

Confidentiality Requested:

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1083319

Form ACO-1 August 2013 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:	
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: ()	
CONTRACTOR: License #	
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
□ Gas □ DaA □ EININ □ SIGW □ OG □ GSW □ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	_
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:      Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW     Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	- Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:						

	Page Two	1083319
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R   East  West	County:	
INCTRUCTIONS. Chain important tang of formations panetrated De	tail all aaroo Danart all final	conice of drill stome tests sirving interval tested time test

**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 (Attach Additional Sheets)		Yes No		-	Formation (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
CASING RECORD 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 / SQU	EEZE RECORD			
Purpose:	Denth	<b>T</b> (0)				-	

Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

 No
 (If No, skip questions 2 and 3)

 No
 (If No, skip question 3)

 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					ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner F		No	
Date of First, Resumed	l Producti	on, SWD or ENHF	<b>}</b> .	Producing Met	hod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI		240								
Vented Solo		Jsed on Lease		_	Perf.	OF COMPLE		Commingled	PRODUCTION INTE	
(If vented, Su				Other (Specify)		(Submit A	ACO-5)	(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

CONSOLIDATED Oil Well Services, LLC PO Box 884, Chanute, KS 66720 FIELD TICKET & TREAT	MENT REP		Oahle/ 1	1803 15 haw ate
620-431-9210 or 800-467-8676 CEMEN	Г			
DATE CUSTOMER # WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-6-12 7158 Riebel trust Ban. 7#1	33	185	276	Lane HS
CUSTOMER       Alamota         Bay mand oil       Alamota         MAILING ADDRESS       IS         CITY       STATE       ZIP CODE         JOB TYPE       PTA       HOLE SIZE       7 %         HOLE SIZE       7 %       HOLE DEPTH         CASING DEPTH       DRILL PIPE       4 %       TUBING         SLURRY WEIGHT       14.2       SLURRY VOL       WATER gal/st		DRIVER Josh G Cody R CASING SIZE & W	OTHER	
DISPLACEMENT DISPLACEMENT PSI MIX PSI REMARKS: Bafol, meeting R.g. up on LD / 1st 50 545 @ 2010' 2nd 80 545 @ 1200' 3rd 50 545 @ 1200' 4th 30 545 @ 100' Str 20 545 @ 40' RH 30 545 @	2/45 95 000 48 gel	RATE		

Thank	ls	milis	5+0	rew
	e.			

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	/	PUMP CHARGE	132500	1325.00
5406	25	MILEAGE	5,00	125,00
5407A	12.04	ton mitsage do ivery	1.47	502.67
1131	280 545	60/40 Cement Poz mix	15.10	4228,00
11183	963,2#	Benlon, to Gel	.25	240,80
1107	70#	Flo Seal	2.92	197.40
4432		8 5/8 Wooden Plug	96.00	96,00
No.			Subtotal	6714,87
	- 13-	less 102	tig ( w at	671.48
			Subtohl	6043.39
			and the second set	
				The loss
				and the second
Davia 0707			SALES TAX	
Ravin 3737	AINI		ESTIMATED TOTAL	
AUTHORIZTION	RUUN	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.

011	NSOLIDA Well Service	is, LLC					OAKI	ey
PO Box 884, Chang 620-431-9210 or 8			D HCKL	CEMEN		UKI		
DATE CL	JSTOMER #	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
	7158	Riebel TR	ust BUN	·1+ # 1	33	185	2700	LANE KS
CUSTOMER <u>BAYMON</u> MAILING ADDRESS <u>R. O. BOX</u> CITY <u>WIChITA</u>	48788	STATE	ZIP CODE	LD DRIg.	TRUCK # 463 4/39	DRIVER Josh G. Merle R.	TRUCK #	DRIVER
JOB TYPE SURFAC					265' KB	CASING SIZE & W	EIGHT_85/8	
CASING DEPTH_261       KB       DRILL PIPETUBINGOTHER         SLURRY WEIGHT_14,8#       SLURRY VOL 42 B&       WATER gal/sk 6.5       CEMENT LEFT in CASING 20'         DISPLACEMENT_15.5       DISPLACEMENT PSI       MIX PSI       RATE								
REMARKS: SAFety Meeting: Big up to 85% Csg. BREAK CIRculations. Mixed 175 5KS CLASS A" Cement w/ 3% CACLE 2% Gel @ 14.8 * 19AL. DISPLACE w/ 15.5 Bbl FResh water. Shut CASing IN. Good Cement Returns to SURFACE = 6 Bbl Sturry to Pit. Job Complete Rig down								

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	25	MILEAGE	5.00	125.00
A STANDARD		and the second	in grander og	
11045	175 SKS	CLASS A " Cement	17.65	3088.75
1102	494 *	CACLE 3%	. 89	439.66
1118 B	3.29 *	Gel 2%	. 25	82.25
		and we want we have a start of a start of		
5407	8.23 TONS	Tow MileAge BULK Delv.	MIC	410.00
in maketing in a				
N.				
		and the second		
			and the second	
		the second s		
and and			Sub TotAL	5230.66
			Less 10%.	523.06
			Sub TotAL	4707.60
Ravin 3737		THANK YOU 6.3%	SALES TAX	204.72
	1	M /	ESTIMATED	4912.32
AUTHORIZTION	Rulun	TITLE		1112.02

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

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

June 05, 2012

Ted McHenry Raymond Oil Company, Inc. PO BOX 48788 WICHITA, KS 67202-1822

Re: ACO1 API 15-101-22352-00-00 Riebel Trust B Unit 1 NE/4 Sec.33-18S-27W 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, Ted McHenry

