





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	Sequoyah Morrow Unit 401
Doc ID	1259505

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH
BOREHOLE COMPENSATED SONIC ARRAY LOG
CEMENT BOND LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Sequoyah Morrow Unit 401
Doc ID	1259505

Tops

Name	Top	Datum
Heebner	3776	
Toronto	3796	
Lansing	3863	
Kansas City	4183	
Pawnee	4437	
Cherokee	4473	
Morrow	4661	
Chester	4717	
St Genevieve	4768	
St Louis	4859	



## Summary of Changes

Lease Name and Number: Sequoyah Morrow Unit 401

API/Permit #: 15-055-22361-00-00

Doc ID: 1259505

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/10/2015	07/29/2015
Method Of Completion - Commingled	Yes	No
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257519">../..kcc/detail/operatorEditDetail.cfm?docID=1257519</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1259505">../..kcc/detail/operatorEditDetail.cfm?docID=1259505</a>



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 1248449  
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	Sequoyah Morrow Unit 401
Doc ID	1248449

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG 1 INCH
ARRAY COMPENSATED TRUE RESISTIVITY LOG 2 INCH
BOREHOLE COMPENSATED SONIC ARRAY LOG
CEMENT BOND LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Sequoyah Morrow Unit 401
Doc ID	1248449

Tops

Name	Top	Datum
Heebner	3776	
Toronto	3796	
Lansing	3863	
Kansas City	4183	
Pawnee	4437	
Cherokee	4473	
Morrow	4661	
Chester	4717	
St Genevieve	4768	
St Louis	4859	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Sequoyah Morrow Unit 401
Doc ID	1248449

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4758-4766 Lower Morrow		4758-4766
2	4717-4720, 4725-4736, 4741-4743 Upper Morrow	Frac- 2736 bbls, 14,0462 lbs 40/70 sand, 5,712,000 SC Total N2	4717-4743



# ALLIED OIL & GAS SERVICES, LLC 064517

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Chalk Hills

DATE <u>12-7-14</u>	SEC. <u>21</u>	TWP. <u>23E</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION <u>9:00 am</u>	JOB START <u>10:20 am</u>	JOB FINISH <u>12:35 pm</u>
LEASE <u>SMU</u>	WELL # <u>107</u>	LOCATION <u>Gardner City Ks. west to Kansas-</u>			COUNTY <u>Finnell</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		LOCATION <u>Nebraska Rd on Hw 50, 2 North, was into</u>					

CONTRACTOR Saxon 146 OWNER Merit Energy

TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 1727  
 CASING SIZE 8 5/8 DEPTH 1730.57  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH

PRES. MAX 1500 PSI MINIMUM  
 MEAS. LINE SHOE JOINT 44.15  
 CEMENT LEFT IN CSG. 44.15 ft  
 PERFS.  
 DISPLACEMENT 107 bbls

EQUIPMENT

PUMP TRUCK CEMENTER	<u>Edgar Rodriguez</u>		
# <u>549-550</u> HELPER	<u>Fran Carrillo</u>		
BULK TRUCK			
# <u>993-1066</u> DRIVER	<u>Manuel Ruacho</u>		
BULK TRUCK			
# <u>705-842</u> DRIVER	<u>Jose Garcia (Pepe)</u>		

REMARKS:  
Well SMU 107  
AFE 35341  
GL 83001075  
Office Holcomb, KS  
Date 12/7/14

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 Calvin Curry  
 SIGNATURE 

CEMENT

AMOUNT ORDERED 320 sks class C AMDC  
240 sks class C Prem

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
AMDC Class C	320 sks @	31.00	9920.00
Calcium Chloride	12 sks @	64.00	768.00
Plo Seal	80 # @	2.97	237.60
SASI	61 # @	17.55	1070.55
Class C Prem.	240 sks @	24.40	5856.00
Calcium Chloride	9 sks @	64.00	576.00
Plo Seal	60 # @	2.97	178.20
HANDLING	@		
MILEAGE	@		
TOTAL			<u>18606.35</u>

SERVICE

DEPTH OF JOB		1730.57
PUMP TRUCK CHARGE	1	2213.75
EXTRA FOOTAGE Light 50 mi	@ 4.40	220.00
MILEAGE Heavy 50 mi	@ 7.70	385.00
MANIFOLD	1 @ 285.00	285.00
Handling	625.96 @ 2.48	1552.38
Drainage	1390.56 ton @ 2.60	3615.47
TOTAL		<u>8261.60</u>

PLUG & FLOAT EQUIPMENT

Top Plug Non Rotating	1 @ 963.81	963.81
Float Collar Non Rotating	1 @ 1440.00	1440.00
Guide Shoe	1 @ 460.00	460.00
Controlizer	14 @ 75.00	1050.00
Stop Clamp	1 @ 56.00	56.00
TOTAL		<u>3969.81</u>

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 30837.76  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

Net = 20,661.30

# ALLIED OIL & GAS SERVICES, LLC 061553

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberia KS

DATE <u>12-10-14</u>	SEC. <u>21</u>	TWP. <u>23s</u>	RANGE <u>34w</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>SMU</u>	WELL # <u>107</u>	LOCATION <u>Vec Garden City, KS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		West to Kan / Neb Rd, 2 N, west into					

CONTRACTOR <u>Saxon #146</u>	OWNER
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8"</u>	T.D. <u>4992'</u>
CASING SIZE <u>5 5/8"</u>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2"</u>	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	COMMON _____ @ _____
PERFS.	POZMIX _____ @ _____
DISPLACEMENT	GEL _____ @ _____
	CHLORIDE _____ @ _____
	ASC _____ @ _____

EQUIPMENT			
PUMP TRUCK	CEMENTER <u>Kenny Baeza</u>	<u>Super Flush</u>	<u>12 @ 58.70 = 704.40</u>
# <u>530-484</u>	HELPER <u>Heriberto V.</u>	<u>Allied 50/50/H</u>	<u>230 @ 16.85 = 3875.50</u>
BULK TRUCK		<u>FL-160</u>	<u>97 @ 18.90 = 1833.30</u>
# <u>955-692</u>	DRIVER <u>James M / Justin T.</u>	<u>CD-31</u>	<u>39 @ 10.30 = 401.70</u>
BULK TRUCK		<u>Grup Seal</u>	<u>20 @ 37.60 = 752.00</u>
#	DRIVER	<u>Salt</u>	<u>14 @ 26.35 = 368.90</u>
		<u>Gil sandite</u>	<u>1150 @ .98 = 1127.00</u>
		<u>Flo-Seal</u>	<u>58 @ 2.97 = 172.26</u>
			<u>@</u>

REMARKS AFE 35341  
GL 83001075  
Office Hotcomb KS  
Date 12-10-14

TOTAL 9235.06

High V Mileage 50 @ 4.40 = 220  
PUMP TRUCK CHARGE 3' @ 99.25  
EXTRA FOOTAGE @ \_\_\_\_\_  
MILEAGE Heavy 50 @ 7.70 = 385.00  
MANIFOLD 1 @ 275.00 = 275.00  
Handling 310.52 @ 2.48 = 770.09  
Drayage 585.23 @ 2.60 = 1521.64

TOTAL 6270.98

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 Kevin Scarborough  
SIGNATURE [Signature]

PLUG & FLOAT EQUIPMENT

<u>Weatherford Plug</u>	<u>1 @ 258.26</u>	<u>258.26</u>
<u>Sure Seal Float Collar</u>	<u>1 @ 725.00</u>	<u>725.00</u>
<u>Centralizers</u>	<u>20 @ 57.00</u>	<u>1140.00</u>
<u>Guide Shoes</u>	<u>1 @ 281.00</u>	<u>281.00</u>
<u>Stop Clamp</u>	<u>1 @ 49.00</u>	<u>49.00</u>
		TOTAL <u>2453.26</u>

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES \$17,959.30  
DISCOUNT \_\_\_\_\_ PAID IN 30 DAYS  
Net \$12,032.73