



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194430
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: _____

1194430

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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DRILL STEM TEST REPORT

Prepared For: **Hawkins Oil L.L.C**

427 s Boston Ave Ste 915 Tulsa OK 74103 +
4114

ATTN: Bill Stout

J W Smith #1-B

20-28S-24E Butler

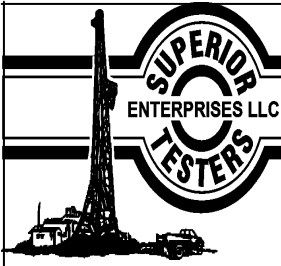
Start Date: 2013.11.01 @ 01:11:00

End Date: 2013.11.01 @ 09:54:00

Job Ticket #: 18452 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2013.11.01 @ 10:11:42



DRILL STEM TEST REPORT

Hawkins Oil L.L.C

20-28S-24E Butler

427 s Boston Ave Ste 915 Tulsa OK 74103 + 4114

J W Smith #1-B

Job Ticket: 18452

DST#: 1

ATTN: Bill Stout

Test Start: 2013.11.01 @ 01:11:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:53:30

Time Test Ended: 09:54:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Jared Scheck

Unit No: 3320- Great Bend-

Interval: 2460.00 ft (KB) To 2498.00 ft (KB) (TVD)

Reference Elevations: 1268.00 ft (KB)

Total Depth: 2498.00 ft (KB) (TVD)

1260.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 6731

Press@RunDepth: 674.52 psia @ ft (KB)

Capacity: 5000.00 psia

Start Date: 2013.11.01

End Date:

2013.11.01

Last Calib.:

2013.11.01

Start Time: 01:11:00

End Time:

09:54:00

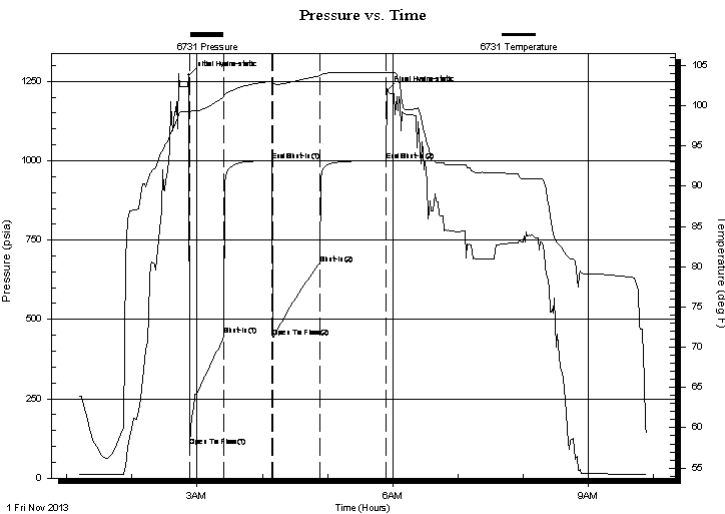
Time On Btm:

2013.11.01 @ 02:52:30

Time Off Btm:

2013.11.01 @ 05:55:00

TEST COMMENT: 1st Opening 30 Minutes-Strong blow built bottom of bucket in 2 minutes
 1st Shut-in 45 Minutes-No blow back
 2nd Opening 45 Minutes-Strong blow built bottom of bucket in 3 minutes
 2nd Shut-in 60 Minutes-No blow back



PRESSURE SUMMARY

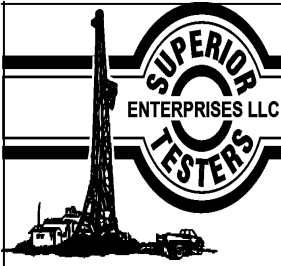
Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1269.46	99.25	Initial Hydro-static
1	101.64	99.25	Open To Flow (1)
32	451.54	101.10	Shut-In(1)
77	999.29	103.01	End Shut-In(1)
78	444.11	102.79	Open To Flow (2)
120	674.52	103.69	Shut-In(2)
181	999.55	104.07	End Shut-In(2)
183	1221.36	104.12	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1390.00	Clean oil reversed	16.77
180.00	oil cut mud 10%oil 90%mud	2.52
0.00	Gravity oil 44	0.00

Gas Rates

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



DRILL STEM TEST REPORT

Hawkins Oil L.L.C

20-28S-24E Butler

427 s Boston Ave Ste 915 Tulsa OK 74103 + 4114

J W Smith #1-B

Job Ticket: 18452

DST#: 1

ATTN: Bill Stout

Test Start: 2013.11.01 @ 01:11:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:53:30

Time Test Ended: 09:54:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Jared Scheck

Unit No: 3320- Great Bend-

Interval: 2460.00 ft (KB) To 2498.00 ft (KB) (TVD)

Reference Elevations: 1268.00 ft (KB)

Total Depth: 2498.00 ft (KB) (TVD)

1260.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8159

Press@RunDepth: 1000.71 psia @ ft (KB)

Capacity: 5000.00 psia

Start Date: 2013.11.01

End Date: 2013.11.01

Last Calib.: 2013.11.01

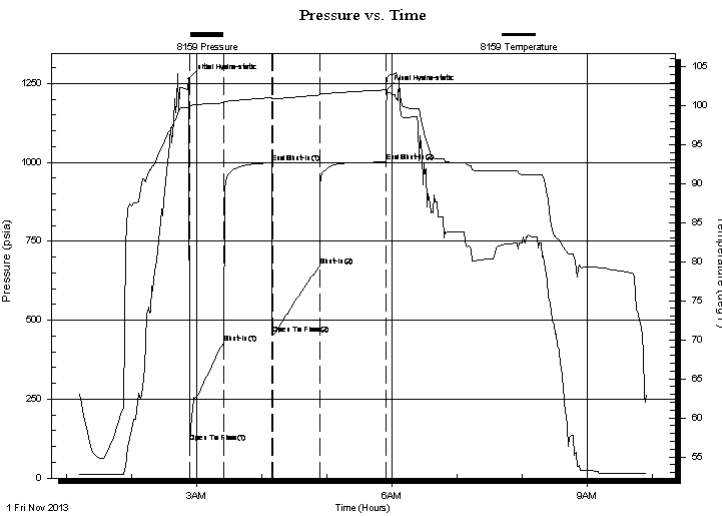
Start Time: 01:11:00

End Time: 09:54:30

Time On Btm: 2013.11.01 @ 02:52:30

Time Off Btm: 2013.11.01 @ 05:55:00

TEST COMMENT: 1st Opening 30 Minutes-Strong blow built bottom of bucket in 2 minutes
 1st Shut-in 45 Minutes-No blow back
 2nd Opening 45 Minutes-Strong blow built bottom of bucket in 3 minutes
 2nd Shut-in 60 Minutes-No blow back



PRESSURE SUMMARY

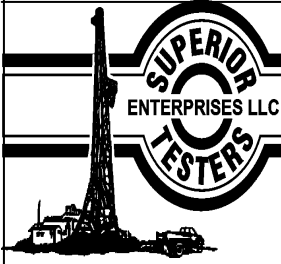
Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1265.02	99.75	Initial Hydro-static
1	114.51	99.91	Open To Flow (1)
32	428.69	100.34	Shut-In(1)
77	998.33	101.02	End Shut-In(1)
78	455.96	100.87	Open To Flow (2)
121	672.61	101.36	Shut-In(2)
182	1000.71	102.01	End Shut-In(2)
183	1229.01	103.35	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1390.00	Clean oil reversed	16.77
180.00	oil cut mud 10%oil 90%mud	2.52
0.00	Gravity oil 44	0.00

Gas Rates

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



DRILL STEM TEST REPORT

TOOL DIAGRAM

Hawkins Oil L.L.C

20-28S-24E Butler

427 s Boston Ave Ste 915 Tulsa OK 74103 +
4114

J W Smith #1-B

Job Ticket: 18452

DST#: 1

ATTN: Bill Stout

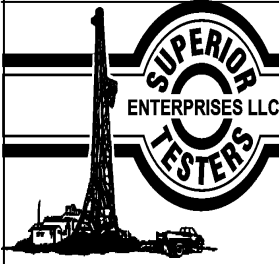
Test Start: 2013.11.01 @ 01:11:00

Tool Information

Drill Pipe:	Length: 2160.00 ft	Diameter: 3.80 inches	Volume: 30.30 bbl	Tool Weight: 1000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 300.00 ft	Diameter: 2.25 inches	Volume: 1.48 bbl	Weight to Pull Loose: 62000.00 lb
			<u>Total Volume: 31.78 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	28.00 ft			String Weight: Initial 50000.00 lb
Depth to Top Packer:	2460.00 ft			Final 58000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	38.00 ft			
Tool Length:	66.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments: dropped bar used circulating sub

