



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*  
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*  
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  
 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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Houlton 5
Doc ID	1220029

All Electric Logs Run

CNL/CDL
MEL
BHCS
DIL

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Houlton 5
Doc ID	1220029

Tops

Name	Top	Datum
Heebner	3492	-2004
Lansing	3669	-2181
Stark Shale	4037	-2549
Hushpuckney	4075	-2587
Base KC	4132	-2644
Mississippian	4206	-2718
Kinderhook	4389	-2901
Viola	4489	-3001

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Houlton 5
Doc ID	1220029

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	4212 - 4218	5000 g 10% NEFE	4212 - 4290
3	4226 - 4232		
3	4240 - 4248	272160 g slackwater+96300 30/50+44000 16/30+10200 16/30 RCS	
3	4256 - 4263		
3	4270 - 4276		
3	4284 - 4290		



## Summary of Changes

Lease Name and Number: Houlton 5

API/Permit #: 15-007-24181-00-00

Doc ID: 1220029

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Disposition Of Gas - Sold	No	Yes
Field Name		Whelan Southwest
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1210393">../..kcc/detail/operatorEditDetail.cfm?docID=1210393</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1220029">../..kcc/detail/operatorEditDetail.cfm?docID=1220029</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1210393  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

# CONFIDENTIAL WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

### Drilling Fluid Management Plan

*(Data must be collected from the Reserve Pit)*

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

### AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

### KCC Office Use ONLY

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Houlton 5
Doc ID	1210393

All Electric Logs Run

CNL/CDL
MEL
BHCS
DIL

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Houlton 5
Doc ID	1210393

Tops

Name	Top	Datum
Heebner	3492	-2004
Lansing	3669	-2181
Stark Shale	4037	-2549
Hushpuckney	4075	-2587
Base KC	4132	-2644
Mississippian	4206	-2718
Kinderhook	4389	-2901
Viola	4489	-3001

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Houlton 5
Doc ID	1210393

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	4212 - 4218	5000 g 10% NEFE	4212 - 4290
3	4226 - 4232		
3	4240 - 4248		
3	4256 - 4263		
3	4270 - 4276		
3	4284 - 4290		





# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 143947

Invoice Date: Jun 21, 2014

Voice: (817) 546-7282  
Fax: (817) 246-3361

Page: 1

<b>Bill To:</b>
Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093 Garden City, KS 67846

*Houlton #s-4 (AFE #14134)*

Customer ID	Field Ticket #	Payment Terms	
Lario	63006	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jun 21, 2014	7/21/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Houlton #5		
12.00	CEMENT MATERIALS	Hivis Sweep	25.00	300.00
225.00	CEMENT MATERIALS	Allied Special Blend	23.50	5,287.50
1,125.00	CEMENT MATERIALS	Kol Seal	0.98	1,102.50
64.00	CEMENT MATERIALS	FL-160 Fluid Loss	18.90	1,209.60
32.00	CEMENT MATERIALS	Powder Defoamer	3.50	112.00
45.00	CEMENT MATERIALS	60/40 Poz Blend	18.92	851.40
569.40	CEMENT SERVICE	Cubic Feet Charge	2.48	1,412.11
122.42	CEMENT SERVICE	Ton Mileage Charge	2.75	336.66
1.00	CEMENT SERVICE	Production Casing	2,765.75	2,765.75
5.00	CEMENT SERVICE	Pump Truck Mileage	7.70	38.50
5.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	22.00
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
1.00	EQUIPMENT SALES	5-1/2 AFU Float Shoe	545.00	545.00
1.00	EQUIPMENT SALES	5-1/2 Latch Down Plug	660.00	660.00
8.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	456.00
1.00	CEMENT SUPERVISOR	Dustin Smith		
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	EQUIPMENT OPERATOR	Justin Bower		
1.00	OPERATOR ASSISTANT	Kenneth Jack		

*Handwritten signature and initials*

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 4,529.16

ONLY IF PAID ON OR BEFORE  
Jul 21, 2014

Subtotal	15,374.02
Sales Tax	752.47
Total Invoice Amount	16,126.49
Payment/Credit Applied	
<b>TOTAL</b>	<b>16,126.49</b>

*BS  
7-2-14*

# ALLIED OIL & GAS SERVICES, LLC 063006

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Medicine Lodge Ks

DATE <u>6-21-14</u>	SEC. <u>4</u>	TWP. <u>22S</u>	RANGE <u>12W</u>	CALLED OUT <u>0000</u>	ON LOCATION <u>0645</u>	JOB START <u>1030</u>	JOB FINISH
LEASE <u>Houlton</u>		WELL # <u>5</u>		LOCATION <u>2 west of Medicine Lodge Ks</u>		COUNTY <u>Barber</u>	STATE <u>Ks</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR Maverick 106 OWNER Lario

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 4491  
 CASING SIZE 5 1/2 DEPTH 4491  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 2500 MINIMUM —  
 MEAS. LINE SHOE JOINT 40  
 CEMENT LEFT IN CSG. 40  
 PERFS.  
 DISPLACEMENT 106

CEMENT  
 AMOUNT ORDERED Allied Special Blend - Class A  
155 sks, Allied 60/40 POT, 4% Blend  
Class A 45socks