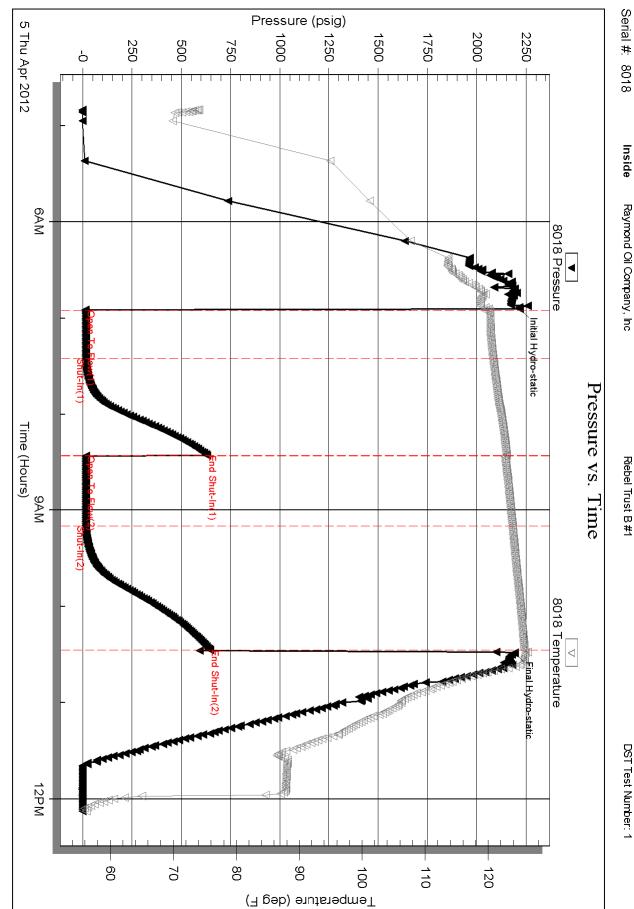
	DRILL STEM TES	T REP	ORT				
	Raymond Oil Company, Inc		33 1	18 27 w			
ESTING , INC	P.O. Box 48788		Rie	bel Tru	st B #1		
	Witchita,Ks 67202+1822		Job <sup>-</sup>	Ticket: 46	6464	DST	#:1
	ATTN: Kim Shoemaker		Test	Start: 20	)12.04.05	@ 04:50:0	2
GENERAL INFORMATION:							
Formation: Cherokee sands			<b>-</b> .	- <i>,</i>	<b>o</b> "	15 //	
Deviated:NoWhipstock:Time Tool Opened:06:55:10Time Test Ended:12:07:50	ft (KB)		Test Test Unit	er: (	Conventio Cole Arch 37		Hole (Initial)
	25.00 ft (KB) (TVD)		Refe	erence Ele	evations:		.00 ft (KB)
Total Depth:4525.00 ft (KB) (The Diameter:Total Depth:7.88 inches Hole				KB t	o GR/CF:		.00 ft (CF) .00 ft
Serial #: 8018InsidePress@RunDepth:16.52 psig	@ 4503.00 ft (KB)		Capacity:			8000	.00 psig
Start Date: 2012.04.05	End Date:	2012.04.05	Last Calib	o.:		2012.04	.05
Start Time: 04:50:02	End Time:	12:07:49	Time On E Time Off I			5 @ 06:54 5 @ 10:28	
No return Pressure vs. 1			PR	RESSUR	RE SUM	MARY	
Pressure vs. T	ime 	Time	PR Pressure	RESSUR Temp	RE SUM		
	Line Film Hydrostein	(Min.)	(psig)	(deg F)			
		0	2217.40 14.40	120.05 119.95	Open To	dro-static Flow (1)	
		31	15.86	120.78	Shut-In(	1)	
		92 92	630.52 15.66	122.91 122.55	End Shu Open To		
		136	16.52	123.84	Shut-In(2	2)	
750		214 215	644.82 2193.17	125.74 125.95	End Shu Final Hyd	t-In(2) dro-static	
5 Thu Apr 2012 Time (Hours)							
Recovery				Ga	s Rates		-
Length (ft) Description	Volume (bbl)			Choke (i	nches) Pres	ssure (psig)	Gas Rate (Mcf/d)
1.00 M 100% M	0.01						
	<b> </b>						

