

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Black Tea Oil

Krebs R1

RTD 4440

LTD 4413

5 ½ set at 4440 200 sks

8 5/8 surface 186 sks

Port Collar 2069 400 sks

Perfs

Morrow 4310-32

Johnsons 4290-4300

Johnson 4266-72

Treated with 3000 gal 15% INS

FT Scott 4182-94

Pawnee 4166-72

Altamont 4132-56

Treated above with 5000 gal 15% INS

Marmaton 4103-08 1500 gal 15% INS

Pleasanton 4046-50 1500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs R 1

API/Permit #: 15-109-21239-00-00

Doc ID: 1249452

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	263
Approved Date	04/30/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	263
CasingSettingDepthPDF F_2	4388	4440
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2069
If Alternate II Completion - Cement Circulated To		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Sacks of Cement	450	400
Kelly Bushing Elevation	2682	2684
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2069
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4413
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1202100	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249452
TopsDatum1	-1307	-1626
TopsDatum2		-1582
TopsDatum3		-1498
TopsDatum4		-1482
TopsDatum5		-1448

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum6		-1419
TopsDatum7		-1362
TopsDepth1	3989	4310
TopsDepth2		4266
TopsDepth3		4182
TopsDepth4		4166
TopsDepth5		4132
TopsDepth6		4103
TopsDepth7		4046
TopsName1	KANSAS CITY	morrow
TopsName2		johnson
TopsName3		ft scott
TopsName4		pawnee

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName5		altamont
TopsName6		marmaton
TopsName7		pleasanton
Total Depth	4450	4440

Summary of Attachments

Lease Name and Number: Krebs R 1

API: 15-109-21239-00-00

Doc ID: 1249452

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202100
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)*

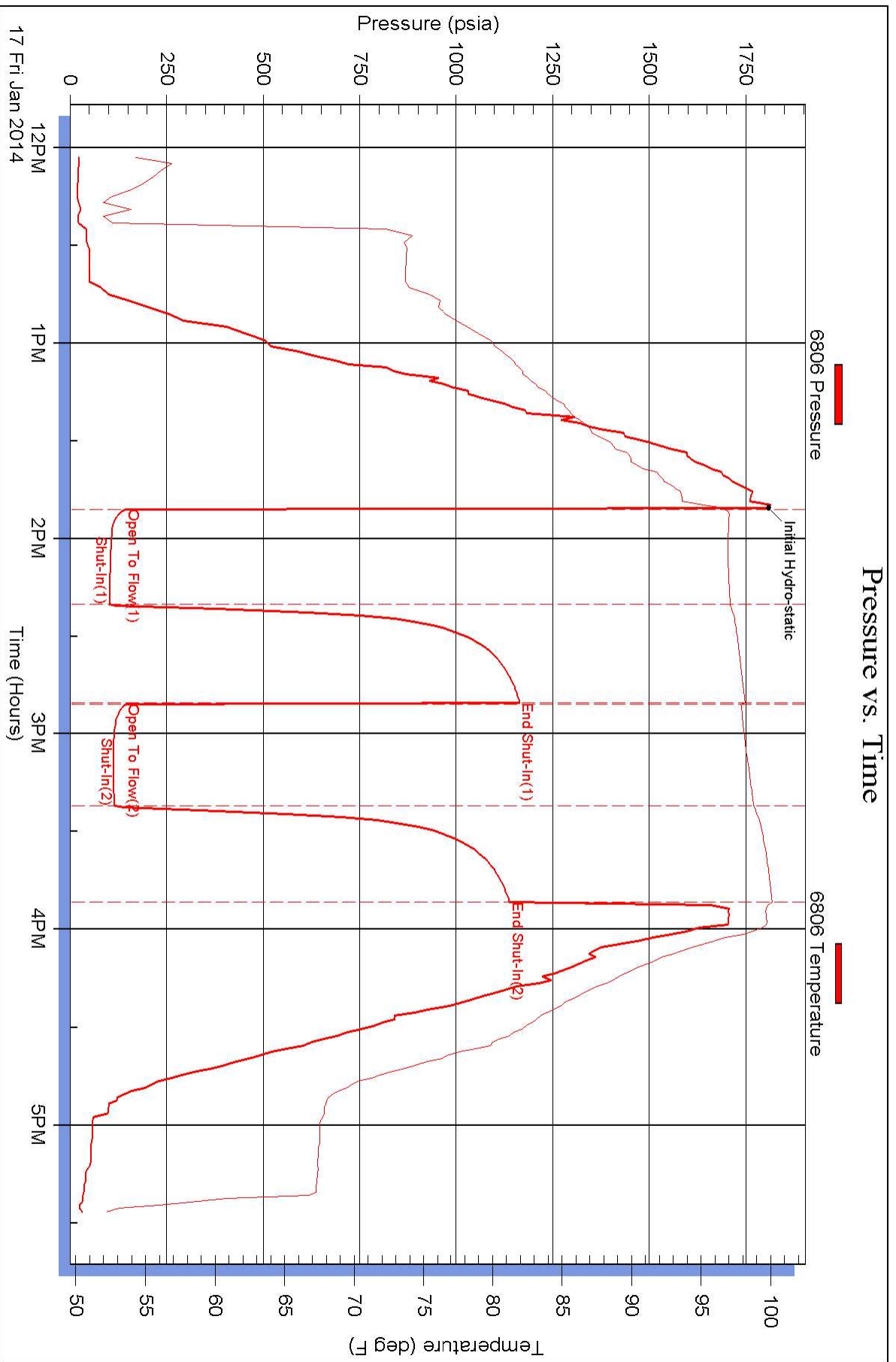
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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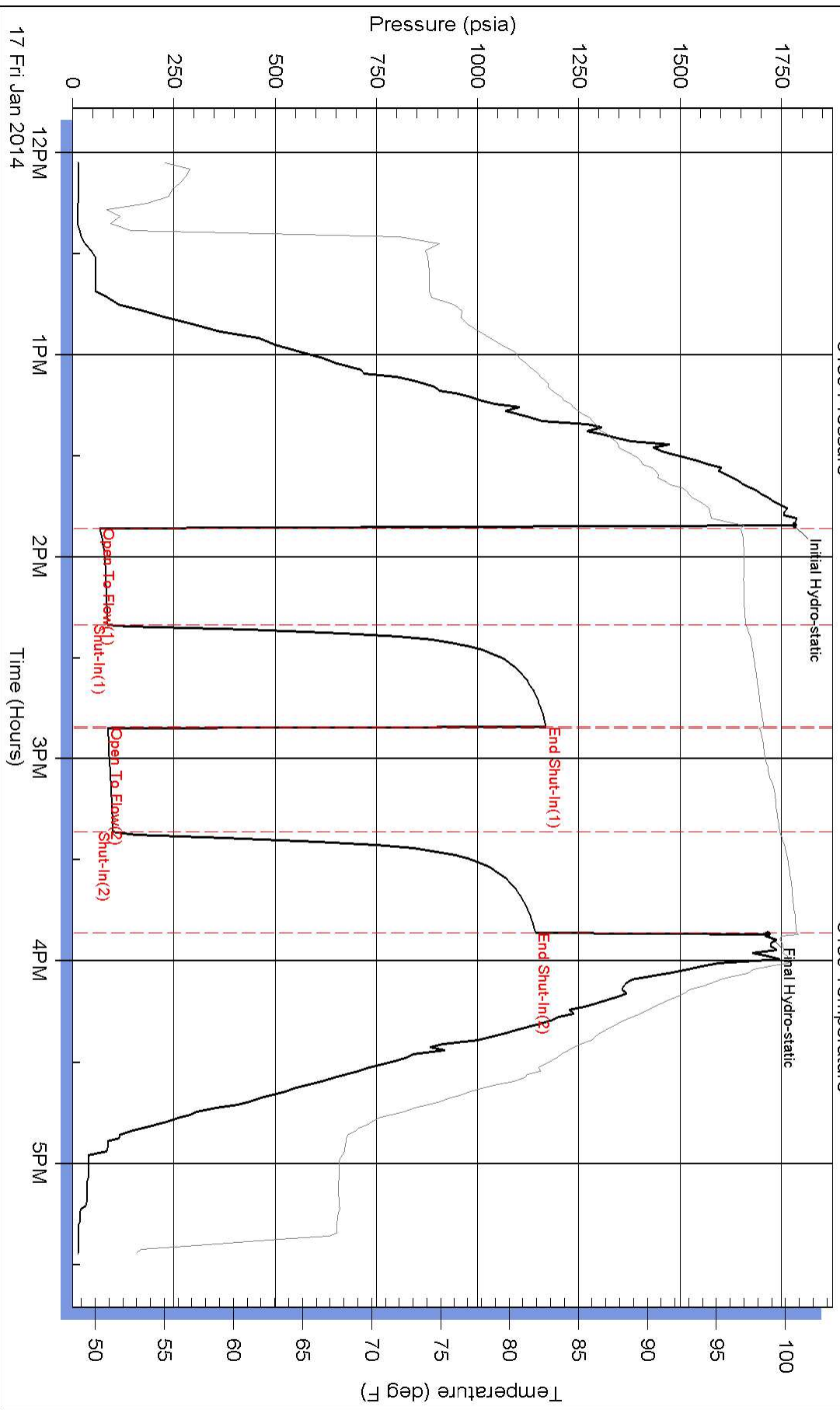
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

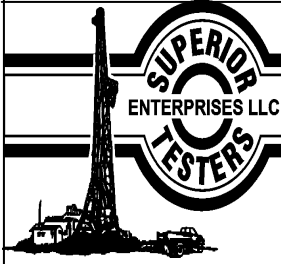
TUBING RECORD:	Size:	Set At:	Packer At:	
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Pressure vs. Time



Pressure vs. Time





DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil

29-14-32w-Logan

1011 Centennial Blvd. Suit B
Hays Kansas 67601

Krebs P

Job Ticket: 19184

DST#: 1

ATTN: Anthony Steinke

Test Start: 2014.01.17 @ 12:02:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 50.00 sec/qt

Water Loss: 6.40 in³

Resistivity: ohm.m

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psia

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
71.00	Oil spotted mud Mud 99% Oil 1%	0.718

Total Length: 71.00 ft Total Volume: 0.718 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



DRILL STEM TEST REPORT

TOOL DIAGRAM

Black Tea Oil

29-14-32w-Logan

1011 Centennial Blvd. Suit B
Hays Kansas 67601

Krebs P

Job Ticket: 19184

DST#: 1

ATTN: Anthony Steinke

Test Start: 2014.01.17 @ 12:02:00

Tool Information

Drill Pipe:	Length: 3587.00 ft	Diameter: 3.80 inches	Volume: 50.32 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 30.55 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose: 80000.00 lb
			<u>Total Volume: 50.47 bbl</u>	Tool Chased 1.00 ft
Drill Pipe Above KB:	9.55 ft			String Weight: Initial 55000.00 lb
Depth to Top Packer:	3636.00 ft			Final 55000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	76.48 ft			
Tool Length:	104.48 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
------------------	-------------	------------	----------	------------	----------------

Shut-In Tool	5.00			3613.00	
Hydraulic Tool	5.00			3618.00	
Jars	6.00			3624.00	
Safety Joint	2.00			3626.00	
Packer	5.00			3631.00	28.00 Bottom Of Top Packer
Packer	5.00			3636.00	
Perforations	5.00			3641.00	
C.O. Sub	0.75			3641.75	
Drill Pipe	30.98			3672.73	
C.O. Sub	0.75			3673.48	
Perforations	34.00			3707.48	
Recorder	1.00	6806		3708.48	
Recorder	1.00	8159		3709.48	
Bullnose	3.00			3712.48	76.48 Bottom Packers & Anchor

Total Tool Length: 104.48



DRILL STEM TEST REPORT

Black Tea Oil

29-14-32w-Logan

1011 Centennial Blvd. Suit B
Hays Kansas 67601

Krebs P

Job Ticket: 19184

DST#: 1

ATTN: Anthony Steinke

Test Start: 2014.01.17 @ 12:02:00

GENERAL INFORMATION:

Formation: **KC-B-C-D**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 13:51:30

Time Test Ended: 17:26:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Dustin Ellis

Unit No: 3315-Scot City-

Interval: 3636.00 ft (KB) To 3712.00 ft (KB) (TVD)

