



**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: \_\_\_\_\_



1062366

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

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West 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 Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Dunbar 1
Doc ID	1062366

All Electric Logs Run

Dual Induction
Neutron Density w/PE
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Dunbar 1
Doc ID	1062366

Tops

Name	Top	Datum
Heebner	3972	-1908
Brn Lm	4128	-2064
Lansing	4146	-2082
BKC	4511	-2447
Miss	4656	-2592
Viola	4746	-2682
Simp SH	4859	-2795
Arb	4968	-2904
LTD	5020	-2956

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/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 30, 2011

Tim Hellman  
Lotus Operating Company, L.L.C.  
100 S. Main, Ste 420  
Wichita, KS 67202-3737

Re: ACO1  
API 15-097-21693-00-00  
Dunbar 1  
SE/4 Sec.01-29S-16W  
Kiowa 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,  
Tim Hellman



# **Weatherford<sup>®</sup>**

## **Completion Systems**

### **DRILL STEM TEST REPORT**

Prepared For: **Lotus Operating Co, LLC**

ATTN: Tim Hellman

**1-29s-16w Barber**

**#1 Dunbar**

Start Date: 2011.05.30 @ 19:36:37

End Date: 2011.05.31 @ 06:24:37

Job Ticket #: 43856                      DST #: 1

ALPINE OIL SERVICES CORPORATION  
2460, 240 - 4 Avenue S.W. Calgary, AB. T2P 4H4  
ph: 263-7800 fax: 264-7260





**Weatherford**  
**Completion Systems**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Lotus Operating Co, LLC

**#1 Dunbar**

**1-29s-16w Barber**

Job Ticket: 43856

**DST#: 1**

ATTN: Tim Hellman

Test Start: 2011.05.30 @ 19:36:37

**Mud and Cushion Information**

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 46.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.19 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7300.00 ppm

Filter Cake: inches

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
10.00	99%M, 1%O	

Total Length: 10.00 ft

Total Volume: bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

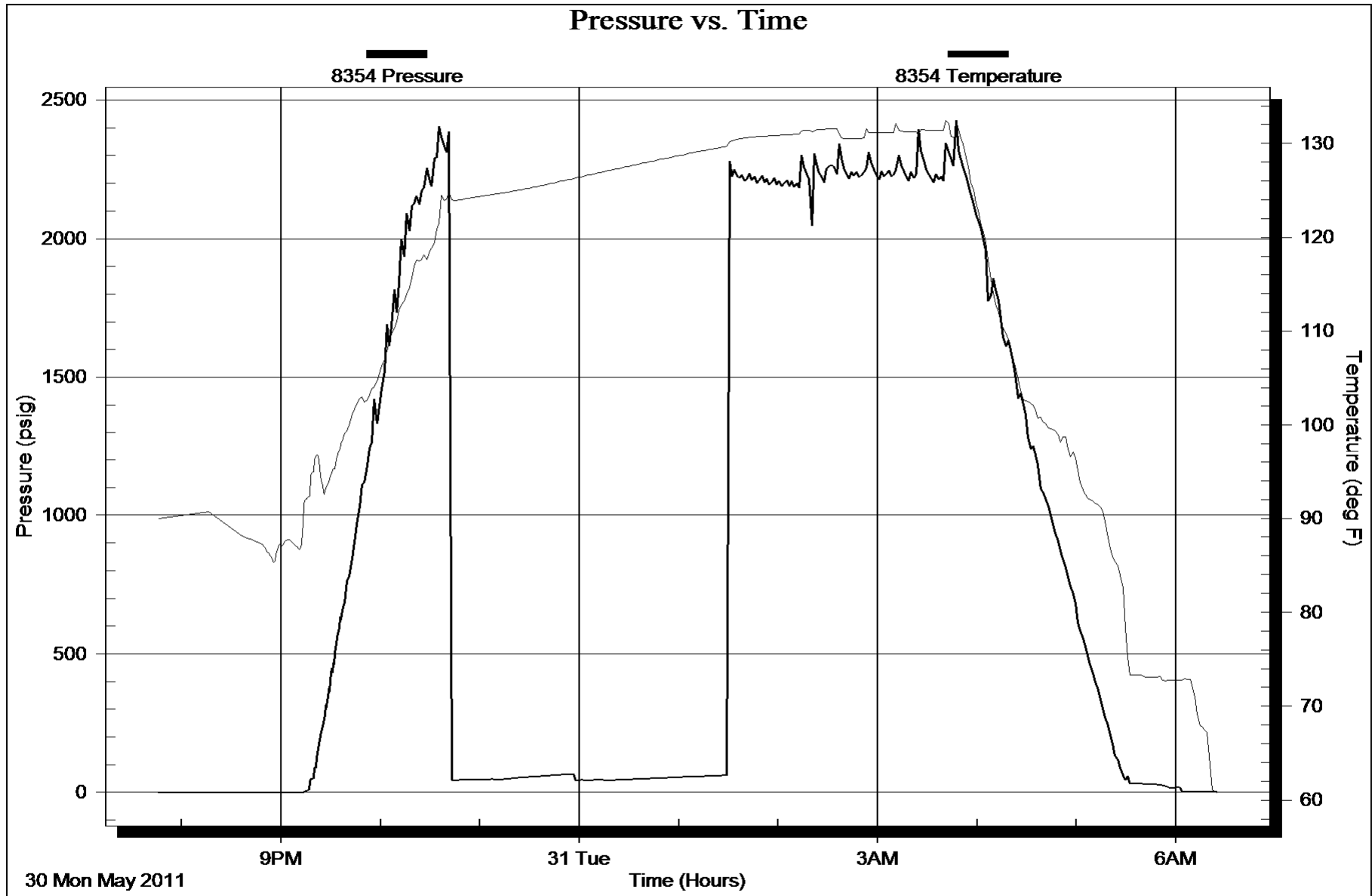
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





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/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

October 03, 2011

Tim Hellman  
Lotus Operating Company, L.L.C.  
100 S. Main, Ste 420  
Wichita, KS 67202-3737

Re: ACO-1  
API 15-097-21693-00-00  
Dunbar 1  
SE/4 Sec.01-29S-16W  
Kiowa County, Kansas

Dear Tim Hellman:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/24/2011 and the ACO-1 was received on September 30, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



PO BOX 31 Russell, KS 67665

RECEIVED

JUN 04 2011

INVOICE

Invoice Number: 127343

Invoice Date: May 25, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

<b>Bill To:</b>
Lotus Operating Co., LLC Lotus Exploration Co. 100 S. Main, STE 420 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Dunbar #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	May 25, 2011	6/24/11

Quantity	Item	Description	Unit Price	Amount
335.00	MAT	Class A Common	16.25	5,443.75
90.00	MAT	Pozmix	8.50	765.00
4.00	MAT	Gel	21.25	85.00
14.00	MAT	Chloride	58.20	814.80
443.00	SER	Handling	2.25	996.75
35.00	SER	Mileage 443 sx @.11 per sk per mi	48.73	1,705.55
1.00	SER	Surface	1,125.00	1,125.00
70.00	SER	Pump Truck Mileage	7.00	490.00
70.00	SER	Light Vehicle Mileage	4.00	280.00
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Jason Thimesch		
1.00	CEMENTER	David Felio		

ENTERED  
ENTERED  
JUN 06 2011

GL# 9208  
DESC. cement surf  
CSG  
WELL # Dunbar

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2341.17

ONLY IF PAID ON OR BEFORE  
Jun 19, 2011

Subtotal	11,705.85
Sales Tax	518.92
Total Invoice Amount	12,224.77
Payment/Credit Applied	
<b>TOTAL</b>	<b>12,224.77</b>