			DRILL STEM TEST	REPORT	FLUI	D SUMMAR
Witchita,Ks 67202+1822       Job Ticket: 46464       DST#:1         ATTN: Kim Shoemaker       Test Start: 2012.04.05 @ 04:50:02         Mud and Cushion Information       Ushion Type:       Oil API:       de         Mud Type:       Gel Chem       Cushion Type:       Oil API:       de         Mud Weight:       9.00 lb/gal       Cushion Length:       ft       Water Salinity:       pp         Viscosity:       46.00 sec/qt       Cushion Volume:       bbl       bbl       pp         Water Loss:       6.79 in <sup>3</sup> Gas Cushion Pressure:       psig       salinity:       psig         Salinity:       2500.00 ppm       Effect       Ecovery Table       Ecovery Table       Ecovery Table         Total Length:       1.00 ft       Total Volume:       0.014 bbl         Num Fluid Samples: 0       Num Gas Bornbs:       0       Serial #:         Laboratory Name:       Laboratory Location:       Serial #:		DIIL Ra	aymond Oil Company, Inc	33 18 27	w	
Witchita,Ks 67202+1822       Job Ticket: 46464       DST#:1         ATTN: Kim Shoemaker       Test Start: 2012.04.05 @ 04:50:02         Mud and Cushion Information       Ushion Type:       Oil API:       de         Mud Type: Gel Chem       Cushion Type:       Oil API:       de         Mud Wight:       9.00 lb/gal       Cushion Length:       ft       Water Salinity:       pp         Viscosity:       46.00 sec/qt       Cushion Volume:       bbl       bbl         Water Loss:       6.79 in <sup>3</sup> Gas Cushion Pressure:       psig         Salinity:       2500.00 ppm       Elter Cake:       1.00 inches       Elecovery Table         Clength       Description       Volume         ft       Description       0.014       Length:       1.00 ft       Total Volume:       0.014 bbl         Num Fluid Samples: 0       Num Gas Bombs:       0       Serial #:       Laboratory Name:       Laboratory Location:	ES ES	TING , INC. 🔋	O Box 48788	Riebel T	rust R #1	
6/202+1822 ATTN: Kim Shoemaker       Test Start: 2012.04.05 @ 04:50:02         Mud and Cushion Information       Mud Type: Gel Chem       Oil AP:       de         Mud ype: Gel Chem       Cushion Type:       Oil AP:       de         Mud Weight:       9.00 lb/gal       Cushion Length:       ft       Water Salinity:       pp         Viscosity:       46.00 sec/qt       Cushion Volume:       bbl       Water Salinity:       pp         Vater Loss:       6.79 in <sup>3</sup> Gas Cushion Type:       Resistivity:       ohmm       Gas Cushion Type:         Resistivity:       ohmm       Gas Cushion Pressure:       psig       psig         Salinity:       2500.00 ppm       Filter Cake:       1.00 inches       Recovery Table         Tecovery Table         Total Length:       Description       Volume         1.00       M100% M       0.014       0.014         Num Fluid Samples: 0       Num Gas Bombs:       0       Serial #:         Laboratory Name:       Laboratory Location:       Serial #:       Laboratory Name:       Laboratory Location:		W	/itchita,Ks			·#• 1
Mud and Cushion Information         Mud Type:       Gel Chem       Cushion Type:       Oil API:       de         Mud Weight:       9.00 lb/gal       Cushion Length:       ft       Water Salinity:       pp         Viscosity:       46.00 sec/qt       Cushion Volume:       bbl       bbl       water Salinity:       pp         Water Loss:       6.79 in <sup>3</sup> Gas Cushion Volume:       bbl       bbl       secondary and the secondary an						
Mud Type: Gel Chem Cushion Type: Oil API: de Mud Weight: 9.00 lb/gal Cushion Length: ft Water Salinity: pp Viscosity: 46.00 sec/qt Cushion Volume: bbl Water Loss: 6.79 in <sup>3</sup> Gas Cushion Type: Resistivity: ohm.m Gas Cushion Pressure: psig Salinity: 2500.00 ppm Filter Cake: 1.00 inches Recovery Information Recovery Table Length Description Volume trotal Length: 1.00 ft Total Volume: 0.014 bbl Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: Laboratory Name: Laboratory Location:		A	TTN: Kim Shoemaker	Test Start:	2012.04.05 @ 04:50:0	2
Mud Weight: 9.00 lb/gal Cushion Length: ft Water Salinity: pp Viscosity: 46.00 sec/qt Cushion Volume: bbl Water Loss: 6.79 in <sup>3</sup> Gas Cushion Type: Resistivity: ohm.m Gas Cushion Pressure: psig Salinity: 2500.00 ppm Filter Cake: 1.00 inches Recovery Information Recovery Information Recovery Table Length Description Volume bbl 1.00 M100% M 0.014 Total Length: 1.00 ft Total Volume: 0.014 bbl Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: Laboratory Name: Laboratory Location:	lud and Cushion In	formation				
Viscosity: 46.00 sec/qt Cushion Volume: bbl Water Loss: 6.79 in <sup>3</sup> Gas Cushion Type: Resistivity: ohm.m Gas Cushion Pressure: psig Salinity: 2500.00 ppm Filter Cake: 1.00 inches Recovery Information Recovery Information I Length Description Volume ft Description Volume bbl 1.00 M 100% M 0.014 Total Length: 1.00 ft Total Volume: 0.014 bbl Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: Laboratory Name: Laboratory Location:	lud Type: Gel Chem		Cushion Type:		Oil A PI:	deg API
Water Loss:       6.79 in³       Gas Cushion Type:         Resistivity:       ohm.m       Gas Cushion Pressure:       psig         Salinity:       2500.00 ppm       Filter Cake:       1.00 inches         Recovery Information         Recovery Table         Length       Description         ft       0.014         bbl       0.014         Num Fluid Samples: 0         Num Fluid Samples:       Num Gas Bombs:       0         Serial #:       Laboratory Name:       Laboratory Location:	lud Weight: 9.00	) lb/gal	Cushion Length:	ft	Water Salinity:	ppm
Resistivity: ohm.m Gas Cushion Pressure: psig Salinity: 2500.00 ppm Filter Cake: 1.00 inches Recovery Information Recovery Table Length Description Volume bbl 1.00 M100% M 0.014 Total Length: 1.00 ft Total Volume: 0.014 bbl Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: Laboratory Name: Laboratory Location:	iscosity: 46.00	) sec/qt	Cushion Volume:	bbl		
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Recovery Information         Recovery Table         Length       Description       Volume         1.00       M 100% M       0.014         Total Length:       1.00 ft       Total Volume:       0.014 bbl         Num Fluid Samples: 0       Num Gas Bombs:       0       Serial #:         Laboratory Name:       Laboratory Location:       Laboratory Location:						
Recovery Table         Length       Description       Volume         1.00       M 100% M       0.014         Total Length:       1.00 ft       Total Volume:       0.014 bbl         Num Fluid Samples: 0       Num Gas Bombs:       0       Serial #:         Laboratory Name:       Laboratory Location:       Laboratory						
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ft     bbl       1.00     M 100% M     0.014       Total Length:     1.00 ft     Total Volume:     0.014 bbl       Num Fluid Samples: 0     Num Gas Bombs:     0     Serial #:       Laboratory Name:     Laboratory Location:     Laboratory Location:			-			
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Laboratory Name: Laboratory Location:	Ν	Num Fluid Samples:	0 Num Gas Bombs:	0 Serial	#:	

