



WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes  No

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:  
 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



Black Tea Oil

Krebs R2

RTD 4500

LTD 4474

5 ½ set @ 4500 200 sks

8 5/8 set @ 262 180 sks

Port Collar @ 2170 400 sks

Perfs

Morrow 4380-98 1000 gal 15% INS

Johnson 4338-44 1000 gal 15% INS

Ft Scott 4258-64

Altamont 4202-08

Treated Ft Scott and Altamont with 3000 gal 15% INS

Marmaton 4120-24 1500 gal 15% INS

L 4058-62 1500 gal 15% INS

## Summary of Changes

Lease Name and Number: Krebs R 2

API/Permit #: 15-109-21251-00-00

Doc ID: 1249461

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	262
Approved Date	04/30/2014	04/27/2015
CasingNumbSacksUsedPDF_2	230	200
CasingPurposeOfStringPDF_1	SURFACE	Surface
CasingPurposeOfStringPDF_2	PRODUCTION	Production
CasingSettingDepthPDF_1	250	262
CasingSettingDepthPDF_2	4450	4500
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2170

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Cement Circulated To		0
If Alternate II Completion - Sacks of Cement	450	400
Kelly Bushing Elevation	2759	2761
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2170
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4474
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1202181	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249461
TopsDatum1	-1307	-1619
TopsDatum2		-1577
TopsDatum3		-1497
TopsDatum4		-1441

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum5		-1359
TopsDatum6		-1297
TopsDepth1	4066	4380
TopsDepth2		4338
TopsDepth3		4258
TopsDepth4		4202
TopsDepth5		4120
TopsDepth6		4058
TopsName1	KANSAS CITY	morrow
TopsName2		johnson
TopsName3		ft scott
TopsName4		altamont
TopsName5		marmaton

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName6		kansas city
Total Depth	4450	4500



## Summary of Attachments

Lease Name and Number: Krebs R 2

API: 15-109-21251-00-00

Doc ID: 1249461

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1202181  
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](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
--	---

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

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





265818

TICKET NUMBER 43127  
LOCATION OAKLEY KS.  
FOREMAN DAMON M FEEWEE

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT  
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-8-14	5007	KREBA R #2	28	14	32W	LOGAN
CUSTOMER BLACK TEA		OAKLEY IN APPROX 3/4 E S INTO				
MAILING ADDRESS <del>401</del> 1011 CENTRAL BLV. SUITE B		TRUCK #	DRIVER	TRUCK #	DRIVER	
CITY HAYS		STATE KS.	ZIP CODE 67801	TRUCK #	DRIVER	
				TRUCK #	DRIVER	
				TRUCK #	DRIVER	

JOB TYPE SURFACE HOLE SIZE 10 1/4 HOLE DEPTH 262 CASING SIZE & WEIGHT 8 7/8 24 1/2  
 CASING DEPTH 262.88 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20  
 DISPLACEMENT 15 1/2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: SAFETY MEETING RIG UP ON LANDMARK CIRC CASING ON BOTTOM  
MIX 180 SKS 370 CC 270 98L DISPLACE 15 1/2 BBL OF H2O WASHED UP  
AND RIGGED DOWN

CEMENT DID CIRCULATE  
APPROX 4 BBL TO THE PIT.

THANK YOU DAMON CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	20	MILEAGE	5.25	105.00 ✓
5407	8.46	TON MILEAGE DELIVERY (min)	430.00	430.00 ✓
11045	180 SKS	COM CLASS A.	18.55	3339.00 ✓
1102	508 #	CALCIUM CHLORIDE	.94	477.52 ✓
1118B	338 #	BENTONITE	.27	91.26 ✓
1111	200 #	SALT	N/C	N/C ✓
			SUBTOTAL	5592.78 ✓
			LESS 10%	559.28 ✓
			SUBTOTAL	5033.50 ✓
			7.65	SALES TAX 269.05 ✓
				ESTIMATED TOTAL 5302.55 ✓

completed

AUTHORIZATION DAMON MALDONADO TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

# ALLIED OIL & GAS SERVICES, LLC 061465

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Oakley KS

DATE <u>2-16-14</u>	SEC <u>26</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>12:30pm</u>	JOB FINISH <u>1:00pm</u>
LEASE <u>Krebs R</u>	WELL # <u>2</u>	LOCATION <u>Oakley 21.5 S E + S</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)				into			

CONTRACTOR Landmark L  
 TYPE OF JOB Production (long string)  
 HOLE SIZE 7 7/8 T.D. 4501  
 CASING SIZE 5 1/2 DEPTH 4498  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL Port Collar DEPTH 2173  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT 21.50  
 CEMENT LEFT IN CSG. 21.50  
 PERFS.  
 DISPLACEMENT

OWNER Same  
 CEMENT  
 AMOUNT ORDERED 230 sks ASC  
10% salt, 5# Gilsomite, 2% gel

EQUIPMENT

PUMP TRUCK CEMENTER Paul Bequer  
 # 120 HELPER Tyler Flipse  
 BULK TRUCK  
 # 600 DRIVER Adam Flipse  
 BULK TRUCK  
 # DRIVER

COMMON	<u>8800</u>	@	
POZMIX		@	
GEL	<u>4 sks</u>	@	<u>23.40</u>
CHLORIDE		@	
ASC	<u>230 sks</u>	@	<u>20.70</u>
		@	<u>4807.00</u>
<u>Gilsomite</u>	<u>1150#</u>	@	<u>.98</u>
		@	<u>1127.00</u>
<u>Salt</u>	<u>24 sks</u>	@	<u>26.35</u>
		@	<u>632.40</u>
<u>KCL</u>	<u>1 gal</u>	@	<u>34.40</u>
		@	<u>34.40</u>
<u>Super Flush</u>	<u>12 bbl</u>	@	<u>58.70</u>
		@	<u>704.40</u>
HANDLING	<u>294.03 ft<sup>3</sup></u>	@	<u>2.48</u>
		@	<u>729.19</u>
MILEAGE	<u>12.84 tons x 20 x 2.60</u>		<u>667.68</u>

TOTAL 8795.67

REMARKS:

Run Pipe / Float equip, Break circ.  
Prep ball, Ball went through @ 600 ft  
Pump 10 bbl KCL water, mix 12 bbl  
Super flush, pump 5 bbl water,  
Mix 30 sks in P.H. mix 200 sks down  
easy, wash up in pit, release plug  
Displace w/ water, plug did land  
@ 1200 ft w/ 800 ft lift pressure  
Float did hold

Thank You

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>2765.75</u>
EXTRA FOOTAGE		@	
MILEAGE miltv	<u>20</u>	@	<u>7.70</u>
		@	<u>154.00</u>
MANIFOLD Head		@	<u>225.00</u>
		@	<u>N/C</u>
MILT V	<u>20</u>	@	<u>4.40</u>
		@	<u>88.00</u>

TOTAL 3007.75

CHARGE TO: Black Trac  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>Weatherford</u>	<u>5 1/2</u>		
<u>Port collar</u>		@	<u>3570.00</u>
<u>Turbolizers</u>	<u>8</u>	@	<u>95.00</u>
		@	<u>760.00</u>
<u>Baskets</u>	<u>3</u>	@	<u>395.00</u>
		@	<u>1185.00</u>
<u>AF12 Float shoe</u>		@	<u>545.00</u>
<u>Latchdown plug Assy</u>		@	<u>660.00</u>

TOTAL 6740.00

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 18,543.42  
 DISCOUNT 2,360.68 IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_

SIGNATURE JHL

16,182.73 Net