



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	STEVER ATU C 5
Doc ID	1257482

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG



## Summary of Changes

Lease Name and Number: STEVER ATU C 5

API/Permit #: 15-067-21791-00-00

Doc ID: 1257482

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/05/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	2131	2130
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1234130">../..kcc/detail/operatorEditDetail.cfm?docID=1234130</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1257482">../..kcc/detail/operatorEditDetail.cfm?docID=1257482</a>



Confidentiality Requested:

Yes  No

# 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: \_\_\_\_\_



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1231742  
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	STEVER ATU C 5
Doc ID	1231742

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	STEVER ATU C 5
Doc ID	1231742

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	2592-2598, 2700-2706, 2718-2732, 2756-2770, 2848-2852, 2862-2866, 2904-2908, 2961-2965 Chace&Council Grove	Frac- 1043 BBLs 16/30 210,799 LBS, Total N2 932,000 SCF	2592-2965



# 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>215</u>	RANGE <u>36w</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00pm</u>	JOB FINISH <u>7:00pm</u>
LEASE <u>Stevens</u>	WELL <u>ATUC-5</u>		LOCATION <u>sublette N5, 14 North, 17 west,</u>	COUNTY <u>Grant</u>	STATE <u>KS</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>2 south, 1 west.</u>				

CONTRACTOR Saxon 142

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 DEPTH 924-6

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 2000 MINIMUM

MEAS. LINE SHOE JOINT 41.5

CEMENT LEFT IN CSG. 2.6 BBL

PERFS.

DISPLACEMENT 56.2 BBL

OWNER

CEMENT

AMOUNT ORDERED 110sk Class C, 2 1/2 gyp seal, 2 1/2 gyp seal, 3 1/2 cc, 1/4 flo seal, 2 1/2 2451

245sk class C Premium, 3 1/2 cc, 1/4 flo seal

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE <u>13 sk</u>	@	<u>64.00</u>	<u>832.00</u>
ASC	@		
<u>Am DC, class C 110sk</u>	@	<u>31.00</u>	<u>3,410.00</u>
<u>Flo Seal 90 lb</u>	@	<u>2.97</u>	<u>267.30</u>
<u>SA-51 21 lb</u>	@	<u>17.55</u>	<u>368.55</u>
<u>Class C Premium 245sk</u>	@	<u>24.40</u>	<u>5,978.00</u>
	@		
	@		
	@		
	@		
HANDLING	@		
MILEAGE	@		

EQUIPMENT

PUMP TRUCK CEMENTER Aldo Espinoza

# 531-541 HELPER Heriberto Valenzuela

BULK TRUCK

# 774-744 DRIVER Manuel Covarrubias

BULK TRUCK

# DRIVER

REMARKS:

AFE 34587


CHARGE TO: Merit Energy

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 Early Zion

SIGNATURE 

TOTAL 10,855.85

SERVICE

Circulating Iron 1 @ 400.00 400.00

DEPTH OF JOB

PUMP TRUCK CHARGE 2,213.25

Light Vehicle 50mi @ 4.40 220.00

Heavy Vehicle 50mi @ 7.70 385.00

MANIFOLD 1 @ 275.00 275.00

Handling 389.46 FT<sup>3</sup> @ 2.48 965.85

Dryage 872.35 T-m @ 2.60 2,268.10

TOTAL 6,727.72

PLUG & FLOAT EQUIPMENT

Top Rubber Plug 1 @ 131.00 131.00

AFU Insert Float Valve 1 @ 447.00 447.00

Stop Collar 1 @ 69.00 69.00

Guide Shoe 1 @ 460.00 460.00

Centralizers 14 @ 75.00 1,050.00

TOTAL 2,157.00

SALES TAX (If Any)

TOTAL CHARGES 19,740.57

DISCOUNT IF PAID IN 30 DAYS

NET = 13,620.99

# 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>7:00pm</i>
LEASE <i>Sublette</i>	WELL # <i>ATU C-5</i>	LOCATION <i>Sublette KS, 14, North, 17 West</i>			COUNTY <i>Grant</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)		<i>2 South, 1 West</i>					

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

EQUIPMENT  
PUMP TRUCK CEMENTER *Aldo Espinosa*  
# *903-501* HELPER *Cesar Pavia*  
BULK TRUCK  
# *993-467* DRIVER *Heriberto Valenzuela*  
BULK TRUCK  
# DRIVER

REMARKS:  
*AFE # 34587*

CHARGE TO: *Merit Energy*  
STREET  
CITY STATE ZIP

OWNER  
CEMENT  
AMOUNT ORDERED *140sk 6.5/35, Class A, 6" gel, 1% FL160, 1% 5851, 165sk Class B, 10% Nc, 5.5" 2" gel, 2" gel, 3% FL160, 5" Gilsonite*  
COMMON @  
POZMIX @  
GEL @  
CHLORIDE @  
ASC @  
*Super flush 10 BDL @ 587.00 587.00*  
*A LWC Type 1 Class A 140 sk @ 16.50 2,310.00*  
*FL-160 84 lb @ 18.90 1,587.60*  
*SA-51 13 lb @ 17.55 228.15*  
*ASBC-Class A 165 @ 20.90 3,448.50*  
*Gilsonite 825 lb @ .98 808.50*  
HANDLING @  
MILEAGE @

