



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	PARKS 35-1
Doc ID	1257512

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	PARKS 35-1
Doc ID	1257512

Tops

Name	Top	Datum
Heebner	3664	
Toronto	3691	
Lansing	3774	
Iola	3957	
Marmaton	4333	
Pawnee	4484	
Cherokee	4525	
Atoka	4843	
Morrow	4925	
St. Genevieve	5328	
St. Louis	5372	
Spergen	5542	



## Summary of Changes

Lease Name and Number: PARKS 35-1

API/Permit #: 15-187-21302-00-00

Doc ID: 1257512

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/26/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3276	3275
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1243945">../..kcc/detail/operatorEditDetail.cfm?docID=1243945</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257512">../..kcc/detail/operatorEditDetail.cfm?docID=1257512</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1243945  
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](mailto: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	PARKS 35-1
Doc ID	1243945

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	PARKS 35-1
Doc ID	1243945

Tops

Name	Top	Datum
Heebner	3664	
Toronto	3691	
Lansing	3774	
Iola	3957	
Marmaton	4333	
Pawnee	4484	
Cherokee	4525	
Atoka	4843	
Morrow	4925	
St. Genevieve	5328	
St. Louis	5372	
Spergen	5542	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	PARKS 35-1
Doc ID	1243945

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5432-5436 St. Louis	Acid- 1000 gals of 15%HCL, 1550 gals of 4%KCL	5432-5436
4	5414-5417 St. Louis		5414-5417



# ALLIED OIL & GAS SERVICES, LLC 061685

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberal (21)

DATE <u>11-2-14</u>	SEC. <u>35</u>	TWP. <u>30</u>	RANGE <u>40</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00am</u>	JOB FINISH <u>4:00am</u>
LEASE <u>Parks</u>	WELL # <u>35-1</u>	LOCATION <u>Ulysses 152 9 west, 11 south,</u>			COUNTY <u>Stanton</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>5 west, 1 south, 1/2 west, south into</u>					

CONTRACTOR Saxon 172 OWNER \_\_\_\_\_

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1558 CEMENT \_\_\_\_\_

CASING SIZE 8 7/8 24# DEPTH 1561.9 AMOUNT ORDERED 350sk Class C, Gypseal, Norm,

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_ CC, Floseal, SA-51,

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_ 245sk, CC, Floseal.

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

PRES. MAX 2000 MINIMUM \_\_\_\_\_ COMMON \_\_\_\_\_ @ \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 44.68 POZMIX \_\_\_\_\_ @ \_\_\_\_\_

CEMENT LEFT IN CSG. 2.85 BBL GEL \_\_\_\_\_ @ \_\_\_\_\_

PERFS. \_\_\_\_\_ CHLORIDE 2.2sk @ 64.00 1,408.00

DISPLACEMENT 96.6 BBL ASC \_\_\_\_\_ @ \_\_\_\_\_

EQUIPMENT AVL Class C, 350sk @ 31.00 10,850.00

Flo seal 150# @ 2.97 445.50

Class C Premium Plus 245# @ 24.40 5,978.00

SA-51 66# @ 17.55 1,158.30

BULK TRUCK \_\_\_\_\_ @ \_\_\_\_\_

BULK TRUCK \_\_\_\_\_ @ \_\_\_\_\_

BULK TRUCK \_\_\_\_\_ @ \_\_\_\_\_

BULK TRUCK \_\_\_\_\_ @ \_\_\_\_\_

HANDLING \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

TOTAL 19,539.80

REMARKS:

AFE # 35147  
GL# 83001075  
Field Office: Ulysses

SERVICE Circulating Iron 1 400.00

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

PUMP TRUCK CHARGE 2,213.75

EXTRA FOOTAGE AVL 50# @ 4.40 220.00

MILEAGE AVL 50mi @ 7.70 385.00

MANIFOLD 1 @ 275.00 275.00

handling 665.87 #3 @ 2.48 1,651.36

Drayage 1478.76 @ 2.60 3,844.00

Derrick charge 1 @ \_\_\_\_\_ 577.80

TOTAL 9566.61

CHARGE TO: Merit Energy

STREET PO Box 686

CITY Ulysses STATE KS ZIP 67880

PLUG & FLOAT EQUIPMENT

Non Rotating Plug 1 @ 418.60 418.60

Non Rotating Float Collar 1 @ 1,440.00 1,440.00

Guide shoe 1 @ 460.00 460.00

Centralizers 14 @ 75.00 1,050.00

stop Collar 1 @ 56.00 56.00

TOTAL 3,424.60

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 32,831.01

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

NET = 21,996.78

PRINTED NAME EARLY LION

SIGNATURE [Signature]

# ALLIED OIL & GAS SERVICES, LLC 061649

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Liberal KS

DATE <u>11-5-14</u>	SEC. <u>35</u>	TWP. <u>30S</u>	RANGE <u>40W</u>	CALLED OUT	ON LOCATION <u>12:00 pm</u>	JOB START <u>3:42 pm</u>	JOB FINISH <u>5:15 pm</u>
LEASE <u>Parks</u>	WELL # <u>35-1</u>	LOCATION <u>Ulysses ks 9 miles west to Big Box Rd,</u>			COUNTY <u>Stanton</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		11 miles South to CR-23, west to CR-6, 1 mile South, 1/2 west on CR 24, South into					

CONTRACTOR Saxon 142 OWNER Merit Energy

TYPE OF JOB <u>Production</u>	CEMENT
HOLE SIZE <u>7 7/8</u> T.D. <u>5662'</u>	AMOUNT ORDERED <u>380 sks 50/50 po2 class #, 2% gel, 5% gel, 10% sodium, 5 lb/sk gilsonite, 0.25 lb/sk Rheoseal, 0.5% Pt-160, 0.2% Dispersant.</u>
CASING SIZE <u>5 1/2</u> DEPTH <u>5645.02'</u>	
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	

PRES. MAX <u>3500 psi</u> MINIMUM	COMMON _____ @ _____
MEAS. LINE SHOE JOINT <u>47.65</u>	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>47.65 ft</u>	GEL _____ @ _____
PERFS.	CHLORIDE _____ @ _____
DISPLACEMENT <u>120 bbls</u>	ASC _____ @ _____

EQUIPMENT			
PUMP TRUCK CEMENTER <u>Edgar Rodriguez</u>	<u>Super flush</u>	<u>12 bbls</u>	@ <u>58.70</u> <u>704.40</u>
# <u>865-541</u> HELPER <u>Alex Ayala</u>	<u>50/50 po2 class #</u>	<u>380 sks</u>	@ <u>16.85</u> <u>6403.00</u>
BULK TRUCK	<u>Gypsum</u>	<u>32 sks</u>	@ <u>37.60</u> <u>1203.20</u>
# <u>774-744</u> DRIVER <u>Jose Andres Zubia</u>	<u>Salt</u>	<u>23 sks</u>	@ <u>26.35</u> <u>606.05</u>
BULK TRUCK	<u>Gilsonite</u>	<u>1900 #</u>	@ <u>0.98</u> <u>1862.00</u>
#	<u>Rheoseal</u>	<u>95 #</u>	@ <u>2.97</u> <u>282.15</u>
	<u>Pt-160</u>	<u>160 #</u>	@ <u>18.90</u> <u>3024.00</u>
	<u>CD 31</u>	<u>64 #</u>	@ <u>10.30</u> <u>659.20</u>
			@ _____

REMARKS:

Well: Parks 35-1  
AFC# 35147  
SL# 83001075  
Comp. # 117514  
Field Office: Ulysses

TOTAL 14,744.00

SERVICE

DEPTH OF JOB	<u>5645.02</u>
PUMP TRUCK CHARGE <u>1</u>	<u>3099.25</u> <u>3099.25</u>
MILEAGE <u>Light 50mi</u>	@ <u>4.40</u> <u>220.00</u>
<u>Heavy 50mi</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD <u>1</u>	@ <u>275.00</u> <u>275.00</u>
<u>Handling 512.01 B/F</u>	@ <u>2.48</u> <u>1269.78</u>
<u>Drainage 965.11 fan</u>	@ <u>2.60</u> <u>2509.29</u>
<u>Circulating Iron</u>	<u>400.00</u> <u>400.00</u>
TOTAL	<u>8158.32</u>

PLUG & FLOAT EQUIPMENT

<u>Guide Shoe</u>	<u>1</u>	<u>280.80</u>	<u>280.80</u>
<u>Surf Seal Float Collar</u>	<u>1</u>	@ <u>725.40</u>	<u>725.40</u>
<u>Centralizer</u>	<u>20</u>	@ <u>57.33</u>	<u>1146.60</u>
<u>Clamp / Stop collar</u>	<u>1</u>	@ <u>49.14</u>	<u>49.14</u>
<u>Top Rubber Plug</u>	<u>1</u>	@ <u>255.26</u>	<u>255.26</u>
<u>Float Collar Non Rotating</u>	<u>1</u>	@ <u>1440.00</u>	<u>1440.00</u>
TOTAL			<u>3900.20</u>

CHARGE TO: Merit Energy  
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 EARLY Tim  
SIGNATURE [Signature]

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 26,802.52  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

Net = 17,957.69