Printed: 2012.04.05 @ 15:54:56

Ref. No: 46464





DST Test Number: 1

	0				0	
	Consolidatel	TW REDE	5	TICKET NUM		3803
	Oil Well Services, LLC	N	1	LOCATION_	Oahler	15
DO Box 004			J	FOREMAN_	Mites S	Shaw
620-431-9210	or 800-467-8676		ÊATMENT REP IENT	PORT	)onnie	Tate
DATE		VELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNT
H-G-JJ CUSTOMER	7158 Rieb.	el trust BAN. +1	#1 33	185	274	Lane 4
Bav n	/ 1	Alamo	L 推动学家的问题。(13)			the second
MAILING ADDF	RESS			DRIVER	TRUCK #	DRIVER
		Ursti	463 10 439	Josh G		
CITY	STATE	ZIP CODE		lodyh		
	TA HOLE SIZE	7 7 HOLE DE	PTH 4693			
CASING DEPTH	DRILL PIPE	A - #-		CASING SIZE & V		
SLURRY WEIG	HT_14.2_ SLURRY VO		al/sk_C·7		OTHER	
DISPLACEMEN	DISPLACEM			CEMENT LEFT in	CASING	
REMARKS:	Safel, meeting (	Rigur on LD	plus as an	wit		
154 50 5	45 @ 2010'			V		
ST ESS	45 @ 1200'					
<u>3" so s</u>	45@ laco'					
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5 20	stre lo					
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111 10 2						
			thanks t	miles +1	Crew	
ACCOUNT					Crew	
ACCOUNT	QUANITY or UNITS		Thank S		UNIT PRICE	TOTAL
ACCOUNT CODE 5405N	/				UNIT PRICE	
ACCOUNT CODE 5405N 5406	25	DESCRIPTION			UNIT PRICE	
ACCOUNT CODE 5405N	/	DESCRIPTION PUMP CHARGE	l of SERVICES or PRO		UNIT PRICE	1325.00
ACCOUNT CODE 5405N 5406 5407A	25	DESCRIPTION PUMP CHARGE MILEAGE	of SERVICES or PRO		UNIT PRICE	
ACCOUNT CODE 5405N 5406 5407A	1 25 12:04 280 545	DESCRIPTION PUMP CHARGE MILEAGE ton mitsage du	of SERVICES or PRO		UNIT PRICE 1325 5,00 1,47	1325.00 125.00 501.67
ACCOUNT CODE 5405N 5406 5407A 1131	25	DESCRIPTION PUMP CHARGE MILEAGE Han mitsage du 60/40 Cem Benton, to Gel	of SERVICES or PRO		UNIT PRICE 1325 5,00 1,47 15.10	1325.00 125.00 501.67 4228,00
ACCOUNT CODE 5405N 5406 5407A 1131 1118 1118 1107	1 25 12:04 280 545	DESCRIPTION PUMP CHARGE MILEAGE Hon mitage du GO/40 Cem Benton, to gel Flo Sec	of SERVICES or PRO		UNIT PRICE 1325 5. 1.47 1.47 15.10 .25 2.82	1325.00 125.00 502.67 4228,00 240,80
ACCOUNT CODE 5405N 5406 5407A 1131 1118	1 25 12:04 280 545	DESCRIPTION PUMP CHARGE MILEAGE Hon mitage du GO/40 Cem Benton, to Gel Flo Sec	of SERVICES or PRO plikery ant Par mix		UNIT PRICE 1325 5. 1.47 1.47 15.10 .25 2.82	1325.00 125.00 501.67 4228,00 240,80 197.40
ACCOUNT CODE 5405N 5406 5407A 1131 1118 1118 1107	1 25 12:04 280 545	DESCRIPTION PUMP CHARGE MILEAGE Hon Mitsage du GO/40 Cerm Benton, to Gel Flo Sea	of SERVICES or PRO plikery ant Par mix		UNIT PRICE 1325 5, 1,47 15.10 ,25	1325.00 125.00 502.67 4228,00 240,80
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ACCOUNT CODE 5405N 5406 5407A 1131 1131 1118 1107	1 25 12:04 280 545	DESCRIPTION PUMP CHARGE MILEAGE Hon mitage du GO/40 Cem Benton, to Gel Flo Sec	of SERVICES or PRO plikery ant Par mix	DUCT	UNIT PRICE 1325 5. 1.47 1.47 15.10 .25 2.92 96.00 Subtotal Blant	1325,00 125,00 502.67 240,80 197.40 960 (6714,87 671.487
ACCOUNT CODE 5405N 5406 5407A 1131 1131 1118 1107	1 25 12:04 280 545	DESCRIPTION PUMP CHARGE MILEAGE Hon mitage du GO/40 Cem Benton, to Gel Flo Sec	of SERVICES or PRO plikery ant Par mix	DUCT	UNIT PRICE 1325 5,00 1,47 15.10 ,25 2,92 96,00 Subtotal	1325.00 125.00 502.67 4228,00 240,80 197.40 960 960
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ACCOUNT CODE 5405N 5406 5407A 1131 1183 1107	1 25 12,04 280 545	DESCRIPTION PUMP CHARGE MILEAGE Hon Mitsage du GO/40 Cem Benton to Gel Flo Seal 8 5/2 Wouden Plu	elivery ant Parmix	Less 1020	UNIT PRICE 1325 5. 1.47 1.47 1.5.10 .25 2.92 96.00 Subtofal Blant	1325,00 125,00 501.6', 4228,0' 240,80 197.40 96,00 96,00 (0714,8' 671.48

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.

