



**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

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

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

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

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

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

Total 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**

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



Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



phone: 316-337-6200  
fax: 316-337-6211  
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 01, 2011

Mark Shreve  
Mull Drilling Company, Inc.  
1700 N WATERFRONT PKWY  
BLDG 1200  
WICHITA, KS 67206

Re: ACO1  
API 15-101-22263-00-00  
Kent 'A' Unit 1-28  
SE/4 Sec.28-17S-29W  
Lane County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Mark Shreve

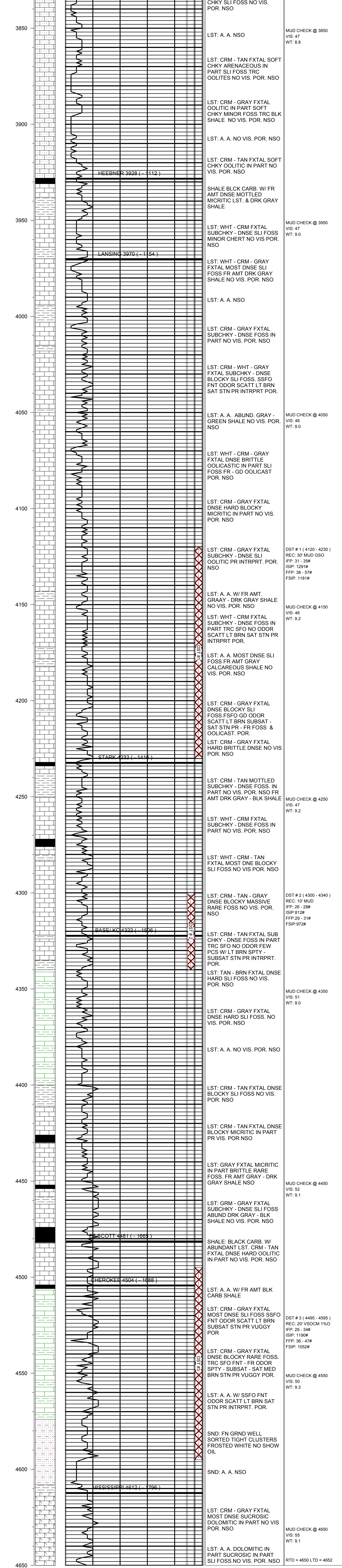
**KEVIN L. KESSLER**  
**CONSULTING PETROLEUM GEOLOGIST**  
**( 316 ) 522-7338**

<b>OPERATOR : MULL DRILLING CO. INC.</b>		<b>ELEVATION</b>	
<b>LEASE : KENT 'A' WELL # : 1 - 28</b>		<b>KB : 2816</b>	
<b>LOCATION : 2158' FSL &amp; 2582' FEL</b>		<b>GL : 2811</b>	
<b>SEC: 28</b>	<b>TWP : 17 S</b>	<b>RGE : 29 W</b>	<b>MEASUREMENTS FROM KB</b>
<b>COUNTY : LANE</b>		<b>STATE : KANSAS</b>	
<b>CONTRACTOR : W W DRILLING RIG # 4</b>		<b>CASING RECORD</b>	
<b>COMM : 11 / 26 / 2010</b>		<b>SURFACE : 8 5/8 @ 226'</b>	
<b>RTD : 4650</b>		<b>PRODUCTION : NONE</b>	
<b>COMP : 12 / 05 / 2010</b>		<b>ELECTRICAL SURVEYS:</b>	
<b>LOG TD : 4652</b>		<b>DIL</b>	
<b>SAMPLES SAVED FROM : 3800</b>		<b>CNL / CDL</b>	
<b>TO: RTD</b>		<b>MICRO</b>	
<b>TO: RTD</b>		<b>SONIC</b>	
<b>TYPE MUD : CHEMICAL</b>			

