



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243121
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: _____



1243121

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	Beiker Trust 13-1
Doc ID	1243121

All Electric Logs Run

Geologist Well Report
Micro Log
Dual Induction Log
Compensated Density/Neutron Log
Sonic Log



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

IA Operating, Inc
9915 W 21st STE B
Wichita, KS 67205
ATTN: Steve Reed

Sec. 13-10s-21w Graham, KS
Beiker Trust #13-1
Job Ticket: 60990 **DST#: 1**
Test Start: 2014.12.06 @ 16:21:00

GENERAL INFORMATION:

Formation: **LKC "A-F"**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 19:49:00
Time Test Ended: 00:21:30
Interval: **3543.00 ft (KB) To 3620.00 ft (KB) (TVD)**
Total Depth: 3620.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Phillip Gage
Unit No: 62
Reference Elevations: 2261.00 ft (KB)
2253.00 ft (CF)
KB to GR/CF: 8.00 ft

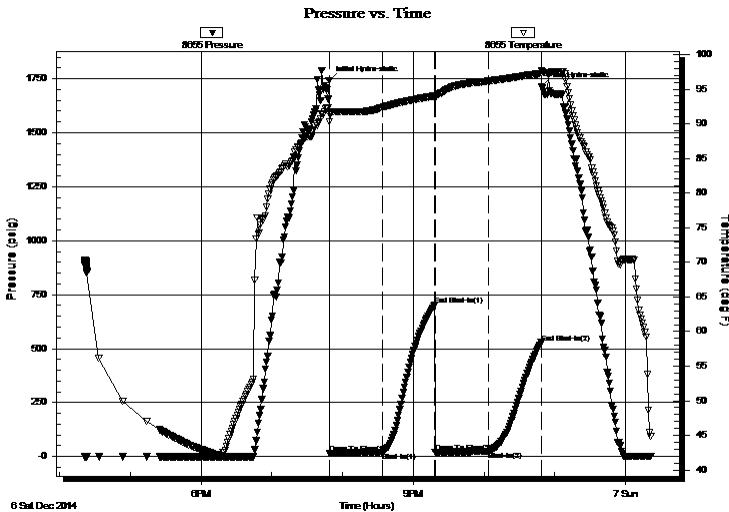
Serial #: 8655

Outside

Press @ Run Depth: 22.79 psig @ 3544.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.12.06 End Date: 2014.12.07 Last Calib.: 2014.12.07
Start Time: 16:21:01 End Time: 00:21:30 Time On Btm: 2014.12.06 @ 19:48:30
Time Off Btm: 2014.12.06 @ 22:49:00

TEST COMMENT: 45-IF-Built to 1"
45-ISI- No Return
45-FF-Built to 1/4"
45-FSI-No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1740.16	91.41	Initial Hydro-static
1	14.04	90.30	Open To Flow (1)
45	19.32	92.37	Shut-In(1)
90	699.93	94.03	End Shut-In(1)
90	19.06	93.66	Open To Flow (2)
135	22.79	96.14	Shut-In(2)
180	527.26	97.28	End Shut-In(2)
181	1715.02	97.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	M, w ith oil spots, 100%m	0.11

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

IA Operating, Inc
9915 W 21st STE B
Wichita, KS 67205
ATTN: Steve Reed

Sec. 13-10s-21w Graham, KS
Beiker Trust #13-1
Job Ticket: 60990 **DST#: 1**
Test Start: 2014.12.06 @ 16:21:00

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: 57.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3000.00 ppm			
Filter Cake: 2.50 inches			

