

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 SWGPS 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: _____



1155989

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

Form	ACO1 - Well Completion
Operator	Farmer, John O., Inc.
Well Name	Schoen B 9
Doc ID	1155989

All Electric Logs Run

Micro Resistivity Log
Dual Induction Log
Compensated Density Neutron Log
Cement Bond Log

Form	ACO1 - Well Completion
Operator	Farmer, John O., Inc.
Well Name	Schoen B 9
Doc ID	1155989

Tops

Name	Top	Datum
Anhydrite	2022'	(427)
Heebner	3468'	(-1019)
Toronto	3494'	(-1045)
Lansing	3509'	(-1060)
Base/KC	3692'	(-1243)
Arbuckle	3764'	(-1315)
Reagan	3784'	(-1335)
Granite	3794'	(-1345)
L.T.D.	3838'	(-1389)

Summary of Changes

Lease Name and Number: Schoen B 9

API/Permit #: 15-137-20645-00-00

Doc ID: 1155989

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/07/2013	08/21/2013
Date of First or Resumed Production or SWD or Enhr Save Link	07/10/2013 ../..kcc/detail/operatorEditDetail.cfm?docID=1154282	07/02/2013 ../..kcc/detail/operatorEditDetail.cfm?docID=1155989



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
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
---	---	------------------------------------

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	Farmer, John O., Inc.
Well Name	Schoen B 9
Doc ID	1154282

All Electric Logs Run

Micro Resistivity Log
Dual Induction Log
Compensated Density Neutron Log
Cement Bond Log

Form	ACO1 - Well Completion
Operator	Farmer, John O., Inc.
Well Name	Schoen B 9
Doc ID	1154282

Tops

Name	Top	Datum
Anhydrite	2022'	(427)
Heebner	3468'	(-1019)
Toronto	3494'	(-1045)
Lansing	3509'	(-1060)
Base/KC	3692'	(-1243)
Arbuckle	3764'	(-1315)
Reagan	3784'	(-1335)
Granite	3794'	(-1345)
L.T.D.	3838'	(-1389)

Form	ACO1 - Well Completion
Operator	Farmer, John O., Inc.
Well Name	Schoen B 9
Doc ID	1154282

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3764-69' (Arbuckle)	None - completed natural	

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

August 06, 2013

Marge Schulte
Farmer, John O., Inc.
370 W WICHITA AVE
PO BOX 352
RUSSELL, KS 67665-2635

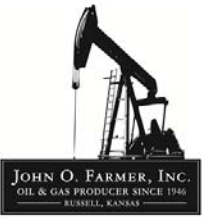
Re: ACO1
API 15-137-20645-00-00
Schoen B 9
NE/4 Sec.02-04S-24W
Norton County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Marge Schulte



AUSTIN B. KLAUS



Cell 785.650.3629
Work 785.483.3145
Ext 225

PO BOX 352
Russell, KS 67665
austin.klaus@johnofarmer.com

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Schoen B #9
Location: Norton County
License Number: API #15-137-20645-00-00
Spud Date: 5/3/2013
Surface Coordinates: Section 2 - Township 4 South - Range 24 West
760' FNL & 1,740' FEL
Bottom Hole Coordinates: Vertical well with minimal deviation, same as above
Ground Elevation (ft): 2,441' **K.B. Elevation (ft):** 2,449'
Logged Interval (ft): 3,250' **To:** RTD **Total Depth (ft):** 3,840'
Formation: Lansing, Arbuckle, Granite
Type of Drilling Fluid: Chemical (Andy's)
Region: Kansas
Drilling Completed: 5/7/2013

Printed by STRIP.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

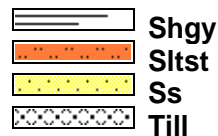
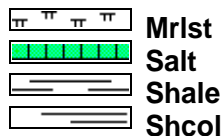
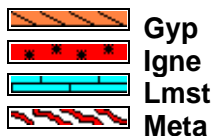
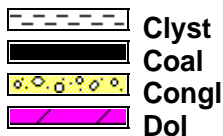
Company: John O. Farmer, Inc.
Address: P.O. Box 352
Russell, KS 67665-0352

