



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1167483
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: _____



1167483

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Lutters 1-24
Doc ID	1167483

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
SONIC

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Lutters 1-24
Doc ID	1167483

Tops

Name	Top	Datum
Anhydrite	1697	+ 614
B/Anhydrite	1733	+ 578
Heebner	3658	- 1347
Lansing	3698	- 1387
Stark	3922	- 1612
B/KC	3979	- 1668
Marmaton	4018	- 1707
Pawnee	4082	- 1771
Ft. Scott	4182	- 1871
Cherokee	4208	- 1904
Mississippian	4262	- 1951

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

November 08, 2013

Mark Shreve
Mull Drilling Company, Inc.
1700 N WATERFRONT PKWY
BLDG 1200
WICHITA, KS 67206-6637

Re: ACO1
API 15-195-22877-00-00
Lutters 1-24
SE/4 Sec.24-15S-24W
Trego 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



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: lutt1-24dst1

TIME ON: 8-19 18:34
TIME OFF: 8-20 00:52

Company Mull Drilling Co. Inc. Lease & Well No. Lutters #1-24
Contractor WW Rig #10 Charge to Mull Drilling Co. Inc.
Elevation 2311 KB Formation Ft. Scott Effective Pay -- Ft. Ticket No. S0371
Date 8-19-13 Sec. 24 Twp. 15 S Range 24 W County Trego State KANSAS
Test Approved By Kevin Kessler Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 4160 ft. to 4220 ft. Total Depth 4220 ft.

Packer Depth 4155 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Packer Depth 4160 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4141 ft. Recorder Number 8471 Cap. 10,000 P.S.I.

Bottom Recorder Depth (Outside) 4160 ft. Recorder Number 3851 Cap. 5,700 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 55 Drill Collar Length 124 ft. I.D. 2 1/4 in.

Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.

Chlorides 3,200 P.P.M. Drill Pipe Length 4003 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 3 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 60 (28.5p) ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB- No Build NOBB

2nd Open: No Blow- No Build NOBB

Recovered 5 ft. of SLOSM 100% M (few oil specks)

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

Tool Sample: 100% M (few oil specks) Total _____

Time Set Packer(s) 8:30 PM ^{A.M.}/_{P.M.} Time Started Off Bottom 10:35 PM ^{A.M.}/_{P.M.} Maximum Temperature 118

Initial Hydrostatic Pressure..... (A) 2009 P.S.I.

Initial Flow Period..... Minutes 5 (B) 8 P.S.I. to (C) 8 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 73 P.S.I.

Final Flow Period..... Minutes 30 (E) 9 P.S.I. to (F) 10 P.S.I.

Final Closed In Period..... Minutes 60 (G) 39 P.S.I.

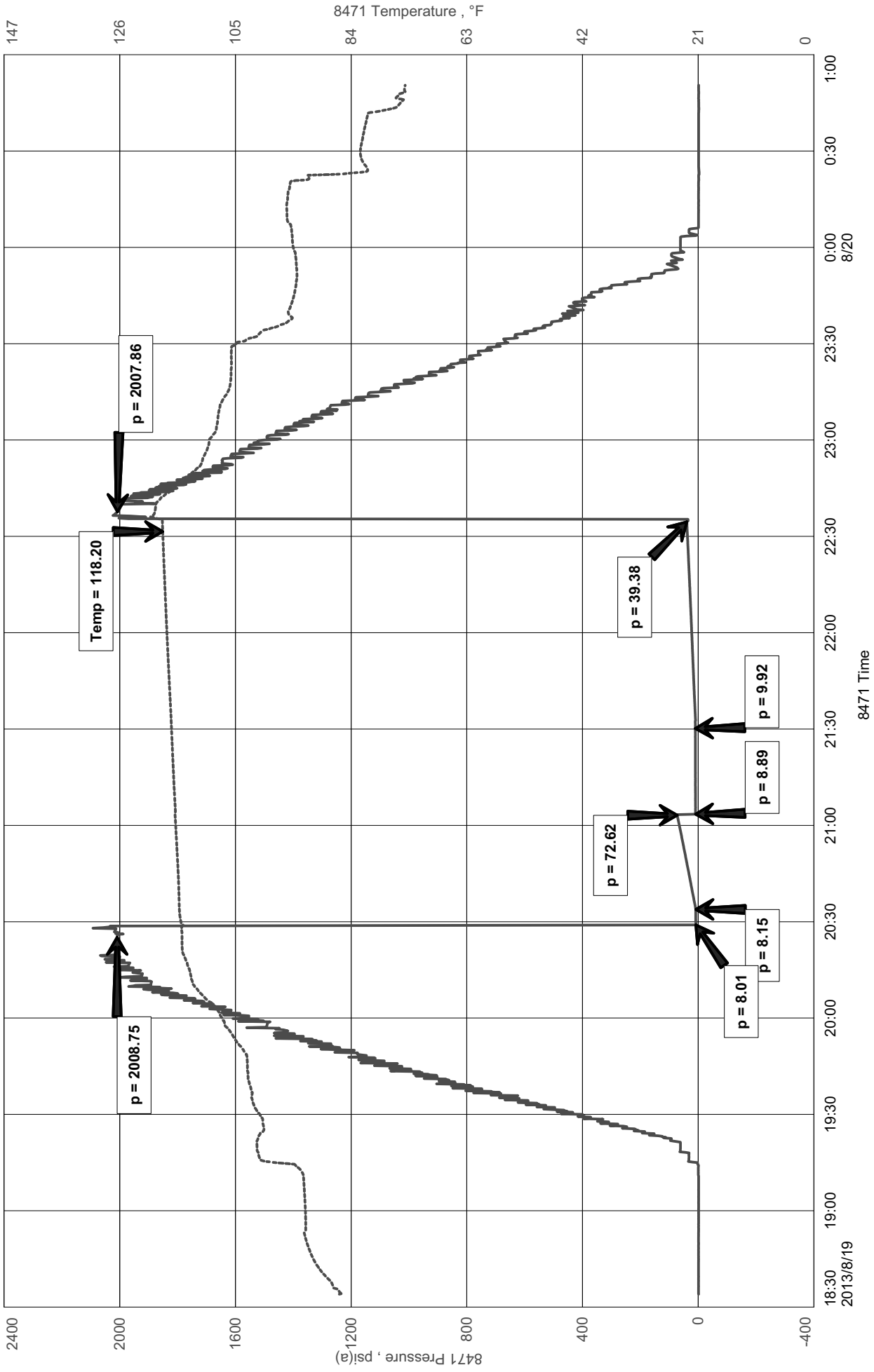
Final Hydrostatic Pressure..... (H) 2008 P.S.I.

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.

Mull Drilling Co. Inc.
DST #1 Ft. Scott 4160-4220'
Start Test Date: 2013/08/19
Final Test Date: 2013/08/20

Lutters #1-24
Formation: DST #1 Ft. Scott 4160-4220'
Pool: Wildcat
Job Number: S0371

Lutters #1-24



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0371
Well Name	Lutters #1-24	Representative	Jacob McCallie
Unique Well ID	DST #1 Ft. Scott 4160-4220'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 24-15S-24W Trego County	Report Date	2013/08/19
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Ft. Scott 4160-4220'		
Well Fluid Type	01 Oil	Start Test Time	18:34:00
		Final Test Time	00:52:00
Start Test Date	2013/08/19		
Final Test Date	2013/08/20		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:
5' SLOSM 100% M (few oil specks)

TOOL SAMPLE:
100% M (few oil specks)



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: lutt1-24dst2

TIME ON: 12:25
TIME OFF: 17:49

Company Mull Drilling Co. Inc. Lease & Well No. Lutters #1-24
Contractor WW Rig #10 Charge to Mull Drilling Co. Inc.
Elevation 2311 KB Formation _____ Miss Effective Pay _____ -- Ft. Ticket No. S0372
Date 8-20-13 Sec. 24 Twp. _____ 15 S Range _____ 24 W County _____ Trego State KANSAS
Test Approved By Kevin Kessler Diamond Representative Jacob McCallie

Formation Test No. 2 Interval Tested from 4205 ft. to 4300 ft. Total Depth 4300 ft.

