



Confidentiality Requested:

 Yes  No**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  SLOW
- 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	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

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 DistributionALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio      Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	COBRA 26-1
Doc ID	1257502

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
MICROLOG
QUAD COMBO LOG
REPEAT PASS
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	COBRA 26-1
Doc ID	1257502

Tops

Name	Top	Datum
HEEBNER	3902	
TORONTO	3934	
LANSING	3962	
IOLA	4131	
MARMATON GROUP	4455	
PAWNEE	4553	
CHEROKEE	4603	
ATOKA	4726	
MORROW	4817	
ST GENEVIEVE	4896	
ST LOUIS	4954	



## Summary of Changes

Lease Name and Number: COBRA 26-1

API/Permit #: 15-093-21927-00-00

Doc ID: 1257502

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	01/27/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3082	3081
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1240740">../..kcc/detail/operatorEditDetail.cfm?docID=1240740</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257502">../..kcc/detail/operatorEditDetail.cfm?docID=1257502</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1240740  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

# CONFIDENTIAL 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: \_\_\_\_\_

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	COBRA 26-1
Doc ID	1240740

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
MICROLOG
QUAD COMBO LOG
REPEAT PASS
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	COBRA 26-1
Doc ID	1240740

Tops

Name	Top	Datum
HEEBNER	3902	
TORONTO	3934	
LANSING	3962	
IOLA	4131	
MARMATON GROUP	4455	
PAWNEE	4553	
CHEROKEE	4603	
ATOKA	4726	
MORROW	4817	
ST GENEVIEVE	4896	
ST LOUIS	4954	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	COBRA 26-1
Doc ID	1240740

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4877-4882 MORROW	FRAC-1768 BBL TOTAL LOAD 40/40 WHITE SAND 70,297 LBS, TOTAL N2 3,536,000	4877-4882



# ALLIED OIL & GAS SERVICES, LLC 053288

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal Ks.

DATE <u>10-16-14</u>	SEC <u>26</u>	TWP. <u>21 S</u>	RANGE <u>35 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00</u>	JOB FINISH <u>10:30 Am.</u>
LEASE <u>COBRA</u>	WELL # <u>261</u>	LOCATION <u>Deerfield Ks, Non CRAA 13M.</u>			COUNTY <u>Kearney</u>	STATE <u>Ks.</u>	
OLD OR <u>NEW</u> (Circle one)		<u>W. On CR 320 3/4 M. N. Into</u>					

CONTRACTOR Saxon 146  
TYPE OF JOB Surface  
HOLE SIZE 12 1/4 T.D. 1894 ft  
CASING SIZE 8 5/8 24 # DEPTH 1894 ft  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DEPTH  
PRES. MAX 1500 PSI MINIMUM  
MEAS. LINE SHOE JOINT 42 ft  
CEMENT LEFT IN CSG. 2.67 Bbls  
PERFS.  
DISPLACEMENT 118 Bbls

OWNER MERIT ENERGY.  
CEMENT  
AMOUNT ORDERED 350 sk AMOC 6" 3% CC  
1/4 F.S., 2% SA-SI.  
245 sk 4" 3% CC, 1/4 lb/lk F.S.

EQUIPMENT  
PUMP TRUCK CEMENTER Ruben Chavez  
# 868-541 HELPER Jaime Torres  
BULK TRUCK  
# 994-642 DRIVER Heriberto Valenzuela  
BULK TRUCK  
# 562-528 DRIVER Jose Calderon

COMMON <u>4" 245 sk</u>	@ <u>24.40</u>	<u>5,978.00</u>
POZMIX	@	
GEL	@	
CHLORIDE <u>22 sk</u>	@ <u>64.00</u>	<u>1,408.00</u>
ASC	@	
AMOC <u>4" 350 sk</u>	@ <u>31.00</u>	<u>10,850.00</u>
<u>Flosele 150 lb</u>	@ <u>2.97</u>	<u>445.50</u>
<u>SA-SI 66 lb</u>	@ <u>17.55</u>	<u>1,158.30</u>
<u>S.I.C.M. 15 Bbls.</u>	@ <u>250.00</u>	<u>3,750.00</u>
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE	@	

REMARKS:

TOTAL 23,589.50

AG 34966

SERVICE

Mat. Handling <u>665.57 C.F.</u>	@ <u>2.48</u>	<u>1,651.36</u>
PUMP TRUCK CHARGE		<u>2,213.75</u>
Drayage <u>1478.46 T.M</u>	@ <u>2.60</u>	<u>3,844.50</u>
MILEAGE heavy <u>50 Mi</u>	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD + head <u>1</u>	@ <u>275.00</u>	<u>275.00</u>
light Vehicle <u>50 Mi</u>	@ <u>4.40</u>	<u>220.00</u>
	@	

TOTAL 8,589.11

CHARGE TO: MERIT ENERGY.  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

Top rubber plug <u>1</u>	@ <u>625.00</u>	<u>625.00</u>
AFU. Insert Float <u>1</u>	@ <u>447.00</u>	<u>447.00</u>
Stop collar <u>1</u>	@ <u>69.00</u>	<u>69.00</u>
Guide Shoe <u>1</u>	@ <u>460.00</u>	<u>460.00</u>
Contractor <u>14</u>	@ <u>75.00</u>	<u>1,050.00</u>

TOTAL 2,651.00

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 34,829.91  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME Gene Bilby  
SIGNATURE Gene Bilby

NET = 23,336.04

# ALLIED OIL & GAS SERVICES, LLC 061643

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Coburn, KS

DATE <u>10-20-14</u>	SEC. <u>26</u>	TWP. <u>21S</u>	RANGE <u>35W</u>	CALLED OUT	ON LOCATION <u>5:20 AM</u>	JOB START <u>6:29 AM</u>	JOB FINISH <u>7:45 AM</u>
LEASE <u>Cobra</u>	WELL # <u>26-1</u>	LOCATION <u>Deerfield ks. on CR-AA North 13</u>			COUNTY <u>Keamuel</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		miles. <u>3/4 mile west on CR-320, north into</u>					

CONTRACTOR Saxon 146  
TYPE OF JOB Production

HOLE SIZE <u>7 7/8</u>	T.D. <u>5175</u>
CASING SIZE <u>5 7/8</u>	DEPTH <u>5164</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>3000 PSI</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>43.00</u>
CEMENT LEFT IN CSG. <u>43.00</u>	
PERFS.	
DISPLACEMENT <u>119 bbls</u>	

EQUIPMENT

PUMP TRUCK # <u>519-550</u>	CEMENTER <u>Edgar Rodriguez</u>
BULK TRUCK # <u>562-525</u>	HELPER <u>Alex Ayala</u>
BULK TRUCK #	DRIVER <u>Daniel Rosales</u>
BULK TRUCK #	DRIVER

OWNER Merit Energy

CEMENT

AMOUNT ORDERED 820 sks 50/50 Poz Class #. 20%  
gal, 7.5% Dispersant, 5% gypsum, 10% Sodium Chloride, 5 1/2" Gilsonite, 0.25 1b/sk FloSul

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
Super Flush	12 bbls @	58.70	704.40
Allied 50/50 Poz Class #	220 sks @	16.55	3702.00
Fl-160	93 # @	18.90	1757.70
Dispersant	37 # @	10.30	381.10
Gypseal	19 sks @	37.60	714.40
Salt	14 sks @	26.35	368.90
Gilsonite	1100 # @	0.98	1078.00
FloSul	55 # @	2.97	163.35
	@		

TOTAL 8874.85

REMARKS:  
AFE 34966

CHARGE TO: Merit Energy  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB		<u>5164</u>
PUMP TRUCK CHARGE	<u>1</u>	<u>3099.25</u>
	Light Semi @ <u>4.40</u>	<u>220.00</u>
MILEAGE	Heavy Semi @ <u>7.70</u>	<u>385.00</u>
MANIFOLD	<u>1</u>	<u>275.00</u>
	Handling <u>297.02 P/B</u>	<u>736.61</u>
	Drayage <u>559.80 Ton</u>	<u>1455.48</u>

TOTAL 6171.34

PLUG & FLOAT EQUIPMENT

Weatherford Top Rubber Plug	@ <u>368.94</u>	<u>368.94</u>
APU Insert float valve	@ <u>335.00</u>	<u>335.00</u>
Centralizer	<u>20</u>	<u>57.00</u>
Grade shoe	@ <u>281.00</u>	<u>281.00</u>
Clamp/Stop collar	@ <u>49.00</u>	<u>49.00</u>

TOTAL 2173.94

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 Gene Bilby  
SIGNATURE Gene Bilby

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 17,220.14  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
Net = 11,537.99