



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	HERRICK 2-26
Doc ID	1263658

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
ENHANCED VERTICAL RESOLUTION LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HERRICK 2-26
Doc ID	1263658

Tops

Name	Top	Datum
HEEBNER	3646	
TORONTO	3669	
LANSING	3275	
MARMATON	4311	
PAWNEE	4460	
CHEROKEE	4494	
ATOKA	4748	
MORROW	4890	
ST GENEVIEVE	5285	
ST LOUIS	5447	
SPERGEN	5532	

Summary of Changes

Lease Name and Number: HERRICK 2-26

API/Permit #: 15-187-21301-00-00

Doc ID: 1263658

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/10/2015	09/08/2015
CasingSettingDepthPD F_2	5894	5650
Plug Back Total Depth	5848	5602
Save Link	.../kcc/detail/operatorEditDetail.cfm?docID=1257528	.../kcc/detail/operatorEditDetail.cfm?docID=1263658



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 1251456
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) (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	HERRICK 2-26
Doc ID	1251456

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
ENHANCED VERTICAL RESOLUTION LOG
MICROLOG
QUAD COMBO LOG
REPEAT SECTION
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HERRICK 2-26
Doc ID	1251456

Tops

Name	Top	Datum
HEEBNER	3646	
TORONTO	3669	
LANSING	3275	
MARMATON	4311	
PAWNEE	4460	
CHEROKEE	4494	
ATOKA	4748	
MORROW	4890	
ST GENEVIEVE	5285	
ST LOUIS	5447	
SPERGEN	5532	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	HERRICK 2-26
Doc ID	1251456

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5488-5491, 5501-5510 St. Louis	Acid-3000 gals 15%HCL, 38 bbl flush 2% KCL	5488-5510
6	5387-5390, 5394-5399 St Louis	Acid-72 bbls of Acid 15% HCL, flush w/ 40 bbls of 4% KCL	5387-5399
		Acid-3000 gals, 15% Hydrochloric Acid	5399-5488

ALLIED OIL & GAS SERVICES, LLC 052807

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal Ks

DATE <u>01-12-15</u>	SEC <u>26</u>	TWP. <u>30S</u>	RANGE <u>40 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00</u>	JOB FINISH <u>12:20 P.M.</u>
LEASE <u>HERRICK</u>	WELL # <u>2-26</u>	LOCATION <u>Ulysses Ks. W 10M to Big A.</u>	COUNTY <u>Stanton</u>	STATE <u>Ks</u>			
OLD OR <u>NEW</u> (Circle one)		<u>Rd S 10 M. W 6 M. S. 3/4, E into.</u>					

CONTRACTOR Sagon # 142
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1570 ft
 CASING SIZE 8 7/8 2 1/2 DEPTH 1568.24 ft
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1200 PSE MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 43.7 ft
 CEMENT LEFT IN CSG. 2.78 BBLs
 PERFS. _____
 DISPLACEMENT 97.1 BBLs

OWNER _____

CEMENT
 AMOUNT ORDERED 275 sk AMDC "C" 3% CC,
1/4 F.S., 0.2% SA-SL,
230 sk "C" 3% CC, 1/4 lb/sk F.S.

COMMON "C" 230 sk @ 24.40	5,612.00
POZMIX @	
GEL @	
CHLORIDE 19 sk @ 64.00	1,216.00
ASC @	
AMDC "C" 275 sk @ 31.00	8,525.00
SA-SL 52 lb @ 17.55	912.60
Flo-Seal 127 lb @ 2.97	377.19

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez
 # 531-541 HELPER Jaime Torres
 BULK TRUCK
 # 705-842 DRIVER Jose Calderon
 BULK TRUCK
 # 994-642 DRIVER Ricardo Landa

REMARKS:

Well Herrick 2-26
AFE 34738
GL 83001075
Office Ulysses Ks
Date 1-12-2015

TOTAL 16,642.79

CHARGE TO: MERIT ENERGY
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

Mat Handling 563.40 cfd @ 2.48	-1,397.24
PUMP TRUCK CHARGE	2,213.75
Drayage 1252.65 T.M @ 2.60	3,256.89
MILEAGE Heavy 50 Mi @ 7.70	385.00
MANIFOLD + head 1 @ 275.00	275.00
Light Vehicle 50 Mi @ 4.40	220.00
Circ Iron 1 @ 400.00	400.00