Comments

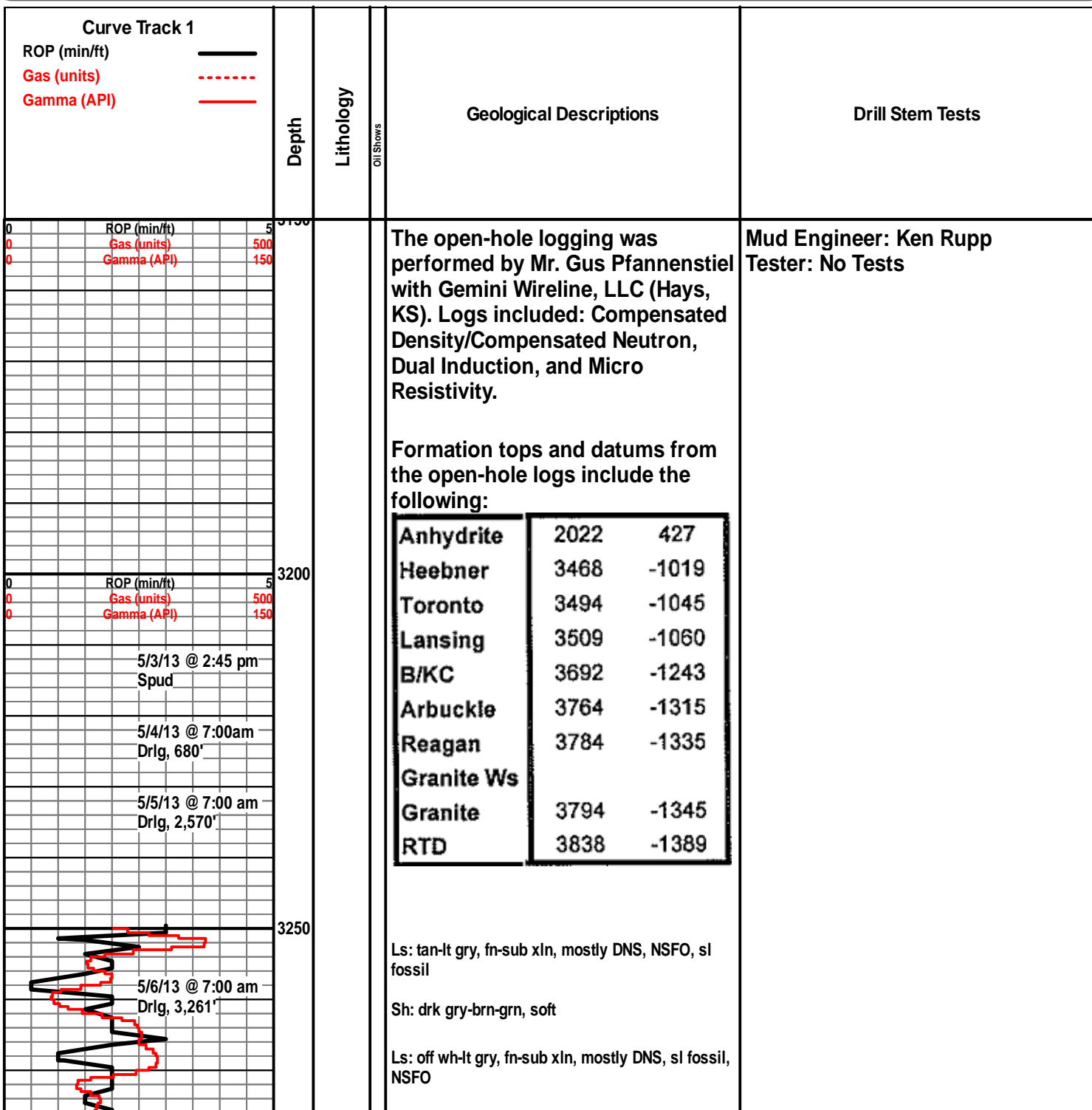
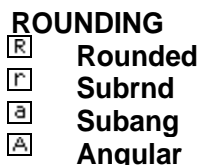
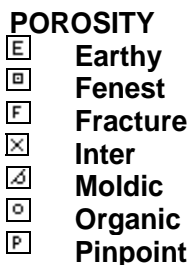
The Schoen B #9 well was drilled by WW Drilling Rig #12(Tool Pusher: Calvin Pfannenstiel).