Reference Elevations: 2661.00 ft (KB)

Total Depth: 3712.00 ft (KB) (TVD)

2654.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 6806

Press @ RunDepth: 1138.52 psia @ 3708.48 ft (KB)

Capacity: 5000.00 psia

Start Date: 2014.01.17

End Date: 2014.01.17

Last Calib.: 2014.01.15

Start Time: 12:02:00

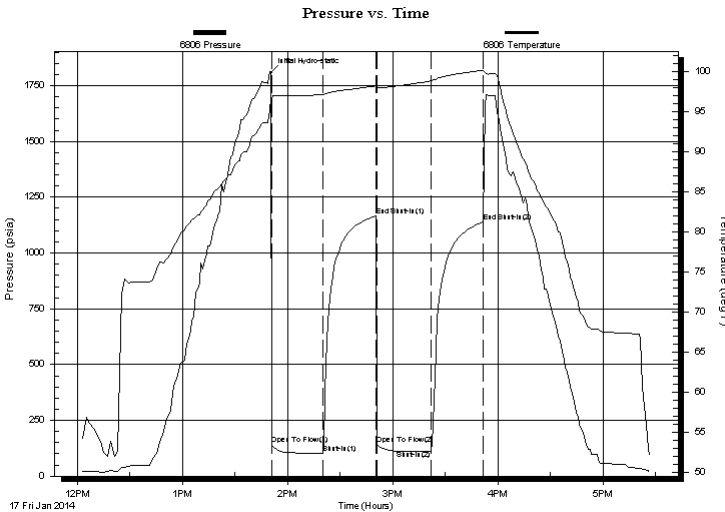
End Time: 17:26:30

Time On Btm: 2014.01.17 @ 13:50:30

Time Off Btm:

TEST COMMENT: 1st Open 30 minutes Fair building blow built to 3.5 inches.
1st Shut in 30 minutes No blow back
2nd Open 30 minutes Fair building blow built to 2.5 inches.
2nd Shut in 30 minutes No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1808.24	96.68	Initial Hydro-static
1	144.22	96.65	Open To Flow (1)
30	102.42	97.10	Shut-In(1)
60	1165.22	98.16	End Shut-In(1)
61	143.99	97.86	Open To Flow (2)
92	115.68	98.79	Shut-In(2)
121	1138.52	100.11	End Shut-In(2)

Recovery

Length (ft)	Description	Volume (bbl)
71.00	Oil spotted mud Mud 99% Oil 1%	0.72

Gas Rates

Choke (inches)	Pressure (psia)	Gas Rate (Mcf/d)



