

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
October 2008  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 8631  
 Name: FARRIS WELL SERVICE  
 Address 1: RR 2  
 Address 2: BOX 280  
 City: TURPIN State: OK Zip: 73950 +  
 Contact Person: BOB FARRIS  
 Phone: ( 620 ) 629-1406  
 CONTRACTOR: License # 33905  
 Name: ROYAL DRILLING  
 Wellsite Geologist: JIM MUSGROVE  
 Purchaser: NCRA

API No. 15 - 141-20384-0000  
 Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ NW SE NE Sec. 9 Twp. 10 S. R. 15  East  West  
1690 Feet from  North /  South Line of Section  
1090 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: OSBORNE  
 Lease Name: CHESNEY Well #: 3-9  
 Field Name: HOBROCK

Producing Formation: KANSAS CITY  
 Elevation: Ground: 1949 Kelly Bushing: \_\_\_\_\_  
 Total Depth: 3595 Plug Back Total Depth: 3587  
 Amount of Surface Pipe Set and Cemented at: 736 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/ \_\_\_\_\_ <sup>sq cmt.</sup> AFT-Dig-12/17/09

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW  
 Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
 CM (Coal Bed Methane) \_\_\_\_\_ Temp. Abd.  
 Dry \_\_\_\_\_ Other \_\_\_\_\_  
 (Core, WSW, Expl., Cathodic, etc.)

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content: 56,000 ppm Fluid volume: 400 bbls  
 Dewatering method used: EVAPORATIONO  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

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: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled \_\_\_\_\_ Docket No.: \_\_\_\_\_  
 Dual Completion \_\_\_\_\_ Docket No.: \_\_\_\_\_  
 Other (SWD or Enhr.?) \_\_\_\_\_ Docket No.: \_\_\_\_\_  
3-3-08 3-11-08 4-21-08  
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: \_\_\_\_\_ (see attachment)  
 Title: OWNER Date: 10-29-09  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 20  
 Notary Public: \_\_\_\_\_  
 Date Commission Expires: \_\_\_\_\_

**KCC Office Use ONLY**

Letter of Confidentiality Received

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: FARRIS WELL SERVICE Lease Name: CHESNEY Well #: 3-9  
 Sec. 9 Twp. 10 S. R. 15  East  West County: OSBORNE

**INSTRUCTIONS:** Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  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
NEW SURFACE	12 1/4	8.625	23#	270	COMMON	270	10 CHLORIDE
PRODUCTION		5.5	15.5#	3587	150 ACS		
CIBP				3415			

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3527-31	4 S.P.F.	1,000 GAL 15% ACID	
3520-24	4 S.P.F.	1,000 GAL 15% ACID	
3316-20			
3287-92		750 GAL OF 15%	
3380-84		ALL ZONES	

TUBING RECORD: Size: 2.375 Set At: 3325 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. <u>20</u>	Gas Mcf	Water Bbls. <u>2BBL</u>	Gas-Oil Ratio	Gravity <u>37</u>
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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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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October 2008  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 08631  
Name: FARRIS WELL SERVICE  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: TURAN State: OK Zip: 73950 + \_\_\_\_\_  
Contact Person: BOB FARRIS  
Phone: (620) 629-1405  
CONTRACTOR: License # 33905  
Name: ROYAL DRILLING  
Wellsite Geologist: DIM MUSGROVE  
Purchaser: N-C-R-A  
Designate Type of Completion:

New Well     Re-Entry     Workover  
 Oil     SWD     SIOW  
 Gas     ENHR     SIGW  
 CM (Coal Bed Methane)     Temp. Abd.  
 Dry     Other \_\_\_\_\_  
(Core, WSW, Expl., Cathodic, 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: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Docket No.: \_\_\_\_\_  
 Dual Completion    Docket No.: \_\_\_\_\_  
 Other (SWD or Enhr.?)    Docket No.: \_\_\_\_\_  
3-3-08    3-11-08    4-21-08  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 141-20384-00-00  
Spot Description: \_\_\_\_\_  
ADJ SE 1/4 Sec. 9 Twp. 10S R. 15  East  West  
1690 Feet from  North /  South Line of Section  
1090 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: OSBORNE  
Lease Name: CHESNEY Well #: 3-9  
Field Name: KANSAS CITY HARBOR  
Producing Formation: KANSAS CITY  
Elevation: Ground: 1949 Kelly Bushing: 5 Foot  
Total Depth: 3595 Plug Back Total Depth: 3553 3587  
Amount of Surface Pipe Set and Cemented at: 736 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

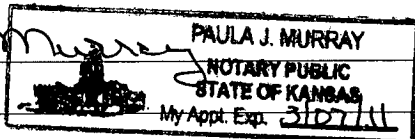
(Data must be collected from the Reserve Pit)

