

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241723
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: _____

1241723

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"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

CMX Inc.
 1700 N. Waterfront Pkwy Bldg 300b
 Wichita, Kansas 67206
 ATTN: Ken LaBlanc

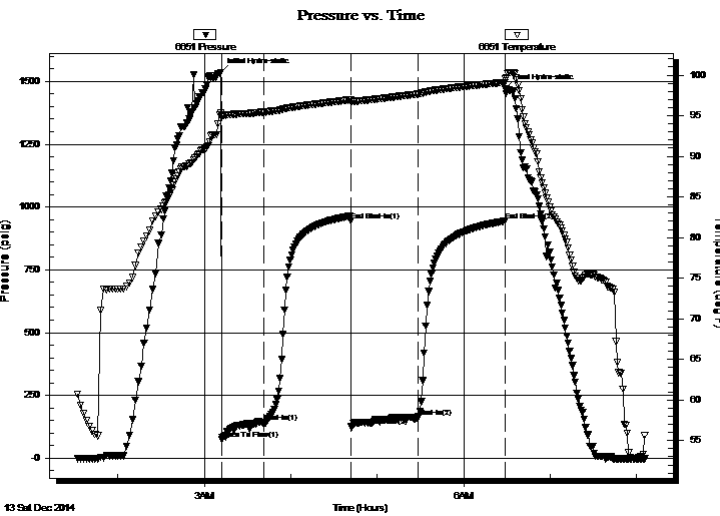
35-16s-11w Barton
Clafin #1-35
 Job Ticket: 62063 **DST#: 1**
 Test Start: 2014.12.13 @ 01:32:00

GENERAL INFORMATION:

Formation: **Lansing "A-B & C"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 03:12:00
 Time Test Ended: 08:05:30
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Gene Budig
 Unit No: 60-62
 Interval: **3088.00 ft (KB) To 3150.00 ft (KB) (TVD)**
 Total Depth: 3150.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Reference Elevations: 1939.00 ft (KB)
 1931.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 6651 Outside
 Press@RunDepth: 161.46 psig @ 3144.89 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.12.13 End Date: 2014.12.13 Last Calib.: 2014.12.13
 Start Time: 01:32:00 End Time: 08:05:30 Time On Btm: 2014.12.13 @ 03:11:30
 Time Off Btm: 2014.12.13 @ 06:29:00

TEST COMMENT: 1st Openng 30 Minutes Weak building blow built to 3 1/2 inches
 1st Shut-In 60 Minutes
 2nd Openin 45 Minutes-Weak building blow built to 4 1/2 inches
 2nd Shut-In 60 Minutes



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1536.18	95.31	Initial Hydro-static
1	74.50	94.88	Open To Flow (1)
30	144.28	95.44	Shut-In(1)
90	946.19	96.95	End Shut-In(1)
91	126.17	96.72	Open To Flow (2)
137	161.46	97.66	Shut-In(2)
197	943.78	99.11	End Shut-In(2)
198	1470.25	99.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Slightly oil and gas cut muddy water	0.28
0.00	3% Gas 2% Oil 75% Water 20% Mud	0.00
100.00	Heavy Oil cut muddy water	1.40
0.00	7% Gas 30% Oil 28% Water 35% Mud	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX Inc.

35-16s-11w Barton

1700 N. Waterfront Pkwy Bldg 300b
Wichita, Kansas 67206

Claflin #1-35

Job Ticket: 62063

DST#: 1

ATTN: Ken LaBlanc

Test Start: 2014.12.13 @ 01:32:00

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:

66000 ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.00 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
20.00	Slightly oil and gas cut muddy water	0.281
0.00	3% Gas 2% Oil 75% Water 20% Mud	0.000
100.00	Heavy Oil cut muddy water	1.403
0.00	7% Gas 30% Oil 28% Water 35% Mud	0.000

