



KANSAS CORPORATION COMMISSION 1157959
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1157959

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				

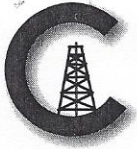
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 Bbls.	Gas Mcf	Water Bbls.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 260593

Invoice Date: 07/17/2013 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.
P.O. BOX 136
ROXBURY KS 67476
(785) 254-7828

SWISHER #8
42884
8-16-1W
07-15-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	130.00	15.7000	2041.00
1102	CALCIUM CHLORIDE (50#)	320.00	.7800	249.60
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
1107	FLO-SEAL (25#)	50.00	2.4700	123.50
Description		Hours	Unit Price	Total
446	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446	EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00
502	TON MILEAGE DELIVERY	420.00	1.41	592.20

Parts:	2469.10	Freight:	.00	Tax:	176.54	AR	4401.84
Labor:	.00	Misc:	.00	Total:	4401.84		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



PO Box 884, Chanute, KS 66720
520-431-9210 or 800-467-8676



TICKET NUMBER 42884
LOCATION 180
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT

CEMENT Api 15-169-20347-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
7-15-13	7922	Swisher #8	8	16	1w	Saline																
CUSTOMER <u>Scotts production</u>		<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td><u>446</u></td> <td><u>Josh</u></td> <td></td> <td></td> </tr> <tr> <td><u>502</u></td> <td><u>Zvie</u></td> <td></td> <td></td> </tr> <tr> <td><u>702</u></td> <td><u>Jacob</u></td> <td></td> <td></td> </tr> </tbody> </table>					TRUCK #	DRIVER	TRUCK #	DRIVER	<u>446</u>	<u>Josh</u>			<u>502</u>	<u>Zvie</u>			<u>702</u>	<u>Jacob</u>		
TRUCK #	DRIVER						TRUCK #	DRIVER														
<u>446</u>	<u>Josh</u>																					
<u>502</u>	<u>Zvie</u>																					
<u>702</u>	<u>Jacob</u>																					
MAILING ADDRESS <u>Po Box 136 110 N memory trail</u>																						
CITY <u>Roxbury</u>	STATE <u>KS</u>	ZIP CODE <u>67476</u>																				

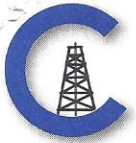
JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 212 CASING SIZE & WEIGHT 8 7/8
 CASING DEPTH 208 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 16 1/4
 DISPLACEMENT 13 DISPLACEMENT PSI 300 MIX PSI 200 RATE 56ppm

REMARKS Salty meaning, Break circulation, mix 130 Sks class A 3/4cc
27 gal 1/2 lb poly displace 12 bbl circulating cement to surface
shut in.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	870.00	870.00
5406	70	MILEAGE	4.20	294.00
5407A	70	6 ton mileage	1.41	98.70
1104S	130	Class A	15.70	2041.00
1102	320.00	calcium chloride	.78	249.60
118 B	250	gel	.22	55.00
1107	50	poly-flake	2.47	123.50
			Subtotal	4225.30
			SALES TAX	116.54
			ESTIMATED TOTAL	4401.84

AUTHORIZATION Colton 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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 261043

Invoice Date: 07/30/2013 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.
P.O. BOX 136
ROXBURY KS 67476
(785)254-7828

SWISHER #8
43597
8-16-1E
07-20-13
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	100.00	20.1600	2016.00
1110A	KOL SEAL (50# BAG)	500.00	.4600	230.00
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	361.0000	361.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75
4130	CENTRALIZER 5 1/2"	3.00	50.5000	151.50
	Description	Hours	Unit Price	Total
446	CEMENT PUMP	1.00	1085.00	1085.00
446	EQUIPMENT MILEAGE (ONE WAY)	85.00	4.20	357.00
681	TON MILEAGE DELIVERY	425.00	1.41	599.25

=====
Parts: 3575.25 Freight: .00 Tax: 255.63 AR 5872.13
Labor: .00 Misc: .00 Total: 5872.13
Sublt: .00 Supplies: .00 Change: .00
=====

Signed Pd 8-1-13 ck# 7575

Date



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

ENTERED

TICKET NUMBER 43597
LOCATION 180
FOREMAN LARRY STEAM

FIELD TICKET & TREATMENT REPORT
CEMENT API-15-169-20347

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-20-13	7922	Swisher #8	8	16	1E	JayRUB
CUSTOMER #			TRUCK #	DRIVER	TRUCK #	DRIVER
Scotts Prod			446	Josh		
MAILING ADDRESS			681	Zep		
P.O. Box 136			539	Larry		
CITY	STATE	ZIP CODE				
Rayburg	Ks	67476				