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	ONSOLID Oil Well Servic	es, LLC	F	EEE		TICKET NUMI LOCATION FOREMAN	OAK,	
이 동안했다. 이 김 가슴에서	hanute, KS 667 or 800-467-8676				TMENT REP	PORT		
DATE	CUSTOMER #		L NAME & NUM	CEMEN IBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-29-12	7158				33	185	2700	LANE KS
CUSTOMER						Creation Providence		21 300
BAYM	iond OIL	Co.		LD	TRUCK #	DRIVER	TRUCK #	DRIVER
				DRIg.	463	Josh G.		
P.O. B.	ox 48788				439	Merle R.		
CITY		STATE	ZIP CODE	-		merie k.		
Wichit	A	Ks	67202				······	
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	/	PUMP CHARGE	1085.00	1085.00
5406	25	MILEAGE	5.00	125.00
110410	10000 - 10-			and the second second
11045	175 SKS	CLASS A " Cement	17.65	3088.75
/102	494 *	CACLE 3%	· <b>8</b> 9	439.66
1118 B	329 *	Gel 2%	, 25	82.25
5407	8.23 TONS	Ton MileAge BULK DeLV.	MIC	410.00
			Sub TotAL	5230.66
			Less 10%.	523.06
		248668	Sub Total	4707.60
		248668 Тнанк Уоц 6.3°2	SALES TAX	204.72
avin 3737	2h wh	<u> </u>	ESTIMATED TOTAL	4912.32
UTHORIZTION /	a win	TITLE LD DR/g Tool pusher	DATE	

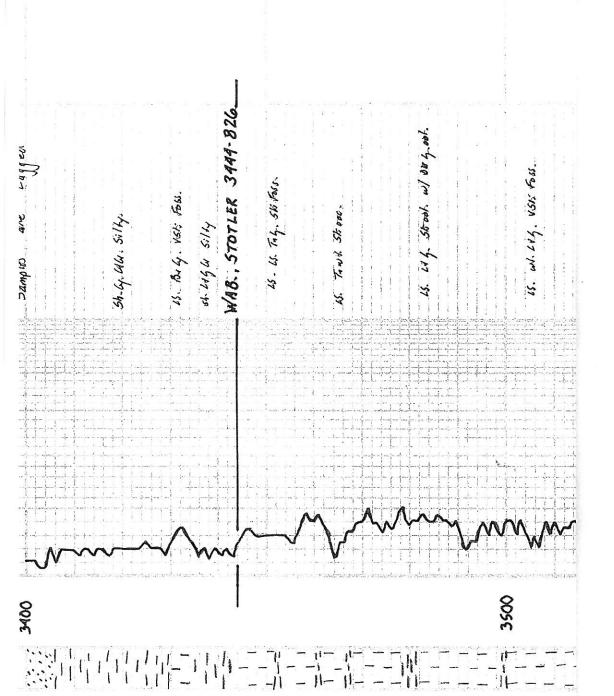
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

