



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
-----------------------------------	-----------------	---

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
--	---

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	NEMU 502
Doc ID	1257530

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	NEMU 502
Doc ID	1257530

Tops

Name	Top	Datum
HEEBNER	4049	
TORONTO	4062	
LANSING	4102	
MARMATON	4691	
PAWNEE	4799	
CHEROKEE	4855	
ATOKA	5026	
MORROW	5158	
CHESTER	5357	
ST GENEVIEVE	5472	
ST LOUIS	5519	

Summary of Changes

Lease Name and Number: NEMU 502

API/Permit #: 15-081-22099-00-00

Doc ID: 1257530

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/28/2015	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3094	3093
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1253415	../..kcc/detail/operatorEditDetail.cfm?docID=1257530



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
-----------------------------------	-----------------	---

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 1252784
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
-----------------------------------	-----------------	---

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
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	NEMU 502
Doc ID	1252784

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	NEMU 502
Doc ID	1252784

Tops

Name	Top	Datum
HEEBNER	4049	
TORONTO	4062	
LANSING	4102	
MARMATON	4691	
PAWNEE	4799	
CHEROKEE	4855	
ATOKA	5026	
MORROW	5157	
CHESTER	5283	
ST GENEVIEVE	5472	
ST LOUIS	5519	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	NEMU 502
Doc ID	1252784

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5446-5451-5460,5464 CHESTER	ACID-32BBLS FLUSH 7%KCL 7%HCL	5446-5464
	CIBP@5425		5425
2	5305-5319, 5329- 5332, 5349-5352 UPPER CHESTER	FRAC-2403 BBLS, 119,787 LBS 40/70 WHITE SAND, 5,351,000 SCF	5305-5352
4	5220-5225, 5232- 5235 MORROW	FRAC-1,445 BBLS, 80, 190 LBS 40/70 SAND, 3,176,000 SCF	5220-5235

ALLIED OIL & GAS SERVICES, LLC 052814

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal Ks

DATE <u>01-26-15</u>	SEC. <u>34</u>	TWP. <u>27 S</u>	RANGE <u>34 W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00</u>	JOB FINISH <u>4:00 P.M.</u>
LEASE <u>NEMU</u>		WELL# <u>502</u>		LOCATION <u>Sublete Ks, N to CR 50,</u>		COUNTY <u>Haskell</u>	STATE <u>Ks.</u>
OLD OR <u>(NEW)</u> (Circle one)				<u>W B. M., to CREE, N 2M, W into.</u>			

CONTRACTOR <u>Saxon # 142</u>	OWNER <u>MERIT ENERGY.</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u> TD. <u>1720 + 1'</u>	CEMENT
CASING SIZE <u>8 5/8 24 #</u> DEPTH <u>1721 + 1'</u>	AMOUNT ORDERED <u>300 sk AMDL "C", 3% CC, 2% SA-51, 1/4 lb/sk Elosole</u>
TUBING SIZE _____ DEPTH _____	<u>200 sk C, 3% CC, 1/4 lb/sk Elosole</u>
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	COMMON <u>"C" 200 sk @ 24.40 4880.00</u>
PRES. MAX <u>1100 PSI</u> MINIMUM _____	POZMIX _____ @ _____
MEAS. LINE _____ SHOE JOINT <u>13.77 + 1'</u>	GEL _____ @ _____
CEMENT LEFT IN CSG. <u>2.8 Bbls</u>	CHLORIDE <u>19 SK @ 64.00 1,216.00</u>
PERFS. _____	ASC _____ @ _____
DISPLACEMENT <u>107 Bbls</u>	<u>AMDL "C" 300 sk @ 31.00 9,300.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Ruben Chavez
531-541 HELPER R-ch + Ricardo Landa
BULK TRUCK _____ (Antonio)
955-554 DRIVER Tony Helguin
BULK TRUCK _____
705-842 DRIVER Gregory Randall

REMARKS:

Well NEMU 502
AFE 35519
GL 7602076
Office Ulyses
Date 1-26-15

	TOTAL <u>16,767.60</u>

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

SERVICE

Mat Handling 560.00 C.F @ 2.48	1,388.86
PUMP TRUCK CHARGE	<u>2,213.75</u>
Dragage 1242.19 T.M @ 2.66	<u>3,231.76</u>
MILEAGE Heavy 50 Mi @ 7.70	<u>385.00</u>
MANIFOLD + head 1 @ 2.75	<u>2.75</u>
Light Vehicle 50 Mi @ 4.40	<u>220.00</u>
Circulating Iron 1 @ 400.00	<u>400.00</u>
	TOTAL <u>8,114.37</u>

PLUG & FLOAT EQUIPMENT

M.R. Top plug 1	625.00
M.R. Float collar 1 @	<u>1,440.00</u>
Stop collar 1 @	<u>69.00</u>
Guide Shoe 1 @	<u>460.00</u>
Centralizer 14 @ 75.00	<u>1,050.00</u>
	TOTAL <u>3,644.00</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.

PRINTED NAME Kevin Seabery
SIGNATURE [Signature]

SALES TAX (If Any) _____
TOTAL CHARGES 28,525.97
DISCOUNT _____ IF PAID IN 30 DAYS
NET = 19,112.50

ALLIED OIL & GAS SERVICES, LLC 064575

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Liberal KS #21

DATE <u>1-30-15</u>	SEC. <u>34</u>	TWP. <u>27</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:30 AM</u>
LEASE <u>NEMU</u>	WELL # <u>502</u>	LOCATION <u>Schletter's North on 83 Hwy to</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)		CE 50 west, to CE EE south, to CE 20 west					

CONTRACTOR SAXON #142
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5784
 CASING SIZE 5 1/2 DEPTH 5779
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 47.61
 CEMENT LEFT IN CSG. 1 BBL
 PERFS.
 DISPLACEMENT 1.33 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 350 SK Class H, 50/50 @ 2.12/gal
5' Gypseal, 10' Salt, 5' Gilsonite, 14' Hobeal
0.5' FI-100, 0.2' Dispersant
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 Super flush 12 @ 25.00 300.00
 A/50/50 class H 350 @ 21.79 7636.50
 Gypseal 1470 @ 0.88 1293.60
 Salt 2086 @ 0.68 1398.08
 Gilsonite 1750 @ 0.88 1715.00
 Floseal 88 @ 2.97 261.36
 FI-100 147 @ 18.90 2778.30
 CA-31 89 @ 7.73 456.07
 HANDLING @
 MILEAGE

EQUIPMENT
 PUMP TRUCK CEMENTER Lesarefania
 # 549-550 HELPER Ivan Carrillo
 BULK TRUCK (Antonio)
 # 568-467 DRIVER Tony Holguin
 BULK TRUCK
 # DRIVER

Thank you
 REMARKS:
 Well NEMU 502
 AFE 35517
 GI 26002078
 Office Wysse KS
 Date 1-30-15

TOTAL 15,828.91

SERVICE

DEPTH OF JOB Circulation Iron 1 @ 1,128.00
 PUMP TRUCK CHARGE 1 @ 3,099.25
 EXTRA FOOTAGE LUM 50 @ 4.40 220.00
 MILEAGE HUM 50 @ 7.70 385.00
 MANIFOLD 1 @ 275.00 275.00
 Handling 471.58 @ 2.48 1169.53
 Drayage 888.92 @ 2.75 2444.53

TOTAL 8,718.31

CHARGE TO: Merit Energy
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Guide shoe 1 @ 281.00 281.00
 SS float collar 1 @ 728.00 728.00
 Centralizer 20 @ 57.00 1140.00
 Stop collar 1 @ 49.00 49.00
 Top rubber plug 1 @ 258.26 258.26

TOTAL 2453.26

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 27,000.48

PRINTED NAME Kevin Scoberry
 SIGNATURE Kevin Scoberry

DISCOUNT - IF PAID IN 30 DAYS
Net 15,390.27