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3930		- 1114	3928		- 1112	- 01
LANSING	3970		- 1154	3970		- 1154	- 03
STARK	4232		- 1416	4232		- 1416	- 03
BASE / KC	4322		- 1506	4322		- 1506	- 12
FT SCOTT	4481		- 1665	4481		- 1665	- 08
CHEROKEE	4504		- 1688	4504		- 1688	- 07
MISSISSIPPI	4612		- 1796	4612		- 1796	- 19

REFERENCE WELL FOR STRUCTURAL COMPARISON :

MULL DRILLING # 1 SELF	SEC. 28 - T 17 S - R 29 W	LANE COUNTY KANSAS
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**COMMENTS:**

**DUE TO NEGATIVE DST RESULTS THIS WELL WAS PLUGGED & ABANDONED**

KEVIN L. KESSLER

## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: 1-28 ROBERTS 'A'

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S28/17S/29W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D863

Test Unit:

Start Date: 2010/12/01 Start Time: 03:00:00

End Date: 2010/12/01 End Time: 11:00:00

Report Date: 2010/12/01 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY: 30' GAS IN PIPE, 30' OIL SPECKED 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 \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. 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 \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

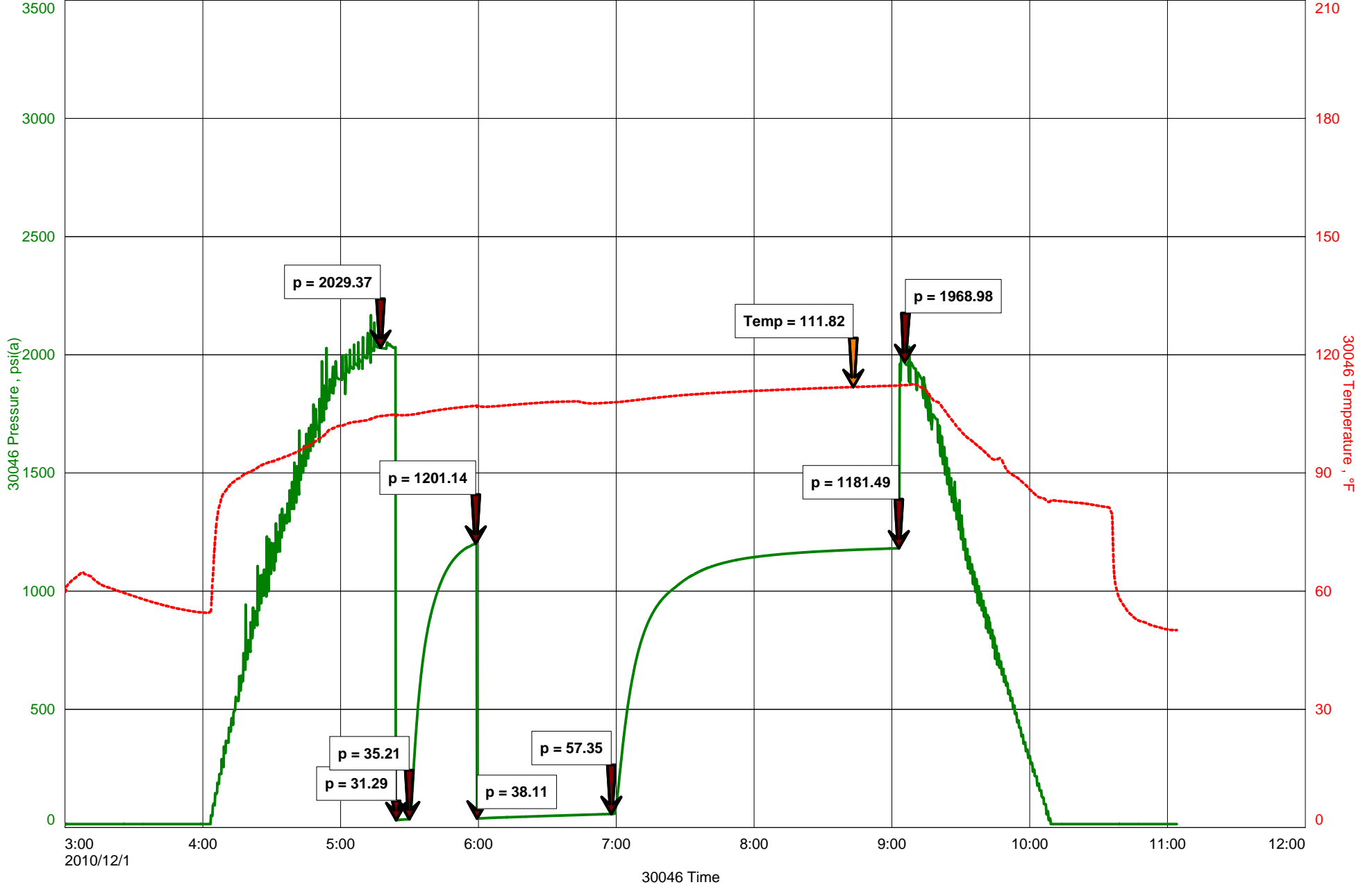
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

# 1-28 ROBERTS 'A'



## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: UNIT 1-18 KENT 'A'

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S28/17S/29W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D864

Test Unit:

Start Date: 2010/12/02 Start Time: 00:30:00

End Date: 2010/12/02 End Time: 07:30:00

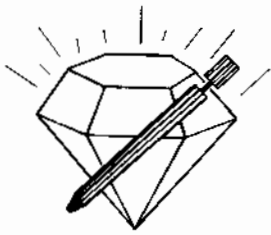
Report Date: 2010/12/02 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY: 10' DRILLING 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 \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. 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 \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

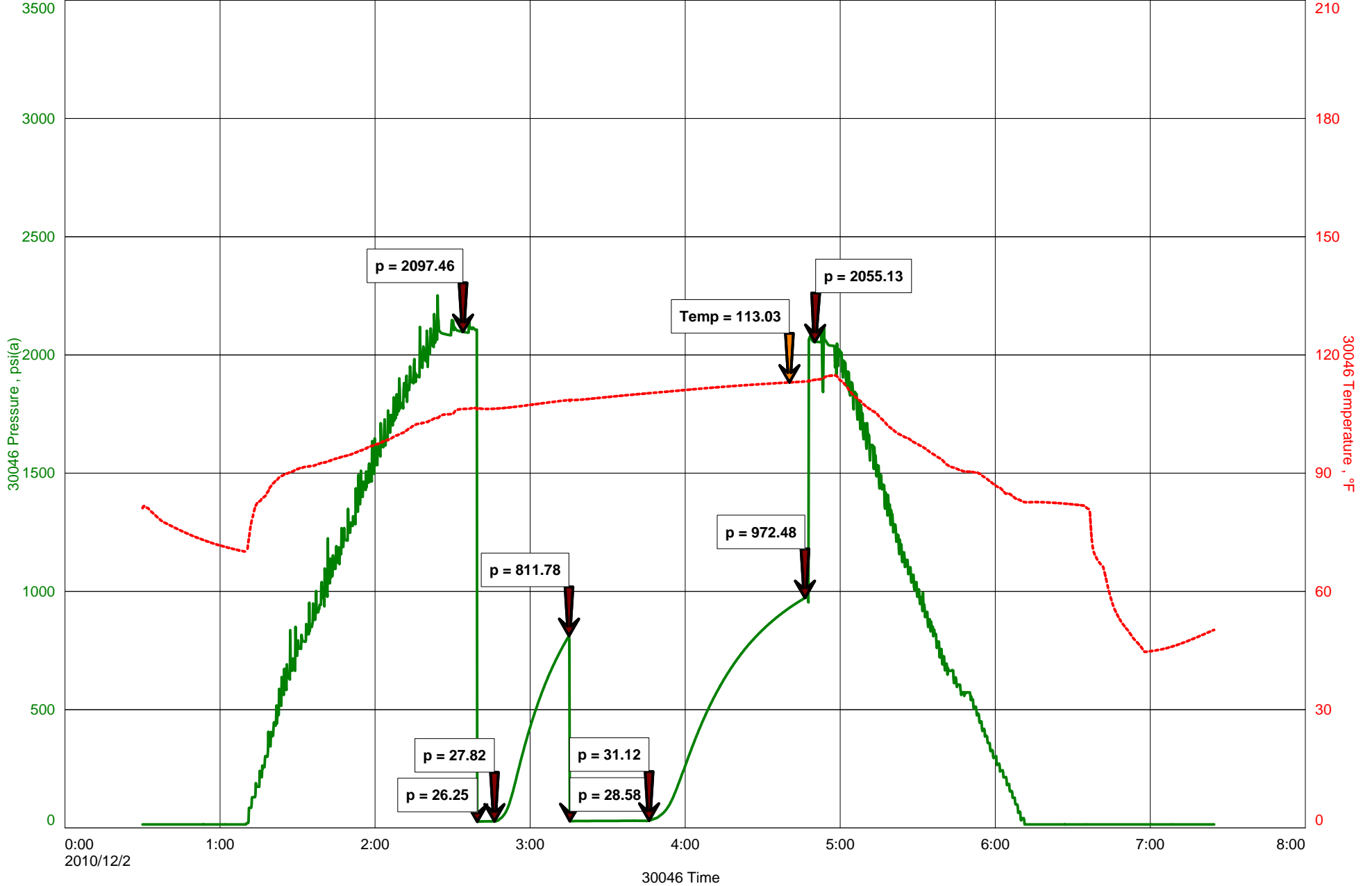
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Remarks: \_\_\_\_\_