JOB TYPE Prod B HOLE SIZE 7 7/8 HOLE DEPTH 2706 CASING SIZE & WEIGHT 5 1/2 - 15 lb
 CASING DEPTH 2701 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk 7.15 CEMENT LEFT in CASING 1 FT
 DISPLACEMENT 64.28 DISPLACEMENT PSI _____ MIX PSI -0- RATE 566

REMARKS: Broke Circulation - Pump 500 bbls Freshwater 500 gals Mud
Flush - 500 bbls Freshwater - MUD 100 sks Thick-set + 5 lbs Kal-seal
Flushed Pump @ 1900 - Displaced plug with 64.57 bbls water to
land plug at 1250 lbs - Released float

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	85	MILEAGE	4.20	357.00
1126A	100 sks	Thick-set	20.16	2016.00
1110A	500 lbs	Kal-seal	1.46	730.00
1144G	500 gals	Mud Flush	1.10	550.00
5407A	85	Bulk Dr. Density X 5.25 X	1.41	119.25
4159	1	5/8" API float shoe	361.00	361.00
4454	1	5/8" latch down	266.75	266.75
4130	3	5/8" Centralizers	50.50	151.50
		Subtotal		5616.50
		SALES TAX		2226.3
		ESTIMATED TOTAL		5812.13

Ravin 3737

[Signature]

261043

AUTHORIZATION _____ 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.



DRILL STEM TEST REPORT

Prepared For: **Scotts Production LLC**

PO Box 136
Roxbury KS 67476

ATTN: Doug Davis

Swisher #8

8-16s-1w Saline,KS

Start Date: 2013.07.20 @ 01:50:00

End Date: 2013.07.20 @ 10:26:00

Job Ticket #: 50443 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.07.23 @ 09:42:30



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Scotts Production LLC

8-16s-1w Saline, KS

PO Box 136
Roxbury KS 67476

Swisher #8

Job Ticket: 50443

DST#: 1

ATTN: Doug Davis

Test Start: 2013.07.20 @ 01:50:00

GENERAL INFORMATION:

Formation: **Warsaw**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:32:00

Time Test Ended: 10:26:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Jim Svaty

Unit No: 54

Interval: 2668.00 ft (KB) To 2684.00 ft (KB) (TVD)

Reference Elevations: 1310.00 ft (KB)

Total Depth: 2684.00 ft (KB) (TVD)

1305.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 6668 Outside

Press @ Run Depth: 92.23 psig @ 2669.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.07.20 End Date: 2013.07.20

