool Length 28 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 44 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 31' DP in Anchor Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak, Built to 1/2", No Blowback
 2nd Open: Dead, No Blowback

Recovered 1 ft. of Free Oil
 Recovered 5 ft. of OCM 10% Oil, 90% Mud
 Recovered 6 ft. of Total Fluid

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Recovered _____ ft. of _____	Insurance
Remarks: _____	Total

Time Set Packer(s) 1:58 PM A.M. P.M. Time Started Off Bottom 3:28 PM A.M. P.M. Maximum Temperature 123

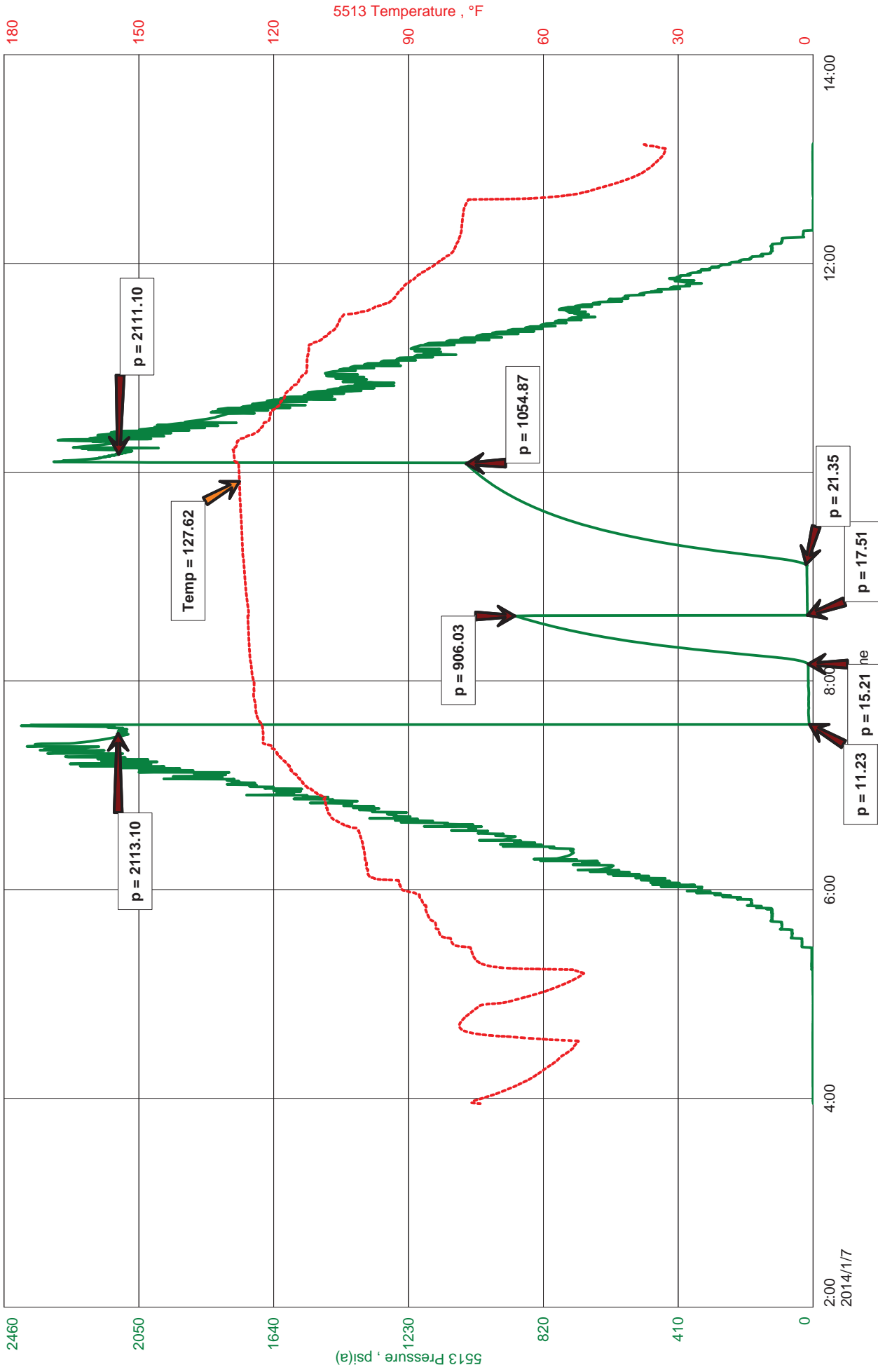
Initial Hydrostatic Pressure..... (A) 2209 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 10 P.S.I. to (C) 14 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 35 P.S.I.
 Final Flow Period..... Minutes 30 (E) 14 P.S.I. to (F) 15 P.S.I.
 Final Closed In Period..... Minutes 60 (G) 31 P.S.I.
 Final Hydrostatic Pressure..... (H) 2199 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