Packer Depth 4200 ft. Size 6 3/4 in. Packer depth _____ -- ft. Size 6 3/4 in.

Packer Depth 4205 ft. Size 6 3/4 in. Packer depth _____ -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4186 ft. Recorder Number 8471 Cap. 10,000 P.S.I.

Bottom Recorder Depth (Outside) 4297 ft. Recorder Number 3851 Cap. 5,700 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 52 Drill Collar Length 124 ft. I.D. 2 1/4 in.

Weight 9.3 Water Loss 8.8 cc. Weight Pipe Length _____ -- ft. I.D. 2 7/8 in

Chlorides 3,800 P.P.M. Drill Pipe Length 4048 ft. I.D. 3 1/2 in

Jars: Make STERLING Serial Number 3 Test Tool Length 33 ft. Tool Size 3 1/2-IF in

Did Well Flow? NO Reversed Out NO Anchor Length 95 (32p) ft. Size 4 1/2-FH in

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in

Blow: 1st Open: 1/4" Blow- Built to 1/2" in 5 min **NOBB**

2nd Open: WSB- Died in 12 min **NOBB**

Recovered 12 ft. of SLOCM 15% O 85% M

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

Tool Sample: 4% O 96% M Total _____

Time Set Packer(s) 2:01 PM A.M. P.M. Time Started Off Bottom 4:06 PM A.M. P.M. Maximum Temperature 116

Initial Hydrostatic Pressure..... (A) 2028 P.S.I.

Initial Flow Period..... Minutes 5 (B) 12 P.S.I. to (C) 17 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 730 P.S.I.

Final Flow Period..... Minutes 30 (E) 21 P.S.I. to (F) 27 P.S.I.

Final Closed In Period..... Minutes 60 (G) 723 P.S.I.

