

LOG-TECH OF KANSAS, INC.

P.O. BOX 885
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE

8137

Date 8-27-14

CHARGE TO: CHESAPEAKE OPERATING
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. FINNUP B NO 13 FIELD _____
 NEAREST TOWN Mackinaw Lodge COUNTY BARBER STATE KC
 SPOT LOCATION S 0 NE SEC. 7 TWP. 34S RANGE 11W
 ZERO 5 A.C.L. CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL FULL
 ENGINEER S. C. HARRIS OPERATOR H. RUEHLER

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
<u>CUT CASING / PC</u>	<u>1</u>		<u>1241</u>	<u>250.00</u>

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			

MISCELLANEOUS

Description	Quantity	Amount
<u>Service Charge</u>		<u>500.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

.....	Sub Total	<u>1500.00</u>
Code Ref.	Tool Insurance	
.....	Tax	
.....		
.....		
		<u>1275.00</u>

Customer Signature _____ Date _____

LOG-TECH OF KANSAS, INC.

P.O. BOX 885

GREAT BEND, KANSAS 67530

(620) 792-2167

INVOICE

8132

Date 8-28-2014

CHARGE TO: Chesapeake Operating Company
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Finnub 11-13 FIELD _____
 NEAREST TOWN Medicine Lodge COUNTY Barber STATE KS
 SPOT LOCATION _____ SEC. 3 TWP. 34S RANGE 11W
 ZERO 6 AGL CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH #53 FLUID LEVEL _____
 ENGINEER Lance Gross OPERATOR J. Walker

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES

Description	From	Depth		Total No. Ft.	Price Per Ft.	Amount
		To				
set 4 1/2 CTBP DB-S	0	4438	4438	77	976	00
dump 2v of cement	0	4438	4438	1.25	180	00

MISCELLANEOUS

Description	Quantity	Amount
Service Charge	1	550 00
4 1/2 CTBP DB-S weatherford	1	700 00

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature _____ Date _____

Sub Total	2106 00	70
Code Ref.		
Tool Insurance		
Tax		
	2106 00	00

WHITE - Original CANARY - File Copy PINK - Customer Copy GOLDENROD - Field Copy

Date 9/2/14 District Medicine KS Ticket No. 62037
 Company Chesapeake Energy Rig Alliance
 Lease Finney B Well No. 1-3
 County Barber State KS
 Location W. King 141 Field 2-30-11

CEMENT DATA:
 Spacer Type: 6cl
 Amt. 10 Skys Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 2 3/8 Type _____ Weight _____ Collar _____

LEAD: Pump Time _____ hrs. Type 60:40:40% Gel
 Excess _____
 Amt. 125 Skys Yield 1.4 ft³/sk Density 141.1 PPG

Casing Depths: Top _____ Bottom 255

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

WATER: Lead 7 gals/sk Tail _____ gals/sk Total _____ Bbls.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Pump Trucks Used _____
 Bulk Equip. 369

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE 620-260-3785 CEMENTER Jason Thimmesch

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
11:55 AM						Do for Safety Spot in Safety Rigup Safety
12:15 PM		2000		2000	4	Peris test
12:22 PM		200		2000	4	Pump Gel
12:30 PM		300		2200	4 1/2	Mix Pump cement Slurry 50% TOC 410
12:35 PM		200		1200	4	Displace
12:40 PM						P.W. tubing to 311
12:50 PM		200		12500	4	Mix Pump cement Slurry 50% TOC 110
12:55 PM		100		500	2	Displace
12:57 PM						Pulling to 62
1:05 PM		100		6500	4	Mix Pump cement Slurry 25% with cement to surface

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU

ALLIED OIL & GAS SERVICES, LLC 063037

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Madison Lodge

DATE <u>9/2/14</u>	SEC. <u>3</u>	TWP. <u>34</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION <u>12:00 Noon</u>	JOB START <u>12:15 PM</u>	JOB FINISH <u>1:15 PM</u>
LEASE <u>Farm 6</u>		WELL # <u>1-3</u>		LOCATION <u>Galena #281 6 East & South, South</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)				<u>Went into</u>			

CONTRACTOR Alliance W/S OWNER Chesapeake Energy

TYPE OF JOB OHF

HOLE SIZE 7 1/2 T.D. _____

CASING SIZE 8 3/4 DEPTH 263

TUBING SIZE 2 3/8 DEPTH 223

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 300 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimrich

294/302 HELPER Ron Gilley

BULK TRUCK _____

369 DRIVER James Bowen

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

CHARGE TO: Chesapeake Energy

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 Kevin Huber

SIGNATURE [Signature] 01/17/11

CEMENT AMOUNT ORDERED 125 cu 60:40:4% Gof

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

NA

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS