

Kansas Corporation Commission Oil & Gas Conservation Division

1052754

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
□ Oil □ WSW □ SIOW □ Gas □ D&A □ ENHR □ SIGW □ OG □ GSW □ Temp. Abd. □ CM (Coal Bed Methane) □ Cathodic □ Other (Core, Expl., etc.):	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: sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator: Well Name: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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							
Letter of Confidentiality Received							
Date:							
Confidential Release Date:							
Wireline Log Received							
Geologist Report Received							
UIC Distribution							
ALT I II Approved by: Date:							

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ County: _ INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	JANE 1-4
Doc ID	1052754

Tops

Name	Тор	Datum
ANHYDRITE	1098	+967
TOPEKA	3230	-1165
HEEBNER	3606	-1541
BROWN LIME	3712	-1647
LANSING	3719	-1654
BASE KANSAS CITY	4006	-1941
CHEROKEE	4136	-2071
CONG-CHERT	4169	-2104
VIOLA	4244	-2179

BASIC SERVICES

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 03616 A

		PING & WIRELINE 4-	235	5-17	> W		DATE TICK	(ET NO	
DATE OF JOB 2 25-1		DISTRICT Pratt, IT	anse	15	NEW O	VELL -	PROD []INJ [WDW □ CU	STOMER DER NO.:
		ing, Incorpo			LEASE)	ane			WELL NO4
ADDRESS				COUNTY P	awn e	e i i	STATE Tar	1593	
CITY		STATE	1				Messick M.	Mattal: M	McGraw
AUTHORIZED BY					JOB TYPE:	-N-1	V-Surface		
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED	2 - 2 S - II	AM TIME
19,870	1						ARRIVED AT JOB		AM T:30
	1						START OPERATIO	N	AM 1130
19,903-19,905	1						FINISH OPERATIO	ON	AM 12:30
19926-19860	1					1.1	RELEASED		AM L'O
11,220 11,000	+						MILES FROM STA	TION TO WELL	60

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO. QUANTITY UNIT PRICE \$ AMOUNT MATERIAL, EQUIPMENT AND SERVICES USED UNIT 50 175 CON Blend Cement 200 160 120 mi Edvipment Mileage Cement Pumpi OFeet To 500 Feet 200 525 SIT Blending and Mixing Service Plua Container

										-
003	Service	Supervisor		ki n	Job	1		\$	175	0
					1 - 1 -					
					7		SUB TO	TAL		
C1-	HEMICAL / ACID D	ATA:			-/		2 Tres	\$	9602	13
			_=	SERVICE & EQUI	PMENT	%TA	X ON \$	7	,	
				MATERIALS		%TA	X ON \$			
							ТО	TAL		
	-	12.1		2 X						
								1		_

SERVICE REPRESENTATIVE TO BE A MODINE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	illial	Incor	Dorat	ecl	ase No.	15			Date)	16-1	1
	ane			We	∍II # \ -	4			0/	1 0		
Field Order #	Station	Pratt	tan	Sas	,	Gas∰ng"	24L 2. Deptl	360Fee	County D	awnee	\$tate	545
Type Job	. N.W	Surfa	<u>ice</u>				Formation	1		Legal De	scription 7W	
	E DATA	PER	FORAT	ING I	ATA G	nt FLORD	USED		TRE	ATMENT	RESUME	
Casino Size	Tubing Siz	ze Shots/	Ft	175	sact	STA CON	with 38	Calciu	RATE PE	RESS 25		lake
Depth OF	Pepth	From		To	1.64	Bre Rad	.89601.1	S件, 2	1200	FT.15	15 Min.	
Volume B b	Volume		2540	₹0, C	OMM	phwith 2°	66013	Minulci	unchl	oride,	25 Lb/st.ce	11 fate
Max Press	Max Press	From		1051	-6.16	A 6.130	Sallst.	7 ^{v9} 3 4	CU. T	.1sh.	15 Min.	
	Mainer	From		To				HHP Used			Annulus Pressure	
-2 Y 1 - 1	Packer De	From		То		Flush 22B	ol. Fresh	Gas Volun			Total Load	
Customer Re	oresentative	Nicho	5		Station	Manager Da	viel Sca	#	dreater	erce R	Messich	
Service Units	19.870	19,903	19,90	5	198	26 19,860						
	Sich	Ma Tubing	Hal		-711	c Graw						
Time / /	Pressure	Pressure	Bbls.	Pump	ed	Rate	-			ervice Log		-
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0:15	retrom	act De	illing	stal	1110	orun 8 Jo	ntsnew	2416		la casi		
11:20			-			F	Casino	INVE	1. Circu	late to	5 Minutes.	
11:30	350		1	_		<u>p</u>	Start	resh	Water	re-t	V5b.	
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	200		10	3		<u> </u>	Stari	MIXIC	7		OM MONCEMO	-
-	-0-		Ha	2			7	UMPING	0 -	1	tas Releas	e
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1024	4 NE Hiw	ay 61 •	P.O. B	ox 8	3613	• Pratt, KS	67124-86	13 • (620)) 672-1:	201 • Fa:	x (620) 672-53	83



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 03711 A

P	PRESSUR	PUMP	PING & WIRELINE					DATE	TICKET NO		
DATE OF JOB	5-1) [DISTRICT Pratt			NEW CV	OLD □ F	ROD []INJ	□ WDW □	CUSTOMER ORDER NO.:	
CUSTOMER	1.	1.	Drilling.			LEASE TANK WELL NO.					
ADDRESS			1			COUNTY	nwn	e t.	STATE K	5	
CITY	CITY STATE					SERVICE CR	EW 🔵	rlocolo,	Mattal, S	renwich	
AUTHORIZED BY	JOB 1					JOB TYPE:	CN	W-PT	A		
EQUIPMENT	#	HRS	EQUIPMENT#	HRS	EQI	JIPMENT#	HRS	TRUCK CALL	ED 3-40.	TE AM TIME	
37383	اشرید	1	3 2 2	-				ARRIVED AT	JOB 3-4	-11 PM 8:36	
19903-199	1010	1						START OPE	RATION 3.4	-11 PM 11.30	
1.1121 4	1010							FINISH OPE	RATION 3-5	- [[AM / 2 30	
								RELEASED	3.5	-/ AM 1:06	
								MILES FROM	1 STATION TO WE	LL 60	
products, and/or sup become a part of thi	polies inclu	ides all	execute this contract as an ag of and only those terms and c the written consent of an office	onditions a	ppearing or	the front and back	of this do	cument. No addit	ional or substitute terr	ct for services, materials, ins and/or conditions shall	
ITEM/PRICE REF. NO.		M	IATERIAL, EQUIPMENT A	AND SER	VICES US	SED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
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	-					ATERIALS			X ON \$		
					<u> </u>			3-1 1/2	TOTA	AL .	

SERVICE REPRESENTATIVE Steve Orlando

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	7.0	2001	2.0	Lease No.					Date				
Lease	Jane		,	Well #	1 - 1					3-4	-11 .		
Field Order #	Station	Prat	} .			Casing	Dept	th	County	Pawne	2 (1	State K S	
Type Job	NW.	179	9				Formation	n		Legal	Description	4-23-17	
PIPE	DATA	PERF	ORATIN	NG DATA		FLUID U	SED		TR	EATMEN	T RESUMI	E .	
Casing Size	Tubing Size	Shots/F	t T		Aeid	USKS	60/40	U/40 207 RATE PRE			SS ISIP		
Depth	Depth	From	1	ö	Pre	Pad 4 70	1-1	Max			5 Min.		
Volume	Volume	From		ö	Pad			Min			10 Min.		
Max Press	Max Press	From	Т	ö	Frac			Avg			15 Min.		
Well Connection	Annulus Vol		T	<u>.</u>				HHP Use	ed		Annulus	Pressure	
Plug Depth	Packer Dep		Т		Flus	h		Gas Volu	me		Total Loa	ad	
Customer Repre	esentative	1.0.	20,00	Statio	n Mana	ger D	ve 5:0	416	Treater	510	10 g	a=00	
	1 288CC	9903,	1990	5 199	59/6	21010			- 4				
Driver Names	100	M.M.	1 s H	5.	رار	ick							
Time	Casing Pressure	Tubing Pressure	Bbls. F	umped	F	Rate			S	Service Log			
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GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: JANE 1-4

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S4/23S/17W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D913

Test Unit:

Start Date: 2011/03/02 Start Time: 23:00:00

End Date: 2011/03/03 End Time: 07:20:00

Report Date: 2011/03/03 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 250' VERY SLIGHTLY OIL CUT WATERY MUD

600' SLIGHTLY MUD CUT WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

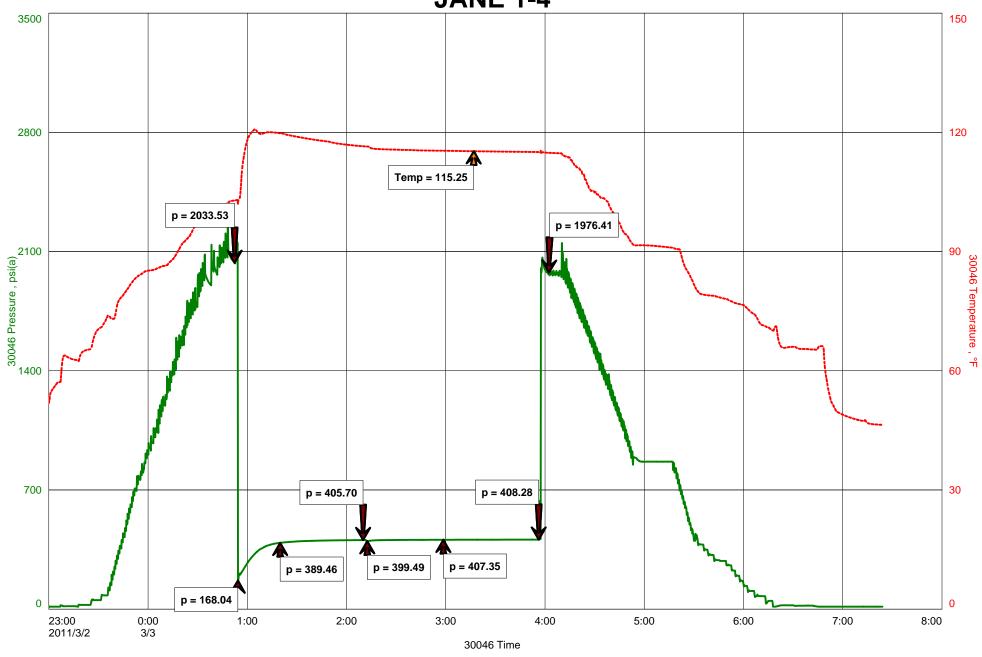
Company			Lease & Well No		
Contractor			Charge to		
Elevation	Formation		Effective Pay	Ft.	Ticket No
Date Sec	Twp	_S Range	W County	State	
Test Approved By		A.W.———————————————————————————————————	Diamond Representative	JOHN C	. RIEDL
Formation Test No	Interval Te	sted from	ft. toft.	Total Depth	ft.
Packer Depth	ft. Size	in.	Packer Depth	ft. Size	in.
Packer Depth	ft. Size	in.	Packer Depth	ft. Size	in.
Depth of Selective Zone Set_					<u> </u>
Top Recorder Depth (Inside)		ft.	Recorder Number	Cap	P.S.I.
Bottom Recorder Depth (Ou	tside)	ft.	Recorder Number	Cap	P.S.I.
Below Straddle Recorder Dep	pth	ft.	Recorder Number	Cap	P.S.I.
Mud Type	Viscosity		Drill Collar Length	ft. 1,D	2 1/4 ir
Weight	Water Loss	cc.	Weight Pipe Length	ft. I.D	2 7/8 ir
Chlorides	· · · · · · · · · · · · · · · · · · ·	P.P.M.	Drill Pipe Length	ft. I.D	3 1/2 ir
Jars: Make BOWEN	Seria! Number		Test Tool Length	ft. Tool S	Size <u>3 1/2-IF</u> ir
Did Well Flow?	Reversed O	ıt	Anchor Length	ft. Size_	4 1/2-FH ir
Main Hole Size 7 7/8	Tool Joint S	Size 4 1/2 in.	Surface Choke Size1	in. Botton	n Choke Size 5/8 ir
Blow: 1st Open:					
2nd Open:		····	100		
Recoveredft. of					
Recoveredft. of					
Recoveredft. of					
Recoveredft. of				Price Job	
Recoveredft. of				Other Cha	rges
Remarks:				Insurance	<u> </u>

	A.M.		A.M.	Total	
Time Set Packer(s)	P.M.		ff BottomP.M.	_	rature
-			(A)P.S.I		
Initial Flow Period	M	inutes	(B)P.S.I	. to (C)	P.S.I.
			(D)P.S.I		
			(E)P.S.I		P.S.I.
			(G)P.S.I		
Final Hydrostatic Pressure .		· · · · · · · · · · · · · · · · · · ·	(H)P.S.1	<u> </u>	

L D DRILLING INC Start Test Date: 2011/03/02 Final Test Date: 2011/03/03

JANE 1-4 Formation: CONG CHERT **JANE 1-4**

Job Number: D913



GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: KIM SHOEMAKER

Phone: Fax: e-mail:

Well Information:

Name: JANE 1-4

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S4/23S/17W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KIM SHOEMAKER

Test Type: CONVENTIONAL Job Number: D914

Test Unit:

Start Date: 2011/03/03 Start Time: 18:00:00

End Date: 2011/03/04 End Time: 01:10:00

Report Date: 2011/03/04 Prepared By: JOHN RIEDL

Remarks: Qualified By: KIM SHOEMAKER

RECOVERY: 140' SLIGHTLY AS CUT MUD

60' VERY SLIGHTLY OIL CUT GASSY MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

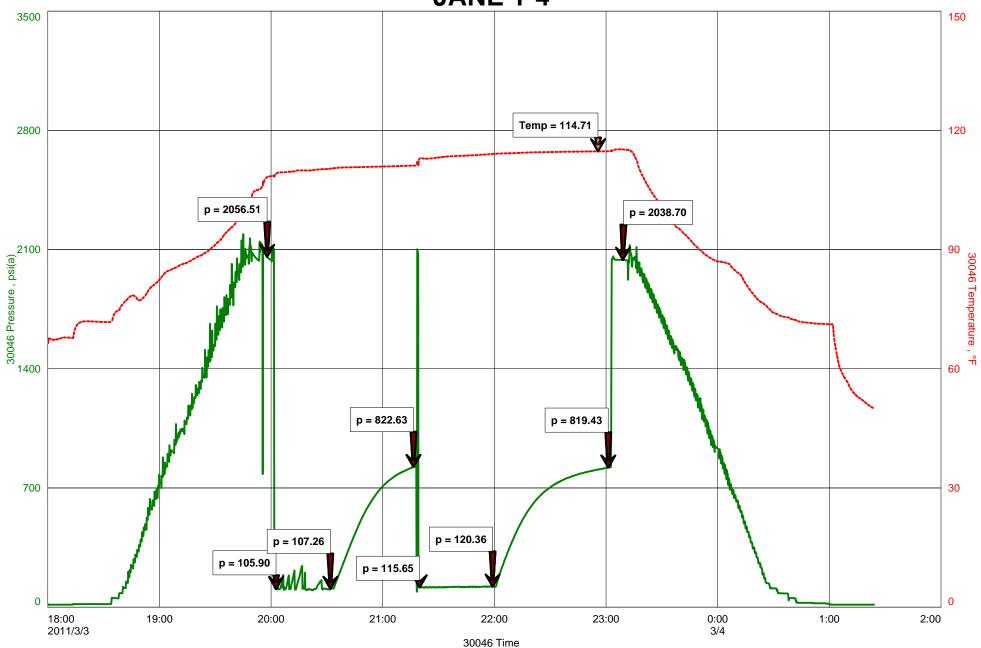
(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company			Lease & Well No		
Contractor			Charge to		
Elevation	Formation		Effective Pay	Ft.	Ticket No
Date Sec	Twp	_S Range	W County	State	
Test Approved By		A.W.———————————————————————————————————	Diamond Representative	JOHN C	. RIEDL
Formation Test No	Interval Te	sted from	ft. toft.	Total Depth	ft.
Packer Depth	ft. Size	in.	Packer Depth	ft. Size	in.
Packer Depth	ft. Size	in.	Packer Depth	ft. Size	in.
Depth of Selective Zone Set_					<u> </u>
Top Recorder Depth (Inside)		ft.	Recorder Number	Cap	P.S.I.
Bottom Recorder Depth (Ou	tside)	ft.	Recorder Number	Cap	P.S.I.
Below Straddle Recorder Dep	pth	ft.	Recorder Number	Cap	P.S.I.
Mud Type	Viscosity		Drill Collar Length	ft. 1,D	2 1/4 ir
Weight	Water Loss	cc.	Weight Pipe Length	ft. I.D	2 7/8 ir
Chlorides	· · · · · · · · · · · · · · · · · · ·	P.P.M.	Drill Pipe Length	ft. I.D	3 1/2 ir
Jars: Make BOWEN	Seria! Number		Test Tool Length	ft. Tool S	Size <u>3 1/2-IF</u> ir
Did Well Flow?	Reversed O	ıt	Anchor Length	ft. Size_	4 1/2-FH ir
Main Hole Size 7 7/8	Tool Joint S	Size 4 1/2 in.	Surface Choke Size1	in. Botton	n Choke Size 5/8 ir
Blow: 1st Open:					
2nd Open:		····	100		
Recoveredft. of					
Recoveredft. of					
Recoveredft. of					
Recoveredft. of				Price Job	
Recoveredft. of				Other Cha	rges
Remarks:				Insurance	<u> </u>

	A.M.		A.M.	Total	
Time Set Packer(s)	P.M.		ff BottomP.M.	_	rature
-			(A)P.S.I		
Initial Flow Period	M	inutes	(B)P.S.I	. to (C)	P.S.I.
			(D)P.S.I		
			(E)P.S.I		P.S.I.
			(G)P.S.I		
Final Hydrostatic Pressure .		· · · · · · · · · · · · · · · · · · ·	(H)P.S.1	<u> </u>	

L D DRILLING INC Start Test Date: 2011/03/03 Final Test Date: 2011/03/04 JANE 1-4
Formation: VIOLA
Job Number: D914



KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WK

* WICHITA, KS

AP1:15-145-21635

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L.D. DRILLING, INC.	ELEVATIONS
EASE SI-4 JANE	KB 2065
GARFIELD	OF
LOCATION 1650 FSL # 1320 FWL	2040
SEC 4 PESP 23s RGE 17w	Meosurements Are All
COUNTY PAWNEE STATE KANSAS	70.7 2065 KB
CONTRACTOR PETROMARK DRILLING RIG 2	CASING SUBSIDE BS/8°0 349
SPUD 2-24-11 CGMP 3-4-11	PRODUCTOR
RID 4360 LTD 4359	I ELECTRICAL SURVEYS
MOD UP 3350 TYPE MUD CHEMICAL	DUAL IND, DENSIN.
SAMPLES, SAMED FROM	1 4360
ORRLING TIME KEFT FROM3200	1360
SAMPLES EXAMPLED FROM	4360
GEOLOGICAL SUPERVISION FROM 3600	10 4360
GEOLOGIST ON WELL KIM B. SHOLMAKER	Nagration programme and a second seco
FORMATION TOPS LOG SAMPLES	And a graduagement of the result NOM to a 100 months of the 1440