- 2341.17  
\$ 9,883.60

# ALLIED CEMENTING CO., LLC. 040202

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

DATE <u>5-25-11</u>	SEC. <u>1</u>	TWP <u>29S</u>	RANGE <u>16W</u>	5-24 CALLED OUT <u>8:00 pm</u>	5-24 ON LOCATION <u>11:00 pm</u>	Medicine Lakes S-25 JOB START <u>8:00 AM</u>	S-25 JOB FINISH <u>9:00 AM</u>
LEASE <u>Dunbar</u>	WELL # <u>I</u>	LOCATION <u>S4 e Belvidere Bk TP</u>		COUNTY <u>KL</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)		<u>4 south to Rd m, 1/2 e, S into</u>					

CONTRACTOR mgveric #106  
 TYPE OF JOB Surf  
 HOLE SIZE 4 3/4 (17 1/2) I.D. 291'  
 CASING SIZE 10 3/4 DEPTH 280'  
 TUBING SIZE 8 5/8 LT DEPTH 101'  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. 20'  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 27 bbls of Fresh water

EQUIPMENT

PUMP TRUCK CEMENTER Darin F  
 # 360-265 HELPER Jason T  
 BULK TRUCK \_\_\_\_\_  
 # 356-250 DRIVER Dave F  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Pipe on bottom & break circulation pump 3 bbls water shed, mix 225sx of cement, Displace 27 bbls of fresh water, shut in cement did not circulate, top off with 200sx of cement

CHARGE TO: Lotus Operating  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To Allied Cementing Co., 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 x Cecil E. Farmer  
 SIGNATURE x Cecil E. Farmer

Thank you!!!

OWNER Lotus Operating  
 CEMENT AMOUNT ORDERED 225sx 60' 410 + 240 G. 8% cc & 200sx class A + 3% cc

COMMON	<u>class A</u>	<u>335sx @ 16.25</u>	<u>5443.75</u>
POZMIX		<u>90sx @ 8.50</u>	<u>765.00</u>
GEL		<u>4sx @ 21.25</u>	<u>85.00</u>
CHLORIDE		<u>14sx @ 58.20</u>	<u>814.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>443</u>	@ <u>2.25</u>	<u>996.75</u>
MILEAGE	<u>35/443/.11</u>		<u>1705.25</u>
TOTAL			<u>9810.85</u>

SERVICE

DEPTH OF JOB	<u>290'</u>		
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>70</u>	@ <u>7.00</u>	<u>490.00</u>
MANIFOLD		@	
	<u>Swedso &amp; Usioe</u>	@ <u>n/c</u>	
	<u>Light Vehicle</u>	@ <u>70 @ 4.00</u>	<u>280.00</u>
TOTAL			<u>1895.00</u>

PLUG & FLOAT EQUIPMENT

<u>none</u>	@	
	@	
	@	
	@	
	@	
TOTAL		

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES ~~\_\_\_\_\_~~  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS ~~\_\_\_\_\_~~



PO BOX 31 Russell, KS 67665

RECEIVED

JUN 09 2011

INVOICE

Invoice Number: 127445

Invoice Date: Jun 2, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

Lotus Operating Co., LLC  
 Lotus Exploration Co.  
 100 S. Main, STE 420  
 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lotus	Dunbar #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Medicine Lodge	Jun 2, 2011	7/2/11

Quantity	Item	Description	Unit Price	Amount
126.00	MAT	Class A Common	16.25	2,047.50
84.00	MAT	Pozmix	8.50	714.00
8.00	MAT	Gel	21.25	170.00
219.00	SER	Handling	2.25	492.75
35.00	SER	Mileage 219 sx @.11 per sk per mi	24.09	843.15
1.00	SER	Rotary Plug	1,250.00	1,250.00
70.00	SER	Pump truck Mileage	7.00	490.00
70.00	SER	Light Vehicle Mileage	4.00	280.00
1.00	CEMENTER	Darin Franklin		
1.00	CEMENTER	David Felio		
1.00	OPER ASSIST	Kevin Weighous		