Recovery Information

Recovery Table

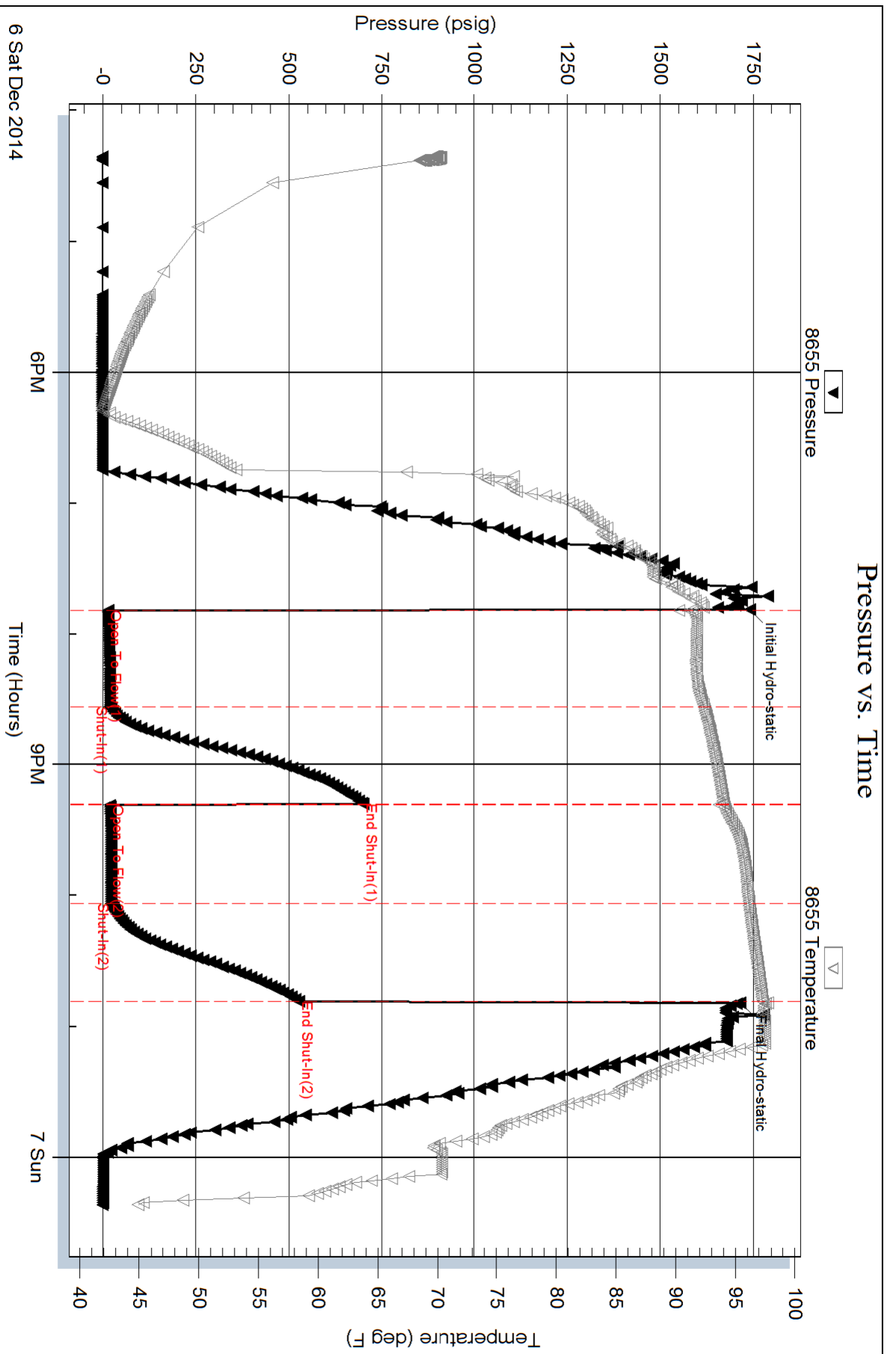
Length ft	Description	Volume bbl
15.00	M, w ith oil spots, 100%m	0.110

Total Length: 15.00 ft Total Volume: 0.110 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

IA Operating, Inc
9915 W 21st STE B
Wichita, KS 67205
ATTN: Steve Reed

Sec. 13-10s-21w Graham, KS
Beiker Trust #13-1
Job Ticket: 60990 **DST#: 1**
Test Start: 2014.12.06 @ 16:21:00

GENERAL INFORMATION:

Formation: **LKC "A-F"**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 19:49:00
Time Test Ended: 00:21:30
Interval: **3543.00 ft (KB) To 3620.00 ft (KB) (TVD)**
Total Depth: 3620.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Phillip Gage
Unit No: 62
Reference Elevations: 2261.00 ft (KB)
2253.00 ft (CF)
KB to GR/CF: 8.00 ft