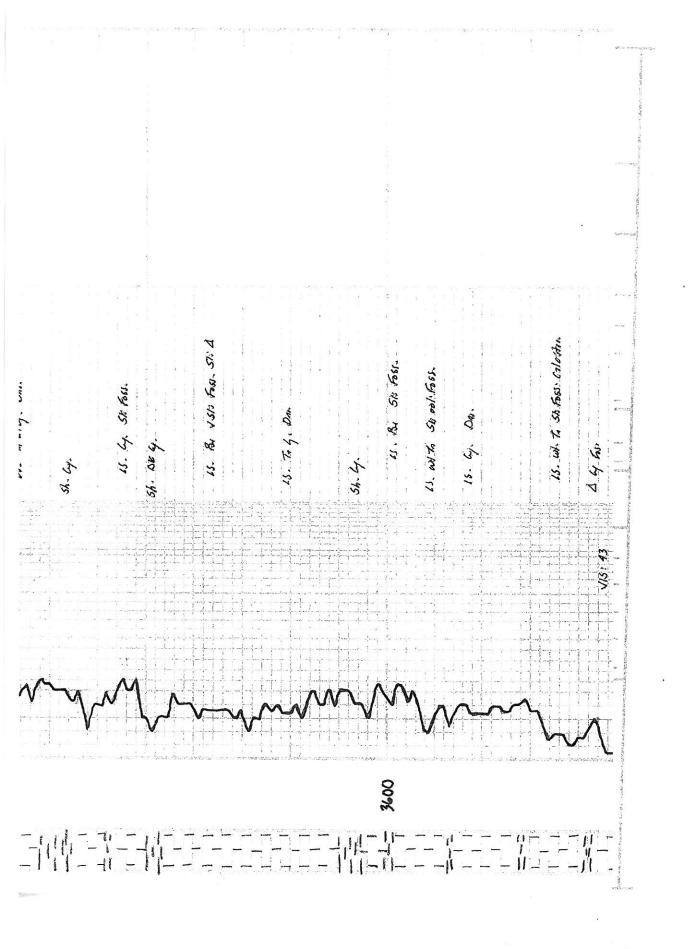
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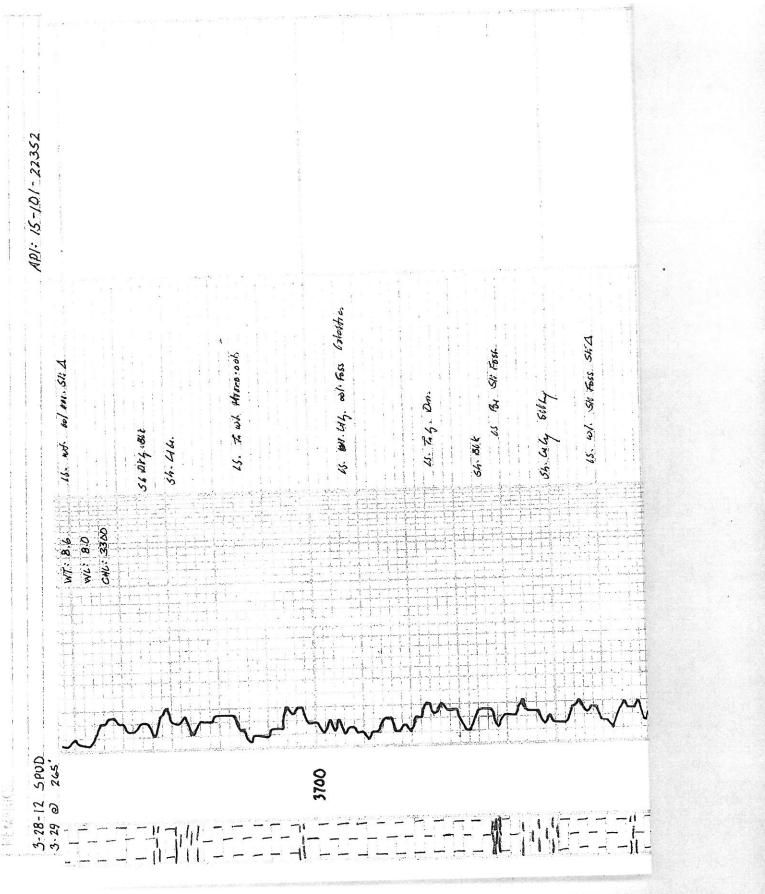
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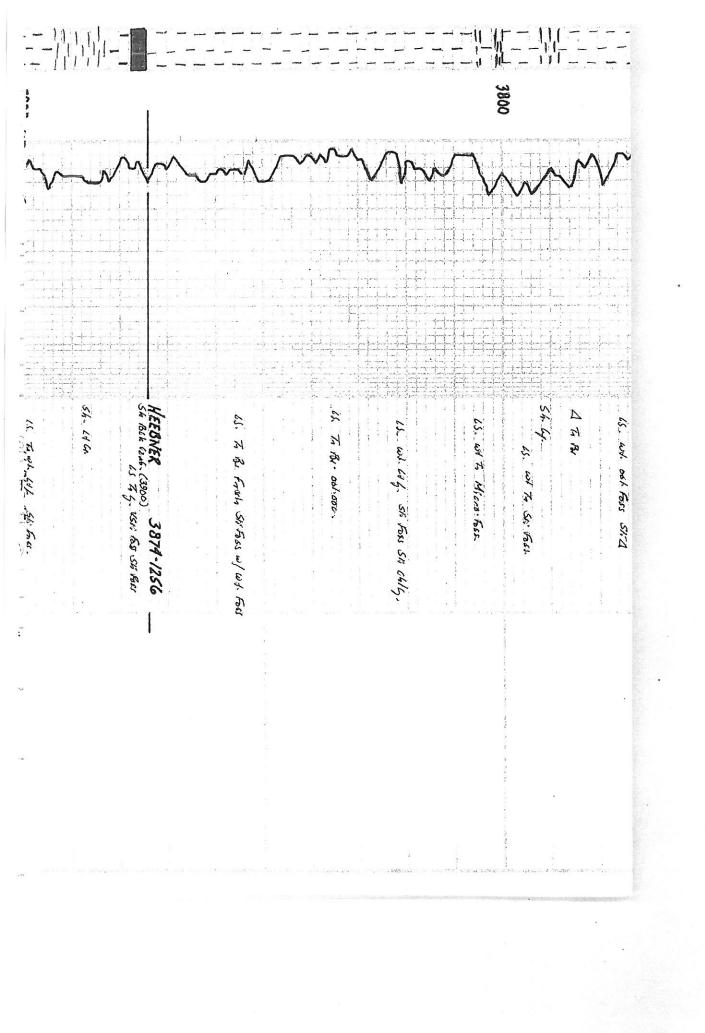
