



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 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 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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	SHELL B 7
Doc ID	1257501

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
QUAD COMBO LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	SHELL B 7
Doc ID	1257501

Tops

Name	Top	Datum
HEEBNER	3756	
TORONTO	3774	
LANSING	3808	
KANSAS CITY	4127	
PAWNEE	4379	
CHEROKEE	4420	
MORROW	4605	
ST GENEVIEVE	4680	
ST LOUIS	4707	

Summary of Changes

Lease Name and Number: SHELL B 7

API/Permit #: 15-055-22332-00-00

Doc ID: 1257501

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	01/28/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2988	2987
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1240785	../..kcc/detail/operatorEditDetail.cfm?docID=1257501



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240785
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)</i> <i>(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	SHELL B 7
Doc ID	1240785

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
QUAD COMBO LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	SHELL B 7
Doc ID	1240785

Tops

Name	Top	Datum
HEEBNER	3756	
TORONTO	3774	
LANSING	3808	
KANSAS CITY	4127	
PAWNEE	4379	
CHEROKEE	4420	
MORROW	4605	
ST GENEVIEVE	4680	
ST LOUIS	4707	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	SHELL B 7
Doc ID	1240785

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4776-4782 ST LOUIS	Frac ST Louis&Morrow. 70,000 lbs 40/70 brown sand 2%KCL water	4776-4782
2	4647-4652, 4656- 4664 MORROW	" "	4647-4664
2	4542-4544, 4591- 4594 ATOKA	Frac Atoka, Cherokee&Paw nee 70%QN2 FOAM&100,000 LBS OF 40/70 brown sand, 2%KCL water	4542-4594
2	4466-4468, 4508- 4510, 4521-4523 CHEROKEE	" "	4466-4523
2	4382-4387, 4406- 4410 PAWNEE	" "	4382-4158

ALLIED OIL & GAS SERVICES, LLC 061658

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberal KS #21

DATE <u>10-8-14</u>	SEC. <u>17</u>	TWP. <u>22</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30AM</u>	JOB FINISH <u>7:30AM</u>
LEASE <u>Shell</u>	WELL # <u>B-7</u>	LOCATION <u>Gardencity KS, Hwy 50 go west to Byrd</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>RD, 10 North to Cooper, East 1/2 South into</u>					

CONTRACTOR <u>Saxon #146</u>	OWNER
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>4870</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>4864.28</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>42.67</u>
CEMENT LEFT IN CSG. <u>0.99 BBL</u>	
PERFS.	
DISPLACEMENT <u>111.86 BBL</u>	
EQUIPMENT	

CEMENT		
AMOUNT ORDERED <u>225 SK 50/50 Class H, 2" gel</u>		
<u>0.5" FI-160, 0.2" Dispersant, 5" app seal, 10% SC</u>		
<u>5" Gilsonite, 1/4" #7 seal</u>		
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
Super flush <u>12 1/2</u>	@	<u>58.70</u>
50/50 Class H <u>225 SK</u>	@	<u>16.85</u>
FI-160 <u>95 1/4</u>	@	<u>18.90</u>
CD-31 <u>38 1/4</u>	@	<u>10.30</u>
Gyp Seal <u>19 1/2</u>	@	<u>37.60</u>
Salt <u>14 1/2</u>	@	<u>26.35</u>
Gilsonite <u>1125 1/4</u>	@	<u>0.98</u>
Flo Seal <u>57 1/4</u>	@	<u>2.97</u>
HANDLING	@	
MILEAGE		
TOTAL		<u>9037.64</u>

PUMP TRUCK CEMENTER <u>Aldo Espinoza / Cesar Pavia</u>
<u>868-541</u> HELPER <u>Cesar Pavia / Aldo Espinoza</u>
BULK TRUCK
<u>993-467</u> DRIVER <u>Jose</u>
BULK TRUCK
DRIVER <u>Anhies Zebica</u>

REMARKS:

AFE# 34576

Thank you

CHARGE TO: Merit Energy
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>Circulating Iron 1 @</u>		<u>400.00</u>
PUMP TRUCK CHARGE	@	<u>3099.25</u>
EXTRA FOOTAGE <u>LVM 50</u>	@	<u>4.40</u>
MILEAGE <u>HVM 50</u>	@	<u>7.70</u>
MANIFOLD <u>L</u>	@	<u>275.00</u>
Drayage <u>572.53 1/4</u>	@	<u>2.60</u>
Handling <u>303.77 1/4</u>	@	<u>2.48</u>
TOTAL		<u>6621.17</u>

PLUG & FLOAT EQUIPMENT

<u>Weathered Top rubber plug</u>	<u>1</u>	@	<u>258.26</u>	<u>258.26</u>
<u>API Insulator</u>	<u>1</u>	@	<u>335.00</u>	<u>335.00</u>
<u>Centralizer</u>	<u>30</u>	@	<u>57.00</u>	<u>1710.00</u>
<u>Guide shoe</u>	<u>1</u>	@	<u>281.00</u>	<u>281.00</u>
<u>Stop collar</u>	<u>1</u>	@	<u>99.00</u>	<u>99.00</u>
TOTAL				<u>2063.26</u>

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 Calvin Curry
SIGNATURE [Signature]

SALES TAX (If Any) _____
TOTAL CHARGES 17,722.07
DISCOUNT _____ F PAID IN 30 DAYS
Net = 11,873.79

ALLIED OIL & GAS SERVICES, LLC 061599

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberals

DATE <u>10-4-14</u>	SEC. <u>17</u>	TWP. <u>22S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION <u>2:00pm</u>	JOB START <u>3:30am</u>	JOB FINISH <u>5:00pm</u>
LEASE <u>Shell</u>	WELL # <u>B-7</u>	LOCATION <u>Vec Garden City</u>			COUNTY <u>Linney</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Saxson #146 OWNER _____

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1758 CEMENT

CASING SIZE 8 5/8 DEPTH 1758 AMOUNT ORDERED 350SK 50/50 2% gyp seal

TUBING SIZE _____ DEPTH _____ 2% Sodium Metasilicate 3% cc 1 1/4" flo seal, 2% SA-S1

DRILL PIPE _____ DEPTH _____ 2 1/2" SK Class 3% cc 1 1/4" flo seal

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____ COMMON _____ @ _____

MEAS. LINE _____ SHOE JOINT 42.23 POZMIX _____ @ _____

CEMENT LEFT IN CSG. _____ GEL _____ @ _____

PERFS. _____ CHLORIDE 2sk @ 64.00 1408.00

DISPLACEMENT 109.2661 ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Lenny Sacco Allied Multi Density Cement 350SK @ 31.00 10850.00

549-550 HELPER Alex Corona (Victor) Class C 2 1/2" SK @ 24.40 5970.00

BULK TRUCK _____ @ _____

950-041 DRIVER Daniel Rosales SA-S1 66# @ 17.55 1158.30

BULK TRUCK _____ @ _____

994-642 DRIVER Jaime Maldonado Flo seal 150# @ 2.97 445.50

_____ @ _____

_____ @ _____

_____ @ _____

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REMARKS:

AFF# 34576

TOTAL 19,839.00

SERVICE

DEPTH OF JOB 1001-2000

PUMP TRUCK CHARGE 2213.75

Light Vehicle 50 @ 4.40 220.00

MILEAGE 50 @ 7.70 385.00

MANIFOLD 1 @ _____ 275.00

Handing 665.87 @ 2.48 1651.36

Drayage 1478.46 @ 2.60 3844.00

TOTAL 8589.11

CHARGE TO: Merit Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Rubber Plug 1 @ _____ 131.00

AFL Valve 1 @ _____ 447.00

Stop Collar 1 @ _____ 69.00

Guide Shoe 1 @ _____ 460.00

Centralizers 14 @ 75.00 1050.00

TOTAL 2157.00

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cement 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 Colvin Curry

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 30585.91

DISCOUNT 20492.56 PAID IN 30 DAYS