Last Calib.: 2013.07.20

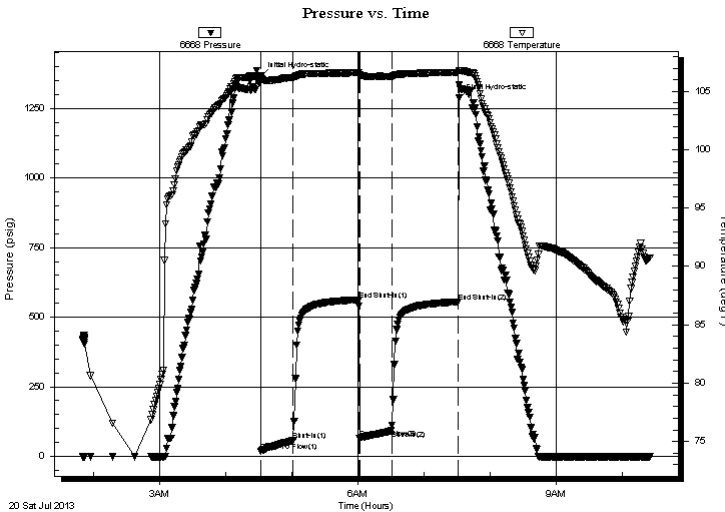
Start Time: 01:50:02 End Time: 10:25:30

Time On Btm: 2013.07.20 @ 04:31:30

Time Off Btm: 2013.07.20 @ 07:32:00

TEST COMMENT: 30-IFP- Surface Blow Building to 7 1/4"
60-ISIP- No Blow
30-FFP- Surface Blow in 13 min. Building to 1 1/2"
60-FSIP- No Blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1362.38	106.34	Initial Hydro-static
1	18.11	105.97	Open To Flow (1)
30	57.46	106.17	Shut-In(1)
90	562.43	106.59	End Shut-In(1)
90	66.21	106.37	Open To Flow (2)
120	92.23	106.27	Shut-In(2)
180	555.21	106.63	End Shut-In(2)
181	1286.27	106.80	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
30.00	GCO 10%g 90%o	0.15
30.00	OWCM 20%o 20%w 60%m	0.15
60.00	OWCM 5%o 20%w 75%m	0.30
60.00	OMCW 2%o 30%m 68%w	0.30
0.00	30 gip	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Scotts Production LLC

8-16s-1w Saline,KS

PO Box 136
Roxbury KS 67476

Swisher #8

Job Ticket: 50443

DST#: 1

ATTN: Doug Davis

Test Start: 2013.07.20 @ 01:50:00

Tool Information

Drill Pipe:	Length: 2444.00 ft	Diameter: 3.80 inches	Volume: 34.28 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 217.00 ft	Diameter: 2.25 inches	Volume: 1.07 bbl	Weight to Pull Loose: 48000.00 lb
			<u>Total Volume: 35.35 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	21.00 ft			String Weight: Initial 45000.00 lb
Depth to Top Packer:	2668.00 ft			Final 45000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	16.00 ft			
Tool Length:	44.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
------------------	-------------	------------	----------	------------	----------------

Change Over Sub	1.00			2641.00	
Shut In Tool	5.00			2646.00	
Hydraulic tool	5.00			2651.00	
Jars	5.00			2656.00	
Safety Joint	2.00			2658.00	
Packer	5.00			2663.00	28.00 Bottom Of Top Packer
Packer	5.00			2668.00	
Stubb	1.00			2669.00	
Recorder	0.00	8789	Inside	2669.00	
Recorder	0.00	6668	Outside	2669.00	
Perforations	12.00			2681.00	
Bullnose	3.00			2684.00	16.00 Bottom Packers & Anchor

Total Tool Length: 44.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Scotts Production LLC

8-16s-1w Saline,KS

PO Box 136
Roxbury KS 67476

Swisher #8

Job Ticket: 50443

DST#: 1

ATTN: Doug Davis

Test Start: 2013.07.20 @ 01:50:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

34 deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

10000 ppm

Viscosity: 43.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.35 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1100.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
30.00	GCO 10%g 90%o	0.148
30.00	OWCM 20%o 20%w 60%m	0.148
60.00	OWCM 5%o 20%w 75%m	0.295
60.00	OMCW 2%o 30%m 68%w	0.295
0.00	30 gip	0.000