TOTAL *8,969.75*

SERVICE  
*Circulating Iron 1 @ 400.00 400.00*  
DEPTH OF JOB  
PUMP TRUCK CHARGE *2,558.75*  
*Light Vehicle 50mi @ 4.40 220.00*  
*Heavy Vehicle 50mi @ 7.70 385.00*  
MANIFOLD *1 @ 275.00 275.00*  
*handling 375.76 FT @ 2.48 931.88*  
*Drayage 785.77 FT @ 2.60 2,048.99*  
*derried charge 1 @ 577.50 577.50*  
TOTAL *7,391.12*

PLUG & FLOAT EQUIPMENT  
*Top Rubber Plug 1 @ 85.00 85.00*  
*AFU Insert Float 1 @ 335.00 335.00*  
*Guide Star 1 @ 281.00 281.00*  
*Stop Callar 1 @ 49.00 49.00*  
*Turbo lieds 20 @ 95.00 1,900.00*  
TOTAL *2,650.00*

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 *Emy Garcia*  
SIGNATURE

SALES TAX (If Any)  
TOTAL CHARGES *19,010.87*  
DISCOUNT:  IF PAID IN 30 DAYS  
NET = *13,307.61*

# ALLIED OIL & GAS SERVICES, LLC 053266

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal Ks

DATE <u>08-29-14</u>	SEC. <u>25</u>	TWP. <u>27S</u>	RANGE <u>36W</u>	CALLED OUT	ON LOCATION	JOB START <u>1230</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>Smith ATU</u>	WELL# <u>V-5</u>	LOCATION <u>Sublate Ks. N to CR 50. W.</u>			COUNTY <u>Grant</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		18 M. S 1/4 M. E into.					

CONTRACTOR Saxon # 142 OWNER Merit Energy

TYPE OF JOB Long String

HOLE SIZE 7 7/8 T.D. 3260 ft CEMENT AMOUNT ORDERED 140 sk ALWC 'A'

CASING SIZE 5 1/2 15.5 # DEPTH 3258 ft ASBC 'A' 220 sk

TUBING SIZE DEPTH 3% FL-160, 1% SA-SI / 220 sk ASBC 'A'

DRILL PIPE DEPTH 3% FL-160, 516 lbs Gilsonite.

TOOL DEPTH

PRES. MAX 1800 PSI MINIMUM COMMON \_\_\_\_\_ @ \_\_\_\_\_

MEAS. LINE SHOE JOINT 42.5 ft POZMIX \_\_\_\_\_ @ \_\_\_\_\_

CEMENT LEFT IN CSG. 1.0 Bais GEL \_\_\_\_\_ @ \_\_\_\_\_

PERFS. CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

DISPLACEMENT 77 Bais. ASC \_\_\_\_\_ @ \_\_\_\_\_

EQUIPMENT Super Flash 10 Bais @ 58.70 587.00

PUMP TRUCK CEMENTER Ruben Chavez ALWC 'A' 140 sk @ 16.50 2310.00

# 531-541 HELPER Jaime Torres ASBC 'A' 220 sk @ 20.90 4598.00

BULK TRUCK FL-160 100 lb @ 18.90 1890.00

# 994-8642 DRIVER Jose Calderon SA-SI 13 lb @ 17.55 228.15

BULK TRUCK Gilsonite 1100 lb @ .98 1078.00

# DRIVER HANDLING \_\_\_\_\_ @ \_\_\_\_\_

REMARKS: MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

AFE# 34727 TOTAL 10,691.15

SERVICE

Handling 449.85 C.F. @ 2.48 1115.62

PUMP TRUCK CHARGE 2,558.75

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE heavy 50 Mi @ 7.70 385.00

MANIFOLD + head 1 @ 275.00 275.00

Light Vehicle 50 Mi @ 4.40 220.00

Drasage 939.697.4 @ 2.60 2443.20

TOTAL 6,997.57

CHARGE TO: MERIT ENERGY

STREET \_\_\_\_\_

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

PLUG & FLOAT EQUIPMENT

Top rubber plug 1 @ 85.00 85.00

Guide Shoe 1 @ 281.00 281.00

AFU-Inset Float 1 @ 335.00 335.00

Centralizer 20 @ 57.00 1140.00

Stop Collar 1 @ 49.00 49.00

TOTAL 1,890.00

To: Allied Oil & Gas Services, LLC.

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PRINTED NAME [Signature]

SIGNATURE \_\_\_\_\_

SALES TAX (if Any) \_\_\_\_\_

TOTAL CHARGES 19,578.67

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

NET = 13117.71

Waiting Time Credit = \$4700  
Net = \$8417.71