



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1098083
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1098083

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Flowing Pumping Gas Lift Other *(Explain)* _____

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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 24, 2012

Leon Rodak
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: ACO1
API 15-047-21608-00-00
Domme 1-15
NW/4 Sec.15-24S-20W
Edwards 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,
Leon Rodak

Robert D. Hendrix

Petroleum Geologist

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: **Murfin Drilling Company, Inc.**
 LEASE: **Domme #1-15**
 FIELD: **Widcut**
 LOCATION: **17501STL & 4501WV**
 SEC: **15 TWP 24 S R0E 20 W**
 COUNTY: **Edwards STATE Kansas**
 CONTRACTOR: **Murfin Drilling Rig #21**
 SPUD: **4/9/08** COMP: **7/13/2012**
 RPD: **2160** LITD: **NA**
 MUD UP: **3159** TYPE MUD: **Chemical**
 SAMPLES SAVED FROM: **3200 TO RTD**
 DRILLING TIME KEPT FROM: **3200 TO RTD**
 SAMPLES EXAMINED FROM: **3200 TO RTD**

ELEVATIONS: **KB 2259'**
 DF: **GL 2248'**
 MEASUREMENTS: **From Kelly Bushing**
 CASING CONDUCTOR: **8.5" at 388'**
 PRODUCTION: **None**

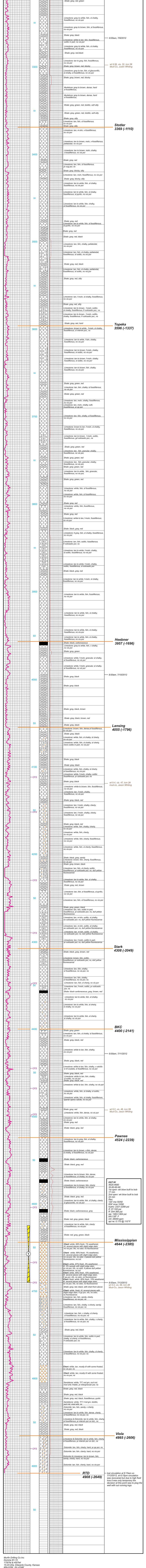
GEOLOGICAL SUPERVISION FROM: **3200 TO RTD**
 GEOLOGIST ON WELL: **Robert D. Hendrix**

FORMATION TOPS	ELECTRIC LOG	SAMPLE
Hatchers Sh.		3957 (-1698)
Lansing Sh.		4055 (-1796)
BLK		4000 (-2141)
Pawnee		4519 (-2248)
Mississippian		4644 (-2385)
Viola		4865 (-2606)

REMARKS: The only show in the well was in the Mississippian which was tested yielding unsatisfactory results. Circulation was lost at 4908' and never fully maintained. The decision was made to plug and abandon the well without running electric logs.

LEGEND

	Anhydrite		Sandstone		Limestone		Shale		Cherty LS		Chert		Dolomite
--	-----------	--	-----------	--	-----------	--	-------	--	-----------	--	-------	--	----------



DST #1
 4625-4630
 30-60-60-90
 1st open: wk blow built to bob 17 min
 2nd open: wk blow built to bob 22 min
 Rec:
 120' mw 50/50
 624' mw 10/90
 hydro: 2321-2289 psi
 sp: 37-193 psi
 ff: 204-365 psi
 isf: 1463-1464 psi
 bht: 135' F
 chl: 26000 ppm
 api nr. 0.170 @ 110°F



DRILL STEM TEST REPORT

Prepared For: **Murfin Drilling Co., Inc.**

250 N. Water Ste. #300
Wichita, KS 67202

ATTN:

Domme #1-15

15-24s-20w Edwards,KS

Start Date: 2012.07.12 @ 07:13:30

End Date: 2012.07.12 @ 16:06:30

Job Ticket #: 47965 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.07.19 @ 10:43:38

Murfin Drilling Co., Inc.

15-24s-20w Edwards,KS

Domme #1-15

DST # 1

Mississippian

2012.07.12



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Murfin Drilling Co., Inc.