High Bluff Operating, LLC
DST #2 Marmaton 4425-4485
Start Test Date: 2014/01/07
Final Test Date: 2014/01/08

Miller 13 #1
Formation: Marmaton
Pool: Wildcat
Job Number: K073

Miller 13 #1





JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	High Bluff Operating, LLC	Job Number	K073
Contact	Jamie brown	Representative	Jason McLemore
Well Name	Miller 13 #1	Well Operator	Jamie brown
Unique Well ID	DST #2 Marmaton 4425-4485	Prepared By	Jason McLemore
Surface Location	13-6s-13w-Thomas	Qualified By	Bill kemp
Field	Wildcat	Test Unit	#7
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Marmaton	Well Operator	Jamie brown
Well Fluid Type	01 Oil	Report Date	2014/01/08
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/01/07	Start Test Time	15:57:00
Final Test Date	2014/01/08	Final Test Time	01:10:00

Test Results

RECOVERED:

10	Drilling Mud
10	Total Fluid



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: miller13dst2

TIME ON: 3:57 PM
TIME OFF: 1:10 AM

Company High Bluff Operating, LLC Lease & Well No. Miller 13 #1
Contractor H2 #4 Charge to High Bluff Operating, LLC
Elevation 3352 GL Formation Marmaton Effective Pay _____ Ft. Ticket No. K073
Date 1-7-14 Sec. 13 Twp. 6 S Range 13 W County Thomas State KANSAS
Test Approved By Bill Kemp Diamond Representative Jason McLemore

Formation Test No. 2 Interval Tested from 4425 ft. to 4485 ft. Total Depth 4485 ft.
Packer Depth 4420 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4425 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4411 ft. Recorder Number 5513 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 4412 ft. Recorder Number 5588 Cap. 6000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 51 Drill Collar Length 248 ft. I.D. 2 1/4 in.
Weight 9.3 Water Loss 11.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 5000 P.P.M. Drill Pipe Length 4149 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number SJ Test Tool Length 28 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out No Anchor Length 60 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 31' DP in Anchor Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak, Built to 3/4", No Blowback
2nd Open: Weak Surface Blow, No Blowback

Recovered 10 ft. of Drilling Mud
Recovered 10 ft. of Total Fluid
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
_____	Total

Time Set Packer(s) 7:35 PM A.M. P.M. Time Started Off Bottom 10:05 PM A.M. P.M. Maximum Temperature 128

