



# WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes  No

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
_____	_____	_____

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 <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: <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

<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> <i>(Submit ACO-4)</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	ALEXANDER 2-33
Doc ID	1257492

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER 2-33
Doc ID	1257492

Tops

Name	Top	Datum
HEEBNER	4030	
TORONTO	4047	
LANSING	4076	
KANSAS CITY	4539	
MARMATON	4683	
PAWNEE	4791	
CHEROKEE	4849	
ATOKA GROUP	5020	
ATOKA SH	5101	
ATOKA LM	5133	
MORROW	5179	
CHESTER	5362	
ST GENEVIEVE	5485	
ST LOUIS	5526	
SPERGEN	5688	



## Summary of Changes

Lease Name and Number: ALEXANDER 2-33

API/Permit #: 15-081-22078-00-00

Doc ID: 1257492

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/23/2014	07/10/2015
Contractor License Number	35070	99975
Contractor Name	Saxon Drilling, LP	COMPANY SERVICING TOOLS
Kelly Bushing Elevation	3075	3074
Save Link	<a href="#">../../kcc/detail/operatorEditDetail.cfm?docID=1235830</a>	<a href="#">../../kcc/detail/operatorEditDetail.cfm?docID=1257492</a>



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1235830  
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. 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	ALEXANDER 2-33
Doc ID	1235830

All Electric Logs Run

ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG
QUAD COMBO LOG

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER 2-33
Doc ID	1235830

Tops

Name	Top	Datum
HEEBNER	4030	
TORONTO	4047	
LANSING	4076	
KANSAS CITY	4539	
MARMATON	4683	
PAWNEE	4791	
CHEROKEE	4849	
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ATOKA LM	5133	
MORROW	5179	
CHESTER	5362	
ST GENEVIEVE	5485	
ST LOUIS	5526	
SPERGEN	5688	

Form	ACO1 - Well Completion
Operator	Merit Energy Company, LLC
Well Name	ALEXANDER 2-33
Doc ID	1235830

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4706-4714 MARMATON	ACIDIZE-7BLS H2O,48 BBLs ACID 25 FLUSJ	4706-4714



# ALLIED OIL & GAS SERVICES, LLC 061615

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberals #21

DATE <u>9-10-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>4:30pm</u>	JOB FINISH <u>5:30pm</u>
LEASE <u>Alexander</u>	WELL # <u>2-23</u>	LOCATION <u>Sublette KS - North to ce 50</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>8 miles west to ce "DD" south into</u>					

CONTRACTOR <u>Saxon rig 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>1684</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.22</u>
CEMENT LEFT IN CSG.	<u>2.6 BBL</u>
PERFS.	
DISPLACEMENT <u>104.6 BBL H<sub>2</sub>O</u>	EQUIPMENT

PUMP TRUCK # <u>560-501</u>	CEMENTER <u>Aldo Espinoza</u>
BULK TRUCK # <u>994-841</u>	HELPER <u>Cesar Javira</u>
BULK TRUCK # <u>956-642</u>	DRIVER <u>Andres Zubia</u>
	DRIVER <u>Gregory Randall</u>

REMARKS:

AFE # 34899

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

CEMENT 350 SK Class C, 12% grease 2% UAMS, 3% CC, 1/4# flo seal	AMOUNT ORDERED 245 SK Class Premium 31-CC, 1/4# flo seal	
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	<u>22 PK</u>	@ <u>64.00</u> <u>1,408.00</u>
ASC	@	
Flo Seal	<u>150 PK</u>	@ <u>2.97</u> <u>445.50</u>
Sugar	<u>50 lb</u>	@ <u>2.00</u> <u>100.00</u>
Class C Premium Plus	<u>24.40</u>	@ <u>24.40</u> <u>597.80</u>
SA-57	<u>66</u>	@ <u>17.55</u> <u>1,158.30</u>
AN-DC class C 350 SK	<u>31.00</u>	@ <u>31.00</u> <u>10,850.00</u>
	@	
	@	
HANDLING	@	
MILEAGE		
		TOTAL <u>19,939.80</u>