Total Length: 180.00 ft

Total Volume: 0.886 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

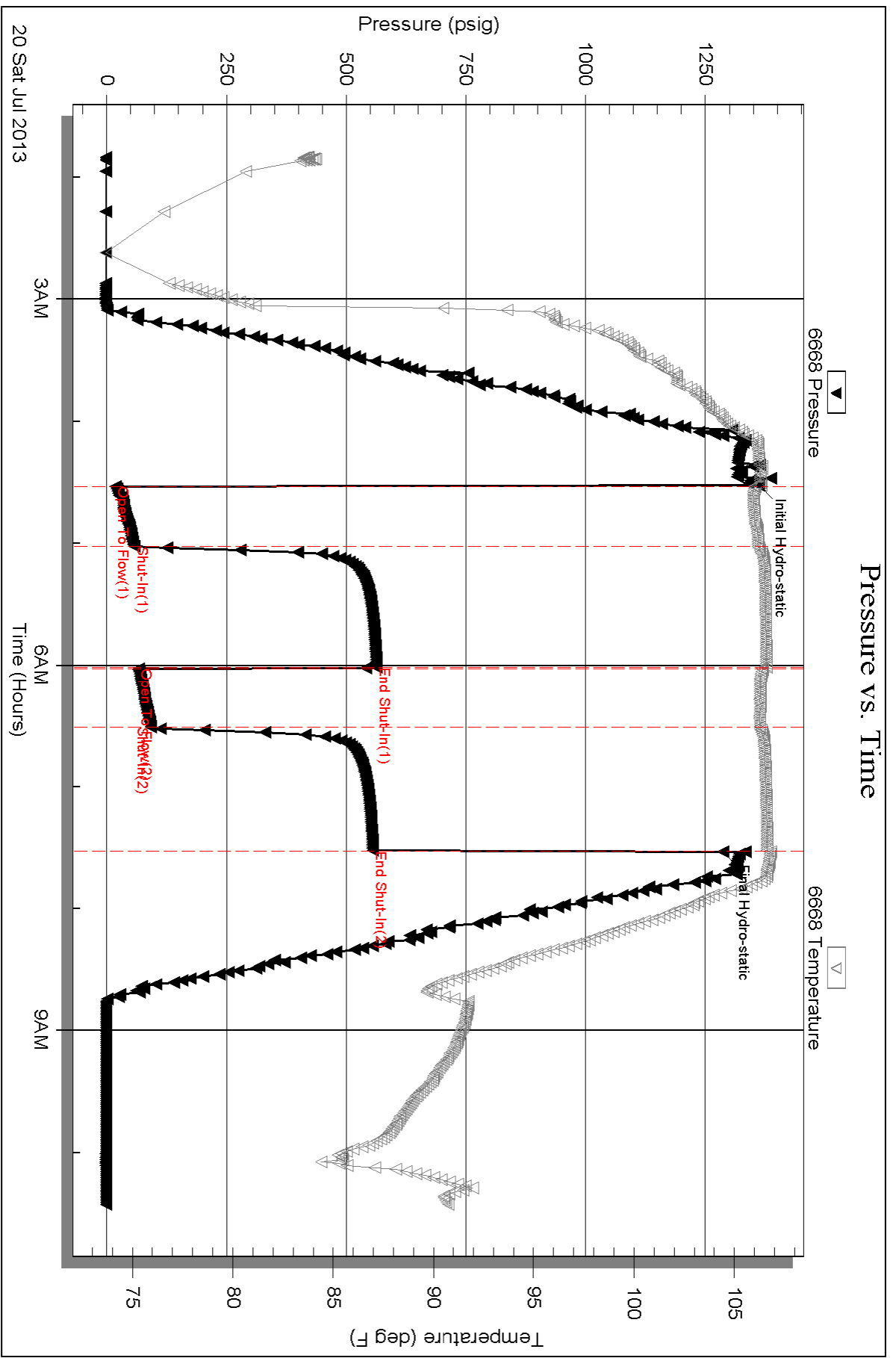
Recovery Comments: .450 @ 96

Serial #: 6668

Outside Scotts Production LLC

Swisher #8

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 50443

Printed: 2013.07.23 @ 09:42:33

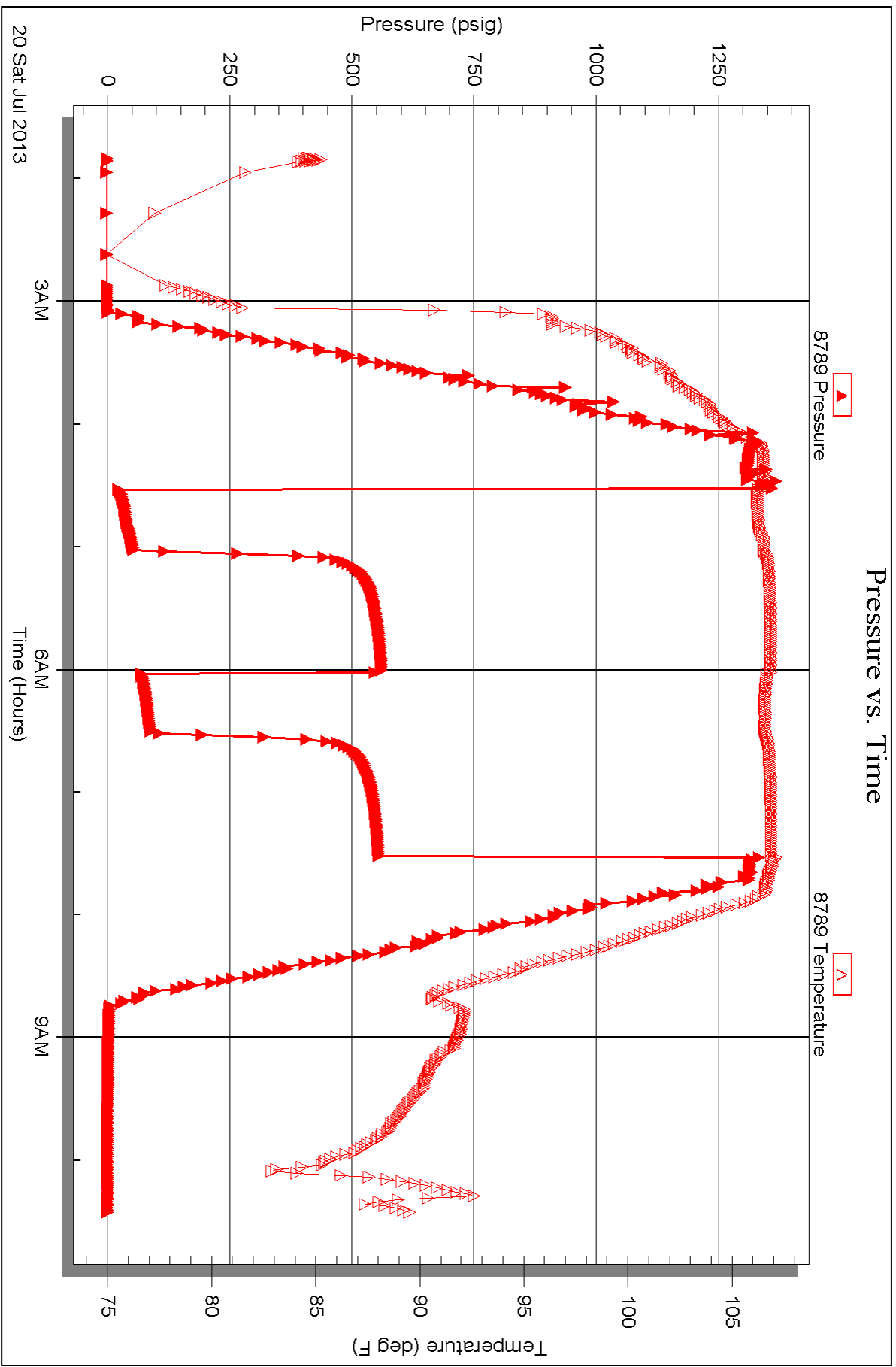
Serial #: 8789

Inside

Scotts Production LLC

Swisher #8

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 50443

Well Name & No. Swisher # 8 Test No. 1 Date 7-20-13
 Company Scott's Production LLC Elevation 1310 KB 1305 GL
 Address P.O. Box 136-110 N. Memory Trail Roxbury KS. 67476
 Co. Rep / Geo. Doug Davis Rig _____
 Location: Sec. 8 Twp. 16^s Rge. 1^w Co. Saline State KS

Interval Tested 2668 - 2684 Zone Tested WARSAW
 Anchor Length 16 Drill Pipe Run 2444 Mud Wt. 9.5
 Top Packer Depth 2663 Drill Collars Run 217 Vis 43
 Bottom Packer Depth 2668 Wt. Pipe Run 0 WL 9.4
 Total Depth 2684 Chlorides 1100 ppm System LCM 2

Blow Description IFP - Surface Blow Building to 7 1/4 in.
ISIP - No Blow