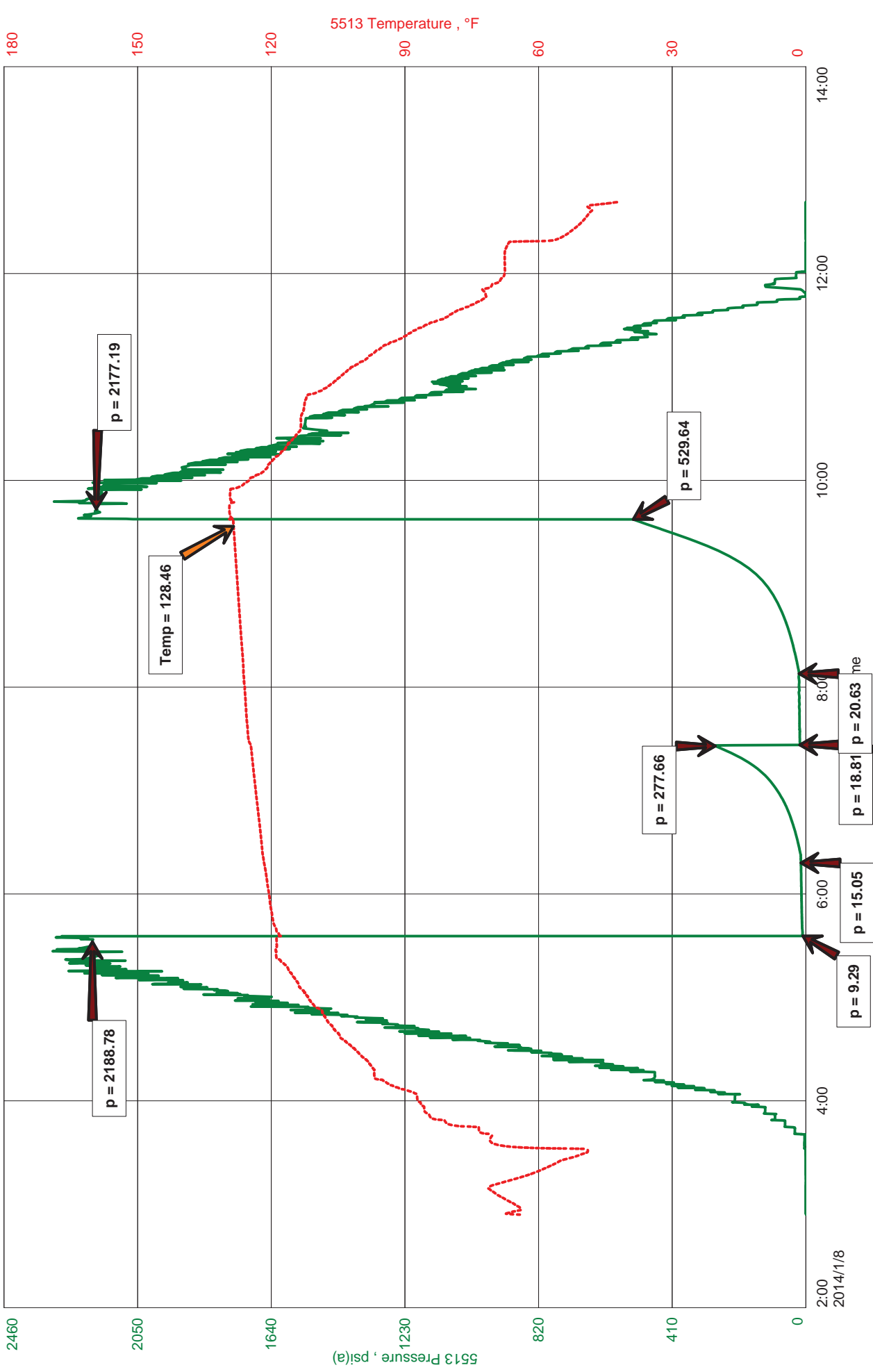
Initial Hydrostatic Pressure..... (A) 2113 P.S.I.
Initial Flow Period..... Minutes 30 (B) 11 P.S.I. to (C) 15 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 906 P.S.I.
Final Flow Period..... Minutes 30 (E) 18 P.S.I. to (F) 21 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1055 P.S.I.
Final Hydrostatic Pressure..... (H) 2111 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

High Bluff Operating LLC
DST #3 Pawnee 4515-4552
Start Test Date: 2014/01/08
Final Test Date: 2014/01/09

Miller 13 #1
Formation: Pawnee
Pool: Wildcat
Job Number: K074

Miller 13 #1





JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	High Bluff Operating LLC	Job Number	K074
Contact	Jamie Brown	Representative	Jason McLemore
Well Name	Miller 13 #1	Well Operator	High Bluff Operating LLC
Unique Well ID	DST #3 Pawnee 4515-4552	Prepared By	Jason McLemore
Surface Location	13-6s-13w-Thomas	Qualified By	Bill Kemp
Field	Wildcat	Test Unit	#7
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Pawnee	Well Operator	High Bluff Operating LLC
Well Fluid Type	01 Oil	Report Date	2014/01/09
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/01/08	Start Test Time	14:54:00
Final Test Date	2014/01/09	Final Test Time	00:42:00