The location for the Schoen B #9 well was found via 3-D seismic survey. Based on the samples and wireline logs that were evaluated, the decision was made run 5 1/2" production casing to further evaluate the Schoen B #9 well on 5/8/13.

ROCK TYPES



OTHER SYMBOLS



Topeka 3279' (-830)

Ls: off wh-tan, fn xln, poor int xln porosity, fossil, mostly barren, NSFO, chalky

Ls: ala, chert-off wh

Ls: off wh-tan, fn xln, poor pp vuggy porosity, sl fossil, chalky, NSFO

Ls: ala

Sh: drk gry-brn-red

Ls: off wh-lt gry, fn-sub xln, mostly DNS, chalky

Ls: ala, sl fossil

Sh: drk gry-brn

Ls: tan-lt gry, fn-sub xln, mostly DNS, chalky

Ls: ala

Ls: tan-gry, fn-sub xln, mostly DNS, sl ool, fossil, chalky

Sh: gry-lt gry, soft

Sh: gry-brn-grn, soft

Ls: tan-lt gry, fn-sub xln, DNS, sl fossil

Ls: ala

Sh: drk gry-red

Sh: gry-brn-red, soft

Ls: tan-gry, fn-sub xln, mostly DNS, vry fossil, NSFO

Sh: drk gry

Ls: tan-gry, fn xln, sl ool, fossil, NSFO, chalky

Ls: ala

Ls: off wh-lt gry, fn xln, fossil, poor int xln & fossil porosity, NSFO, vry chalky

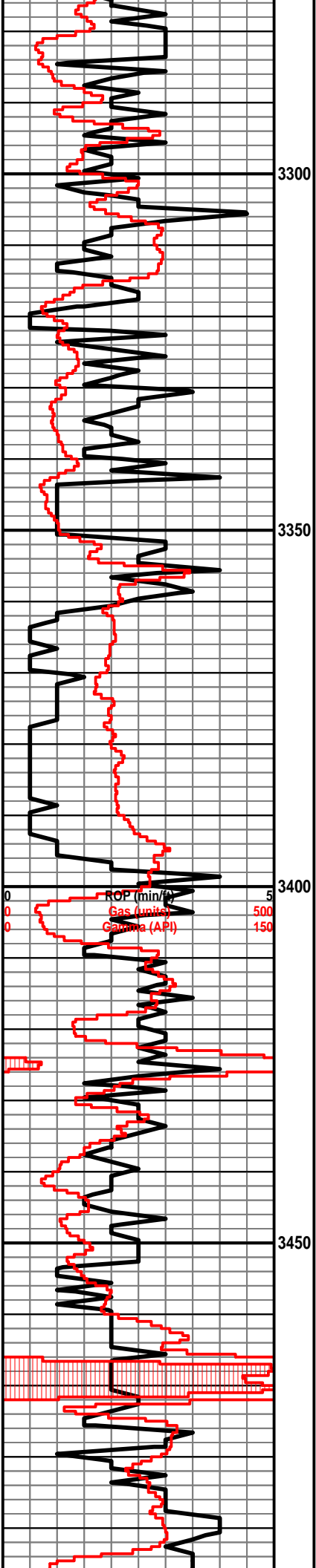
Heebner 3473' (-1024)