1099+ 966

3233-1168

3610 - 1545

3715- 1650

3721 - 1656

4011- 1946

1098 + 967

3230 - 1165

3606 - 1541

3712 - 1647

3719 - 1654

4006- 1941

4136- 2071

ANHYDRITE

TOPEKA

HEEBNER

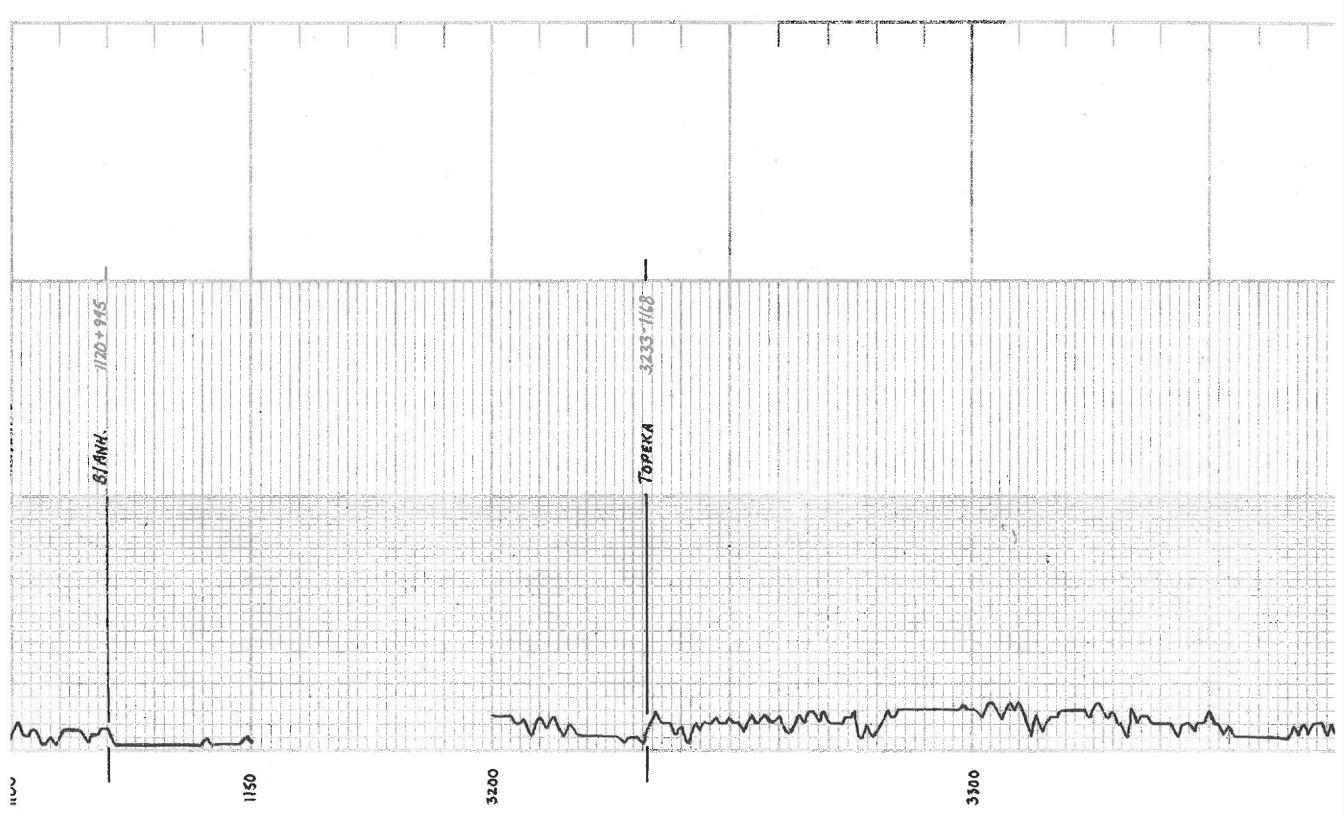
BROWN LIME

LANSING.

B/KC CHEROKEE

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and the second	A & & & & & & & & & & & & & & & & & & &	6. 3.1	Charles of Spinisters of Charles		
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