Test Results

RECOVERED:

5	SOCM, 5% Oil, 95% Mud
5	Total Fluid



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: miller13dst3

TIME ON: 2:54 PM
 TIME OFF: 12:42 AM

Company High Bluff Operating, LLC Lease & Well No. Miller 13 #1
 Contractor H2 #4 Charge to High Bluff Operating, LLC
 Elevation 3352 GL Formation Pawnee Effective Pay _____ Ft. Ticket No. K074
 Date 1-8-14 Sec. 13 Twp. 6 S Range 13 W County Thomas State KANSAS
 Test Approved By Bill Kemp Diamond Representative Jason McLemore

Formation Test No. 3 Interval Tested from 4515 ft. to 4552 ft. Total Depth 4552 ft.
 Packer Depth 4510 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4515 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 4501 ft. Recorder Number 5513 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 4502 ft. Recorder Number 5588 Cap. 6000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 59 Drill Collar Length 248 ft. I.D. 2 1/4 in.
 Weight 9.5 Water Loss 13.6 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 6000 P.P.M. Drill Pipe Length 4239 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number SJ Test Tool Length 28 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length 37 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak, Built to 1", No Blowback
2nd Open: Weak Surface Blow, No Blowback

Recovered <u>5</u> ft. of <u>SOCM, 5% Oil, 95% Mud</u>	
Recovered <u>5</u> ft. of <u>Total Fluid</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) 5:36 PM A.M. P.M. Time Started Off Bottom 9:36 PM A.M. P.M. Maximum Temperature 128