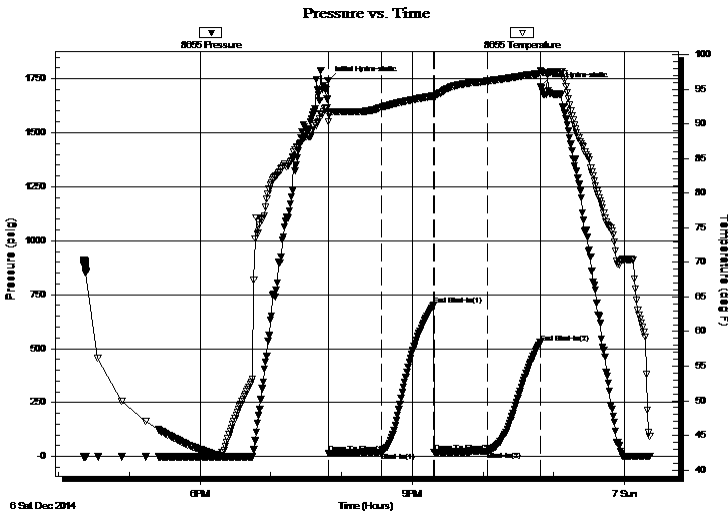
Serial #: 8655

Outside

Press @ Run Depth: 22.79 psig @ 3544.00 ft (KB)
Start Date: 2014.12.06 End Date: 2014.12.07
Start Time: 16:21:01 End Time: 00:21:30
Capacity: 8000.00 psig
Last Calib.: 2014.12.07
Time On Btm: 2014.12.06 @ 19:48:30
Time Off Btm: 2014.12.06 @ 22:49:00

TEST COMMENT: 45-IF-Built to 1"
45-ISI- No Return
45-FF-Built to 1/4"
45-FSI-No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1740.16	91.41	Initial Hydro-static
1	14.04	90.30	Open To Flow (1)
45	19.32	92.37	Shut-In(1)
90	699.93	94.03	End Shut-In(1)
90	19.06	93.66	Open To Flow (2)
135	22.79	96.14	Shut-In(2)
180	527.26	97.28	End Shut-In(2)
181	1715.02	97.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	M, w ith oil spots, 100%m	0.11

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

IA Operating, Inc
9915 W 21st STE B
Wichita, KS 67205
ATTN: Steve Reed

Sec. 13-10s-21w Graham, KS
Beiker Trust #13-1
Job Ticket: 60990 **DST#: 1**
Test Start: 2014.12.06 @ 16:21:00

Mud and Cushion Information

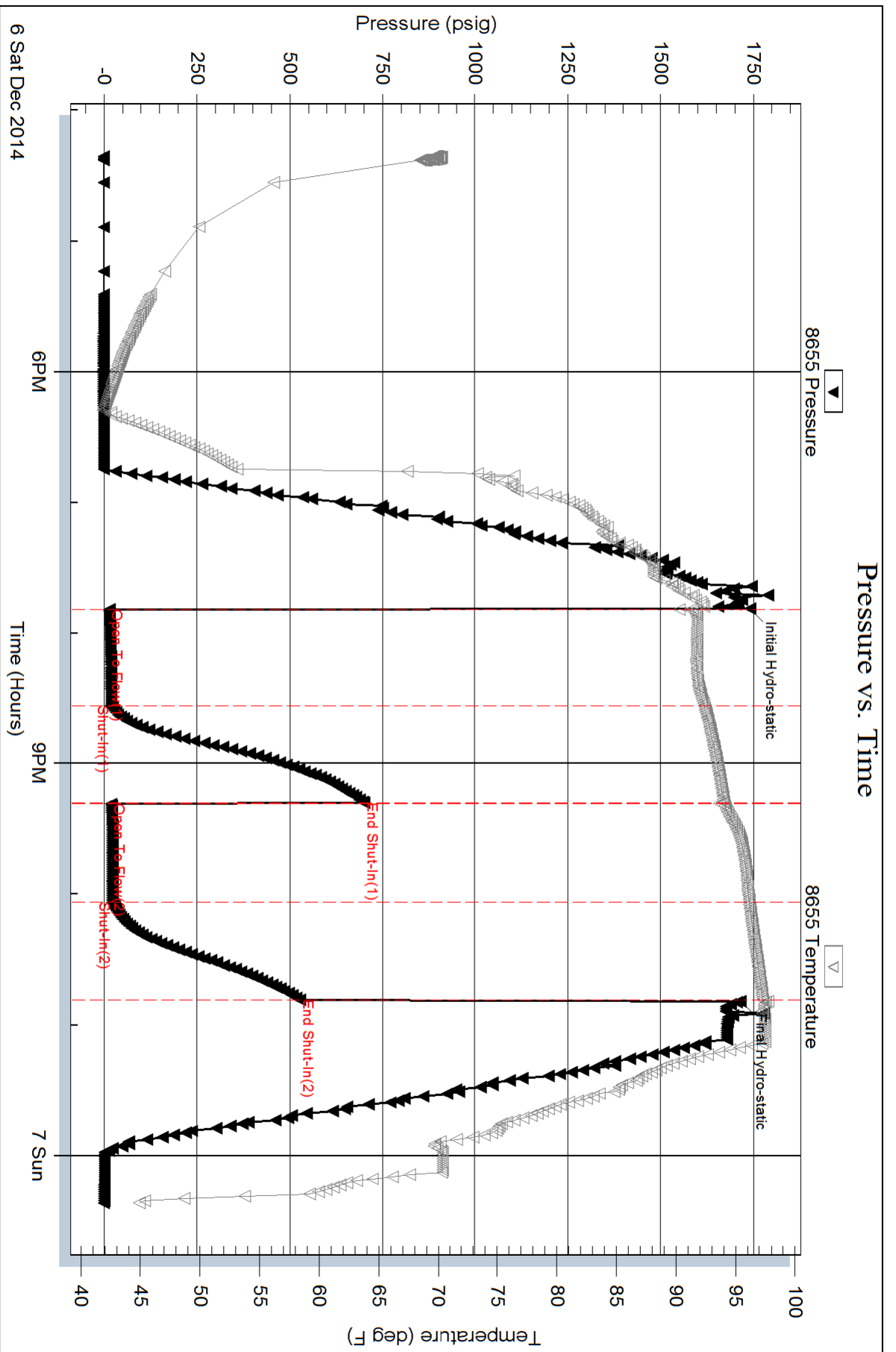
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 57.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3000.00 ppm			
Filter Cake: 2.50 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	M, w ith oil spots, 100%m	0.110