15-24s-20w Edwards,KS

250 N. Water Ste. #300
Wichita, KS 67202

Domme #1-15

Job Ticket: 47965

DST#: 1

ATTN:

Test Start: 2012.07.12 @ 07:13:30

Tool Information

Drill Pipe:	Length: 4364.00 ft	Diameter: 3.80 inches	Volume: 61.22 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.70 inches	Volume: 0.00 bbl	Weight set on Packer: 24000.00 lb
Drill Collar:	Length: 269.00 ft	Diameter: 2.25 inches	Volume: 1.32 bbl	Weight to Pull Loose: 5000.00 lb
			<u>Total Volume: 62.54 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	31.00 ft			String Weight: Initial 85000.00 lb
Depth to Top Packer:	4625.00 ft			Final 88000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	65.00 ft			
Tool Length:	88.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Change Over Sub	1.00			4603.00	
Shut In Tool	5.00			4608.00	
Hydraulic tool	5.00			4613.00	
Safety Joint	3.00			4616.00	
Packer	5.00			4621.00	23.00 Bottom Of Top Packer
Packer	4.00			4625.00	
Stubb	1.00			4626.00	
Perforations	5.00			4631.00	
Change Over Sub	1.00			4632.00	
Drill Pipe	32.00			4664.00	
Change Over Sub	1.00			4665.00	
Recorder	0.00	8354	Inside	4665.00	
Recorder	0.00	8520	Outside	4665.00	
Perforations	22.00			4687.00	
Bullnose	3.00			4690.00	65.00 Bottom Packers & Anchor

Total Tool Length: 88.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Murfin Drilling Co., Inc.

15-24s-20w Edwards,KS

250 N. Water Ste. #300
Wichita, KS 67202

Domme #1-15

Job Ticket: 47965

DST#: 1

ATTN:

Test Start: 2012.07.12 @ 07:13:30

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:

26000 ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: 0.17 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
624.00	90%Water/10%Mud	6.303
120.00	50%Water/50%Mud	1.683

Total Length: 744.00 ft

Total Volume: 7.986 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

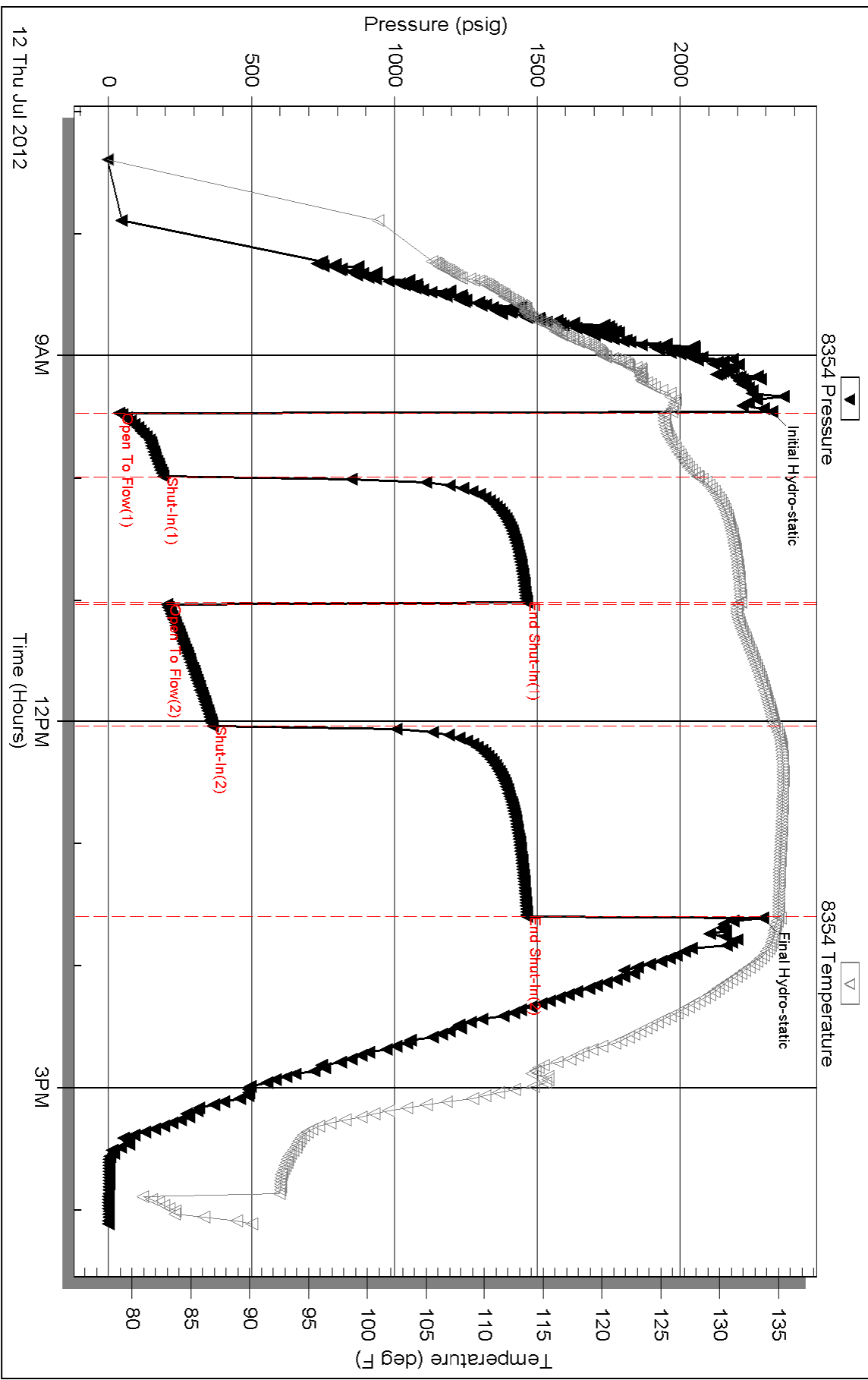
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