FFP - Surface blow in 13 min. Building to 1 1/2 in.
FSIP - No Blow

Rec	Feet of	%gas	%oil	%water	%mud
30	2CO	10	90		
30	OWCM		20	20	60
60	OWCM		5	20	75
60	OWCM		2	68	30
30	2IP				

Rec Total 180 BHT 106 Gravity 34 API RW 450 @ 96 ° F Chlorides 10000 ppm

(A) Initial Hydrostatic 1362 Test 1150. - T-On Location 00:40
 (B) First Initial Flow 18 Jars 250. - T-Started 01:50
 (C) First Final Flow 57 Safety Joint 75. - T-Open 04:32
 (D) Initial Shut-In 562 Circ Sub _____ T-Pulled 07:32
 (E) Second Initial Flow 66 Hourly Standby _____ T-Out 10:26
 (F) Second Final Flow 92 Mileage 222 RT 344.10 Comments paid CR # 7555
 (G) Final Shut-In 555 Sampler _____ Ruined Shale Packer _____
 (H) Final Hydrostatic 1286 Straddle _____ Ruined Packer _____

Initial Open 30 Shale Packer _____ Extra Copies _____
 Initial Shut-In 60 Extra Packer _____ Sub Total _____
 Final Flow 30 Extra Recorder _____ Total 1819.10
 Final Shut-In 60 Day Standby _____ MP/DST Disc't _____
 Sub Total 1819.10 Accessibility _____

Approved By _____ Our Representative [Signature]
 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.