Total Length: 15.00 ft Total Volume: 0.110 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

IA Operating, Inc
 9915 W 21st STE B
 Wichita, KS 67205
 ATTN: Steve Reed

Sec. 13-10s-21w Graham, KS
Beiker Trust #13-1
 Job Ticket: 60992 **DST#: 3**
 Test Start: 2014.12.08 @ 07:34:00

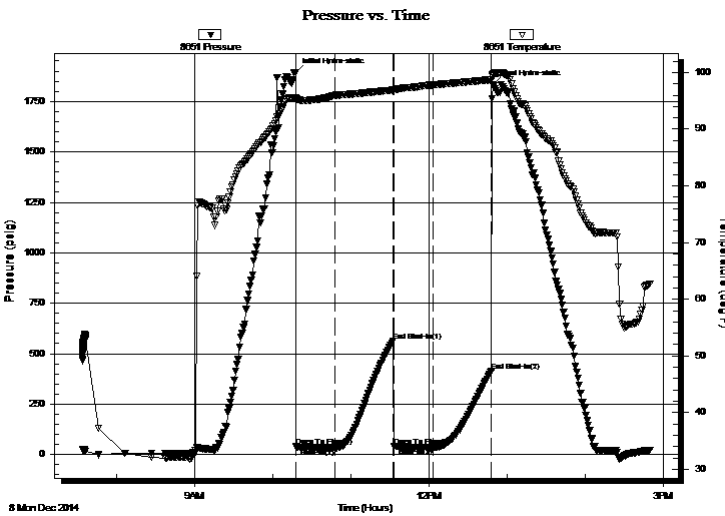
GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Reset)
 Time Tool Opened: 10:18:00
 Tester: Phillip Gage
 Time Test Ended: 14:49:30
 Unit No: 62
 Interval: **3754.00 ft (KB) To 3845.00 ft (KB) (TVD)**
 Reference Elevations: 2261.00 ft (KB)
 Total Depth: 3845.00 ft (KB) (TVD)
 2253.00 ft (CF)
 Hole Diameter: 7.88 inches
 Hole Condition: Fair
 KB to GR/CF: 8.00 ft

Serial #: 8651 Inside
 Press@RunDepth: 35.33 psig @ 3755.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.12.08 End Date: 2014.12.08 Last Calib.: 2014.12.08
 Start Time: 07:34:01 End Time: 14:49:30 Time On Btm: 2014.12.08 @ 10:17:30
 Time Off Btm: 2014.12.08 @ 12:49:00