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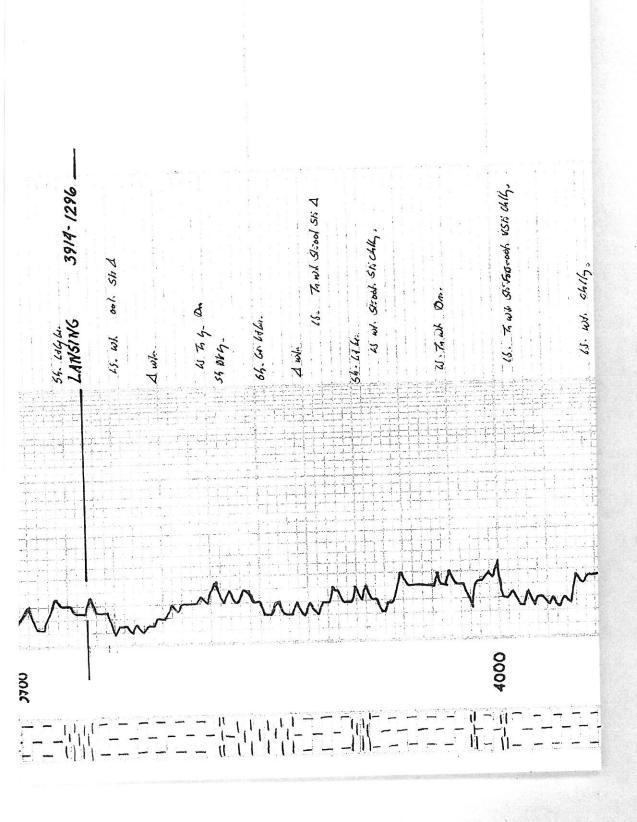
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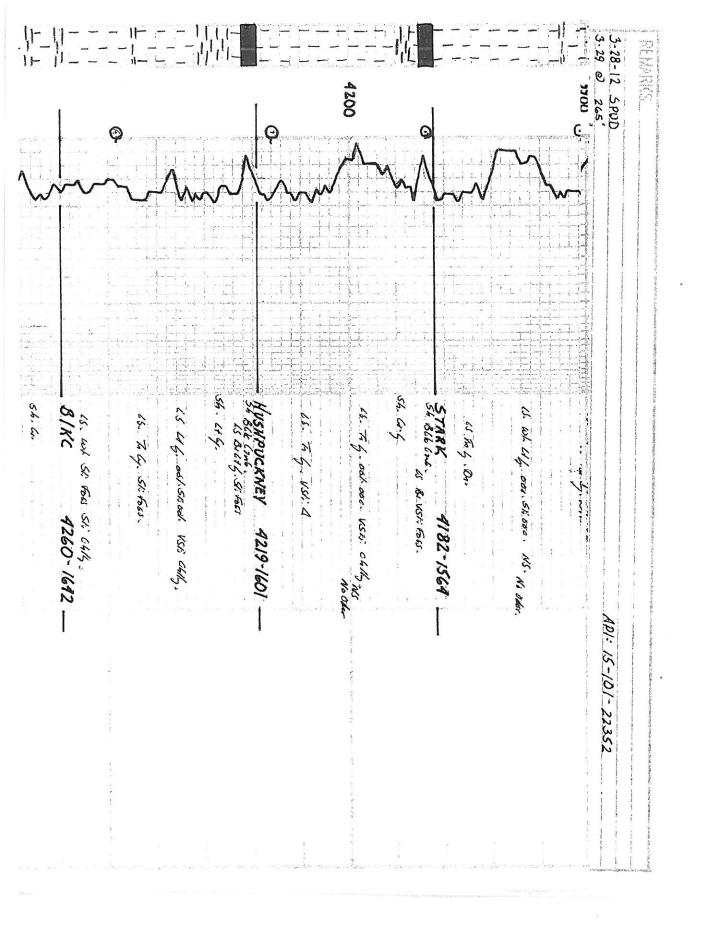