Total Length: 120.00 ft

Total Volume: 1.684 bbl

Num Fluid Samples: 0

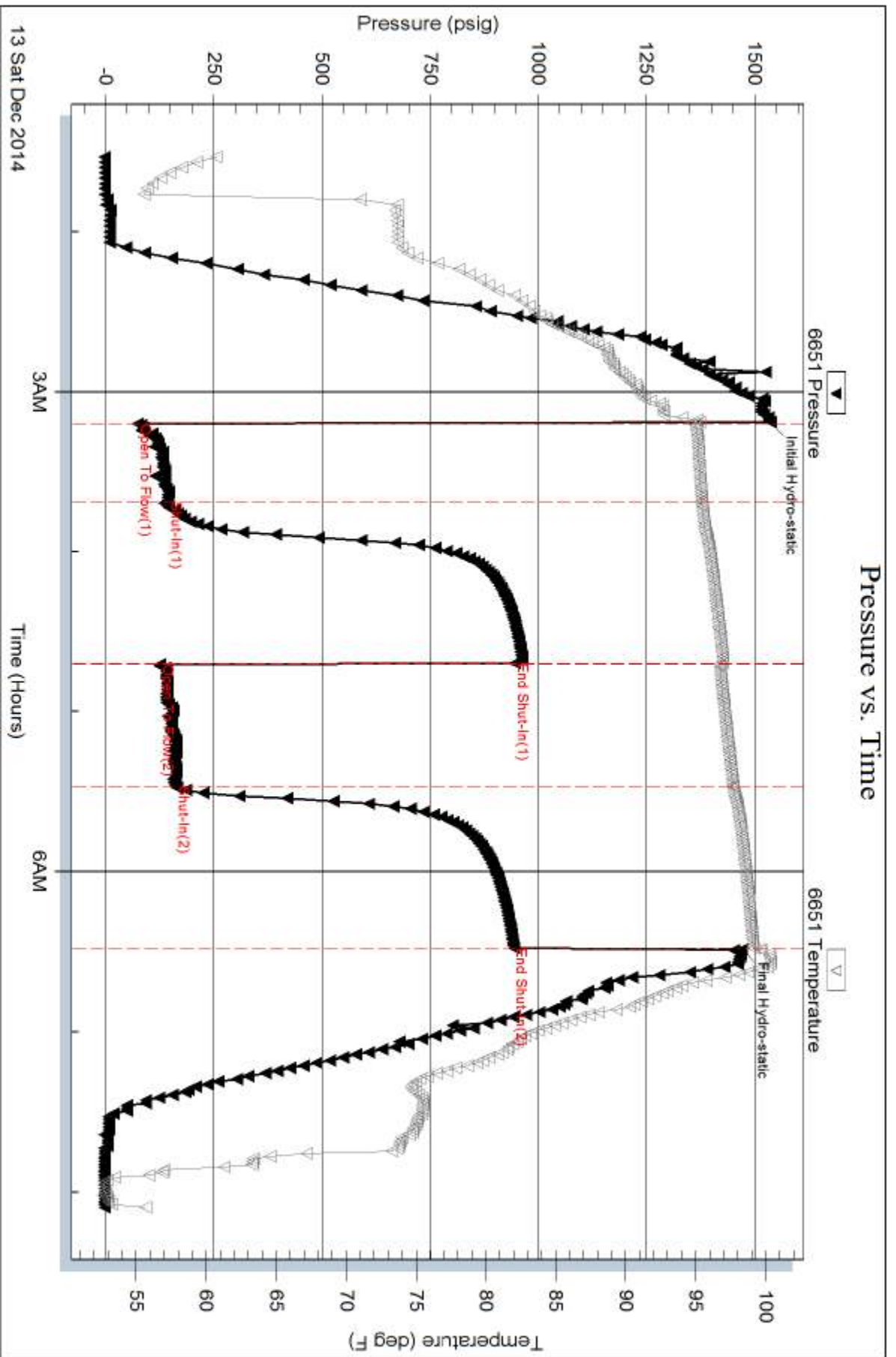
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

CMX Inc.
 1700 N. Waterfront Pkwy Bldg 300b
 Wichita, Kansas 67206
 ATTN: Ken LaBlanc