Sh: drk gry-blk, carb, fissile

Sh: gry-brn-grn

Sh: gry-brn-red, vry soft

Vis: 61
Wt: 8.8
LCM: 2#



Toronto 3499' (-1050)

Ls: off wh-tan, fn xln, sl ool, mostly DNS, NSFO

Sh: drk gry-blk

Lansing 3511' (-1062)

Ls: off wh-tan, fn xln, ool, poor-fair ool & int xln porosity, sl oil st, SSFO, sl odor

Sh: drk gry-brn, soft

Ls: off wh-tan, fn xln, poor int xln porosity, NSFO, chalky

Ls: off wh, ool, poor-fair ool & int xln porosity, SSFO, sl-fair odor, fossil

Sh: drk gry-brn-red, soft

Ls: off wh, fn xln, ool, poor ool & int xln porosity, fair oil st in porosity, SSFO, sl odor, chert-off wh

Ls: off wh, fn xln, sl ool, sl chalky, NSFO

Sh: lt gry-red, soft

Ls: off wh, fn xln, poor pp vuggy porosity, NSFO, chert-off wh, chalky

Sh: lt gry, soft

Ls: off wh-tan, fn xln, ool, NSFO, sl chalky

Sh: lt-drk gry-blk-drk brn, soft

Sh: lt gry

Ls: off wh, fn xln, ool, poor ool & int xln porosity, lt oil st, VSSFO, sl odor, sl fossil

Ls: lt gry-tan, fn-sub xln, mostly DNS, sl chalky

Sh: drk gry-brn-red

Ls: off wh-tan, fn xln, poor pp vuggy porosity, sl oil st in porosity, NSFO, no odor, sl fossil

Sh: drk gry-brn-red, fw pcs grn

Ls: off wh-tan, fn-sub xln, mostly DNS, fossil, chert-off wh

Sh: gry-brn-red, fw pcs soft

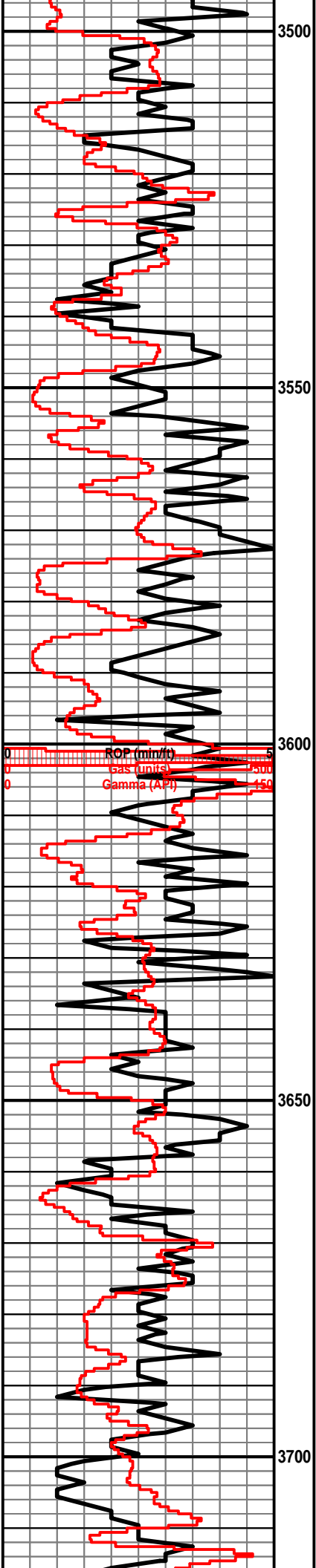
Ls: off wh-lt gry, fn xln, poor int xln porosity, sl dead oil st in porosity, VSSFO, no odor, chalky, sl chert-off wh