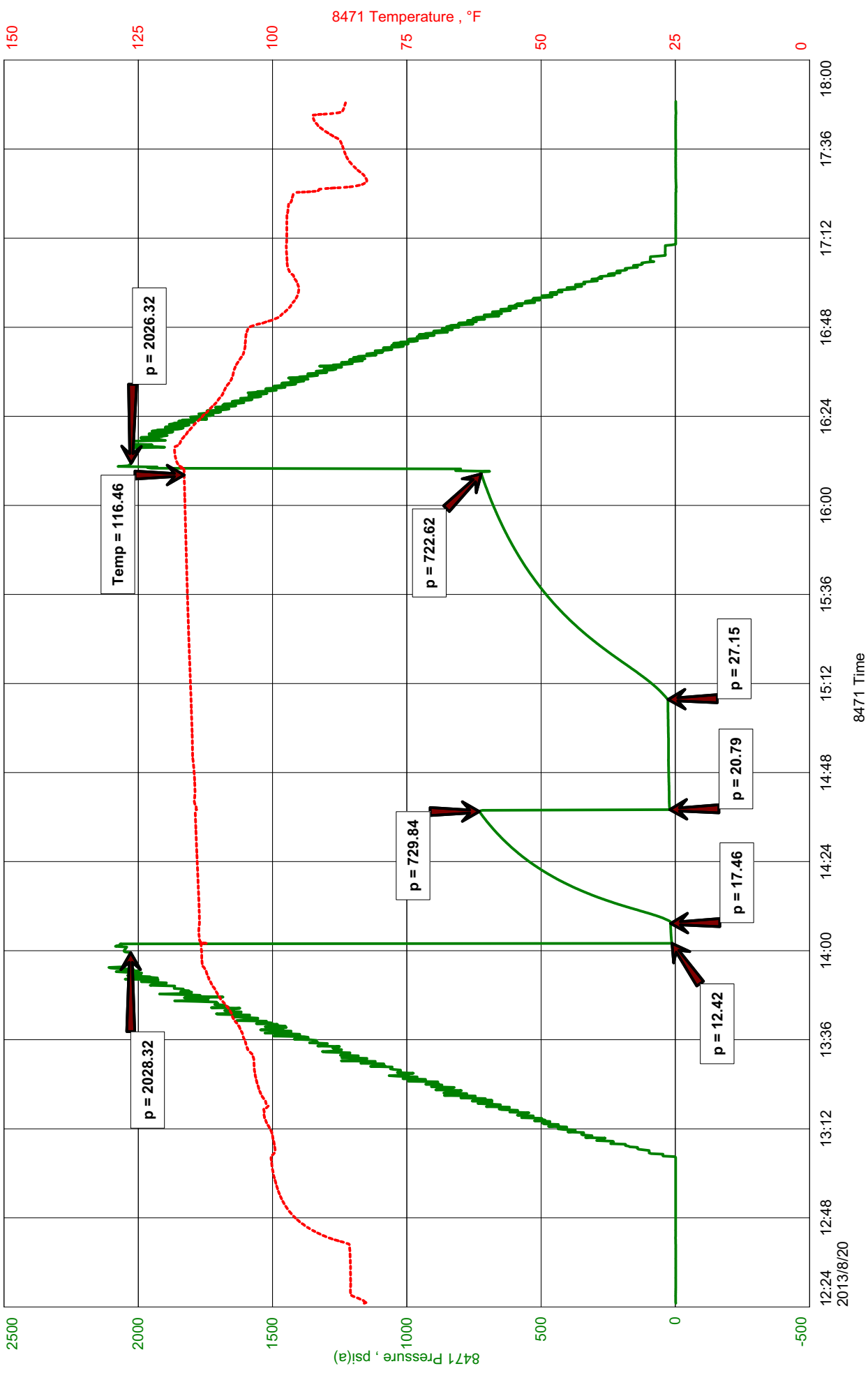
Final Hydrostatic Pressure..... (H) 2026 P.S.I.

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.

Mull Drilling Co. Inc.
DST #2 Miss 4205-4300'
Start Test Date: 2013/08/20
Final Test Date: 2013/08/20

Lutters #1-24
Formation: DST #2 Miss 4205-4300'
Pool: Wildcat
Job Number: S0372

Lutters #1-24



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0372
Well Name	Lutters #1-24	Representative	Jacob McCallie
Unique Well ID	DST #2 Miss 4205-4300'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 24-15S-24W Trego County	Report Date	2013/08/20
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #2 Miss 4205-4300'		
Well Fluid Type	01 Oil	Start Test Time	12:25:00
		Final Test Time	17:49:00
Start Test Date	2013/08/20		
Final Test Date	2013/08/20		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:
12' SLOCM 15% O 85% M

TOOL SAMPLE:
4% O 96% M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: lutt1-24dst3

TIME ON: 8-20 23:31
TIME OFF: 8-21 08:11

Company Mull Drilling Co. Inc. Lease & Well No. Lutters #1-24
Contractor WW Rig #10 Charge to Mull Drilling Co. Inc.
Elevation 2311 KB Formation _____ Miss Effective Pay _____ -- Ft. Ticket No. S0373
Date 8-21-13 Sec. 24 Twp. _____ 15 S Range _____ 24 W County _____ Trego State KANSAS
Test Approved By Kevin Kessler Diamond Representative Jacob McCallie