TEST COMMENT: 30-IF-Built to 1 1/4"
 45-ISI-No Return
 30-FF-Built to 1/2"
 45-FSI-No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1893.28	95.53	Initial Hydro-static
1	39.74	95.27	Open To Flow (1)
31	34.07	95.96	Shut-In(1)
75	563.20	96.89	End Shut-In(1)
76	42.14	96.87	Open To Flow (2)
106	35.33	97.81	Shut-In(2)
151	414.47	98.73	End Shut-In(2)
152	1831.98	99.63	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	O, 100%o	0.01
15.00	SOCM, 10%o, 90%m	0.11

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

IA Operating, Inc
9915 W 21st STE B
Wichita, KS 67205
ATTN: Steve Reed

Sec. 13-10s-21w Graham, KS
Beiker Trust #13-1
Job Ticket: 60992 **DST#: 3**
Test Start: 2014.12.08 @ 07:34:00

Mud and Cushion Information

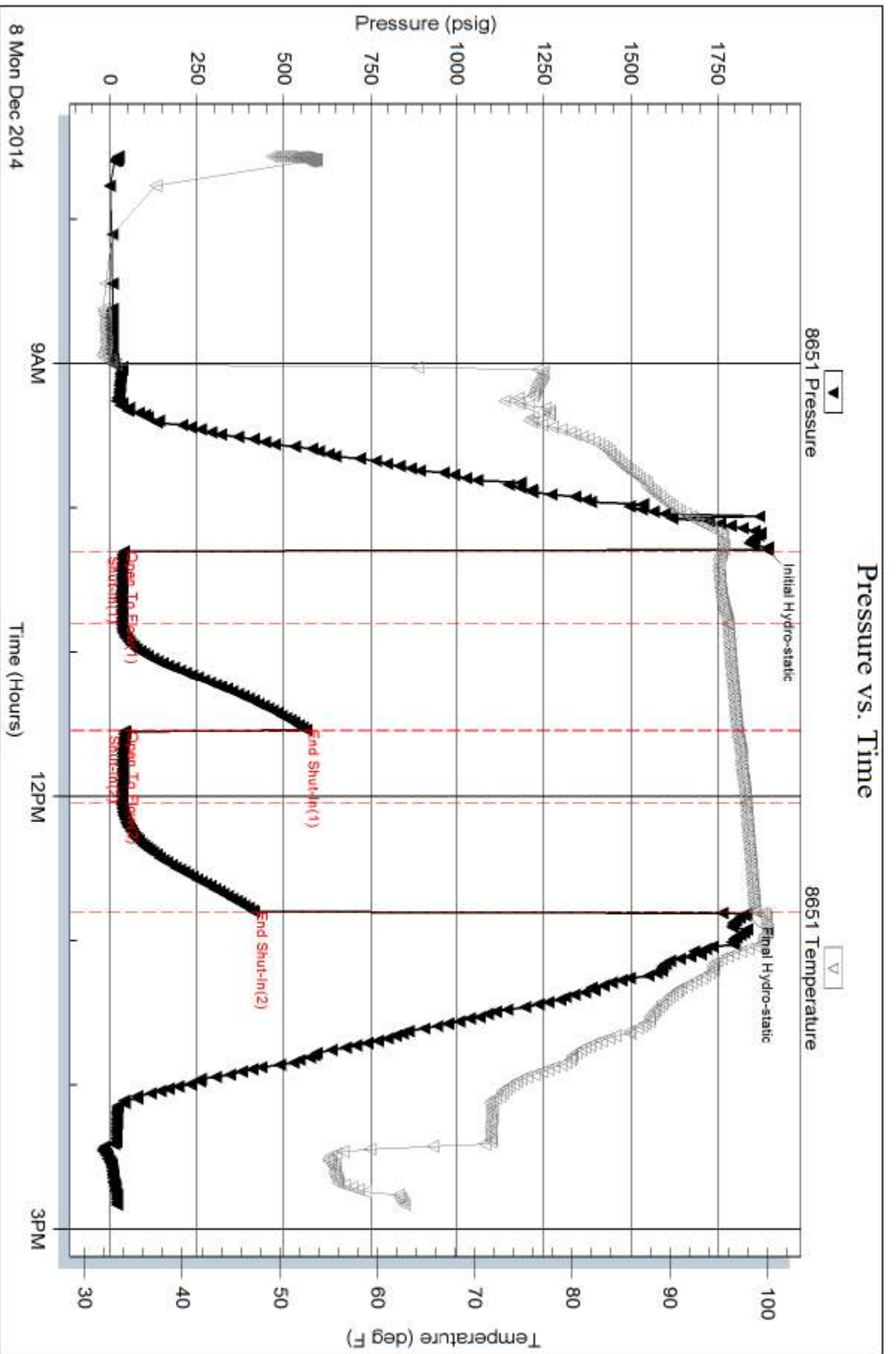
Mud Type: Gel Chem	Cushion Type:	Oil API: 30 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 60.00 sec/qt	Cushion Volume: bbl	
Water Loss: 8.39 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 3000.00 ppm		
Filter Cake: 2.50 inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2.00	O, 100%o	0.015
15.00	SOCM, 10%o, 90%m	0.110