DRILL STEM TEST REPORT

Prepared For: **Black Tea Oil**

1011 Centennial Blvd. Suit B
Hays Kansas 67601

ATTN: Anthony Steinke

Krebs P

29-14-32w-Logan

Start Date: 2014.01.17 @ 12:02:00

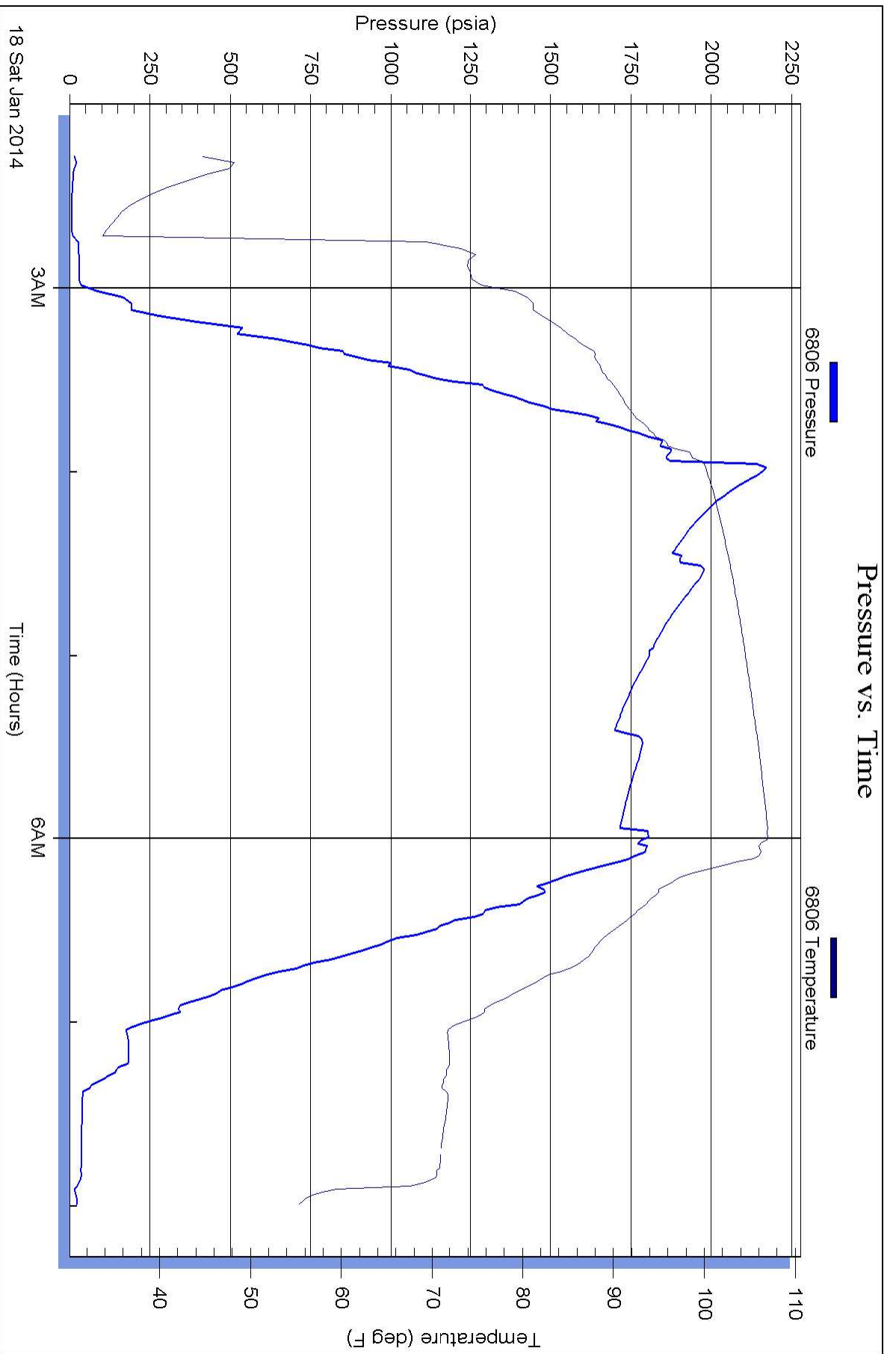
End Date: 2014.01.17 @ 17:26:30

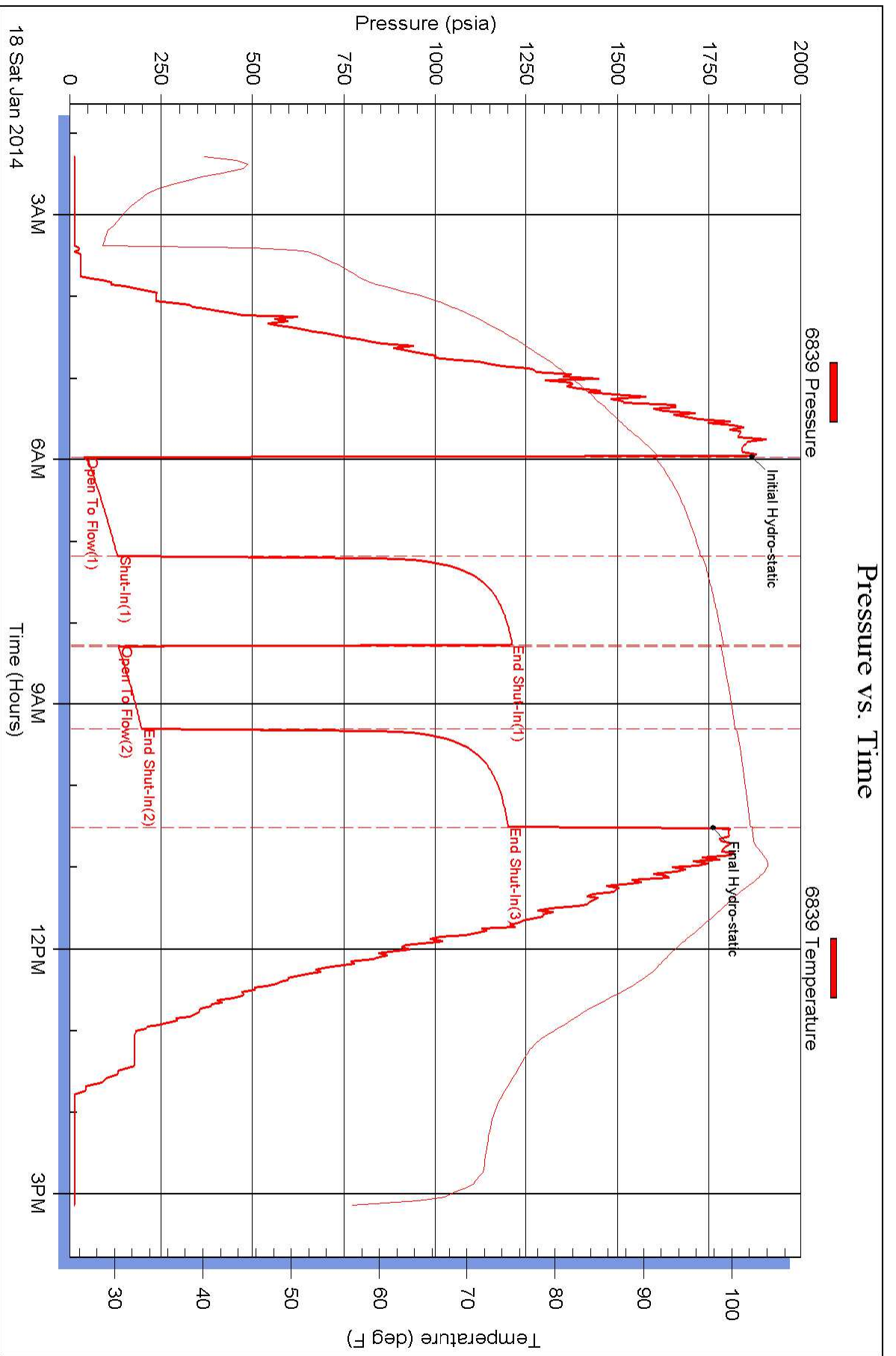
Job Ticket #: 19184 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