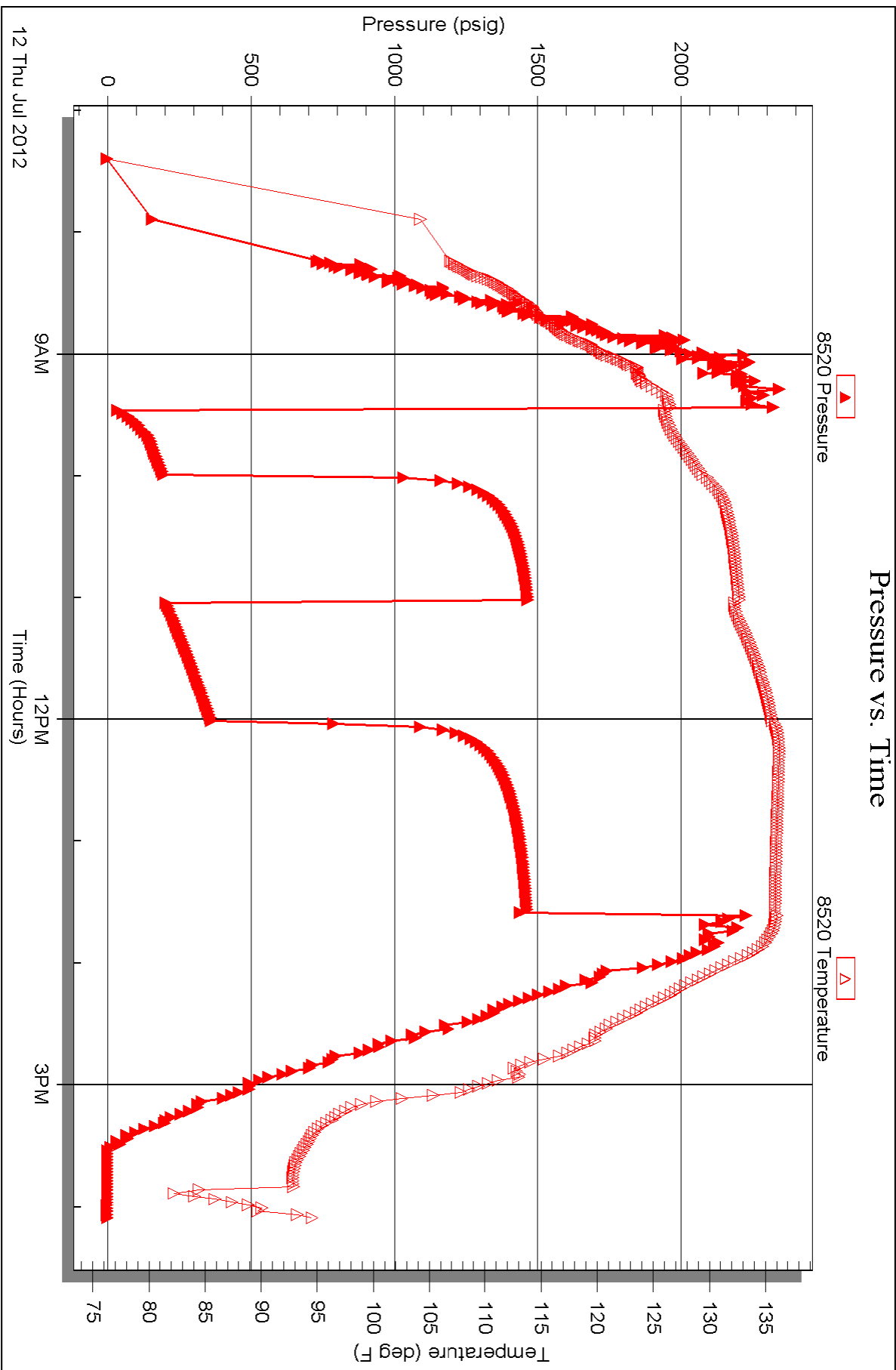


Serial #: 8520

Outside Murfin Drilling Co., Inc.