Total Length: 17.00 ft Total Volume: 0.125 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

IA Operating, Inc
 9915 W 21st STE B
 Wichita, KS 67205
 ATTN: Steve Reed

Sec. 13-10s-21w Graham, KS
Beiker Trust #13-1
 Job Ticket: 60993 **DST#: 4**
 Test Start: 2014.12.08 @ 20:39:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 23:18:30
 Time Test Ended: 03:29:00
 Interval: **3845.00 ft (KB) To 3860.00 ft (KB) (TVD)**
 Total Depth: 3860.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Phillip Gage
 Unit No: 62
 Reference Elevations: 2261.00 ft (KB)
 2253.00 ft (CF)
 KB to GR/CF: 8.00 ft

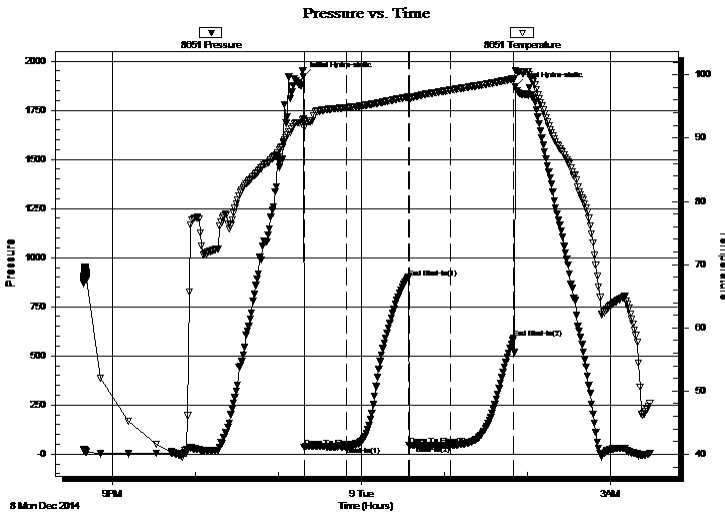
Serial #: 8651

Inside

Press @ Run Depth: 44.67 psig @ 3846.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.12.08 End Date: 2014.12.09 Last Calib.: 2014.12.09
 Start Time: 20:39:01 End Time: 03:29:00 Time On Btm: 2014.12.08 @ 23:18:00
 Time Off Btm: 2014.12.09 @ 01:51:30

TEST COMMENT: 30-IF-Built to 1 1/4"
 45-ISI-No Return
 30-FF-Built to 3/4"
 45-FSI-No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1920.96	92.98	Initial Hydro-static
1	35.90	91.59	Open To Flow (1)
32	38.51	94.82	Shut-In(1)
76	898.89	96.48	End Shut-In(1)
77	45.67	96.22	Open To Flow (2)
107	44.67	97.59	Shut-In(2)
152	589.19	99.39	End Shut-In(2)
154	1870.41	100.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	O, 100%o	0.04
15.00	SOCM, 5%o, 95%m	0.11

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

IA Operating, Inc
9915 W 21st STE B
Wichita, KS 67205
ATTN: Steve Reed

Sec. 13-10s-21w Graham, KS
Beiker Trust #13-1
Job Ticket: 60993 **DST#: 4**
Test Start: 2014.12.08 @ 20:39:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 27 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl	
Water Loss: 8.79 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 4000.00 ppm		
Filter Cake: 2.50 inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	O, 100%o	0.037
15.00	SOCM, 5%o, 95%m	0.110

Total Length: 20.00 ft Total Volume: 0.147 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