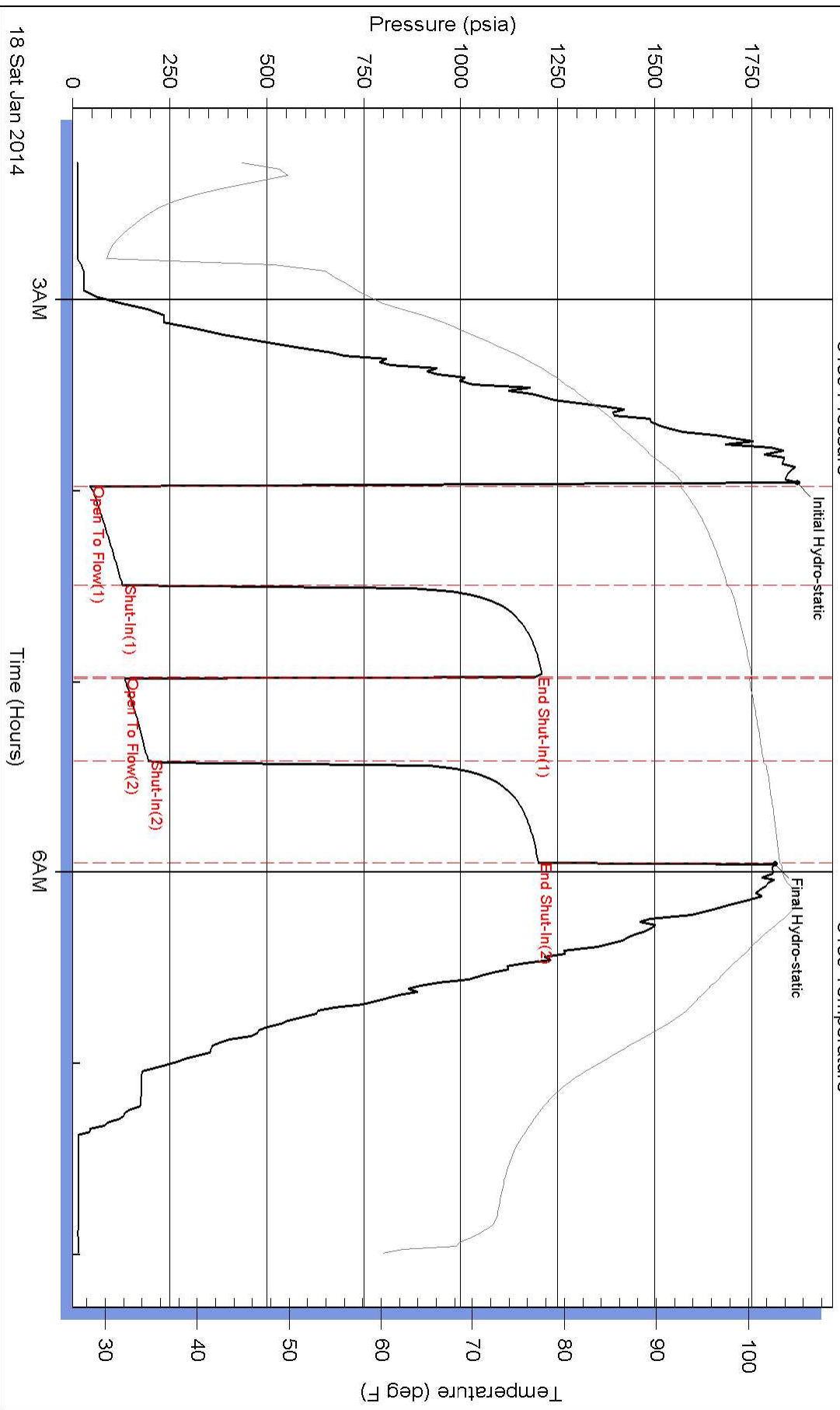
Printed: 2014.01.15 @ 17:33:29

Black Tea Oil
29-14-32w-Logan
Krebs P
DST # 1
KC-B-C-D
2014.01.17





Pressure vs. Time





DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil

29-14-32w-Logan

1011 Centennial Blvd. Suit B
Hays Kansas 67601

Krebs P

Job Ticket: 19185

DST#: 2

ATTN: Anthony Steinke

Test Start: 2014.01.18 @ 02:16:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 50.00 sec/qt

Water Loss: 6.40 in³

Resistivity: ohm.m

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psia

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	Oil cut muddy w ater	0.563
0.00	Oil 3% Mud 65% Water32%	0.000
245.00	Oil spotted muddy w ater	3.437
0.00	Oil 1% Mud 15%Water 84%	0.000

Total Length: 305.00 ft Total Volume: 4.000 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



