



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:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

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> <input type="checkbox"/> Other <i>(Specify)</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	FINCHAM 2 15
Doc ID	1270724

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
RADIAL CEMENT BOND LOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	FINCHAM 2 15
Doc ID	1270724

Tops

Name	Top	Datum
Heebner	4155	
Toronto	4173	
Lansing	4225	
Kansas City	4724	
Marmaton	4871	
Pawnee	4985	
Cherokee	5038	
Atoka	5205	
Morrow	5340	
Chester	5452	
St Genevieve	5618	



## Summary of Changes

Lease Name and Number: FINCHAM 2 15

API/Permit #: 15-175-22223-00-00

Doc ID: 1270724

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/10/2015	11/09/2015
Perf_Depth_4		5596-5613
Perf_Material_4		Frac-883 bbls X-LINK, 150,321 TOTLA 16/30, 2,132,000 Total N2
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 57516	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 70724



Confidentiality Requested:

Yes  No

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



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1245688  
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
--	---

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	FINCHAM 2 15
Doc ID	1245688

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
MICROLOG
RADIAL CEMENT BOND LOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	FINCHAM 2 15
Doc ID	1245688

Tops

Name	Top	Datum
Heebner	4155	
Toronto	4173	
Lansing	4225	
Kansas City	4724	
Marmaton	4871	
Pawnee	4985	
Cherokee	5038	
Atoka	5205	
Morrow	5340	
Chester	5452	
St Genevieve	5618	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	FINCHAM 2 15
Doc ID	1245688

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5700-5705 S. Louis	Acid-1000 Gals 15% HCL Flushed w/35bbls 4%KCL	5700-5705
	CIBP@5690		5690
6	5596-5613 Chester		5596-5613



# ALLIED OIL & GAS SERVICES, LLC 064530

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberal KS

DATE <u>11-21-14</u>	SEC. <u>15</u>	TWP. <u>31S.</u>	RANGE <u>33W.</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30</u>	JOB FINISH <u>11:30 a.m</u>
LEASE <u>FINCHAM</u>	WELL # <u>2-15</u>	LOCATION <u>Liberal KS N to R 190, W.</u>	COUNTY <u>Haskell</u>	STATE <u>KS.</u>	OLD OR <u>NEW</u> (Circle one)	<u>2 Mi to Rd T. S 3/4 Mi. E into Seward</u>	

CONTRACTOR Saxon # 142  
TYPE OF JOB Long string  
HOLE SIZE 7 7/8 T.D. 5900 ft  
CASING SIZE 5 1/2 17# DEPTH 5897.07 ft  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DEPTH  
PRES. MAX 1600 PSI MINIMUM  
MEAS. LINE SHOE JOINT 44.83 ft  
CEMENT LEFT IN CSG. 1 Bbls  
PERFS.  
DISPLACEMENT 135 Bbls

OWNER MERIT ENERGY  
CEMENT  
AMOUNT ORDERED 260 sk 50/50 H-P-2  
2% bel, 5% Bwoc Gyp Seal, 10% Bwoc salt, 516/516 Gilsonts, 1/4 f. S., 5% FL-160  
2% Dispersant.  
COMMON @ \_\_\_\_\_  
POZMIX @ \_\_\_\_\_  
GEL @ \_\_\_\_\_  
CHLORIDE @ \_\_\_\_\_  
ASC @ \_\_\_\_\_  
Super Floesh 12 Bbls @ 58.70 704.48  
Allied Solsoft-Poz 260 sk @ 16.85 4381.00  
Gyp Seal 22 sks @ 37.60 827.20  
Salt 1h sk @ 2.635 421.60  
Gilsonts 1300 lb @ .98 1274.00  
Floscat 65 lb @ 2.97 193.05  
Fdy-160 110 lb @ 18.90 2079.00  
Dispersant 44 lb @ 10.30 453.20  
HANDLING @ \_\_\_\_\_  
MILEAGE @ \_\_\_\_\_

EQUIPMENT  
PUMP TRUCK CEMENTER Ruben Chavez  
# 868-541 HELPER Jaime Torres  
BULK TRUCK  
# 705-842 DRIVER José Calderon  
BULK TRUCK  
# DRIVER

REMARKS:

Well Fincham 2-15  
AFE 34443  
GL 83001075  
Office Liberal KS  
Date 11/21/14

TOTAL 10,333.45

SERVICE

Mat. Handling 350.72 ct @ 2.48 868.79  
PUMP TRUCK CHARGE 3099.25  
Dragage 660.34 T.M @ 2.60 1716.88  
MILEAGE heavy 50 Mi @ 7.70 385.00  
MANIFOLD + head 1 @ 275.00 275.00  
Light Vehicle 50 Mi @ 4.40 220.00  
Circulating Iron 1 @ 400.00 400.00

TOTAL 6964.92

CHARGE TO: MERIT ENERGY  
STREET Box 1293  
CITY Liberal STATE KS ZIP 67945

PLUG & FLOAT EQUIPMENT

Guide Shoe 1 @ 280.50 280.50  
S.S Float Collar 1 @ 725.40 725.40  
Centralizer 20 @ 57.33 1146.60  
stop Collar 1 @ 49.14 49.14  
Top rubber plug 1 @ 258.26 258.26

TOTAL 2,460.80

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 19,758.57

PRINTED NAME James Carter

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

SIGNATURE Jan Lut

**NET = 13,238.24**

# ALLIED OIL & GAS SERVICES, LLC 061719

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberal KS

DATE <u>11-17-14</u>	SEC <u>15</u>	TWP <u>31S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>10:00p.m.</u>	JOB START <u>2:30</u>	JOB FINISH <u>4:00p.m.</u>
LEASE <u>Fincham</u>	WELL # <u>2-15</u>	LOCATION <u>Vec Sublette KS</u>	COUNTY <u>Haskell</u>	STATE <u>KS</u>			

CONTRACTOR Saxon #142

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1555

CASING SIZE 8 5/8 DEPTH 1560

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 42.20

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 96.66

EQUIPMENT

PUMP TRUCK CEMENTER Lenny Beza

# 549-550 HELPER Alex C.

BULK TRUCK

# 955-692 DRIVER Ivan Carrillo

BULK TRUCK

# 956-841 DRIVER Jose G.

OWNER

CEMENT

AMOUNT ORDERED 250SK Class C 230649 seal  
32cc 2% Sodium Metasilicate 1471612 0.5%  
240SK Class C 32cc 1471612 seal

COMMON @

POZMIX @

GEL @

CHLORIDE 225K @ 69.00 140800

ASC @

Allied Multi Den (C) 3508K @ 31.00 10650.00

Flo Seal 180# @ 2.97 445.50

SA-S1 60# @ 17.55 1158.30

Class C 245SK @ 24.40 5978.00

TOTAL 19839.80

REMARKS:

AFF# 34443

Well Fincham 2-15

AFF 34443

GL 6L 83001075

Office Liberal KS

Date 11/17/14

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 @ 275.00

Handling 665.87 @ 2.48 1651.36

Drayage 1978.46 @ 2.60 3844.00

TOTAL 8569.11

CHARGE TO: Merit Energy

STREET P.O. Box 1293

CITY Liberal STATE KS ZIP 67905

PLUG & FLOAT EQUIPMENT

Top Plug 625.00

Float Collar @ 1940.00

Stop Clamp @ 69.00

Guide Strg @ 460.00

Centralizers 14 @ 75.00 1050.00

TOTAL 3644.00

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.

PRINTED NAME James Porter

SIGNATURE [Signature]

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

TOTAL CHARGES \$ 32072.91

DISCOUNT NET \$ 21488.85 IF PAID IN 30 DAYS