	Price Job
	Other Charges
	Insurance
	Total

	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)		P.S.I.
Initial Flow Period		Minutes (B)		P.S.I. to (C) P.S.I.
Initial Closed In Period		Minutes (D)		P.S.I.
Final Flow Period		Minutes (E)		P.S.I. to (F) P.S.I.
Final Closed In Period		Minutes (G)		P.S.I.
Final Hydrostatic Pressure		(H)		P.S.I.

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# UNIT 1-18 KENT 'A'



## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO ONC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: UNIT 1-28 KENT 'A'

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S28/17S/29W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D865

Test Unit:

Start Date: 2010/12/03 Start Time: 09:30:00

End Date: 2010/12/03 End Time: 15:40:00

Report Date: 2010/12/03 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY: 20' VERY SLIGHTLY OIL CUT 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 \_\_\_\_\_ Diamond Representative **JOHN C. RIEDL**

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. 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 \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
 Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
 Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
 Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

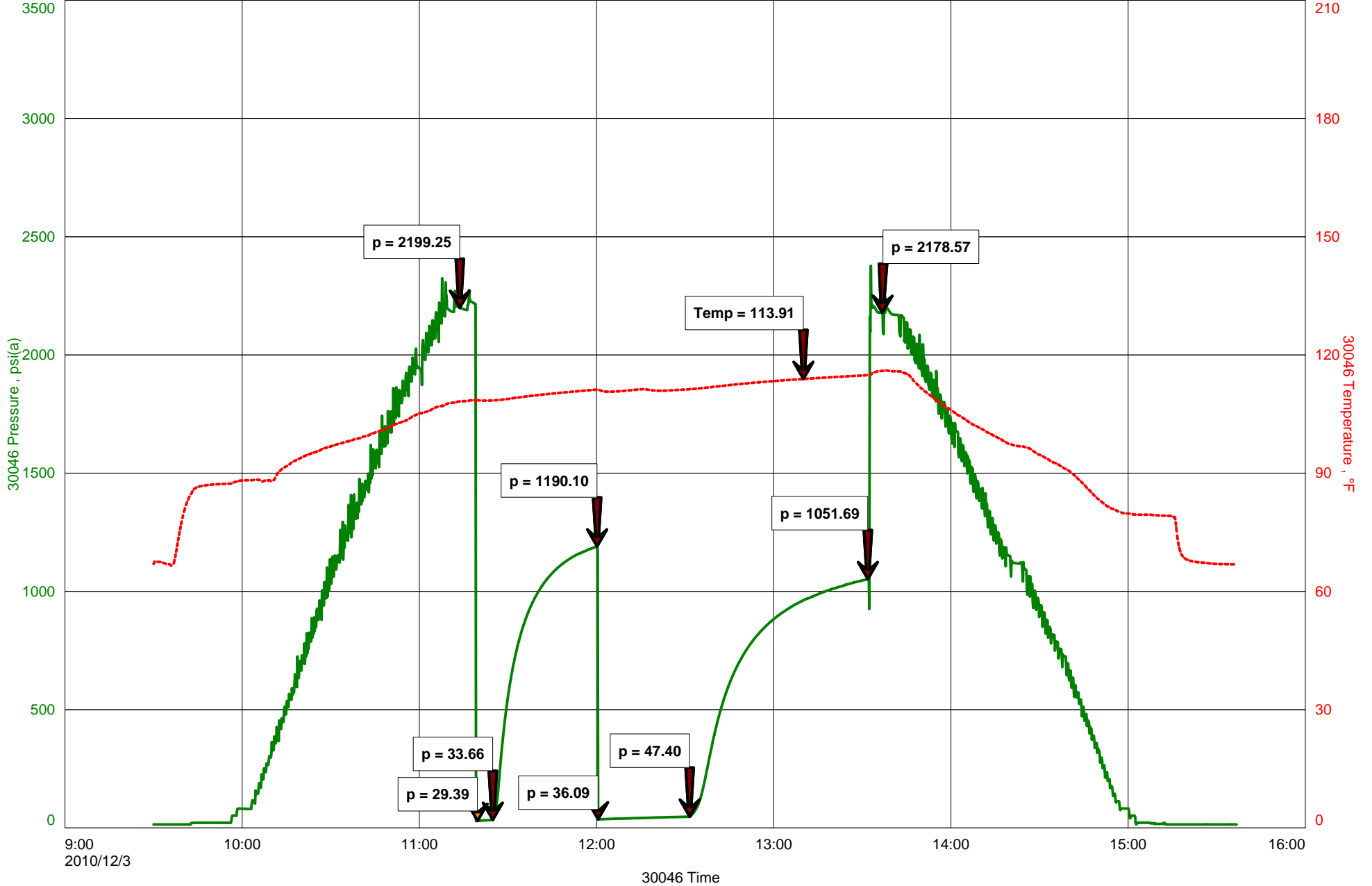
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
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 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

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# UNIT 1-28 KENT 'A'





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 28680

LOCATION Oakley, Ks

FOREMAN Walt Dinkel

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11-26-10		Kent "A" unit 1-28	28	17 S	29 W	Lane	
CUSTOMER Mull Dels Co, Inc			W.D				
MAILING ADDRESS							
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				463	Wiles S.		
				558	Josh G.		

JOB TYPE SurFace-0 HOLE SIZE 12 1/4 HOLE DEPTH 227' CASING SIZE & WEIGHT 8 5/8 - 23#  
 CASING DEPTH 227' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 15' +/-  
 DISPLACEMENT 13 1/4 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Safety Meeting, rig up to cive  
mixed 150 sks com, 3% cc, 2% cal  
Displaced 13 1/4 BBL H2O shot in  
Cement Did Cure  
Thank You  
Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	985.00	985.00
5406	40 miles	MILEAGE	4.50	180.00
1104S	150 sks	Class A Cement	16.00	2400.00
1102	423 #	Calcium Chloride	1.88	372.24
1118B	282 #	Bentonite Gel	1.20	56.40
	7.05	Ton mileage Delivery	1.50	423.20
				4,416.84
		less 20% Disc		883.37
				3,533.47
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737  
 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.