DRILL STEM TEST REPORT

TOOL DIAGRAM

Black Tea Oil

29-14-32w-Logan

1011 Centennial Blvd. Suit B
Hays Kansas 67601

Krebs P

Job Ticket: 19185

DST#: 2

ATTN: Anthony Steinke

Test Start: 2014.01.18 @ 02:16:00

Tool Information

Drill Pipe:	Length: 3772.00 ft	Diameter: 3.80 inches	Volume: 52.91 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 30.55 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose: 68000.00 lb
			Total Volume: 53.06 bbl	Tool Chased 1.00 ft
Drill Pipe Above KB:	27.16 ft			String Weight: Initial 55000.00 lb
Depth to Top Packer:	3798.00 ft			Final 56000.00 lb
Depth to Bottom Packer:	3817.37 ft			
Interval between Packers:	19.37 ft			
Tool Length:	46.28 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
P.O. Sub	0.31			3775.70	
C.O. Sub	0.31			3776.01	
P.O. Sub	0.31			3776.32	
Recorder	1.80		Fluid	3778.12	
Conv. S.I. Tool	1.52			3779.64	
Sampler	1.10			3780.74	
Stubb	2.10			3782.84	
Recorder	1.80		Inside	3784.64	
Telemetry Tool	7.01			3791.65	
Jars	2.05			3793.70	
Bypass Hanger	0.32			3794.02	
Safety Joint	0.78			3794.80	
Packer	1.78			3796.58	22.61 Bottom Of Top Packer
Packer	1.42			3798.00	
Stubb	0.36			3798.36	
Recorder Carrier	1.80			3800.16	
Recorder	0.00	6839	Outside	3800.16	
Recorder	0.00	8159	Outside	3800.16	
Perforations	16.00			3816.16	
Bypass Receiver	0.85			3817.01	
Blank Spacing	0.00			3817.01	
Stubb	0.36			3817.37	19.37 Tool Interval
Packer	1.42			3818.79	
Bypass Hanger	0.30			3819.09	
Recorder	1.80	6806	Below	3820.89	
Collar	0.00			3820.89	



DRILL STEM TEST REPORT

Prepared For: **Black Tea Oil**

1011 Centennial Blvd. Suit B
Hays Kansas 67601

ATTN: Anthony Steinke

Krebs P

29-14-32w-Logan

Start Date: 2014.01.18 @ 02:16:00

End Date: 2014.01.18 @ 07:59:30

Job Ticket #: 19185 DST #: 2

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2014.01.16 @ 08:18:56

Black Tea Oil
29-14-32w-Logan
Krebs P
DST # 2
Lansing KCH
2014.01.18

ALLIED OIL & GAS SERVICES, LLC 062143

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Dakley, Ky

DATE <u>1/21/14</u>	SEC. <u>29</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30</u>	JOB FINISH <u>4:30</u>
LEASE <u>Krebs</u>	WELL # <u>01</u>	LOCATION <u>Dakley 20 1/2 S W 20</u>			COUNTY <u>Wayne</u>	STATE <u>KY</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Am. Eagle
 TYPE OF JOB Prod.
 HOLE SIZE 7 1/4 T.D.
 CASING SIZE 5 1/2 15 1/2 B DEPTH 4380'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Port collar DEPTH 2082
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 20.3
 CEMENT LEFT IN CSG. 20.3'
 PERFS.
 DISPLACEMENT 10 100-120

OWNER Same
 CEMENT
 AMOUNT ORDERED 230 ASC 10070 Salt 20 mgal
5 1/2 Gilberte
 COMMON @
 POZMIX @
 GEL 4 @ 23 40 93 60
 CHLORIDE @
 ASC 230 5K @ 20 90 4607 20
 @
Salt 241K @ 26 25 632 90
Gilberte 115016 @ 0 90 1127 00
with 27 12031 @ 50 20 204 90
 @
 @
 @
 @
 HANDLING 929.41 CF @ 2 50 230.14
 MILEAGE 2 700/1 mile 100's 700/1 0 35 00
 TOTAL 89 20

EQUIPMENT
 PUMP TRUCK CEMENTER Alan Ryan
 # 422281 HELPER Kevin Ryan
 BULK TRUCK
 # 394 DRIVER Thomas (TWS)
 BULK TRUCK
 # DRIVER

REMARKS:

Runway, concrete mix 12 W/ASC mix 5K B.H.
mix 200SK ASC 10070 salt 20 mgal 5 1/2 Gilberte 200 5 1/2
Washing, Displace Plug w/ 100' ASC 20 w/ 100' 10
LET. Land Plug & 1000 PIT
Plant Hold

Thank you
Alan Ryan Thomas

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE 2765 75
 EXTRA FOOTAGE @
 MILEAGE 25 @ 7 24 192 50
 MANIFOLD Hand @ 2 25 2 25 00
 LSV Vehicle 25 @ 4 44 110 00
 @

TOTAL 3,343.25

CHARGE TO: Blank Tea
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Port collar 1 30 42 00
Asc Front Shoe 1 @ 40 8 00
Baskets 3 @ 394 22 1182 66
Centralizer 8 @ 93 00 744 00
Water based Assembly 1 @ 324 22

TOTAL 5706 09

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 17,979.13
 DISCOUNT 2,454.60 IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE John B. [Signature]

15,524.52 Net.