Serial #: 8651

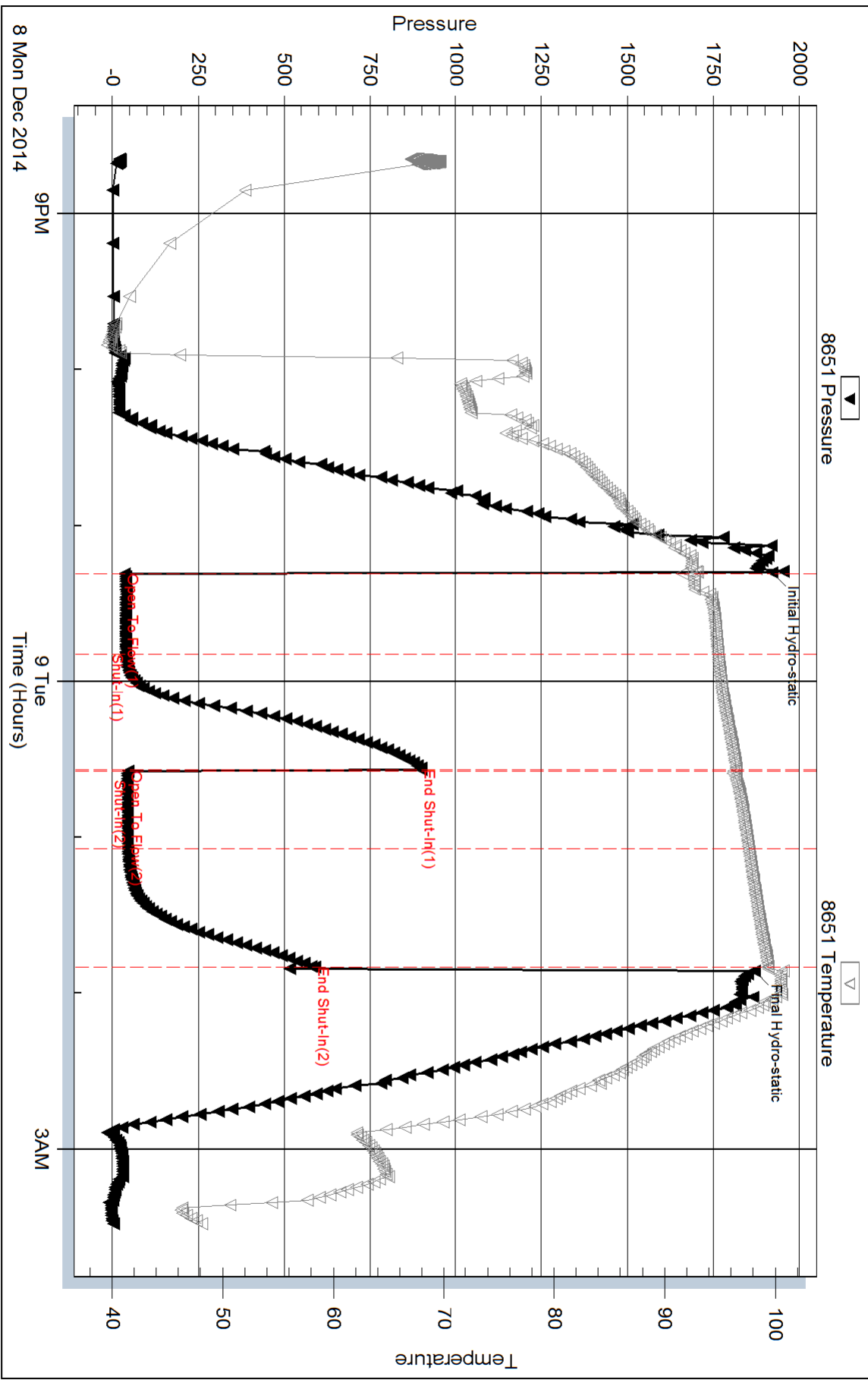
Inside

JA Operating, Inc

Beker Trust #13-1

DST Test Number: 4

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 60993

Printed: 2014.12.09 @ 06:01:36

ALLIED OIL & GAS SERVICES, LLC 055610

Federal Tax I.D.# 20-5976804

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

SERVICE POINT

Russell

DATE 12.9.14 SEC 13 TWP. 10 RANGE 21 CALLED OUT _____ ON LOCATION _____ JOB START 4:00 pm JOB FINISH 5:00 pm
LEASE Bieker Tract WELL # 13-1 LOCATION Ellis Kr COUNTY Grattan STATE Ks
OLD OR NEW (Circle one) NEW 2 n of County line 2 1/2 w 2 1/2 n into