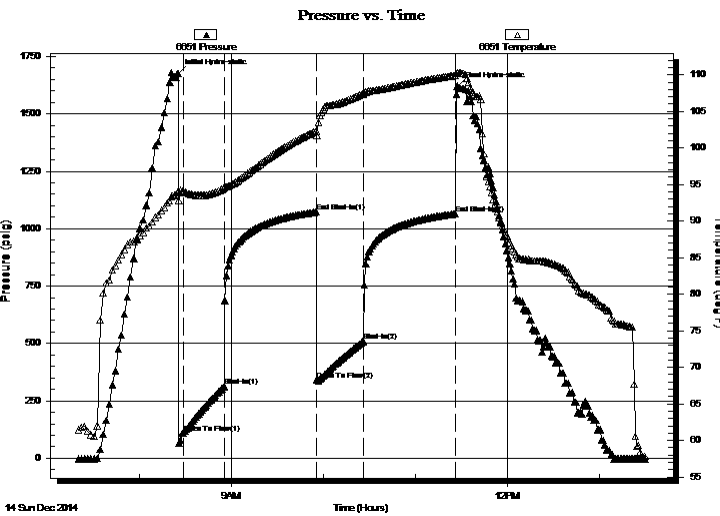
35-16s-11w Barton
Clafin #1-35
 Job Ticket: 62064 **DST#: 2**
 Test Start: 2014.12.14 @ 00:00:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 00:00:00 Tester: Gene Budig
 Time Test Ended: 00:00:00 Unit No: 60
 Interval: **3358.00 ft (KB) To 3383.00 ft (KB) (TVD)** Reference Elevations: 1939.00 ft (KB)
 Total Depth: 3383.00 ft (KB) (TVD) 1931.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 8.00 ft

Serial #: 6651 Outside
 Press @ Run Depth: 1064.73 psig @ 3378.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.12.14 End Date: 2014.12.14 Last Calib.: 2014.12.14
 Start Time: 07:20:00 End Time: 13:30:00 Time On Btm: 2014.12.14 @ 08:25:00
 Time Off Btm: 2014.12.14 @ 11:27:00

TEST COMMENT: 1st Opening 30 Minutes Fair blow BOB in 2 minutes
 1st Shut-in 60 Minutes-No blow back
 2nd Opening 30 Minutes-Fair blow BOB in 2 minutes
 2nd Shut-In 60 Minutes -No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1676.17	93.99	Initial Hydro-static
4	108.93	94.03	Open To Flow (1)
30	312.08	94.52	Shut-In(1)
90	1072.00	102.30	End Shut-In(1)
91	339.55	101.75	Open To Flow (2)
121	510.59	107.42	Shut-In(2)
181	1064.73	109.92	End Shut-In(2)
182	1620.69	110.34	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1780.00	Clean gassy oil Gravity 46 Corrected	24.97
0.00	20% Gas 80% Oil	0.00
120.00	Gas in the pipe	1.68

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX Inc.

35-16s-11w Barton

1700 N. Waterfront Pkwy Bldg 300b
Wichita, Kansas 67206

Claflin #1-35

Job Ticket: 62064

DST#: 2

ATTN: Ken LaBlanc

Test Start: 2014.12.14 @ 00:00:00

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: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.00 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4700.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1780.00	Clean gassy oil Gravity 46 Corrected	24.969
0.00	20% Gas 80% Oil	0.000
120.00	Gas in the pipe	1.683