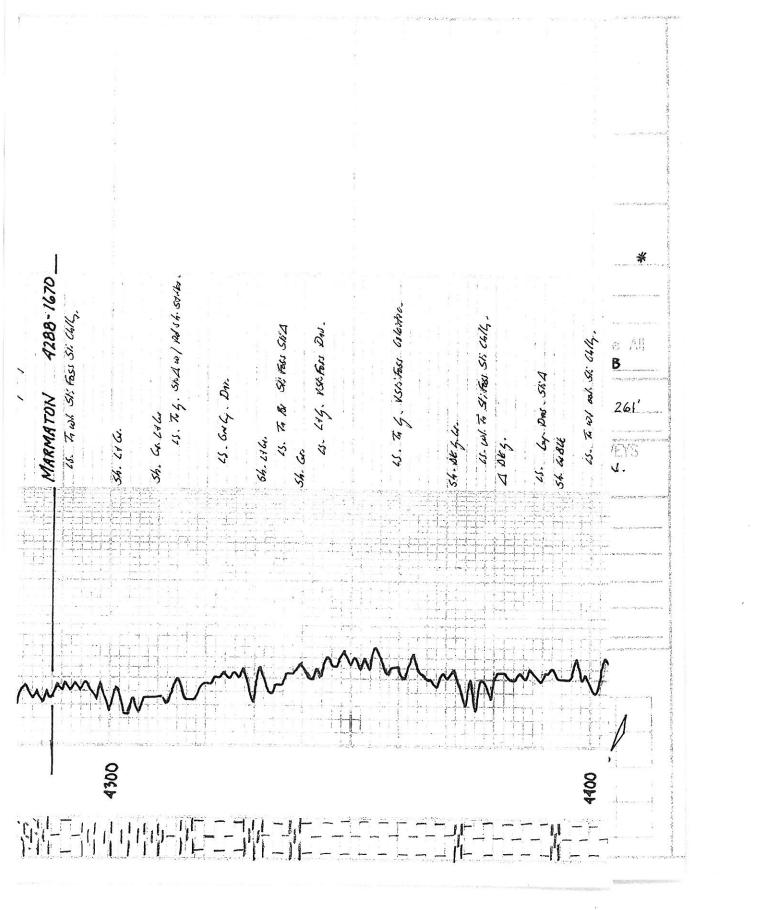


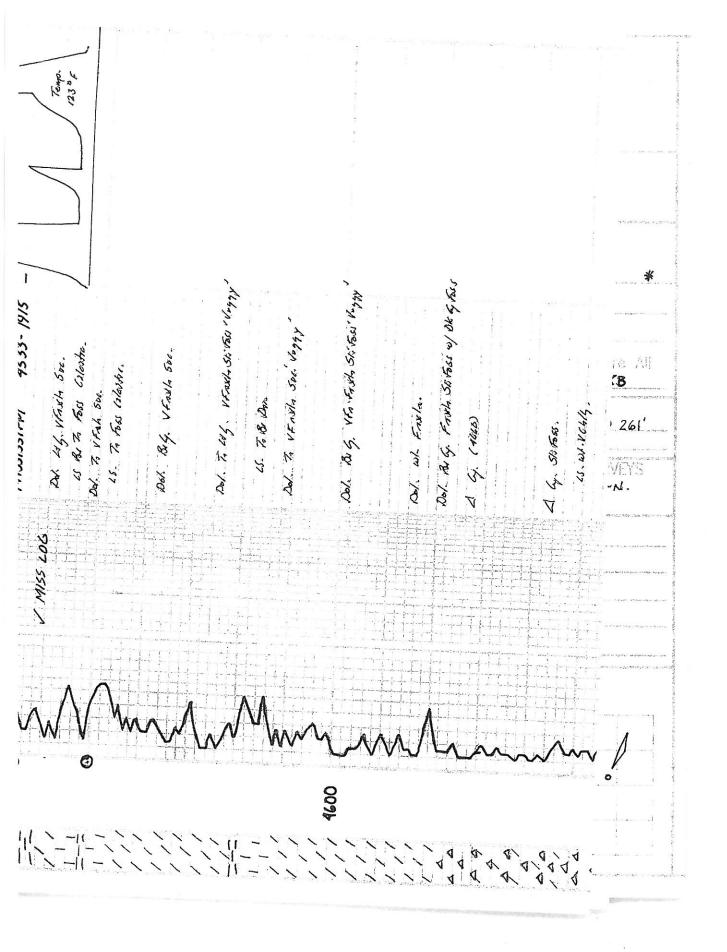


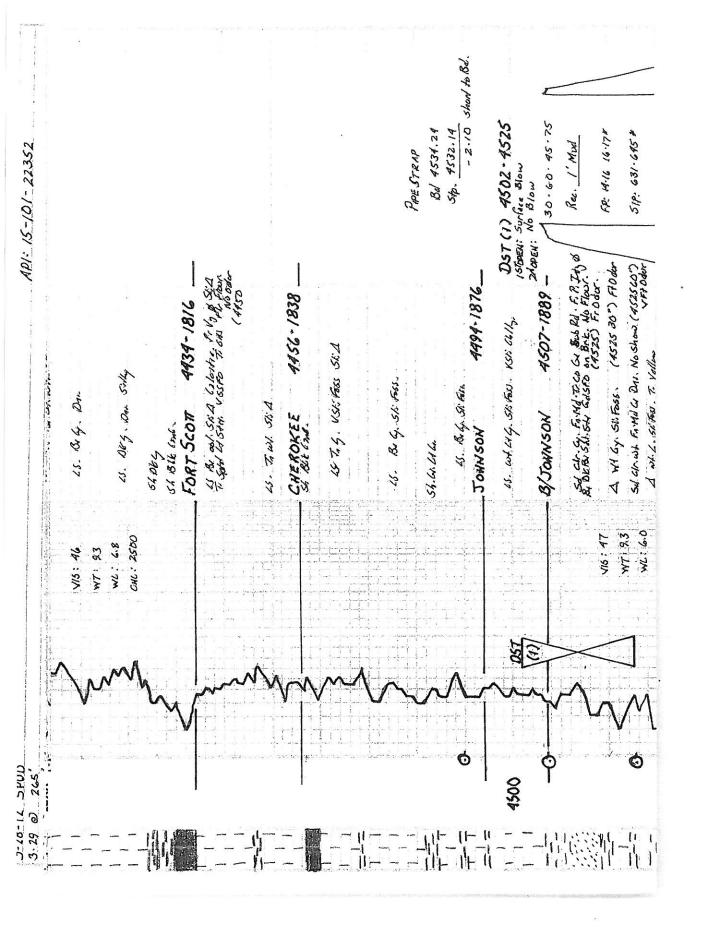


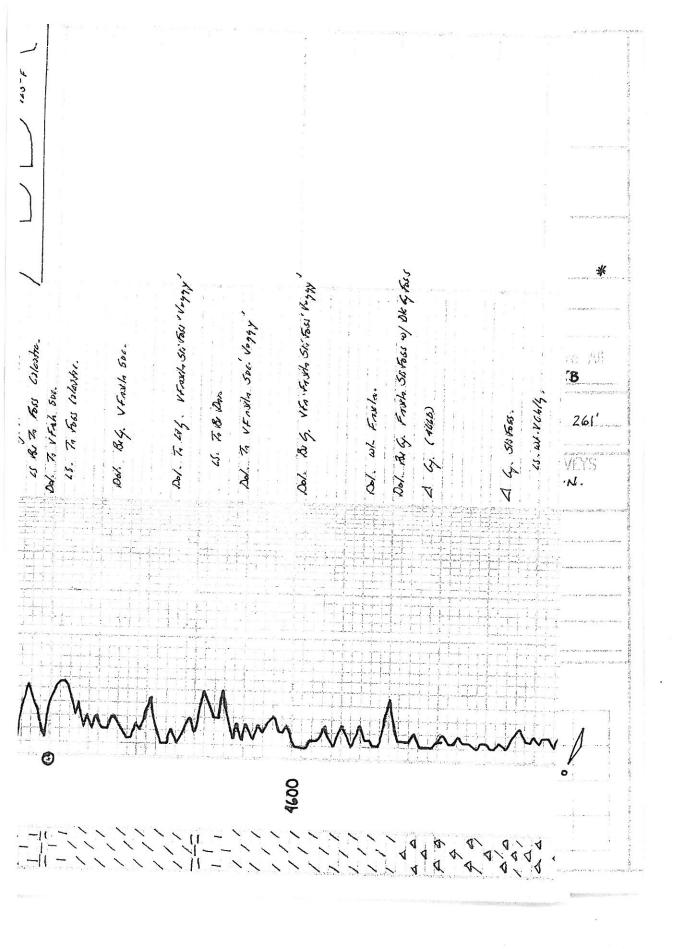
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