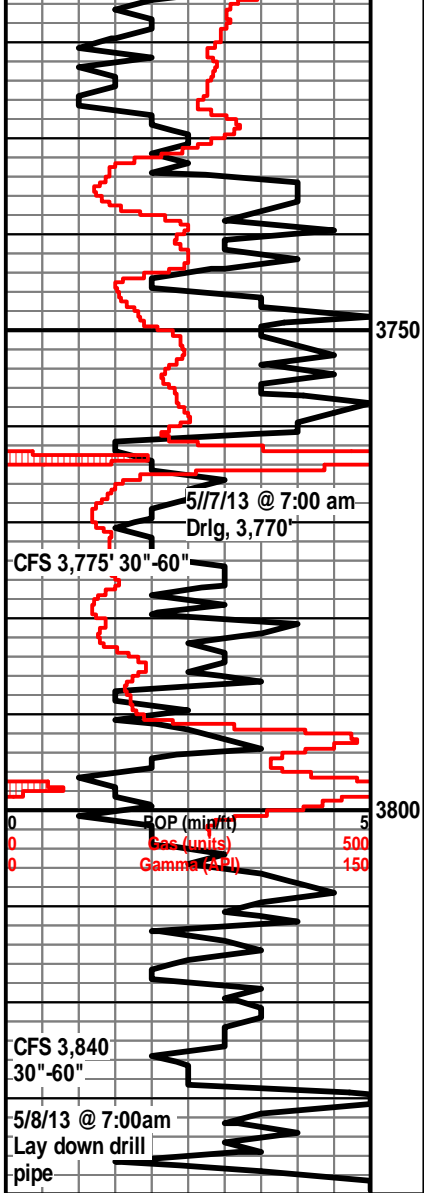
BKC 3794'-96' (-1245)

Sh: drk gry-brn-red, fw pcs grn

Sh: gry-drk brn-red, soft

Ls: off wh-tan, fn-sub xln, DNS, sl chert-off wh





Sh: gry-brn-red, vry soft

Sh: ala

Ls: off wh-tan, fn xln, ool, poor ool porosity, sl oil st in porosity, NSFO, no odor

Qtz: wh, fn grn, fairly well rounded, poor-fairly sorted, well cemented, NSFO

Qtz: ala

Sh: lt gry-brn-grn, vry soft; Chert-off wh

Sh: lt arv. vry soft

Arbuckle 3769' (-1320)

• Dolo: tan, fn sucrosic xln, glauc, fair int xln & pp vuggy porosity, GSFO, good odor, bright yel flour

Dolo: ala, Sh: lt gry-drk brn

Reagan Sand 3781' (-1332)

• Qtz: fn-vry fn grn, fairly well rounded, well sorted, poorly cemented, fair int grn porosity, GSFO, good odor

Sh: drk gry-brn

Granite Wash 3792' (-1341)

Qtz: pink, fn grn, well sorted, sub rounded, well cemented, NSFO, no odor

Qtz: pink-clr, fn-md grn, poorly sorted, sub rounded-angular, well cemented, NSFO, no odor

Qtz: ala

Qtz: pink, fn grn, poorly sorted, angular, well cemented, NSFO, no odor

Vis: 69

Wt: 9.4

LCM: 2#

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

June 19, 2013

RECEIVED JUN 20 2013

John O. Farmer, Inc.
P. O. Box 352
Russell, Kansas 67665

**RE: Exception to Alternate II Cementing Requirements
Schoen B # 9
SEWNNE section 2-4-24W
Norton County, Kansas
API # 15-137-20645-00-00**

COPY

Dear Mr. Farmer,

The Kansas Corporation Commission (KCC) has received your request, dated June 12, 2013, through District 4 Supervisor for an exception to Alternate II cementing requirements for the above referenced well. From this request, the KCC understands that subject well was not cemented to surface as required by the Alternate II option. Referenced well has 263 feet of surface casing set with 160 sacks of cement circulated to surface. A Cement Bond log indicates cement was circulated to 850 feet from a port collar at 2,037 feet with 350 sacks of cement. The bottom of fresh water is reported at 200 feet with the bottom of usable water listed at 1,250 feet.