Total Length: 1900.00 ft Total Volume: 26.652 bbl

Num Fluid Samples: 0

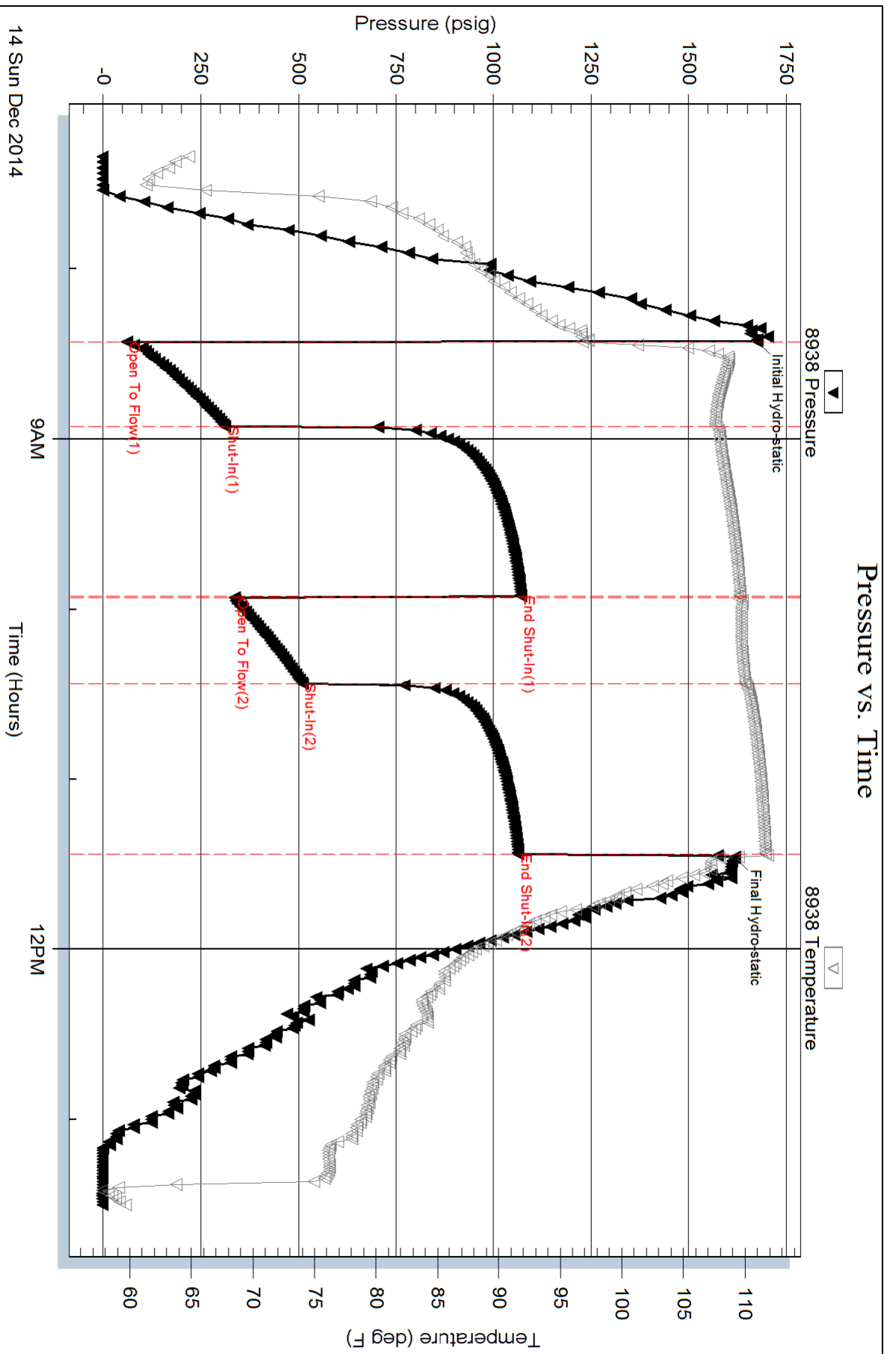
Num Gas Bombs: 0

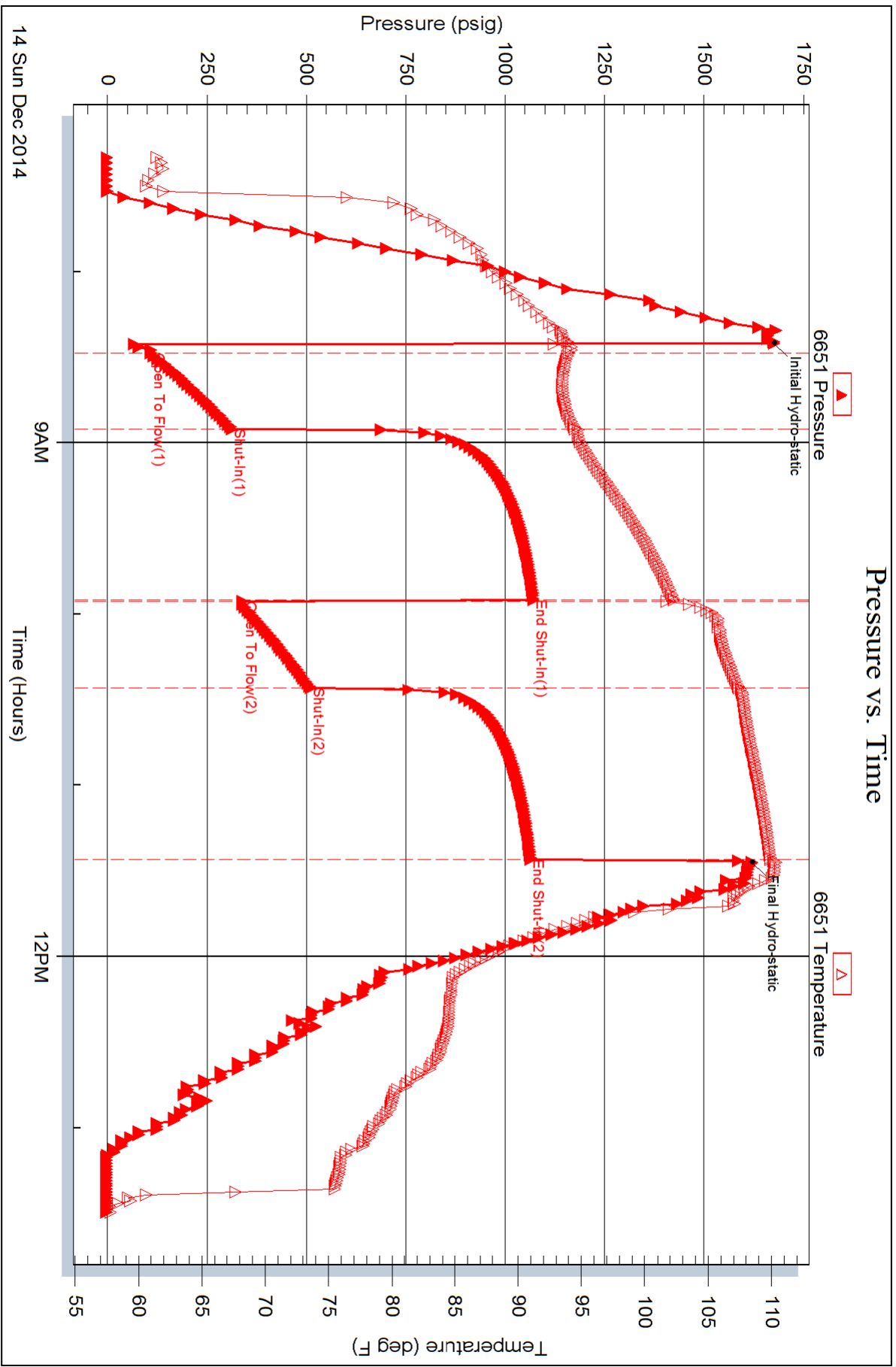
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:







PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 147796
Invoice Date: Dec 15, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
CMX	67268	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Great Bend	Dec 15, 2014	1/14/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Clafin #1-35		
145.00	CEMENT MATERIALS	ASC	23.50	3,407.50
725.00	CEMENT MATERIALS	Kol Seal	0.98	710.50
41.00	CEMENT MATERIALS	FL-160	18.90	774.90
20.00	CEMENT MATERIALS	Defoamer	3.50	70.00
50.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	946.00
12.00	CEMENT MATERIALS	Flo Seal	2.97	35.64
500.00	CEMENT MATERIALS	DV-1100	1.35	675.00
241.89	CEMENT SERVICE	Cubic Feet Charge	2.48	599.89
155.85	CEMENT SERVICE	Ton Mileage Charge	2.75	428.59
1.00	CEMENT SERVICE	Production Casing	2,558.75	2,558.75
15.00	CEMENT SERVICE	Pump Truck Mileage	7.70	115.50
15.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	66.00
1.00	CEMENT SERVICE	High Connection	500.00	500.00
1.00	EQUIPMENT SALES	5-1/2 Packer Shoe	3,590.00	3,590.00
6.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	342.00
1.00	EQUIPMENT SALES	5-1/2 Latch Down Plug	660.00	660.00
1.00	CEMENT SUPERVISOR	Joshua Isaac		
1.00	EQUIPMENT OPERATOR	Ben Newell		
1.00	OPERATOR ASSISTANT	Kevin Weighous		

