Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1257470

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DE	SCRIPTION OF	WELL & LEASE
-------------------	--------------	--------------

Address 2:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from North / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	
Name: (e.gxxxxxxx) (e.gxxxxxxx) Wellsite Geologist: Purchaser: Datum: NADB3 WGS84 Purchaser: Designate Type of Completion: Lease Name: Well #: Purchaser: Designate Type of Completion: New Well Re-Entry Workover Well #: Producing Formation: Dil WSW SWD SIGW Elevation: Ground: Kelly Bushing: Total Vertical Depth: Producing Formation: Producing Formation:	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion:	Purchaser:	County:
New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Fee Operator:	Designate Type of Completion:	Lease Name: Well #:
Producing Formation: Oil WSW Gas D&A Cod GSW Cod GSW Cod GSW Cod GSW Cod GSW Cod Code Methane) Cod Code Methane) Cod Code Methane) Code Methane) Multiple Stage Cementing Collar Used? Vell Name: Vell Name: Original Comp. Date: Original Total Depth: Producing Formation: Well Name: Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to GSW Conv. to SWD Plug Back Conv. to GSW Commingled Permit #: Dual Completion Permit #: SWD Permit #: Codes W Permit #: Codes W Permit #: Codes W Permit #: Codes W Permit #: Completion Permit #: Codes W Permit #: Codes W Permit #: Completion Pe	New Well Re-Entry Workover	Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: Operator: If Alternate II completion, cement circulated from: Well Name: Original Total Depth: Original Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Oual Completion Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: GSW Permit #: Coastor of fluid disposal if hauled offsite: Operator Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Spud Date or		Producing Formation:
OG GSW Temp. Abd. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Fee Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Fee Operator: Original Total Depth: Fee Well Name: Original Total Depth: Fee Original Comp. Date: Original Total Depth: Fee Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Chloride content: ppm Fluid volume: bb Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Twp		Elevation: Ground: Kelly Bushing:
Amount of Surface Pipe Set and Cemented at: Fee C CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Fee C Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Fee Operator: If Alternate II completion, cement circulated from: Fee Well Name: Original Total Depth: feet depth to: w/sx cm Original Comp. Date: Original Total Depth: feet depth to: w/sx cm Original Comp. Date: Original Total Depth: feet depth to: w/sx cm Original Comp. Date: Conv. to ENHR Conv. to SWD flata must be collected from the Reserve Pith C Commingled Permit #: Chloride content: ppm Fluid volume: bb Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: Location ef #: East Wei		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Fee Operator: Well Name: If Alternate II completion, cement circulated from: Fee Well Name: Original Total Depth: If Alternate II completion, cement circulated from: Store Original Comp. Date: Original Total Depth: Well Well Store Store Image: Original Comp. Date: Original Total Depth: Well Well Store Store Image: Original Comp. Date: Conv. to ENHR Conv. to SWD Conv. to Producer Image: Store Store Store Image: Commingled Permit #: Chloride content: ppm ppm Fluid volume: bb Image: SWD Permit #: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Twp		Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Fee Operator: If Alternate II completion, cement circulated from: Well Name: Original Total Depth: Operator: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Commingled Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: GSW Permit #: Operator Date Reached TD Completion Date or Date Reached TD		Multiple Stage Cementing Collar Used?
Operator:		If yes, show depth set: Feet
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Drilling Fluid Management Plan Original Total Depth:		If Alternate II completion, cement circulated from:
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Drilling Fluid Management Plan Outrophysic Commingled Permit #: Drilling Fluid Management Plan Dual Completion Permit #: Dewatering method used: Dewatering method used: SWD Permit #: Location of fluid disposal if hauled offsite: GSW Permit #: Operator Name: Lease Name: License #: Quarter Sec. Twp. S. R.	Well Name:	feet depth to:w/sx cmt.
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: (Data must be collected from the Reserve Pit) Dual Completion Permit #: bb SWD Permit #: Location of fluid disposal if hauled offsite: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: License #: Quarter Sec. Twp. S. R. East	Original Comp. Date: Original Total Depth:	
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec Twp	Plug Back Conv. to GSW Conv. to Producer	
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East	— — — —	Chloride content: ppm Fluid volume: bbls
SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: License #: Operator Sec TwpS. R		Dewatering method used:
ENHR Permit #: GSW Permit #: Date or Date Reached TD Completion Date or Completion Date or Operator Name:License #: Quarter Sec TwpS. R East West		
GSW Permit #: Operator Name: Spud Date or Date Reached TD Completion Date or Operator Name: License #: L		Location of huid disposal if hadied offshe:
Spud Date or Date Reached TD Completion Date or Lease Name: License #: Quarter Sec TwpS. R East Week		Operator Name:
Spud Date or Date Reached TD Completion Date or		Lease Name: License #:
	Sourd Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
	- Protection - Contraction - C	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:					

