



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<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|---|

API No. 15 - \_\_\_\_\_

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

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

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

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

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

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

Datum:  NAD27       NAD83       WGS84

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

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

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

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

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

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

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

Multiple Stage Cementing Collar Used?  Yes  No

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

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

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

**Drilling Fluid Management Plan**

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

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

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

Location of fluid disposal if hauled offsite: \_\_\_\_\_

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

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

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

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

**AFFIDAVIT**

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

Submitted Electronically

**KCC Office Use ONLY**

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

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

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

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

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

|  |   |
|--|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i><br><input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|

|           |                           |
|-----------|---------------------------|
| Form      | ACO1 - Well Completion    |
| Operator  | Merit Energy Company, LLC |
| Well Name | SMITH ATU V 5             |
| Doc ID    | 1257480                   |

All Electric Logs Run

|  |
|--|
|  |
| ARRAY COMPENSATED TRUE RESISTIVITY LOG   |
| MICROLOG                                 |
| REPEAT PASS                              |
| SPECTRAL DENSITY DUAL SPACED NEUTRON LOG |



## Summary of Changes

Lease Name and Number: SMITH ATU V 5

API/Permit #: 15-067-21798-00-00

Doc ID: 1257480

Correction Number: 1

Approved By: NAOMI JAMES

| Field Name                | Previous Value  | New Value   |
|---------------------------|---|---|
| Approved Date             | 11/26/2014  | 07/10/2015  |
| Contractor License Number | 35070   | 99975   |
| Contractor Name           | Saxon Drilling, LP  | COMPANY<br>SERVICING TOOLS  |
| Kelly Bushing Elevation   | 3135  | 3134  |
| Save Link                 | <a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1231751">../..kcc/detail/operatorEditDetail.cfm?docID=1231751</a> | <a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257480">../..kcc/detail/operatorEditDetail.cfm?docID=1257480</a> |



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1231751  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|---|

API No. 15 - \_\_\_\_\_

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

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

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

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

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

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

Datum:  NAD27     NAD83     WGS84

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

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

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

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

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

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

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

Multiple Stage Cementing Collar Used?  Yes  No

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

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

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

**Drilling Fluid Management Plan**

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

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

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

Location of fluid disposal if hauled offsite:

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

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

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

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

**AFFIDAVIT**

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

Submitted Electronically

**KCC Office Use ONLY**

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

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

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

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

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

|  |   |
|--|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|---|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|

|           |                           |
|-----------|---------------------------|
| Form      | ACO1 - Well Completion    |
| Operator  | Merit Energy Company, LLC |
| Well Name | SMITH ATU V 5             |
| Doc ID    | 1231751                   |

All Electric Logs Run

|  |
|--|
|  |
| ARRAY COMPENSATED TRUE RESISTIVITY LOG   |
| MICROLOG                                 |
| REPEAT PASS                              |
| SPECTRAL DENSITY DUAL SPACED NEUTRON LOG |



|           |                           |
|-----------|---------------------------|
| Form      | ACO1 - Well Completion    |
| Operator  | Merit Energy Company, LLC |
| Well Name | SMITH ATU V 5             |
| Doc ID    | 1231751                   |

Perforations

| Shots Per Foot | Perforation Record                                    | Material Record  | Depth     |
|----------------|---|------------------|-----------|
| 4              | 2614-2620, 2718-2732, 2761-2776, 2868-2870, 2967-2970 | SLICK WATER FRAC | 2614-2970 |



# ALLIED OIL & GAS SERVICES, LLC 061602

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Liberal (21)

|                                |                   |   |                  |                         |                     |                         |                          |
|--------------------------------|-------------------|---|------------------|-------------------------|---------------------|-------------------------|--------------------------|
| DATE <u>8-28-14</u>            | SEC. <u>25</u>    | TWP. <u>27S</u>                                 | RANGE <u>36W</u> | CALLED OUT              | ON LOCATION         | JOB START <u>3:00pm</u> | JOB FINISH <u>7:00pm</u> |
| LEASE <u>Smith OIL</u>         | WELL # <u>V-5</u> | LOCATION <u>Sublette KS, 14 North, 19 West,</u> |                  |                         | COUNTY <u>Grant</u> | STATE <u>KS</u>         |                          |
| OLD OR <u>NEW</u> (Circle one) |                   |   |                  | <u>2 South, 1 West.</u> |                     |                         |                          |