Chloride content: 56,000 ppm Fluid volume: 400 bbls  
Dewatering method used: EVAPORATION  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]  
Title: OWNER Date: 10-29-09  
Subscribed and sworn to before me this 29 day of October,  
2009.  
Notary Public: Paula J. Murray  
Date Commission Expires: 3/07/11



KCC Office Use ONLY  
 Letter of Confidentiality Received  
If Denied, Yes  Date: RECEIVED  
 Wireline Log Received KANSAS CORPORATION COMMISSION  
 Geologist Report Received OCT 29 2009  
 UIC Distribution  
CONSERVATION DIVISION WICHITA, KS

Operator Name: FARRIS WELL SERVICE Lease Name: CHESTER Well #: 3-9  
 Sec. 9 Twp. 10 (S) R. 15  East  West County: OSBORNE

**INSTRUCTIONS:** Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets)  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy)  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
<del>NEW SURFACE</del> <del>5-20-70</del>	12 1/4	4 5/8	23#	730	COMMON	270	1% CHLORIDE
SURFACE	<del>5 1/2</del>	5 1/2	15.5#	3587	150 ACS		
PRODUCTION	<del>5 1/2</del> 7 1/8						

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3527-31	4 S.P.F.	1,000 GAL 15% ACID	
3520-24	4 S.P.F.	1,000 GAL 15% ACID	
3415	C.I.B.P.		
3316-20		750 GAL OF 15%	
3287-92	3380-84	ALL ZONES	

TUBING RECORD: Size: <u>2 3/4</u> Set At: <u>3325</u> Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. _____	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	<u>Oil</u> Bbls. <u>20</u>	Gas Mcf _____	Water Bbls. <u>2 BBL</u>	Gas-Oil Ratio _____	Gravity <u>37</u>
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# ALLIED

**CEMENTING CO., LLC**  
Cementing & Acidizing Services

24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2906

Voice: (785) 483-3887  
Fax: (785) 483-5566

# 10463  
3-18-08  
# 71730  
JP  
**INVOICE**

Invoice Number: 112727  
Invoice Date: Mar 6, 2008  
Page: 1

**Bill To:**

Farris Well Service  
P O Box 1572  
Liberal, KS 67905-1572

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Farris	Chesney #3-9	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS	Russell	Mar 6, 2008	4/5/08

Quantity	Item	Description	Unit Price	Amount
270.00	MAT	Class A Common	12.15	3,280.50
10.00	MAT	Chloride	51.00	510.00
410.00	SER	Handling	2.05	840.50
25.00	SER	Mileage 410 sx @.09 per sk per mi	36.90	922.50
1.00	SER	Cement Loss Circulation	1,045.00	1,045.00
25.00	SER	Mileage Pump Truck	7.00	175.00

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

\$ 677.35

ONLY IF PAID ON OR BEFORE

**Apr 5, 2008**

Subtotal	6,773.50
Sales Tax	257.75
Total Invoice Amount	7,031.25
Payment/Credit Applied	
<b>TOTAL</b>	<b>7,031.25</b>

w/ discount \$ 6353.90



# ALLIED

CEMENTING CO., LLC  
Cementing & Acidizing Services

24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2906

Voice: (785) 483-3887  
Fax: (785) 483-5566

# 16499  
4-2-08

## INVOICE

# 73550  
HOLD

Invoice Number: 112857  
Invoice Date: Mar 13, 2008  
Page: 1

**Bill To:**

Grady Bolding Corporation  
P O Box 486  
Ellinwood, KS 67526

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Bold	Chesney #3-9	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS	Russell	Mar 13, 2008	4/12/08

Quantity	Item	Description	Unit Price	Amount
3.00	MAT	Gel	18.25	54.75
150.00	MAT	ASC Class A	15.05	2,257.50
14.00	MAT	Salt	21.00	294.00
500.00	MAT	WFR-2	1.10	550.00
10.00	MAT	KCL	27.40	274.00
750.00	MAT	Gilsonite	0.75	562.50
164.00	SER	Handling	2.05	336.20
25.00	SER	Mileage 164 sx @.09 per sk per mi	14.76	369.00
1.00	SER	Production String	1,763.00	1,763.00
25.00	SER	Mileage Pump Truck	7.00	175.00
1.00	EQP	AFU Guide Shoe	515.00	515.00
1.00	EQP	Latch Down Assembly	449.00	449.00
7.00	EQP	Turbolizers	77.00	539.00

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

\$ 813.89

ONLY IF PAID ON OR BEFORE

Apr 12, 2008

Subtotal	8,138.95
Sales Tax	373.71
Total Invoice Amount	8,512.66
Payment/Credit Applied	
<b>TOTAL</b>	<del>8,512.66</del>

\$ 7698.77  
w/ disc. →

# ALLIED CEMENTING CO., LLC. 30279

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

SERVICE POINT:  
Russell, Ks.