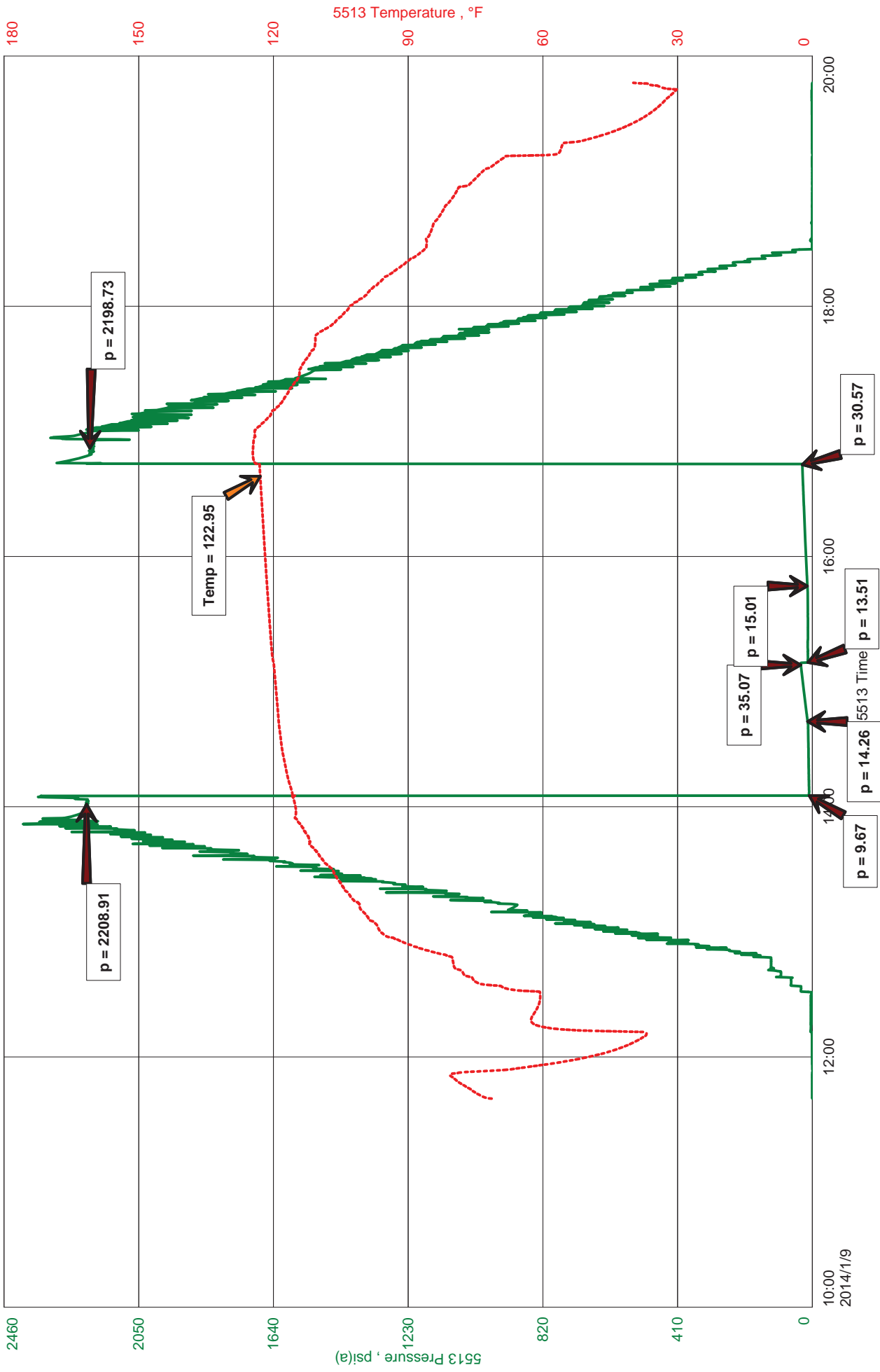
Initial Hydrostatic Pressure..... (A) 2189 P.S.I.
 Initial Flow Period..... Minutes 45 (B) 9 P.S.I. to (C) 15 P.S.I.
 Initial Closed In Period..... Minutes 60 (D) 278 P.S.I.
 Final Flow Period..... Minutes 45 (E) 19 P.S.I. to (F) 21 P.S.I.
 Final Closed In Period..... Minutes 90 (G) 530 P.S.I.
 Final Hydrostatic Pressure..... (H) 2177 P.S.I.

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High Bluff Operating, LLC
DST #4 Pawnee b 4548-4592
Start Test Date: 2014/01/09
Final Test Date: 2014/01/09

Miller 13 #1
Formation: Pawnee B
Pool: Wildcat
Job Number: K075

Miller 13 #1





JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	High Bluff Operating, LLC	Job Number	K075
Contact	Jamie Brown	Representative	Jason McLemore
Well Name	Miller 13 #1	Well Operator	High Bluff Operating, LLC
Unique Well ID	DST #4 Pawnee b 4548-4592	Prepared By	Jason McLemore
Surface Location	13-6s-13w-Thomas	Qualified By	Bill Kemp
Field	Wildcat	Test Unit	#7
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Pawnee B	Well Operator	High Bluff Operating, LLC
Well Fluid Type	01 Oil	Report Date	2014/01/09
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/01/09	Start Test Time	11:40:00
Final Test Date	2014/01/09	Final Test Time	19:40:00

Test Results

RECOVERED:

1	Free Oil
5	OCM, 10% Oil, 90% Mud
6	Total Fluid



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: miller13dst4

TIME ON: 11:40 AM
TIME OFF: 7:40 PM

Company High Bluff Operating, LLC Lease & Well No. Miller 13 #1
Contractor H2 #4 Charge to High Bluff Operating, LLC
Elevation 3352 GL Formation Pawnee B Effective Pay _____ Ft. Ticket No. K075
Date 1-9-14 Sec. 13 Twp. 6 S Range 13 W County Thomas State KANSAS
Test Approved By Bill Kemp Diamond Representative Jason McLemore