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE	<u>2058.50</u>	
EXTRA FOOTAGE LVM-50	@ <u>4.40</u>	<u>220.00</u>
MILEAGE HVM-50	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD	<u>1</u>	@ <u>275.00</u> <u>275.00</u>
Drage for Prod. 142	@ <u>2.60</u>	<u>384.00</u>
Handling	<u>66.58</u>	@ <u>2.48</u> <u>1651.26</u>
		TOTAL <u>8,433.86</u>

PLUG & FLOAT EQUIPMENT

Top Rubber Plug	<u>1</u>	@ <u>131.00</u>	<u>131.00</u>
AFU Insert EV	<u>1</u>	@ <u>447.00</u>	<u>447.00</u>
Guide Shoe	<u>1</u>	@ <u>460.00</u>	<u>460.00</u>
Centralizer	<u>14</u>	@ <u>75.00</u>	<u>1,050.00</u>
C/Stop collar	<u>1</u>	@ <u>56.00</u>	<u>56.00</u>
		TOTAL	<u>2,144.00</u>

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 30,517.66

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 JAMES CARTER  
SIGNATURE James Carter

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
Net 20,446.83

# ALLIED OIL & GAS SERVICES, LLC 053273

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal Ks

DATE <u>09-15-14</u>	SEC. <u>33</u>	TWP. <u>27S</u>	RANGE <u>34 W</u>	CALLED OUT	ON LOCATION	JOB START <u>1200</u>	JOB FINISH <u>2:00 a.m</u>
ALEXANDER LEASE	WELL # <u>2-33</u>	LOCATION <u>Sublete Ks. N. to CR 50,</u>			COUNTY <u>Ataskel</u>	STATE <u>Ks</u>	
OLD OR (NEW) (Circle one)		W. 9.M. to Rd. DD, S 1 1/2 M. W into					

CONTRACTOR Saxon 142  
 TYPE OF JOB Long String  
 HOLE SIZE 7 7/8 T.D. 5712 ft  
 CASING SIZE 5 1/2 17 # DEPTH 5710 ft  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 1500 psf MINIMUM  
 MEAS. LINE SHOE JOINT 42.2 ft  
 CEMENT LEFT IN CSG. 1 BB  
 PERFS.  
 DISPLACEMENT 131.5 Bbls

OWNER Merit Energy  
 CEMENT  
 AMOUNT ORDERED 365 sk 50/50 Poz-H  
2% bcl, 5% Gyp Seal, 10% B.W. Salt,  
5 lbs/sk Gilsomite 1/4 F.S., 0.5% FL-160,  
2% Dispersant  
 COMMON @  
 POZMIX @  
 GEL @  
 CHLORIDE @  
 ASC 50/50 Poz-H 365 sk @ 16.85 6150.25  
Super Flush 12 Bbls @ 58.70 704.40  
Gyp Seal 31 sk @ 37.60 1165.60  
Salt 22 sk @ 26.35 579.70  
Gilsomite 1825 lb @ .98 1785.50  
Fl-160 92 lb @ 2.97 273.24  
FL-160 154 lb @ 18.90 2910.60  
CD-31 62 lb @ 10.30 638.60  
 HANDLING @  
 MILEAGE @

EQUIPMENT  
 PUMP TRUCK CEMENTER Ruben Chavez  
 # 868-541 HELPER Jaime Torres  
 BULK TRUCK  
 # 956-841 DRIVER Jose Calderon  
 BULK TRUCK  
 # DRIVER

TOTAL 14,210.89

REMARKS:  
AFE 34699

SERVICE

Handling 491.50 CF @ 2.48 1,219.65  
 PUMP TRUCK CHARGE 3,099.25  
 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  
Dragage 927 mi T.M @ 2.60 2,410.24  
 TOTAL 7,609.14

CHARGE TO: MERIT ENERGY  
 STREET  
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Guide Shoe 1 @ 280.50 280.50  
AFU Float Valve 1 @ 334.62 334.62  
Turbolizer 20 @ 93.60 1,872.00  
stop collar 1 @ 49.14 49.14  
Top rubber plug 1 @ 258.26  
 TOTAL 2,794.82

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 24,614.85

PRINTED NAME JAMES CARTER  
 SIGNATURE [Signature]

DISCOUNT IF PAID IN 30 DAYS  
NET = 16,491.95

Correction