Subtotal	15,480.27
Sales Tax	801.63
Total Invoice Amount	16,281.90
Payment/Credit Applied	
TOTAL	16,281.90

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 4,196.71

ONLY IF PAID ON OR BEFORE
Jan 14, 2015

12,085.19

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

067268

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

SERVICE POINT: Great Bend

DATE <u>12-15-14</u>	SEC. <u>36</u>	TWP. <u>16</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION	JOB START <u>5pm</u>	JOB FINISH <u>5:30pm</u>
LEASE <u>Clafin</u>		WELL# <u>1-35</u>		LOCATION <u>Clafin - 1 East - 8 N - Finto</u>		COUNTY <u>Denton</u>	STATE <u>TX</u>
OLD OR NEW (Circle one)							

CONTRACTOR Duke 2 OWNER _____

TYPE OF JOB Production

HOLE SIZE <u>7 1/2</u>	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH <u>3388.67</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>42.18</u>
CEMENT LEFT IN CSG. <u>42.18</u>	
PERFS.	
DISPLACEMENT <u>81.65 bbl H2O</u>	

EQUIPMENT

PUMP TRUCK # <u>366</u>	CEMENTER <u>Josh Isaac</u>
	HELPER <u>Ben Newell</u>
BULK TRUCK # <u>5461-198</u>	DRIVER <u>Jose Trucheta (TWS)</u>
BULK TRUCK # _____	DRIVER <u>Kerwin Weighous</u>

REMARKS:

On location - Rig up - had safety meeting
Run 5 1/2 casing - Break cir. - 1hr
pump 10 bbl Drill
plug RH + MH
Mix 145 SX ASC
Drop plug
Displace 81.65 bbl H2O
plug plug 1200 psi - 5:20pm
Rig down

CHARGE TO: CMX

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 J. Keith Bright

SIGNATURE [Signature]

CEMENT

AMOUNT ORDERED 145 SX ASC 2 1/2 gal 6 1/2 gal 16 x salt 5# Kohl 3% Fl 100 & DE
50 SX 60/40 4 1/2 gal 12 Fl

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>145 SX</u>	@ <u>23.50</u>	<u>3,407.50</u>
<u>Kalsol</u>	<u>725 @ .98</u>	<u>710.50</u>
<u>11-160</u>	<u>41 @ 18.90</u>	<u>774.90</u>
<u>DF</u>	<u>20 @ 3.50</u>	<u>70.00</u>
<u>50 SX 60/40 + 4%</u>	@ <u>18.92</u>	<u>946.00</u>
<u>Fl 0</u>	<u>12 @ 2.97</u>	<u>35.64</u>
<u>Qu 1100</u>	<u>500 @ 1.35</u>	<u>675.00</u>
	@	
	@	
		TOTAL <u>6,619.54</u>

DISCOUNT 28 % 1,853.47

SERVICE

HANDLING <u>241.89</u>	@ <u>2.48</u>	<u>599.89</u>
MILEAGE <u>10.39 X 15 X</u>	<u>2.75</u>	<u>432.59</u>
DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>2558.73</u>
EXTRA FOOTAGE	@	
HV MILEAGE <u>15</u>	@ <u>7.70</u>	<u>115.50</u>
LV MILEAGE <u>15</u>	@ <u>4.40</u>	<u>66.00</u>
<u>High connection</u>	@ <u>500.00</u>	<u>500.00</u>
	@	
		TOTAL <u>4,268.73</u>

DISCOUNT 28 % 1,195.24

PLUG & FLOAT EQUIPMENT

<u>Perker Shop</u>	@ <u>3590.00</u>	<u>3,590.00</u>
<u>6 Centralizers</u>	@ <u>57.00</u>	<u>342.00</u>
<u>latch down plug</u>	@ <u>600.00</u>	<u>600.00</u>
	@	
	@	
		TOTAL <u>4,532.00</u>