After review of this matter by technical staff it was determined that:

1. Surface casing was set deeper than fresh water source in the area with cement coverage to protect the shallow aquifers.
2. All fresh and usable water sources are adequately protected with cement coverage and any remaining intervals not covered by cement contain no fresh or useable water zones.
3. The Dakota appears to be adequately isolated with cement and any remaining intervals not cemented contain no fresh or usable water nor present any threat of contamination from the shales in the interval.

Based on this information that the fresh and usable water zones are adequately protected with cement coverage and that any remaining intervals not cemented behind the production casing contain no threat of contamination from the shales in the intervals. Therefore, an exception is granted for the Alternate II requirement.

Sincerely,

Barry Metz
Interim Director

cc: Case Morris – District 4
Steve Bond – Production Supervisor

*KCC has granted exception
to bring cement to surface;
we have sufficient coverage
where we are at.*

ALLIED OIL & GAS SERVICES, LLC 060284

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Oakley

DATE <u>5/3/13</u>	SEC. <u>2</u>	TWP. <u>4</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30 Pm</u>	JOB FINISH <u>7:00 Pm</u>
LEASE <u>Schoen</u>	WELL # <u>9</u>	LOCATION <u>Norton S To Rds - 5/4 W</u>			COUNTY <u>Norton</u>	STATE <u>Ks.</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>Sinto</u>					

CONTRACTOR WW-12 OWNER Same

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 265
 CASING SIZE 8 5/8 DEPTH 264.97
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH

CEMENT
 AMOUNT ORDERED 160 SKs Com 3% CC
2% Gel

TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 16.87

COMMON 160 SKs @ \$17.20 #2864.00
 POZMIX @
 GEL 3 SKs @ \$23.40 #70.20
 CHLORIDE 5 SKs @ \$64.00 #320.00
 ASC @

EQUIPMENT

PUMP TRUCK CEMENTER Duon Rocotte
 # 120 HELPER Tyler Flipse
 BULK TRUCK
 # 600 DRIVER Kevin Ryan
 BULK TRUCK
 # DRIVER

HANDLING 173.02 @ \$2.48 #429.07
 MILEAGE 7.90 X 97 X \$2.60 #1992.38
 TOTAL \$5739.67

REMARKS:

mix 160 sks cement
Displace with water
Cement did circulate

SERVICE

DEPTH OF JOB 264.97'
 PUMP TRUCK CHARGE \$1512.25
 EXTRA FOOTAGE @
 MILEAGE 50 @ \$7.20 \$385.00
 MANIFOLD Sledge @ NC \$ NC
LU mileage @ \$4.40 \$220.00

CHARGE TO: John O Farmer

TOTAL \$2,117.25

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

@
 @
 @
 @
 @

TOTAL

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 7,856.92

PRINTED NAME Carl Pannocchia

DISCOUNT 2,042.79 IF PAID IN 30 DAYS

SIGNATURE Carl Pannocchia

5,814.12 Net.

JOB LOG

SWIFT Services, Inc.

DATE 5-8-13 PAGE NO.

CUSTOMER John O Farmer WELL NO. 9 LEASE Schoen B JOB TYPE 5 1/2 long string TICKET NO. 24408

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0820							on location
								TD 3840 55 22.46
								TP 3840 Insert 3817
								PC top 43 5 1/2" x 14 #
								Centralizer 1, 3, 5, 7, 9, 42
								Basket 10, 43
	0950							start casing
	1030							Drop Ball Break Circulation Rotate
	1245		7					Plug Alt 30 sks
	1250	5	12				200	Start Mud Flush
		5	20				200	Start KCL flush
	1255	5	35				200	Start Cement
	1308							Drop Plug
								wash out Pump + Lines
	1310							Start Displacement
	1330		93.1				1500	land Plug
	1335							Release Dry
								wash up Back up
	1415							Job Complete
								Thank You
								Josh, Brian, Rob