Standby hours 1 @ 440.00 440.00

PLUG & FLOAT EQUIPMENT 8,587.85

M.R. Top plug 1 - 963.81	963.81
M.R. Float Collar 1 @	1,440.00
Stop Collar 1 @	69.00
Guide Shoe 1 @	460.00
Centralizer 14 @ 75.00	1,050.00
Thread Lock 12 @ 85.00	1,020.00

TOTAL 5,002.61

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 30,233.48
 DISCOUNT _____ - IF PAID IN 30 DAYS

PRINTED NAME JAMES CARTER
 SIGNATURE James Carter

NET = 20,256.43

ALLIED OIL & GAS SERVICES, LLC 061477

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Liberal 21

DATE <u>1-16-15</u>	SEC <u>26</u>	TWP <u>30S</u>	RANGE <u>40W</u>	CALLED OUT	ON LOCATION	JOB START <u>1300</u>	JOB FINISH <u>1500</u>
LEASE <u>Herrick</u>	WELL <u>2-26</u>		LOCATION <u>Ulysses, KS - 7 W-55-1W</u>		COUNTY	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>S into</u>		<u>Stanton</u>		

CONTRACTOR <u>Saxon 142</u>	OWNER
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u>	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT	
AMOUNT ORDERED <u>370sk 50/50H - 5% Gypsum</u>	
<u>10% Salt, 5% Gypsum, 1/4" Flossal, 1/2% FL-160</u>	
<u>2% Dispersant</u>	

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Kirby Harper</u>
<u>903-507</u>	HELPER <u>Ricardo Landa</u>
BULK TRUCK	
<u># 705-891</u>	DRIVER <u>Gregory Randall</u>
BULK TRUCK	
#	DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
<u>Super Flush</u>	<u>12 BBL</u>	@ <u>58.70</u>	<u>704.40</u>
<u>*50/50 H</u>	<u>370sk</u>	@ <u>16.85</u>	<u>6234.50</u>
<u>Gypsum</u>	<u>32sk</u>	@ <u>37.40</u>	<u>1203.20</u>
<u>Salt</u>	<u>32sk</u>	@ <u>26.35</u>	<u>579.20</u>
<u>Gypsumite</u>	<u>1850 lb</u>	@ <u>.93</u>	<u>1713.00</u>
<u>Flossal</u>	<u>93 lb</u>	@ <u>2.47</u>	<u>276.21</u>
<u>FD-31</u>	<u>63 lb</u>	@ <u>10.30</u>	<u>648.90</u>
<u>FL160</u>	<u>156 lb</u>	@ <u>18.90</u>	<u>2948.40</u>
HANDLING	@		
MILEAGE			
		<u>90</u>	<u>TOTAL 14408.31</u>

REMARKS:

Well Herrick 2-26

A/E 34738

GL 83001075

Office Ulysses KS

Date 1-16-2015

CHARGE TO: Merit Energy

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>3079.25</u>
EXTRA FOOTAGE	@		
MILEAGE <u>Heavy</u>	<u>50 ML</u>	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD <u>+head</u>	<u>1 EA</u>	@ <u>275.00</u>	<u>275.00</u>
<u>Light Mileage</u>	<u>50 ML</u>	@ <u>4.40</u>	<u>220.00</u>
<u>Handling</u>	<u>486.53</u>	@ <u>2.44</u>	<u>1236.32</u>
<u>Mileage</u>	<u>939.71</u>	@ <u>2.20</u>	<u>2143.26</u>
TOTAL			<u>7658.87</u>

PLUG & FLOAT EQUIPMENT

<u>Guideshoe</u>	<u>1 EA</u>	@ <u>280.00</u>	<u>280.00</u>
<u>BS Float Collar</u>	<u>1 EA</u>	@ <u>725.40</u>	<u>725.40</u>
<u>Centralizer</u>	<u>20 EA</u>	@ <u>57.30</u>	<u>1146.00</u>
<u>Stop Collar</u>	<u>1 EA</u>	@ <u>49.14</u>	<u>49.14</u>
<u>Tap Rubber</u>	<u>1 EA</u>	@ <u>258.26</u>	<u>258.26</u>

TOTAL 2460.20

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 Carter

SIGNATURE Jim Carter

SALES TAX (If Any)

TOTAL CHARGES 24,527.38

DISCOUNT Net - 16,433.39 IF PAID IN 30 DAYS