|                                    |                        |
|------------------------------------|------------------------|
| CONTRACTOR <u>Saxon 142</u>        | OWNER                  |
| TYPE OF JOB <u>Surface</u>         |                        |
| HOLE SIZE <u>12 1/4</u>            | T.D.                   |
| CASING SIZE <u>8 5/8</u>           | DEPTH <u>924-6</u>     |
| TUBING SIZE                        | DEPTH                  |
| DRILL PIPE                         | DEPTH                  |
| TOOL                               | DEPTH                  |
| PRES. MAX <u>2000</u>              | MINIMUM                |
| MEAS. LINE                         | SHOE JOINT <u>41.5</u> |
| CEMENT LEFT IN CSG. <u>2.6 BBL</u> |                        |
| PERFS.                             |                        |
| DISPLACEMENT <u>56.2 BBL</u>       |                        |
| EQUIPMENT                          |                        |

|   |   |                       |
|---|---|-----------------------|
| CEMENT  |   |                       |
| AMOUNT ORDERED <u>110sk Class C, 2" approx, 2" approx, 3" approx, 1/4 floscal, - 2" approx, 245sk Class C Premium, 3" approx, 1/4 floscal</u> |   |                       |
| COMMON  | @ |                       |
| POZMIX  | @ |                       |
| GEL   | @ |                       |
| CHLORIDE <u>13 sk</u>   | @ | <u>64.00 832.00</u>   |
| ASC   | @ |                       |
| <u>AMDC, class C 110sk</u>  | @ | <u>31.00 3,410.00</u> |
| <u>Flo Seal 90 lb</u>   | @ | <u>2.97 267.30</u>    |
| <u>SA-51 21 lb</u>  | @ | <u>17.55 368.55</u>   |
| <u>Class C Premium 245sk</u>  | @ | <u>24.40 5,978.00</u> |
|   | @ |                       |
|   | @ |                       |
|   | @ |                       |
|   | @ |                       |
| HANDLING  | @ |                       |
| MILBAGE   |   |                       |

REMARKS:

AFE 34587

TOTAL 10,855.85

SERVICE

|                                       |   |                       |
|---------------------------------------|---|-----------------------|
| <u>Circulating Iron 10</u>            | @ | <u>400.00 400.00</u>  |
| DEPTH OF JOB                          |   |                       |
| PUMP TRUCK CHARGE                     |   | <u>2,213.75</u>       |
| Light Vehicle 50mi                    | @ | <u>4.40 220.00</u>    |
| Heavy Vehicle 50mi                    | @ | <u>7.70 385.00</u>    |
| MANIFOLD <u>1</u>                     | @ | <u>275.00 275.00</u>  |
| Handling <u>389.46 FT<sup>3</sup></u> | @ | <u>2.48 965.85</u>    |
| Drayage <u>872.35 T-m</u>             | @ | <u>2.60 2,268.12</u>  |
|                                       |   | TOTAL <u>6,727.72</u> |

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

PLUG & FLOAT EQUIPMENT

|                                |   |                       |
|--------------------------------|---|-----------------------|
| <u>Top Rubber Plug 1</u>       | @ | <u>131.00 131.00</u>  |
| <u>AFU Inset Float Valve 1</u> | @ | <u>447.00 447.00</u>  |
| <u>Stop Collar 1</u>           | @ | <u>69.00 69.00</u>    |
| <u>Guide Shoe 1</u>            | @ | <u>460.00 460.00</u>  |
| <u>Centralizers 14</u>         | @ | <u>75.00 1,050.00</u> |
|                                |   | TOTAL <u>2,157.00</u> |

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 19,740.57  
DISCOUNT \_\_\_\_\_ F PAID IN 30 DAYS  
NET = 13,620.99

PRINTED NAME Early Zion  
SIGNATURE [Signature]

# ALLIED OIL & GAS SERVICES, LLC 061606

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
*Liberal (21)*

|                                |                   |  |                        |            |                     |                         |                          |
|--------------------------------|-------------------|--|------------------------|------------|---------------------|-------------------------|--------------------------|
| DATE <i>8-25-14</i>            | SEC. <i>25</i>    | TWP. <i>27</i>                                   | RANGE <i>36</i>        | CALLED OUT | ON LOCATION         | JOB START <i>1:00pm</i> | JOB FINISH <i>2:00pm</i> |
| LEASE <i>Smith AM</i>          | WELL # <i>V-5</i> | LOCATION <i>Sublette KS, 14, North, 17 west,</i> |                        |            | COUNTY <i>Grant</i> | STATE <i>KS</i>         |                          |
| OLD OR <u>NEW</u> (Circle one) |                   |  | <i>2 South, 1 west</i> |            |                     |                         |                          |

|                                  |                        |
|----------------------------------|------------------------|
| CONTRACTOR <i>Soxon 142</i>      | OWNER                  |
| TYPE OF JOB <i>Production</i>    |                        |
| HOLE SIZE <i>7 7/8</i>           | T.D.                   |
| CASING SIZE <i>5 1/2</i>         | DEPTH <i>3257.8</i>    |
| TUBING SIZE                      | DEPTH                  |
| DRILL PIPE                       | DEPTH                  |
| TOOL                             | DEPTH                  |
| PRES. MAX <i>2000</i>            | MINIMUM                |
| MEAS. LINE                       | SHOE JOINT <i>42.2</i> |
| CEMENT LEFT IN CSG. <i>1 BDL</i> |                        |
| PERFS.                           |                        |
| DISPLACEMENT <i>76.5 BDL</i>     |                        |