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 6909

Date	Sec.	Twp.	Range	County	State	On Location	Finish
6-4-13				Norton	KS		5:00pm
Lease <u>Schoen B</u>				Well No. <u>9</u>		Location <u>Norton 65 R/S 5 1/2 W S into</u>	
Contractor <u>POE Well Service</u>				Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job <u>Port Collar</u>				Charge To <u>J.O. Farmer</u>			
Hole Size <u>7 1/8</u>		T.D.		Street			
Csg. <u>5 1/2</u>		Depth		City			
Tbg. Size <u>2 3/8</u>		Depth		State			
Tool <u>Port Collar</u>		Depth <u>2037</u>		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered <u>400 BMD C 1/4 #10</u>			
Meas Line		Displace <u>2BL</u>		Common			
EQUIPMENT							
Pumptrk	<u>17</u>	No.	Cementer <u>Craig</u>	Poz. Mix			
			Helper				
Bulktrk		No.	Driver <u>Cody</u>	Gel.			
			Driver				
Bulktrk	<u>12</u>	No.	Driver <u>Chad</u>	Calcium			
			Driver				
JOB SERVICES & REMARKS							
Remarks:				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<u>Port Collar 2037 Test to 1000ft open</u>				Sand			
<u>tool & Pump 80 BLMud wait 2 hrs &</u>				Handling <u>400</u>			
<u>Pump 80 BLMud. No Circulation.</u>				Mileage			
<u>Close tool test to 1000ft.</u>				FLOAT EQUIPMENT			
<u>Reverse out.</u>				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>port collar pumping</u>			
				Mileage <u>63</u>			
				Tax			
				Discount			
				Total Charge			
Signature <u>D. M. Eubank</u>							

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 6917

Date	6-11-13	Sec.		Twp.		Range		County	Norton	State	KS	On Location		Finish	3:00 p.m.
Lease								Well No.		Owner					
Sphaen B								9		To Quality Oilwell Cementing, Inc.					
Contractor								You are hereby requested to rent cementing equipment and furnish							
Joe Well Service								cementer and helper to assist owner or contractor to do work as listed.							
Type Job								Charge To							
Port Collar								J.O. Farmer							
Hole Size				T.D.				Street							
7 7/8															
Csg.				Depth				City				State			
5 1/2															
Tbg. Size				Depth				City				State			
2 3/8															
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Port Collar Exent				203 >											
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered				350 QMDC 1/4 #Flo			
Meas Line				Displace				USED				350SK			
				6BCL											
EQUIPMENT								Common							
								350							
Pumptrk		No.		Cementer		Helper		Poz. Mix							
17				Craig											
Bulktrk		No.		Driver		Driver		Gel.							
				Cody											
Bulktrk		No.		Driver		Driver		Calcium							
13				Chad											
JOB SERVICES & REMARKS								Hulls							
Remarks:								Salt							
Rat Hole								Flowseal 87#							
Mouse Hole								Kol-Seal							
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
Test 5 1/2 to 1000#. Hold. Open Tool								Handling 350							
& Pump 160BL mud 160BL mud &								Mileage							
100SK Cement & 80BL mud. Wait								FLOAT EQUIPMENT							
1 hr & mix 100SK Wait 15 min mix 150SK								Guide Shoe							
Wait 15 min & Displace.								Centralizer							
Cement did not circulate!								Baskets							
Close Tool & Test to 1000#.								AFU Inserts							
Run. 5 joints & Wash Clean.								Float Shoe							
								Latch Down							
								Pumptrk Charge port collar							
								Mileage 63							
								Tax							
								Discount							
								Total Charge							
Signature															
D. M. Eubank															