DATE <u>3-11-08</u>	SEC. <u>9</u>	TWP. <u>10s</u>	RANGE <u>15 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
Chesney LEASE	WELL# <u>3-9</u>	LOCATION <u>Natoma 1N 1/2 E</u>			COUNTY <u>Osborne</u>	STATE <u>Ks.</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)				<u>S into</u>			

CONTRACTOR Royal Drilling, Inc. OWNER \_\_\_\_\_

TYPE OF JOB Production string

HOLE SIZE \_\_\_\_\_ T.D. 3595'

CASING SIZE 5 1/2" DEPTH 3587.82'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 33.93'

CEMENT LEFT IN CSG. 33.93'

PERFS. \_\_\_\_\_

DISPLACEMENT 86.7 bbls.

EQUIPMENT

PUMP TRUCK CEMENTER Gary Glenn

# 3398 HELPER Bob

BULK TRUCK

# 378 DRIVER Mike

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Used all cement

landed plug 1500#

Float Held

CHARGE TO: Grady Bolding

STREET \_\_\_\_\_

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

Thanks!

To Allied Cementing Co., 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 Rickey Papp

SIGNATURE Rickey Papp

CEMENT

AMOUNT ORDERED 150 ASC 2% Gel

10% Salt 5# Gilsonite/SK 500 Gal.

WFR-2 10 Gal-Kel

COMMON _____	@ _____	_____
POZMIX _____	@ _____	_____
GEL <u>3</u>	@ <u>18.25</u>	<u>54.75</u>
CHLORIDE _____	@ _____	_____
ASC <u>150</u>	@ <u>15.00</u>	<u>2257.50</u>
<u>Salt - 14</u>	@ <u>21.00</u>	<u>294.00</u>
<u>WFR-2 500 Gal</u>	@ <u>1.10</u>	<u>550.00</u>
<u>RCL 10 Gal</u>	@ <u>27.40</u>	<u>274.00</u>
<u>Gel 750</u>	@ <u>.75</u>	<u>562.50</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>164</u>	@ <u>2.05</u>	<u>336.00</u>
MILEAGE <u>SK/mj 09</u>	@ _____	<u>369.00</u>
TOTAL		<u>4697.95</u>

SERVICE

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE \_\_\_\_\_ 1763.00

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE 25 @ 7.00 175.00

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL 1938.00

PLUG & FLOAT EQUIPMENT

AFU Guide Shoe 515.00

Latch Down Assbl. @ \_\_\_\_\_ 449.00

7 Turbo Centz. @ 77.00 539.00

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL 1503.00

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

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# ALLIED CEMENTING CO., LLC. 30264

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

SERVICE POINT:

Russell

DATE <u>3-4-08</u>	SEC. <u>9</u>	TWP. <u>10</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Cherney</u>	WELL # <u>3-9</u>	LOCATION <u>Natoma 1E 1N 1E</u>			COUNTY <u>Osborne</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)			Sinto				

CONTRACTOR Royal Drilling Rig #1  
 TYPE OF JOB Cement loss Circulation  
 HOLE SIZE 12 1/4 T.D. 224  
 CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4 1/2 DEPTH 215'  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT Used 270 sks  
 AMOUNT ORDERED 400 Com 3% CC

**EQUIPMENT**

PUMP TRUCK CEMENTER Shane, Gary  
 # 366 HELPER Matt  
 BULK TRUCK \_\_\_\_\_  
 # 378 DRIVER Rocky  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON	<u>270</u>	@	<u>12.15</u>	<u>3280.00</u>
POZMIX		@		
GEL		@		
CHLORIDE	<u>10</u>	@	<u>51.00</u>	<u>510.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>410</u>	@	<u>2.05</u>	<u>840.00</u>
MILEAGE	<u>SK/m/109</u>			<u>922.00</u>
TOTAL				<u>5553.00</u>

**REMARKS:**  
Tied on to Drill pipe @ 215' Mixed  
200 sks to Circulate Cement in  
ditch. Did Not Circulate. Waited  
2 hrs. @ Tried to tag Cement  
Cement was Not there. Pulled  
up to 53' mixed 70 sks with  
300# bulbs to Circulate Cement.  
Came out of Hole with Drill Pipe.  
Waited 8hrs. to Drill Cement out

CHARGE TO: Farris Well Service  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Thanks!

To Allied Cementing Co., 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 Doug Budig  
 SIGNATURE Doug Budig

**SERVICE**

DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_ 1045.00  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE 25 @ 7.00 175.00  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL 1220.00

**PLUG & FLOAT EQUIPMENT**

\_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS