



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 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 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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BOSWORTH 27-4
Doc ID	1257529

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BOSWORTH 27-4
Doc ID	1257529

Tops

Name	Top	Datum
HEEBNER	3749	
TORONTO	3766	
LANSING	3810	
LANSING	3810	
KANSAS CITY	4140	
MARMATON	4273	
PAWNEE	4359	
CHEROKEE	4409	
ATOKA	4527	
MORROW	4611	
ST GENEVIEVE	4661	
ST LOUIS	4694	



## Summary of Changes

Lease Name and Number: BOSWORTH 27-4

API/Permit #: 15-055-22376-00-00

Doc ID: 1257529

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/07/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2962	2961
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1251754">../..kcc/detail/operatorEditDetail.cfm?docID=1251754</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257529">../..kcc/detail/operatorEditDetail.cfm?docID=1257529</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1251754  
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	BOSWORTH 27-4
Doc ID	1251754

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

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Well Name	BOSWORTH 27-4
Doc ID	1251754

Tops

Name	Top	Datum
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TORONTO	3766	
LANSING	3810	
LANSING	3810	
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MARMATON	4273	
PAWNEE	4359	
CHEROKEE	4409	
ATOKA	4527	
MORROW	4611	
ST GENEVIEVE	4661	
ST LOUIS	4694	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	BOSWORTH 27-4
Doc ID	1251754

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4715-4722 St. Louis	Frac-1475 bbls, 70,273 lbs 40/70 sand, 3,042,000	4715-4722
4	4663-4667 St. Genevieve	" " "	4663-4667
		Acidize- 2,000 gals of 15% HCL acid, Flush w/ 35 bbls of 4%KCL	4663-4667
6	4291-4299 Marmaton	Acidize-2000 gals 15%HCL acid, 30bbls flush 4%KCL	4291-4299
		Frac-1352 bbls, 60,594 lbs of 40/70 sand, 2,492,000 SCF	4291-4299



# ALLIED OIL & GAS SERVICES, LLC 052809

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal ks

DATE <u>01-17-15</u>	SEC <u>27</u>	TWP <u>22S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30</u>	JOB FINISH <u>10:30am</u>
<u>BOSWORTH EASE</u>	WELL# <u>27-4</u>	LOCATION <u>Garden City W.to ks-Neb</u>			COUNTY <u>Finney</u>	STATE <u>ks</u>	
OLD OR <u>NEW</u> (Circle one)		Rd. N 7. Mi. E. 3 Mi. N Into.					

CONTRACTOR Saxon 146 OWNER MERIT ENERGY

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 1680 ft CEMENT

CASING SIZE 8 7/8 24 # DEPTH 1679.7 AMOUNT ORDERED 350 sk AMDC C, 3% CC,

TUBING SIZE DEPTH 1/4 lb F.S., 2% SA-51

DRILL PIPE DEPTH 245 sk C, 3% CC, 1/4 lb/sk F.S.

TOOL DEPTH

RES. MAX 1200 # MINIMUM COMMON C 245 sk @ 24.40 5,978.00

MEAS. LINE SHOE JOINT 42.7 ft POZMIX @

CEMENT LEFT IN CSG. 2.7 BBLS GEL @

PERFS. CHLORIDE 22 sk @ 64.50 1,408.00

DISPLACEMENT 104.2 BBLS ASC @

EQUIPMENT AMDC C 350 sk @ 31.00 10,850.00

Flo Seal 150 lb @ 2.97 445.50

SA-51 66 lb @ 17.55 1,158.30

PUMP TRUCK CEMENTER Ruben Chavez

#531-541 HELPER Jaime Torres

BULK TRUCK

#562-528 DRIVER Jose Calderon

BULK TRUCK

#774-744 DRIVER Ivan Carrillo

REMARKS:

Well Bosworth 27-4

A/E 35497

GL 83001075

Office Holcomb ks

Date 1-17-15

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 Searberry

SIGNATURE Kevin Searberry

DISCOUNT -- IF PAID IN 30 DAYS

NET = 21,975.19

TOTAL 19,839.50

SERVICE

Mat Handling 66557 CR @ 2.48 - 1,651.36

PUMP TRUCK CHARGE 2,213.75

Dragage 1478.76 T.M. @ 2.60 3,844.00

MILEAGE heavy 50 Mi @ 7.20 389.00

MANIFOLD head 1 @ 275.00 275.00

light Vehicle 50 Mi @ 4.40 220.00

Circulating Iron 1 @ 400.00 400.00

TOTAL 8,989.11

PLUG & FLOAT EQUIPMENT

Top plug N/R 1 963.81

Float collar N-R 1 @ 1,440.00

Guide Shoe 1 @ 460.00

Centralizer 14 @ 75.00 1,050.00

stop collar 1 @ 56.00

TOTAL 3,969.81

SALES TAX (If Any)

TOTAL CHARGES 32,798.72

# ALLIED OIL & GAS SERVICES, LLC 064571

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberal KS #21

DATE <u>1-20-15</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Bosworth</u>	WELL # <u>27-4</u>	LOCATION <u>Garden city ks, west on Hwy 50</u>				<u>5:00am</u>	<u>6:00pm</u>
OLD OR <u>NEW</u> (Circle one)		<u>to CR Kansas/Nebraska, 7mi North, East into</u>				COUNTY <u>Finney</u>	STATE <u>KS</u>

CONTRACTOR <u>Saxon #746</u>	OWNER
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u> T.D.	
CASING SIZE <u>5 1/2 17#</u> DEPTH <u>4913.62</u>	
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT <u>45.12</u>	
CEMENT LEFT IN CSG. <u>1 BBL</u>	
PERFS.	
DISPLACEMENT <u>113 BBL</u>	
EQUIPMENT	

PUMP TRUCK CEMENTER <u>Asaphua</u>	
# <u>549-550</u> HELPER <u>Alex U Corona</u>	
BULK TRUCK	
# <u>994-642</u> DRIVER <u>Juan Carrillo</u>	
BULK TRUCK	
# DRIVER	

CEMENT	
AMOUNT ORDERED <u>240 SK class "H" 50/50 / large</u>	
<u>5 1/2" gap seal, 10% sodium chloride, 5# Gilsonite</u>	
<u>1/4" floeal, 0.5" FH-160, 0.2" dispersant</u>	
COMMON @	
POZMIX @	
GEL @	
CHLORIDE @	
ASC @	
<u>Super flush 12 1/4 @ 58.70</u>	<u>704.40</u>
<u>* A 50/50 class H 240 @ 16.85</u>	<u>4044.00</u>
<u>Gyp seal 21 @ 37.60</u>	<u>789.60</u>
<u>Salt 15 @ 26.35</u>	<u>395.25</u>
<u>Gilsonite 120 @ 9.98</u>	<u>1176.00</u>
<u>floeal 60 @ 2.97</u>	<u>178.20</u>
<u>FH-160 101 @ 18.90</u>	<u>1908.90</u>
<u>CD-31 41 @ 10.30</u>	<u>422.30</u>
HANDLING @	
MILEAGE	
TOTAL	<u>9,618.65</u>

thank you!

REMARKS:

Well Bosworth 27-4  
AFE 35497  
GL 83001075  
Office Garden City  
Date 1/20/15

SERVICE

DEPTH OF JOB <u>Circulation 10 @ 400.00</u>	
PUMP TRUCK CHARGE <u>1 @ 3099.25</u>	
EXTRA FOOTAGE <u>LUM 50 @ 4.40</u>	<u>220.00</u>
MILEAGE <u>HUM 50 @ 7.70</u>	<u>385.00</u>
MANIFOLD <u>1 @ 275.27</u>	<u>275.27</u>
<u>Handling 323.37 @ 2.48</u>	<u>801.96</u>
<u>Drayage 639.54 @ 2.60</u>	<u>1584.81</u>
TOTAL	<u>6,766.02</u>

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

PLUG & FLOAT EQUIPMENT

<u>Guide shoe 1 @ 280.80</u>	<u>280.80</u>
<u>Eye float seal cover 1 @ 725.40</u>	<u>725.40</u>
<u>Centralizer 20 @ 57.33</u>	<u>1140.60</u>
<u>Stop collar 1 @ 49.14</u>	<u>49.14</u>
<u>Top Rubber Plug 1 @ 258.26</u>	<u>258.26</u>
<u>Weatherfid</u>	
TOTAL	<u>2,460.20</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.

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 18,844.87

PRINTED NAME \_\_\_\_\_  
SIGNATURE [Signature]

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
Net-12,626.06