CORRECTION #1

1257470

Operator Nar	me:			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 Yes No				Log Formati	on (Top), Depth an	d Datum	Sample
Samples Sent to Geological Survey		Yes No	Nan	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c		ew Used ermediate, produc	tion, 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 / SQ	UEEZE RECORD)		
Purpose: Perforate Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Plug Back TD Plug Off Zone							
	otal base fluid of the hydr	n this well? aulic fracturing treatment ex a submitted to the chemical c	-	Yes ?Yes Yes	No (If No, ski	o questions 2 an o question 3) out Page Three	
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			d Depth

Date of First, Resumed Production, SWD or ENHR.		Producii Flow	ng Method: ing Pum	ping 🗌 Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD	OF COMPLETION:		PRODUCTION IN	ITERVAL:
Vented Sold Used on Lease		Open Hole	Dpen Hole Perf. Dually Comp. (Submit ACO-5)		Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)		Other (Spe	cify)				

Packer At:

Liner Run:

No

Yes

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion		
Operator	Merit Energy Company, LLC		
Well Name	Garden City U 3		
Doc ID	1257470		

All Electric Logs Run

SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
MICROLOG
RADIAL CEMENT BOND LOG
REPEAT SECTION
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG

Form	ACO1 - Well Completion		
Operator	Merit Energy Company, LLC		
Well Name	Garden City U 3		
Doc ID	1257470		

Tops

Name	Тор	Datum
HEEBNER	3765	
TORONTO	3782	
LANSING	3816	
KANSAS CITY	4163	
PAWNEE	4388	
CHEROKEE	4432	
MORROW	4641	
ST GENEVIEVE	4732	
ST LOUIS	4859	

Form	ACO1 - Well Completion	
Operator	Merit Energy Company, LLC	
Well Name	Garden City U 3	
Doc ID	1257470	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
SURFACE	12.25	8.625	24	1790	CLASS C	595	SEE ATTACH ED
PRODUC TION	7.875	5.5	17	5060	50-50 POZ	245	SEE ATTACH ED

Summary of Changes

Lease Name and Number: Garden City U 3 API/Permit #: 15-055-22304-00-00 Doc ID: 1257470 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/08/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2977	2976
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 26737	//kcc/detail/operatorE ditDetail.cfm?docID=12 57470



ON 1220

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

Yes No

1226737

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	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:		

KOLAR Document ID: 1226737

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	nit ACO-4)	юр	Bollom
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Garden City U 3
Doc ID	1226737

All Electric Logs Run

SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
MICROLOG
RADIAL CEMENT BOND LOG
REPEAT SECTION
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Garden City U 3
Doc ID	1226737

Tops

Name	Тор	Datum
HEEBNER	3765	
TORONTO	3782	
LANSING	3816	
KANSAS CITY	4163	
PAWNEE	4388	
CHEROKEE	4432	
MORROW	4641	
ST GENEVIEVE	4732	
ST LOUIS	4859	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Garden City U 3
Doc ID	1226737

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4		FRAC-394 BBLS, 50,000 # 20/40 OTTAWA SAND 70% QN2 FOAM 6%KCL	4702-4712

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	Garden City U 3
Doc ID	1226737

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
SURFACE	12.25	8.625	24	1790	CLASS C	595	SEE ATTACH ED
PRODUC TION	7.875	5.5	17	5060	50-50 POZ	245	SEE ATTACH ED