Domme #1-15

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47965

Well Name & No. Donne #1-15 Test No. I Date 7-12-72
 Company Murphy Drilling Co., Inc. Elevation 2259 KB 2247 GL
 Address 250 N. Water Ste. #300 Wichita, KS 67202
 Co. Rep / Geo. _____ Rig Murphy 21
 Location: Sec. 15 Twp. 24S Rge. 20W Co. Edwards State KS

Interval Tested 4625-4690 Zone Tested Mississippian
 Anchor Length 65' Drill Pipe Run _____ Mud Wt. 9.2
 Top Packer Depth 4620 Drill Collars Run 268.78 Vis 48
 Bottom Packer Depth 4625 Wt. Pipe Run 0 WL 8.8
 Total Depth 4690 Chlorides 3000 ppm System LCM 2#

Blow Description IF - Weak building blow, BOB in 17 minutes;
IF - No Return
FF - Weak building blow, BOB in 22 minutes;
IF - No Return

Rec	Feet of	%gas	%oil	%water	%mud
<u>170</u>	<u>Muddy Water</u>			<u>50</u>	<u>50</u>
<u>624</u>	<u>Muddy Water</u>			<u>90</u>	<u>10</u>
____	____	____	____	____	____
____	____	____	____	____	____
____	____	____	____	____	____

Rec Total 744 BHT 135 Gravity _____ API RW 170 @ 110 ° F Chlorides 26,000 ppm

(A) Initial Hydrostatic 2321 Test 1250 T-On Location 0615
 (B) First Initial Flow 37 Jars _____ T-Started 0715
 (C) First Final Flow 193 Safety Joint 75 T-Open 0928
 (D) Initial Shut-In 1463 Circ Sub _____ T-Pulled 1335
 (E) Second Initial Flow 204 Hourly Standby _____ T-Out 1600
 (F) Second Final Flow 365 Mileage 82X2 122rt 189.10 Comments BHT-0713
 (G) Final Shut-In 1464 Sampler _____
 (H) Final Hydrostatic 2289 Straddle _____

Initial Open 30 Shale Packer _____ Ruined Shale Packer _____
 Initial Shut-In 60 Shale Packer _____ Ruined Packer _____
 Final Flow 60 Extra Packer _____ Extra Copies _____
 Final Shut-In 90 Extra Recorder _____ Sub Total 0
 Day Standby _____ Total 1514.10
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1514.10

Approved By _____ Our Representative D. Rash

Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

*acct.
Prd. List*

INVOICE

Invoice Number: 131839

Invoice Date: Jul 6, 2012

Page: 1



Bill To:
Murfin Drlg. Co., Inc. 250 N. Water STE #300 Wichita, KS 67202

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Murfin	Domme # 1-15	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Jul 6, 2012	8/5/12

Quantity	Item	Description	Unit Price	Amount
300.00	MAT	Class A Common	16.25	4,875.00
11.00	MAT	Chloride	58.20	640.20
315.00	SER	Handling	2.10	661.50
726.15	SER	Ton Miles	2.35	1,706.45
1.00	SER	Surface	1,125.00	1,125.00
103.00	SER	Extra Footage	0.95	97.85
50.00	SER	Heavy Vehicle Mileage	7.00	350.00
50.00	SER	Light Vehicle Mileage	4.00	200.00
1.00	EQUIP OPER	Dustin Chambers		
1.00	CEMENTER	Wayne Davis		
1.00	OPER ASSIST	Marlyn Spangenberg		
1.00	OPER ASSIST	Kevin Weighous		
1.00	EQUIP OPER	Joel Monahan		

Subtotal	9,656.00
Sales Tax	402.61
Total Invoice Amount	10,058.61
Payment/Credit Applied	
TOTAL	10,058.61

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

\$ 3379.60

ONLY IF PAID ON OR BEFORE
Jul 31, 2012

OK 12

ALLIED OIL & GAS SERVICES, LLC 053644

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

*Corral Bundy, KS
7-7-12*

DATE <i>7-6-12</i>	SEC. <i>15</i>	TWP. <i>24s</i>	RANGE <i>20w</i>	CALLED OUT	ON LOCATION	JOB START <i>11:30</i>	JOB FINISH <i>12:30</i>
LEASE <i>Donne</i>		WELL# <i>H-15</i>		LOCATION <i>Kinsley, KS W to 40 Rd</i>		COUNTY <i>Edwards</i>	STATE <i>Kansas</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			5 N E into				

CONTRACTOR *Martin Drilling #21*

TYPE OF JOB *Sur Face*

HOLE SIZE *12 1/4* T.D.