EQUIPMENT  
 PUMP TRUCK CEMENTER Dustin Smith / Jake Heard  
 # 548 / 545 HELPER Justin Bower  
 BULK TRUCK  
 # 819 / 823 DRIVER Ken Jack  
 BULK TRUCK  
 # DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
<u>Hive Sweep</u>	<u>12</u>	@ <u>25-</u>	<u>300-</u>
<u>Allied Special Blend</u>	<u>225</u>	@ <u>23.50</u>	<u>5287.50</u>
<u>Kal Seal</u>	<u>112.5</u>	@ <u>98</u>	<u>1,102.50</u>
<u>Fluid Loss Fl 160</u>	<u>64</u>	@ <u>18.90</u>	<u>1209.60</u>
<u>Powder Defoamer</u>	<u>32</u>	@ <u>3.50</u>	<u>112.00</u>
<u>Allied 60/40 POT</u>	<u>45</u>	@ <u>18.92</u>	<u>851.40</u>
	@		
	@		
HANDLING	@		
MILEAGE	@		

REMARKS:

30% = 2658.90 TOTAL 8863.00

**SERVICE**

DEPTH OF JOB	<u>4491</u>		
PUMP TRUCK CHARGE			<u>2,765.75</u>
EXTRA FOOTAGE H/W	<u>5 @ 7.78</u>		<u>38.90</u>
MILEAGE L/W	<u>5 @ 4.40</u>		<u>22.00</u>
MANIFOLD	<u>1 @ 275-</u>		<u>275-</u>
<u>Drayage</u>	<u>122.42</u>	@ <u>2.75</u>	<u>336.66</u>
<u>Product Handling 56940</u>		@ <u>2.48</u>	<u>1,412.16</u>

30% = 1455.00 TOTAL 4850.82

**PLUG & FLOAT EQUIPMENT**

<u>AFLI Float Shoe</u>	<u>1</u>	@ <u>845-</u>	<u>845-</u>
<u>Latch Down Plug</u>	<u>1</u>	@ <u>660-</u>	<u>660-</u>
<u>Centralizers</u>	<u>8</u>	@ <u>57-</u>	<u>456-</u>
	@		
	@		

25% = 415.25 TOTAL 1,661-

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 15,374.02

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

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

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 DARIN DRESSSEL

SIGNATURE Darin Dressel

NET 10,344.86



# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 143825

Invoice Date: Jun 14, 2014

Voice: (817) 546-7282  
Fax: (817) 246-3361

Page: 1

<b>Bill To:</b>
Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093 Garden City, KS 67846

Customer ID	Field Ticket #	Payment Terms	
Lario	62828	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jun 14, 2014	7/14/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Houlton #5 (AFE # 14134)		
240.00	CEMENT MATERIALS	Class A Common	17.90	4,296.00
560.00	CEMENT MATERIALS	Chloride	1.10	616.00
245.00	CEMENT SERVICE	Cubic Feet Charge	2.48	607.60
57.67	CEMENT SERVICE	Ton Mileage Charge	2.75	158.59
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
5.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	22.00
5.00	CEMENT SERVICE	Pump Truck Mileage	7.70	38.50
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	OPERATOR ASSISTANT	Robert Johnson		
1.00	OPERATOR ASSISTANT	James Bowen		

*Handwritten initials and signatures:*  
 XL  
 JS  
 JL

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 2,175.28

ONLY IF PAID ON OR BEFORE  
Jul 14, 2014

Subtotal	7,250.94
Sales Tax	351.21
Total Invoice Amount	7,602.15
Payment/Credit Applied	
<b>TOTAL</b>	<b>7,602.15</b>

*Handwritten:* BS  
6-24-14



# ALLIED OIL & GAS SERVICES, LLC 062828

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>6-14-14</u>	SEC. <u>4</u>	TWP. <u>32</u>	RANGE <u>12</u>	CALLED OUT <u>1236AM</u>	ON LOCATION <u>300AM</u>	JOB START <u>330AM</u>	JOB FINISH <u>600AM</u>
LEASE <u>Hawthon</u>	WELL# <u>5<sup>th</sup></u>	LOCATION <u>Med Lodge KS, Sun City Rd, 2 West,</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>3/4 South, East into</u>					

CONTRACTOR Maverick #106  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 290  
 CASING SIZE 8 3/8 DEPTH 288  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 250 MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 20ft  
 PERFS.  
 DISPLACEMENT 17 BBL

OWNER Lario Oil & Gas  
 CEMENT  
 AMOUNT ORDERED 180sq Class A + 3% cc,  
60sq Class A

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thinesch  
 # 471/265 HELPER Robert Johnson  
 BULK TRUCK  
 # 264 DRIVER James Bowen  
 BULK TRUCK  
 # DRIVER

COMMON <u>Class A 240sq @ 17.98</u>	<u>4296.00</u>
POZMIX @	
GEL @	
CHLORIDE <u>560 lbs @ 1.10</u>	<u>616.00</u>
ASC @	
ASC @	
ASC @	
ASC @	
ASC @	
ASC @	
ASC @	
ASC @	
ASC @	
ASC @	
HANDLING <u>245 cuft @ 2.48</u>	<u>607.60</u>
MILEAGE <u>57.67 hr-mix 2.75</u>	<u>158.59</u>
<u>1708.45:3000</u>	TOTAL <u>5678.19</u>

REMARKS:  
Returns thru out job, did not circ  
cement, tagged w/ lin, topped off w/ 60sq  
cement

**SERVICE**

DEPTH OF JOB <u>288</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE <u>LV 5m: @ 4.40</u>	<u>22.00</u>
MILEAGE <u>5m: @ 7.70</u>	<u>38.50</u>
MANIFOLD @	
@	
@	
<u>471.82:3000</u>	TOTAL <u>1572.75</u>

CHARGE TO: Lario Oil & Gas  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

NA

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
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.

PRINTED NAME \_\_\_\_\_  
 SIGNATURE Paul E. Janner

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 7250.94  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
Net 5075.66