**EQUIPMENT**

|   |  |
|---|--|
| PUMP TRUCK CEMENTER <i>Aldo Espinosa</i>            |  |
| # <i>903-501</i> HELPER <i>Cesar Pavia</i>          |  |
| BULK TRUCK  |  |
| # <i>993-467</i> DRIVER <i>Heriberto Valencuela</i> |  |
| BULK TRUCK  |  |
| # DRIVER  |  |

**REMARKS:**

*AFE # 34587*

|  |   |                              |
|--|---|------------------------------|
| CEMENT   |   |                              |
| AMOUNT ORDERED <i>140sk 6.5/35, Class A, 60 gal</i>  |   |                              |
| <i>0.3% FL169, 1% 5851, 165sk Class B, 10% 5851</i>  |   |                              |
| <i>5.5% Gypsol, 2% GEL, 0.3% FL169, 5% Gilsonite</i> |   |                              |
| COMMON   | @ |                              |
| POZMIX   | @ |                              |
| GEL  | @ |                              |
| CHLORIDE   | @ |                              |
| ASC  | @ |                              |
| <i>Super flush 10 BDL</i>                            | @ | <i>587.70 587.00</i>         |
| <i>A LWC Gypsol Class A 140 sk</i>                   | @ | <i>16.50 2,310.00</i>        |
| <i>FL-160 84 lb</i>                                  | @ | <i>18.90 1,587.60</i>        |
| <i>SA-51 13 lb</i>                                   | @ | <i>17.55 228.15</i>          |
| <i>ASBC-Class A 165</i>                              | @ | <i>20.90 3,448.50</i>        |
| <i>Gilsonite 825 lb</i>                              | @ | <i>9.8 808.50</i>            |
|  | @ |                              |
|  | @ |                              |
| HANDLING   | @ |                              |
| MILEAGE  | @ |                              |
|  |   | <b>TOTAL <i>8,969.75</i></b> |

**SERVICE**

|                                       |                 |                              |
|---------------------------------------|-----------------|------------------------------|
| <i>Circulating Iron 1 @</i>           | <i>400.00</i>   | <i>400.00</i>                |
| DEPTH OF JOB                          |                 |                              |
| PUMP TRUCK CHARGE                     |                 | <i>2,558.75</i>              |
| <i>Light Vehicle 50mi</i>             | @ <i>4.40</i>   | <i>220.00</i>                |
| <i>Heavy Vehicle 50mi</i>             | @ <i>7.70</i>   | <i>385.00</i>                |
| MANIFOLD <i>1</i>                     | @ <i>275.00</i> | <i>275.00</i>                |
| <i>handling 325.76 ft<sup>3</sup></i> | @ <i>2.48</i>   | <i>797.88</i>                |
| <i>Proppant 785.77 FT<sup>3</sup></i> | @ <i>2.60</i>   | <i>2,042.99</i>              |
| <i>drills charge 1 @</i>              | <i>577.50</i>   | <i>577.50</i>                |
|                                       |                 | <b>TOTAL <i>7,391.18</i></b> |

**PLUG & FLOAT EQUIPMENT**

|                          |                 |                              |
|--------------------------|-----------------|------------------------------|
| <i>Top Rubber Plug 1</i> | @ <i>85.00</i>  | <i>85.00</i>                 |
| <i>AFU Inset Float 1</i> | @ <i>335.00</i> | <i>335.00</i>                |
| <i>Guide shoe 1</i>      | @ <i>281.00</i> | <i>281.00</i>                |
| <i>Stop collar 1</i>     | @ <i>49.00</i>  | <i>49.00</i>                 |
| <i>Turbolizers 20</i>    | @ <i>95.00</i>  | <i>1,900.00</i>              |
|                          |                 | <b>TOTAL <i>2,650.00</i></b> |

|                                |                    |
|--------------------------------|--------------------|
| SALES TAX (If Any)             |                    |
| TOTAL CHARGES <i>19,010.87</i> |                    |
| DISCOUNT                       | IF PAID IN 30 DAYS |
| <b>NET = <i>13,307.61</i></b>  |                    |

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 *Earl J...*

SIGNATURE \_\_\_\_\_