ENTERED

JUN 2 2011

GL# 9308  
 DESC. Plug well  
476  
 WELL # Dunbar

ALL PRICES ARE NET, PAYABLE  
 30 DAYS FOLLOWING DATE OF  
 INVOICE. 1 1/2% CHARGED  
 THEREAFTER. IF ACCOUNT IS  
 CURRENT, TAKE DISCOUNT OF

\$ 1257.48

ONLY IF PAID ON OR BEFORE  
Jun 27, 2011

Subtotal	6,287.40
Sales Tax	458.98
Total Invoice Amount	6,746.38
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,746.38</b>

-1,257.48  
 5488.90

# ALLIED CEMENTING CO., LLC. 040209

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

*Medicine Lodge KS*

DATE <i>6-2-2011</i>	SEC. <i>1</i>	TWP. <i>29S</i>	RANGE <i>16W</i>	CALLED OUT <i>7:00pm</i>	ON LOCATION <i>11:00pm</i>	JOB START <i>5:30pm</i>	JOB FINISH <i>6:30am</i>
LEASE <i>Dunbar</i>		WELL # <i>1</i>		LOCATION <i>540 Belvidere B/CTP</i>		COUNTY <i>Kiowa</i>	STATE <i>KS</i>
OLD OR <u>NEW</u> (Circle one)				<i>45 to 200m, 1e, 5/into</i>			

CONTRACTOR *Inguevick 106*  
 TYPE OF JOB *Rotary Plug*  
 HOLE SIZE *7 7/8* T.D.  
 CASING SIZE *10 3/4* DEPTH *291'*  
 TUBING SIZE DEPTH  
 DRILL PIPE *4 1/2* DEPTH *5020'*  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.

OWNER *Lotus Operating*  
 CEMENT  
 AMOUNT ORDERED *210sy 60:40:4% Gcl*

PERFS.  
 DISPLACEMENT *3 bbls water, 67 bbls mud*  
 EQUIPMENT

COMMON	<i>126 sy</i>	@	<i>16.25</i>	<i>2047.50</i>
POZMIX	<i>84 sy</i>	@	<i>8.50</i>	<i>714.00</i>
GEL	<i>8 sy</i>	@	<i>21.25</i>	<i>170.00</i>
CHLORIDE		@		
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>219</i>	@	<i>2.25</i>	<i>492.75</i>
MILEAGE	<i>219/35/11</i>			<i>843.15</i>
				<b>TOTAL <i>4267.40</i></b>

PUMP TRUCK CEMENTER *Darin F.*  
 # *352* HELPER *Dave F.*  
 BULK TRUCK  
 # *344* DRIVER *Kevin W.*  
 BULK TRUCK  
 # DRIVER

**REMARKS:**

*1st plug - 5020' - Pump 8 bbls water chase  
 mix 10sy cement, displace 3 bbls water 67 bbls mud  
 2nd plug - 1356' - Pump 8 bbls water, mix  
 50sy of cement, displace 3 bbls water, 10 bbls mud  
 3rd plug - 310' - Pump 5 bbls water chase, mix  
 80sy cement, displace 1 1/2 bbls water  
 4th plug - 60' - mix 20sy cement  
 Rest hole - mix 30sy cement, measure - mix 20sy cement*

**SERVICE**

DEPTH OF JOB	<i>5020'</i>		
PUMP TRUCK CHARGE			<i>1250.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>70</i>	@	<i>7.00 490.00</i>
MANIFOLD		@	
<i>Light Vehicle</i>	<i>70</i>	@	<i>4.00 280.00</i>
<b>TOTAL <i>2020.00</i></b>			

CHARGE TO: *Lotus Operating*  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

		@	
		@	
<i>none</i>		@	
		@	
		@	
<b>TOTAL _____</b>			

To Allied Cementing Co., 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 X *Rebecca Farmer*  
 SIGNATURE X *Rebecca Farmer*

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES ~~4267.40~~  
 DISCOUNT ~~\_\_\_\_\_~~ IF PAID IN 30 DAYS