Formation Test No. 3 Interval Tested from 4300 ft. to 4310 ft. Total Depth 4310 ft.
Packer Depth 4295 ft. Size 6 3/4 in. Packer depth _____ -- ft. Size 6 3/4 in.
Packer Depth 4300 ft. Size 6 3/4 in. Packer depth _____ -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4281 ft. Recorder Number 8471 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4307 ft. Recorder Number 3851 Cap. 5,700 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 52 Drill Collar Length 124 ft. I.D. 2 1/4 in.
Weight 9.3 Water Loss 8.8 cc. Weight Pipe Length _____ -- ft. I.D. 2 7/8 in.
Chlorides 3,800 P.P.M. Drill Pipe Length 4143 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 3 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 10 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB- Built to 1/4" in 5 min **NOBB**
2nd Open: No Blow- Built to 1 1/4" in 60 min **NOBB**

Recovered 90 ft. of OSHMCW 1% O 62% W 37% M
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of PH: 7

Recovered _____ ft. of <u>RW: .55 @ 68 degrees F</u>	Price Job
Recovered _____ ft. of <u>Chlorides: 10,000 ppm</u>	Other Charges
Remarks: _____	Insurance
<u>Tool Sample: 10% W 90% M</u>	Total

Time Set Packer(s) 1:58 AM A.M. P.M. Time Started Off Bottom 5:33 AM A.M. P.M. Maximum Temperature 121

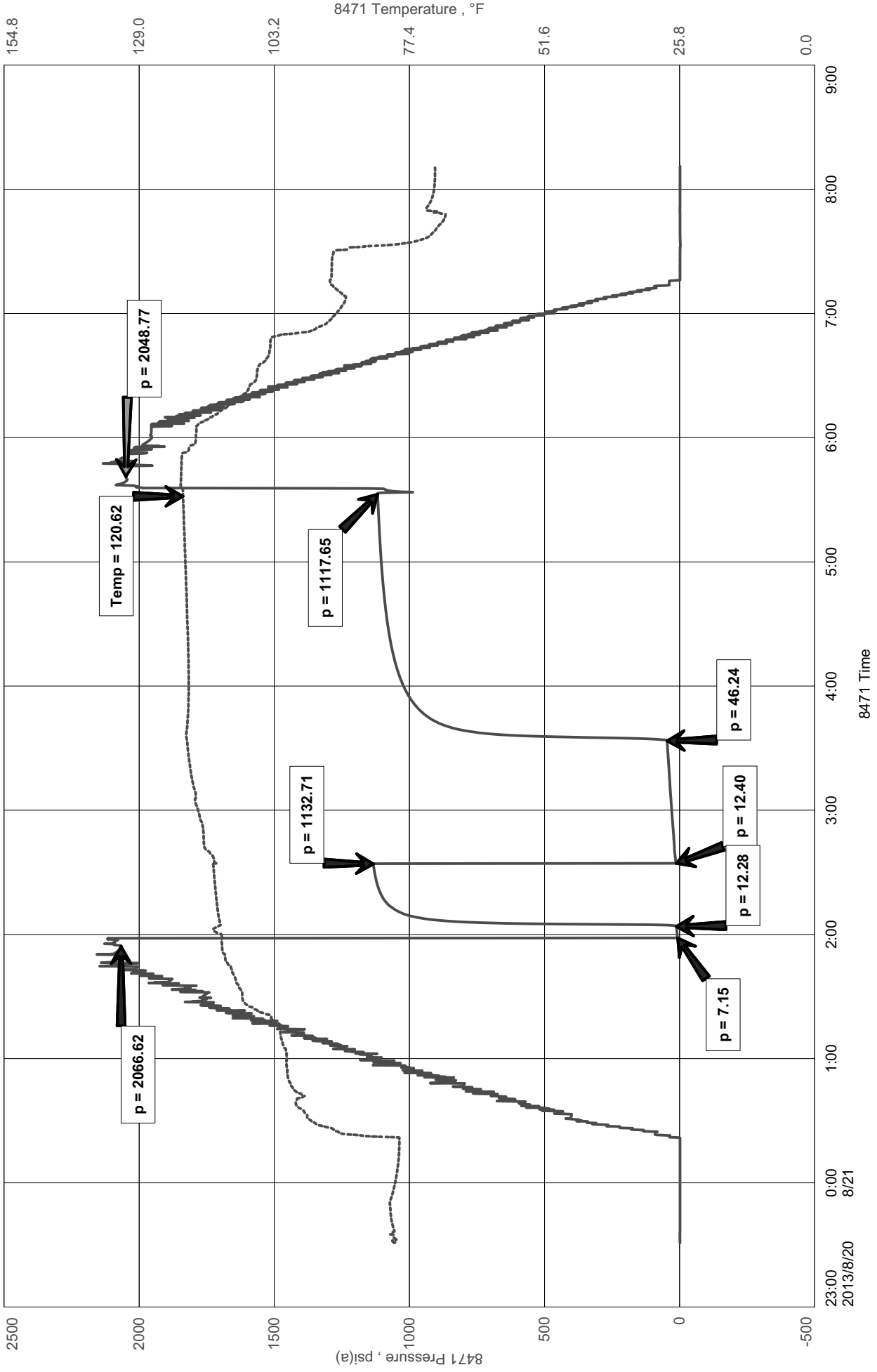
Initial Hydrostatic Pressure..... (A) 2067 P.S.I.
Initial Flow Period..... Minutes 5 (B) 7 P.S.I. to (C) 12 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 1133 P.S.I.
Final Flow Period..... Minutes 60 (E) 12 P.S.I. to (F) 46 P.S.I.
Final Closed In Period..... Minutes 120 (G) 1118 P.S.I.
Final Hydrostatic Pressure..... (H) 2049 P.S.I.