CASING SIZE *8 5/8* DEPTH *403.28*

TUBING SIZE DEPTH

DRILL PIPE *4 1/2* DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15 ft.*

PERFS.

DISPLACEMENT *Ø 24.73 bbls Freshwater*

EQUIPMENT

PUMP TRUCK CEMENTER *Dustin L*

398 HELPER *Dustin Cr Wayne*

BULK TRUCK

341 DRIVER *Kevin W Martin*

BULK TRUCK DRIVER *Joel*

REMARKS:

See Cement Log

Plug Down 12:00 AM

CHARGE TO: *Martin Drilling*

STREET _____

CITY _____ STATE _____ ZIP _____

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 *X Juan Tinoco*

SIGNATURE *X Juan Tinoco*
Thank you!!

OWNER _____

CEMENT AMOUNT ORDERED *300 sk Class A 37.00*

COMMON	<i>300</i>	@	<i>16.25</i>	<i>4,875.00</i>
POZMIX		@		
GEL		@		
CHLORIDE	<i>11</i>	@	<i>58.20</i>	<i>640.20</i>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>315</i>	@	<i>2.10</i>	<i>661.50</i>
MILEAGE	<i>14.53 x 50 x</i>		<i>2.35</i>	<i>1706.45</i>
TOTAL				<i>7,883.15</i>

SERVICE

DEPTH OF JOB	<i>403</i>			
PUMP TRUCK CHARGE			<i>1125.00</i>	
EXTRA FOOTAGE	<i>103</i>	@	<i>.95</i> <i>97.85</i>	
MILEAGE	<i>Hum 50</i>	@	<i>7.00</i> <i>350.00</i>	
MANIFOLD		@		
	<i>hum 50</i>	@	<i>4.00</i> <i>200.00</i>	
		@		
TOTAL				<i>1,772.85</i>

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
TOTAL		

SALES TAX (If Any) _____

TOTAL CHARGES *9,656.00*

DISCOUNT *35%* *3,379.60* IF PAID IN 30 DAYS

6,276.40



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

PROD COPY

INVOICE

Invoice Number: 131958
Invoice Date: Jul 15, 2012
Page: 1

acct. Prod. Litz



Bill To:
Murfin Drlg. Co., Inc.
250 N. Water
STE #300
Wichita, KS 67202

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Murfin	Damme #1-15	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	Jul 15, 2012	8/14/12

Quantity	Item	Description	Unit Price	Amount
402.00	MAT	Class A Common	16.25	6,532.50
68.00	MAT	Pozmix	8.50	578.00
8.00	MAT	Gel	21.25	170.00
9.00	MAT	Chloride	58.20	523.80
92.00	MAT	Flo seal	2.70	248.40
500.00	MAT	Gilsonite	0.89	445.00
9.50	MAT	Gyp Seal	34.20	324.90
4.50	MAT	Cottonseed Hulls	31.85	143.32
525.00	SER	Handling	2.10	1,102.50
1,147.49	SER	Ton Mileage	2.35	2,696.62
1.00	SER	Rotary Plug	1,250.00	1,250.00
50.00	SER	Pump Truck Mileage	7.00	350.00
50.00	SER	Light Vehicle Mileage	4.00	200.00
12.00	SER	Waiting Time -- No Charge		
22.00	SER	Waiting Time	400.00	8,800.00
1.00	EQUIP OPER	Dustin Chambers		
1.00	OPER ASSIST	Walter Keith		
1.00	OPER ASSIST	Kevin Weighous		
		<i>70203</i>	<i>16,892.93</i>	<i>PTA # 1-15</i>
		<i>3. 1816.0001</i>		<i>(15M)</i>

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

\$ 8,177.76

ONLY IF PAID ON OR BEFORE
Aug 9, 2012

Subtotal	23,365.04
Sales Tax	1,705.65
Total Invoice Amount	25,070.69
Payment/Credit Applied	
TOTAL	25,070.69

(8177.76)
16,892.93