ALLIED OIL & GA	SSERVICES, LLC 053143		
REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665	SERVICE POINT: Liberal Ks		
DATE 06-13-14 SEC TWP. RANGE C. Garden C. +4 Well # U-3 LOCATION Garden OLD OR NEW (Circle one) Son rd, N 1.	ALLED OUT ON LOCATION JOB START JOB FINISH 1200 1200 a.m. City, W. to father - FLODEY KS IMy E- loto		
CONTRACTOR SALON 146 TYPE OF JOB SUCTACE. HOLE SIZE 121/4 T.D. 1800 7+	OWNER Merit Energy CEMENT		
CASING SIZE8 /824TE DEPTH179574TUBING SIZEDEPTHDRILL PIPEDEPTHTOOLDEPTH	AMOUNT ORDERED 350 sk AMpl'(2°2% GypSeul, 2%, MAMS, 3%, CC, 14KS, -2%, SA- 51 / 245 sk''(2°39, CC, 14/6/sk F.S.		
PRES. MAX 1100 - 1200 MINIMUM MEAS. LINE SHOE JOINT 4D-f-4 CEMENT LEFT IN CSG. 2-54 BB15 PERFS.	СОММОЛ <u>С245=к@2440</u> 5,978.°° POZMIX@ GEL@ CHLORIDE_32=K@64:°°2,048.°°		
DISPLACEMENT 112 BB15 EQUIPMENT	ASC@ AMDC'C' 3505K @31.00 FLosele 15016 @2.97 2445.50		
PUMPTRUCK CEMENTER <u>Tuben Chavez</u> # 868-467 HELPER <u>Tome Torres</u> BULK TRUCK # 531-541 DRIVER <u>Manuel</u> Covarrubias BULK TRUCK # 562-842. DRIVER Alex Ayala	<u>5A-51 6616</u> @ <u>17.55</u> <u>1.158.30</u> @ @ @ @ @		
REMARKS:	HANDLING @@ MILEAGE		
CHARGE TO: Merit Energy STREET	SERVICE Handling DEPTHOFJOB 665.57 C. F/9.45 1651.36 PUMP TRUCK CHARGE 2,058.50 EXTRA FOOTAGE @ MILEAGE Acau y 50 Mi @ 7.70 385.00 MANIFOLD thead 1 @ 275.00 Zight Uchicle 50 Mi @ 4.40 Dragage 1478.457.M@ 2.60 3.644.00 TOTAL 8,433.86		
CITYSTATEZIP	PLUG & FLOAT EQUIPMENT		
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.	Top rubber plug 1 @ 13100 131.000 AFU Insect Float 1 @447.00 447.00 Guide Shae 1 @480.00 460.00 Centralizer 14 @ 75.00 1.050.00 Stop Cullar 1 @ 56.00 56.00 Thread lock 12 85.00 1020.00 TOTAL 3,164,00 SALES TAX (If Any)		
printed name <u>Gene Bilby</u> signature <u>Jene Billy</u>	TOTAL CHARGES $32,077.66$ DISCOUNT IF PAID IN 30 DAYS NET = 22.133.59		
	т. т. ^т .		

ALLIED OIL & GAS SERVICES, LLC 053163

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665	SERVICE POINT:
DATE 6-17-14 SEC. TWP. RANGE 235 34 W	CALLED OUT ON LOCATION JOB START JOB FINISH
	COUNTY STATE
	n lity ks. west to Finney Ks 2 No-th- Custinto
199556 NE-	
CONTRACTOR Saxon 146 TYPE OF JOB Production	OWNER Ment Energy
HOLE SIZE 778 T.D. 5075	CIER 4718/07
$\frac{1.0.5615}{1.0.5615}$ CASING SIZE 5 $\frac{1.2}{2}$ DEPTH $\frac{1.5}{2}$	CEMENT
FUBING SIZE DEPTH	AMOUNT ORDERED 245 Sks 50/50 Poz 204.00/
DRILL PIPE DEPTH	9485caly 10 % Sulium chloride, 5 16/5k gilson 0.25 16/5k &65 Scal, 0.5% (1-160, 0.2% (D-31
TOOL DEPTH	
PRES. MAX 3500 851 MINIMUM	COMMON@
MEAS, LINE SHOE JOINT 42.00	POZMIX@
CEMENT LEFT IN CSG. 42.00 CH	GEL@
PERFS.	CHLORIDE@
DISPLACEMENT JJ 66/5	ASC @
EQUIPMENT	Super Hush 12 bbls @ 58.70 704.40
	50/50 Poz Class A 245545@ 16.85 4128.25
PUMPTRUCK CEMENTER Egun Z.	Gippseal Zists @ 37.60 789.60
530.484 HELPER Jaime T.	Salt 15 545 @ 26.35 395.25
BUEK TRUCK	Gilsemite 1225 # @ 0.98 1200.50
DRIVER Jose C.	Hosen1 62# @ 2117 184.14
BULK TRUCK	FI-160 103# @ 15:40 1946.70
# 543 DRIVER Kenny B.	CD-31 42年@10130 43260
REMARKS: AFE 34238	۳۵۲۵۲@ Total
	SERVICE
	DEPTH OF JOB Soly
	PUMP TRUCK CHARGE 3099.75 3099.25
	Light 50m @ 4.40 220.00
	MILEAGE Heavy 50 m. @ 7.70 383.00
	MANIFOLD 1 @ 275.00 275.00
۸.	Itandling 330.11 (43 @ 7.48 \$18,67
CHARGE TO: Merit Energy	Drayage 622.24 Tor @ 2.60 1617.83
STREET	TOTAL 6415.75
CITYSTATEZIP	
	PLUG & FLOAT EQUIPMENT
	Gude Shor 1 280.80 280.80
	Afu Hoat Value 1 @ 334.62 334.62
	Centralizer 20 @ 57.33 1146.60
To: Allied Oil & Gas Services, LLC.	Clump / Stop (aller 1 @ 49.14 49.14
You are hereby requested to rent cementing equipment	- Top Rubber Plug 1 @ 55.41 55.41
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.	TOTAL 1896. 57

SALES TAX (If Any)

TOTAL CHARGES 15093.76

DISCOUNT

_____ IF PAID IN 30 DAYS

Net= 12,665.63

contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME_	Gene Bilby	
SIGNATURE	Jone Bilby	