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Mull Drilling Co. Inc.
DST #3 Miss 4300-4310'
Start Test Date: 2013/08/20
Final Test Date: 2013/08/21

Lutters #1-24
Formation: DST #3 Miss 4300-4310'
Pool: Wildcat
Job Number: S0373

Lutters #1-24



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0373
Well Name	Lutters #1-24	Representative	Jacob McCallie
Unique Well ID	DST #3 Miss 4300-4310'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 24-15S-24W Trego County	Report Date	2013/08/21
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #3 Miss 4300-4310'		
Well Fluid Type	06 Water	Start Test Time	23:31:00
		Final Test Time	08:11:00
Start Test Date	2013/08/20		
Final Test Date	2013/08/21		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:
90' OSHMCW 1% O 62% W 37% M

PH: 7
RW: .55 @ 68 degrees F
CHLORIDES: 10,000 ppm

TOOL SAMPLE:
10% W 90% M



261408

TICKET NUMBER 38068
 LOCATION Oakley
 FOREMAN Darren + miles

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
8/15/13	5659	Lutters 1-24	24	15	24	Trego ^{Ks.}
CUSTOMER Mull Drlg. Co.			Wakeney			
MAILING ADDRESS			20 S			
CITY			2 1/2 W			
STATE			N into			
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
463	Travis					
693	Jack					

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 214 CASING SIZE & WEIGHT 8 5/8 24*
 CASING DEPTH 219.19 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20
 DISPLACEMENT 12.68 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting rig up on W-W-10 Break Circulation with rig Pump - Hook up To Pump Truck Mix 165 sks Corn 3% CC 2% Gel Displace with 12.68 gal water Shut in Wash up Pump + Lines Rig Down

Cement Did Circulate
Approx. 8 bbl to Pit
Thank Darren + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	\$ 11.50.00	\$ 1150.00
5406	25	MILEAGE	\$ 5.25	\$ 131.25
5407	7.76	Ton Mileage Delivery	\$ 1.75	\$ 430.00
1104 S	165 sks	Corn Class "A" Cement	\$ 18.55	\$ 3060.75
1102	465	Calcium Chloride	\$.94	\$ 437.10
1118 B	310 *	Bentonite	\$.27	\$ 83.70
			Sub Total	\$ 5292.00
			Less 10%	\$ 529.20
			Sub Total	\$ 4763.00
			SALES TAX	246.59
			ESTIMATED TOTAL	5010.11

Revin 3737

AUTHORIZATION [Signature] TITLE Tool Pusher DATE 8-15-13

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.