DISCOUNT 25 % 1,148.00

SALES TAX (If Any) _____

TOTAL CHARGES 15,480.77

DISCOUNT 4,196.71 IF PAID IN 30 DAYS

NET TOTAL 11,283.56 IF PAID IN 30 DAYS



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 147623
Invoice Date: Dec 9, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
CMX	63729	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Great Bend	Dec 9, 2014	1/8/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Clafin #1-35		
300.00	CEMENT MATERIALS	Class A Common	17.90	5,370.00
846.00	CEMENT MATERIALS	Chloride	1.10	930.60
316.75	CEMENT SERVICE	Cubic Feet Charge	2.48	785.54
217.85	CEMENT SERVICE	Ton Mileage Charge	2.75	599.09
1.00	CEMENT SERVICE	Surface	2,058.50	2,058.50
15.00	CEMENT SERVICE	Pump Truck Mileage	7.70	115.50
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
15.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	66.00
1.00	EQUIPMENT SALES	8-5/8 Wooden Plug	110.00	110.00
1.00	CEMENT SUPERVISOR	Kevin Eddy		
1.00	OPERATOR ASSISTANT	Patrick Walker		

Subtotal	10,310.23
Sales Tax	458.36
Total Invoice Amount	10,768.59
Payment/Credit Applied	
TOTAL	10,768.59

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,856.06

ONLY IF PAID ON OR BEFORE
Jan 8, 2015

ALLIED OIL & GAS SERVICES, LLC 063729

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend KS

DATE <u>12-09-14</u>	SEC. <u>35</u>	TWP. <u>16</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION <u>9:45 Am</u>	JOB START <u>12:30 Pm</u>	JOB FINISH <u>1:00 Pm</u>
LEASE <u>Claflin</u>		WELL # <u>1-35</u>		LOCATION <u>Claflin KS 1 East To 140 Rd</u>		COUNTY <u>Barton</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				<u>8 North East into</u>			

CONTRACTOR Duke
 TYPE OF JOB S. case
 HOLE SIZE 12 1/4 T.D. 475
 CASING SIZE 8 3/8 24-15 DEPTH 475
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15 ft
 PERFS.
 DISPLACEMENT 29.30 BBIS Fresh H2O
 EQUIPMENT

OWNER
 CEMENT
 AMOUNT ORDERED 300 SXS CLASS A 3% cc
 COMMON 300 @ 17.90 5,370.00
 POZMIX @
 GEL @
 CHLORIDE 846 @ 1.10 930.60
 ASC Materials Total 6,300.60
Disc 28% 1,764.17
 @
 @
 @
 @
 @
 @
 @
 @
 HANDLING 316.75 @ 2.48 785.52
 MILEAGE 217.85 @ 2.75 599.09

PUMP TRUCK CEMENTER Kenneth Eddy
 # 398 HELPER Patrick Walker
 BULK TRUCK
 # 289 198 DRIVER Jose Tracheta (TNS)
 BULK TRUCK
 # DRIVER Serry Acosta (TNS)

REMARKS:

on location / Held safety meeting / Rig up
 Big Run 475ft 8 3/8 casing, Broke circ / Rig mud
 hook to cement line - Pump 5 ahead - Mix 300
 SXS class A 3% cc - Shut Down Release Plug -
 Displace 29.30 BBIS Fresh H2O. Shut Down - Shut
 in - Rig Down

DEPTH OF JOB 475
 PUMP TRUCK CHARGE 2058.50
 EXTRA FOOTAGE @
 MILEAGE Hum 15 @ 7.70 115.50
 MANIFOLD Hand @ 275.00 275.00
Hum 15 @ 4.40 66.00
 @

CHARGE TO: CMX INC
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 3,899.62
Disc 28% 1,091.89

THANK YOU!

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.

PLUG & FLOAT EQUIPMENT
Wooden Plug @ 110.00 110.00
 @
 @
 @
 @
 TOTAL 110.00
Disc 0%

PRINTED NAME Dion Vasquez
 SIGNATURE Dion Vasquez

SALES TAX (If Any) _____
 TOTAL CHARGES 10,310.72
2,856.06
 DISCOUNT _____ IF PAID IN 30 DAYS
7,454.16