CONTRACTOR Discovery #2 OWNER _____
TYPE OF JOB PTA CEMENT AMOUNT ORDERED 305 sk
HOLE SIZE 7 7/8 T.D. _____
CASING SIZE _____ DEPTH _____
TUBING SIZE _____ DEPTH _____
DRILL PIPE 4 1/2 DEPTH 3813' 60110 + 11 gal + 1/4 cell
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT See log report COMMON 305sk @ 18.92 \$ 5,770.60

EQUIPMENT
PUMP TRUCK # 417 CEMENTER Amy Plamenstif @ _____
HELPER Damy S. @ _____
BULK TRUCK # 473 DRIVER Jan P @ _____
BULK TRUCK # _____ DRIVER _____ @ _____
HANDLING 305 Fts @ 2.48 \$ 756.40
MILEAGE 395 Tim 2.75 \$ 1084.88
394.5 TOTAL \$7,716.88

REMARKS:

P1= 3813' @ 50 SK P2= 1775' @ 50 SK
P3= 1000' @ 100 SK P4= 275' @ 50 SK
P5= 40' @ 100 SK P6= RPT= 30 SK
1X 8 5/8 wooden Plug. P7= mouse= 15 SK

See Cement Job log

SERVICE

DEPTH OF JOB 3813'
PUMP TRUCK CHARGE @ 2556.75
EXTRA FOOTAGE @ _____
MILEAGE Heavy 60 @ 7.7 \$ 462.00
light 30 @ 4.4 \$ 132.00
MANIFOLD @ _____
TOTAL 4994.03
Less 1248.50 TOTAL \$3745.53

PLUG & FLOAT EQUIPMENT

1X 8 5/8 wooden Plug @ 110.00
TOTAL \$ 110.00
Less 27.50 TOTAL \$ 82.50

SALES TAX (If Any) _____
TOTAL CHARGES \$ 11079.56
DISCOUNT \$ 2768.89 (25%) IF PAID IN 30 DAYS
Net 8309.67

CHARGE TO: I.A. Operating
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 Terry Wickham
SIGNATURE Terry Wickham

ALLIED OIL & GAS SERVICES, LLC 055579

Federal Tax I.D.# 20-5975804

REMITTO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell KS

DATE 12-2-14	SEC. 13	TWP. 10	RANGE 21	CALLED OUT	ON LOCATION	JOB START 8:30 PM	JOB FINISH 9:00 PM
BEITER Trust	WELL# 13-1	LOCATION Ellis N/2 part county			COUNTY Graham	STATE KS	
OLD OR NEW (Circle one)		line 2 1/4 W N 10					

CONTRACTOR Discovery 2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 221

CASING SIZE 8 5/8 2.3# DEPTH 221

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 15

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 13

OWNER

CEMENT

AMOUNT ORDERED 150 com 3 9acc 2 7gel

COMMON	<u>150</u>	@	<u>17.90</u>	<u>2685.00</u>
POZMIX		@		
GEL	<u>282</u>	@	<u>0.50</u>	<u>141.00</u>
CHLORIDE	<u>423</u>	@	<u>1.10</u>	<u>465.30</u>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER Robert V

409 HELPER Nathan D

BULK TRUCK

410 DRIVER Steve S

BULK TRUCK

DRIVER

<u>Material</u>	@	<u>3291.30</u>
<u>Disc</u>	@	<u>822.82</u>
HANDLING <u>150</u>	@	<u>2.48</u> <u>372.00</u>
MILEAGE <u>212</u> +/m	@	<u>2.75</u> <u>581.63</u>
<u>211.50</u>		TOTAL <u>4244.93</u>

REMARKS:

see log
powerplant caught on fire

Thank you!!!

CHARGE TO: IA Operation

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>221</u>
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>30</u> <u>LVMT</u>	@ <u>4.40</u> <u>132.00</u>
MANIFOLD	@
<u>60</u> <u>HVMT</u>	@ <u>7.70</u> <u>462.00</u>

Disc 764.98 TOTAL 3059.88
~~2156.25~~

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.

PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 6351.18

DISCOUNT 1587.80 (25%) IF PAID IN 30 DAYS

Net \$ 4763.38