Formation Test No. 4 Interval Tested from 4548 ft. to 4592 ft. Total Depth 4592 ft.
Packer Depth 4543 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4548 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 4534 ft. Recorder Number 5513 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 4535 ft. Recorder Number 5588 Cap. 6000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chemical Viscosity 54 Drill Collar Length 248 ft. I.D. 2 1/4 in.
Weight 9.6 Water Loss 9.6 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 5000 P.P.M. Drill Pipe Length 4272 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number SJ Test Tool Length 28 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 44 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 31' DP in Anchor Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak, Built to 1/2", No Blowback
2nd Open: Dead, No Blowback

Recovered 1 ft. of Free Oil
Recovered 5 ft. of OCM 10% Oil, 90% Mud
Recovered 6 ft. of Total Fluid
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
_____	Total

Time Set Packer(s) 1:58 PM A.M. P.M. Time Started Off Bottom 3:28 PM A.M. P.M. Maximum Temperature 123

Initial Hydrostatic Pressure..... (A) 2209 P.S.I.
Initial Flow Period..... Minutes 30 (B) 10 P.S.I. to (C) 14 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 35 P.S.I.
Final Flow Period..... Minutes 30 (E) 14 P.S.I. to (F) 15 P.S.I.
Final Closed In Period..... Minutes 60 (G) 31 P.S.I.
Final Hydrostatic Pressure..... (H) 2199 P.S.I.

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ALLIED OIL & GAS SERVICES, LLC 062119

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Dakleys

DATE <u>12-22-13</u>	SEC. <u>13</u>	TWP. <u>6</u>	RANGE <u>36</u>	CALLED OUT	ON LOCATION <u>12:00 PM</u>	JOB START <u>6:00 am</u>	JOB FINISH <u>6:30 am</u>
LEASE <u>Miller 13</u>	WELL # <u>1</u>	LOCATION <u>Brewster N to CC</u>			COUNTY <u>Thomas</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>3E, Y2S, E info</u>				

CONTRACTOR Hq Rig 4 OWNER Same

TYPE OF JOB <u>Surface</u>	CEMENT AMOUNT ORDERED <u>250 SK Cement 3800</u>
HOLE SIZE <u>12 1/4</u> T.D. <u>359'</u>	<u>280 gal</u>
CASING SIZE <u>8 7/8</u> DEPTH <u>356.75'</u>	
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	

PRES. MAX	MINIMUM	COMMON <u>250 SKS @ 17.90</u>	<u>4475.00</u>
MEAS. LINE	SHOE JOINT	POZMIX	@
CEMENT LEFT IN CSG. <u>15'</u>		GEL <u>750 @ 23.40</u>	<u>119.60</u>
PERFS.		CHLORIDE <u>750 @ 64.00</u>	<u>576.00</u>
DISPLACEMENT <u>21.85 gal</u>		ASC	@

EQUIPMENT			
PUMP TRUCK # <u>431</u>	CEMENTER <u>LaRoue E. Wank</u>		
	HELPER <u>Kelly Gabel</u>		
BULK TRUCK # <u>341</u>	DRIVER <u>Eddy (TWS)</u>		
BULK TRUCK #	DRIVER		
		HANDLING <u>22033 H3 @ 2.98</u>	<u>670.42</u>
		MILEAGE <u>12.34 ton X 55 X 2.60</u>	<u>1769.62</u>
		TOTAL <u>2603.04</u>	

REMARKS:
mix 250 SK cement
Displace with water
Cement did circulate.

Thank you

CHARGE TO: High Bluff
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE			
DEPTH OF JOB			
PUMP TRUCK CHARGE		<u>1512.25</u>	
EXTRA FOOTAGE	@		
MILEAGE <u>MFLU 55 @ 7.70</u>		<u>423.50</u>	
MANIFOLD <u>swedge @ 275.00</u>			
<u>MFLU 55 @ 4.40</u>		<u>242.00</u>	
	@		
			TOTAL <u>2452.75</u>

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 10,055.79
DISCOUNT 1,005.57 IF PAID IN 30 DAYS
9,050.21 Net

PRINTED NAME _____
SIGNATURE [Signature]