



KANSAS CORPORATION COMMISSION 1257484  
OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

Yes  No

**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  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	Merit Energy Company, LLC
Well Name	MAUDE HANDS 2-4
Doc ID	1257484

Tops

Name	Top	Datum
HEEBNER	3922	
TORONTO	3942	
LANSING	4018	
KANSAS CITY	4386	
PAWNEE	4622	
CHEROKEE	4675	
MORROW	4918	
CHESTER	4995	
ST GENEVIEVE	5038	



## Summary of Changes

Lease Name and Number: MAUDE HANDS 2-4

API/Permit #: 15-055-22336-00-00

Doc ID: 1257484

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/02/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2918	2917
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1232800">../..//kcc/detail/operatorEditDetail.cfm?docID=1232800</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257484">../..//kcc/detail/operatorEditDetail.cfm?docID=1257484</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1232800  
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
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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				

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	Merit Energy Company, LLC
Well Name	MAUDE HANDS 2-4
Doc ID	1232800

Tops

Name	Top	Datum
HEEBNER	3922	
TORONTO	3942	
LANSING	4018	
KANSAS CITY	4386	
PAWNEE	4622	
CHEROKEE	4675	
MORROW	4918	
CHESTER	4995	
ST GENEVIEVE	5038	



Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	MAUDE HANDS 2-4
Doc ID	1232800

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4996-5001 MORROW	FRAC-70%Q N2 foam & 65,000 lbs of 20/40 Ottawa shite @ 70 bpm	4996-5001
4	5036-5040, 5044- 5048 ST. GENEVIEVE		5036-5048



# ALLIED OIL & GAS SERVICES, LLC 052792

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Cibola, KS

DATE <u>8-10-14</u>	SEC <u>4</u>	TWP <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00</u>	JOB FINISH <u>5:30am</u>
LEASE <u>Maudie</u>	WELL# <u>2-4</u>	LOCATION <u>Vec Garden City KS</u>	COUNTY <u>Finnney</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one)							

CONTRACTOR Bayson # 146

TYPE OF JOB Surface

HOLE SIZE 1 1/4 T.D. 1685

CASING SIZE 8 5/8 DEPTH 7689

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 42

CEMENT LEFT IN CSG. 2.9661

PERFS.

DISPLACEMENT 105661

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED 3000 Class C 2% Gyp Seal

2% Sodium Metasilicate 3% cc 14 #/10 gal

10% SA S1 245 Class 3% cc 1/4 #/10 gal

COMMON (C) 245sk @ 24.40 5978.00

POZMIX @

GEL @

CHLORIDE 22sk @ 5 1908.00

ASC @ 64.00

Flg seal 150# @ 2.77 415.50

SA-S1 60# @ 17.05 1156.30

Allied Multi Density 350SK @ 31.00 10850.00

@

@

@

@

@

TOTAL 19839.80

PUMP TRUCK CEMENTER Lenny Cozart

# 549-550 HELPER Alex C.

BULK TRUCK

# 705-692 DRIVER Gregory R.

BULK TRUCK

# 993-467 DRIVER Ruben P.

REMARKS:  
AFE 34902

CHARGE TO: Merit Energy

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB 100'-2000'

PUMP TRUCK CHARGE 2213.75

MILEAGE 50 @ 4.40 220.00

50 @ 7.10 355.00

MANIFOLD @ 275.00

Handling 665.87 @ 2.48 1651.36

Don Yage 1476.46 @ 2.60 3839.60

TOTAL 8589.11

PLUG & FLOAT EQUIPMENT

Rubber Plug @ 131.00

AFU Insect Float @ 447.00

Guide shoe @ 460.00

Centralizer 14 @ 75.00 1050.00

Stop collar 1 @ 86.00

TOTAL 2144.00

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.

PRINTED NAME Gene Bilby

SIGNATURE Gene Bilby

SALES TAX (If Any)

TOTAL CHARGES \$ 30,572.91

DISCOUNT Net \$ 21,095.31 IF PAID IN 30 DAYS

# ALLIED OIL & GAS SERVICES, LLC 052793

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Ciberalks

DATE <u>8-14-14</u>	SEC <u>4</u>	TWP <u>26S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>S: 30a.m.</u>	JOB START <u>8:00</u>	JOB FINISH <u>9:00</u>
LEASE <u>Made Hand</u>	WELL # <u>2-4</u>	LOCATION <u>Vec Gordon City KS</u>			COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Saxson # 146

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5225

CASING SIZE 5 1/2 DEPTH 5207

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 43'

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER \_\_\_\_\_

CEMENT

AMOUNT ORDERED 2455K 50/50 2%ogel  
5% flo seal 10% salt 5% Gilsonite  
1/4# flo seal 5% FL-160 2% CD-31

COMMON \_\_\_\_\_ @ \_\_\_\_\_

POZMIX \_\_\_\_\_ @ \_\_\_\_\_

GEL \_\_\_\_\_ @ \_\_\_\_\_

CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

ASC \_\_\_\_\_ @ \_\_\_\_\_

Super Flush 12601	@	58.70	704.40
Allied 50/50 (H) 2455K	@	16.85	4128.25
Gyselal 21SK	@	37.60	789.60
Salt 15SK	@	26.35	395.25
Gilsonite 1225#	@	.98	1200.50
Flo seal 62#	@	2.97	184.14
FL-160 103#	@	18.90	1946.70
CD-31 42#	@	10.30	432.60
	@		

EQUIPMENT

PUMP TRUCK CEMENTER Lenny Baeza

# 549-550 HELPER Alex C.

BULK TRUCK DRIVER Gregory R.

# 956-841 DRIVER

# DRIVER

TOTAL 9781.44

REMARKS:

AFE# 34802

SERVICE

DEPTH OF JOB 5001-6000

PUMP TRUCK CHARGE 3,099.25

Light vehicle: 50 @ 4.40 220.00

MILEAGE 50 @ 7.70 385.00

MANIFOLD 1 @ \_\_\_\_\_ 25.00

Handling 330.11 @ 2.48 818.67

Drayage 622.00 @ 2.60 1617.83

TOTAL 6418.75

CHARGE TO: Merit Energy

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

Guide shoe	@		280.00
AFU Float Valve	@		334.63
Centralizer 20	@	57.33	1146.60
Cam/Stop collar	@		49.14
Plug	@	85.41	85.41

TOTAL 1895.77

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 \$ 18092.96

PRINTED NAME Gene Bilby

SIGNATURE Gene Bilby

DISCOUNT \_\_\_\_\_ F PAID IN 30 DAYS

Net \$ 12665.07