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut-In Tool	5.00			2437.00	
Hydraulic Tool	5.00			2442.00	
Jars	6.00			2448.00	
Safety Joint	2.00			2450.00	
Packer	5.00			2455.00	28.00 Bottom Of Top Packer
Packer	5.00			2460.00	
Anchor	33.00			2493.00	
Recorder	1.00	6731	Inside	2494.00	
Recorder	1.00	8159	Outside	2495.00	
Bullnose	3.00			2498.00	38.00 Bottom Packers & Anchor
Total Tool Length:	66.00				



DRILL STEM TEST REPORT

FLUID SUMMARY

Hawkins Oil L.L.C

20-28S-24E Butler

427 s Boston Ave Ste 915 Tulsa OK 74103 +
4114

J W Smith #1-B

Job Ticket: 18452

DST#: 1

ATTN: Bill Stout

Test Start: 2013.11.01 @ 01:11:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 40.00 sec/qt

Water Loss: 8.79 in³

Resistivity: ohm.m

Salinity: 1000.00 ppm

Filter Cake: 1.00 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psia

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1390.00	Clean oil reversed	16.765
180.00	oil cut mud 10%oil 90%mud	2.525
0.00	Gravity oil 44	0.000

Total Length: 1570.00 ft Total Volume: 19.290 bbl

Num Fluid Samples: 0

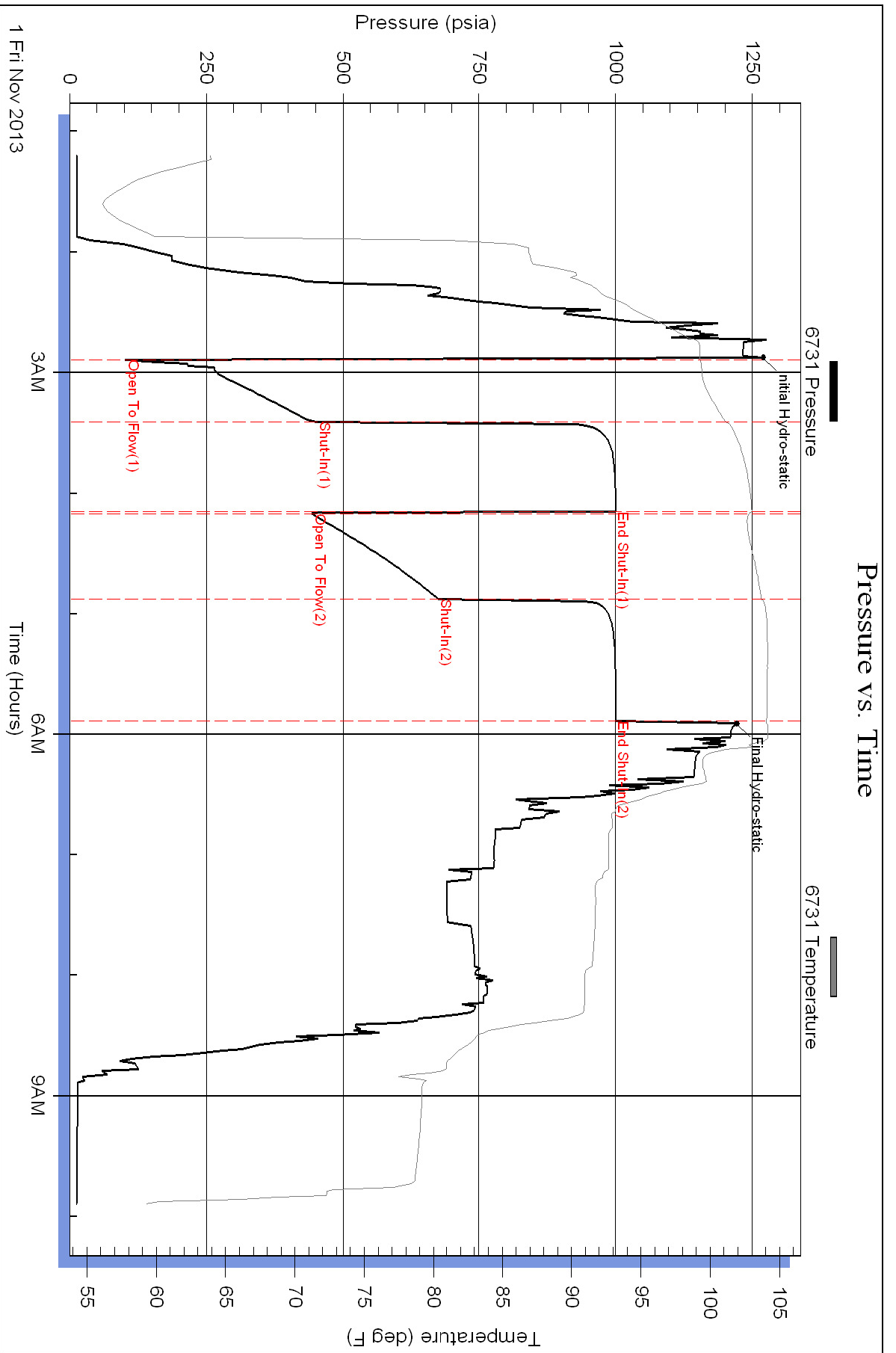
Num Gas Bombs: 0

Serial #:

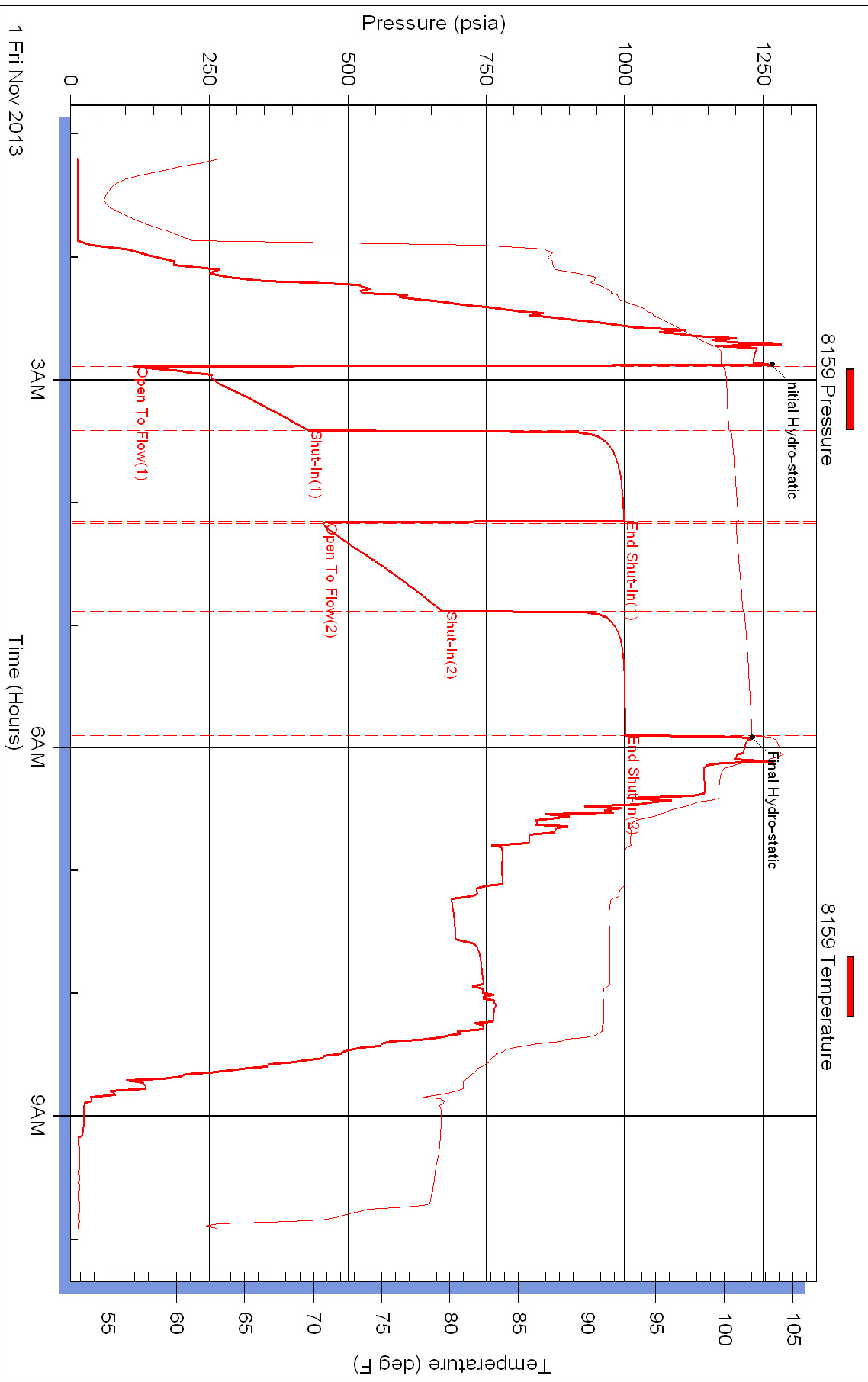
Laboratory Name:

Laboratory Location:

Recovery Comments:



Pressure vs. Time





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 # 263598 =====
 Invoice Date: 10/31/2013 Terms: 0/0/30,n/30 Page 1

HAWKINS OIL LLC
JIM HAWKINS
427 S. BOSTON SUITE 915
TULSA OK 74103
(918) 382-7743

J.W. SMITH 1-B
43708
20-28-4
10-29-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	100.00	15.7000	1570.00
1102	CALCIUM CHLORIDE (50#)	240.00	.7800	187.20
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1107	FLO-SEAL (25#)	50.00	2.4700	123.50
	Description	Hours	Unit Price	Total
467	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
467	EQUIPMENT MILEAGE (ONE WAY)	28.00	4.20	117.60
502	MIN. BULK DELIVERY	1.00	368.00	368.00

=====

Parts:	1924.70	Freight:	.00	Tax:	123.18	AR	3403.48
Labor:	.00	Misc:	.00	Total:	3403.48		
Sublt:	.00	Supplies:	.00	Change:	.00		

=====

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 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



263598

TICKET NUMBER 43708
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-015-23997-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/29/13	3553	JW Smith 1-B	20	28	4	Butler
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Hawkins oil			467	RON M		
MAILING ADDRESS			502	Bill H		
4275 Boston Ave Ste 915			539	Jeff S		
CITY	STATE	ZIP CODE				
Tulsa	OK	74103				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 225 CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 212.36 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 13.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, brake circ, Pumped 100SKS class A cement
3% calcium 2% gel 1/2 lb poly displaced with 13 bbl fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5403	1	PUMP CHARGE	870.00	870.00
5406	28	MILEAGE	4.20	117.60
5407	1	min bulk delivery	368.00	368.00
1104 S	100SKS	C19.98 A cement	15.70	1570.00
1102	240lbs	calcium chloride	.78	187.20
1118 B	200lbs	Bel	.22	44.00
1107	50lbs	Pol E Flake	2.47	123.50
				3080.30
				6.4
			SALES TAX ESTIMATED	123.18
			TOTAL	3403.48

Ravn 3737

AUTHORIZATION m [signature]

TITLE Tool Pusher

DATE 10-29-13

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 for



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 # 263779
Invoice Date: 11/12/2013 Terms: 0/0/30,n/30 Page 1

HAWKINS OIL LLC
JIM HAWKINS
427 S. BOSTON SUITE 915
TULSA OK 74103
(918) 382-7743

J.W. SMITH 1-13
43717
20-28-4E
11-01-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	75.00	15.7000	1177.50
1131	60/40 POZ MIX	225.00	13.1800	2965.50
1110A	KOL SEAL (50# BAG)	1500.00	.4600	690.00
1118B	PREMIUM GEL / BENTONITE	2050.00	.2200	451.00
1102	CALCIUM CHLORIDE (50#)	600.00	.7800	468.00
1107	FLO-SEAL (25#)	50.00	2.4700	123.50
1144G	MUD FLUSH (SALE)	500.00	1.1000	550.00
4130	CENTRALIZER 5 1/2"	3.00	50.5000	151.50
4104	CEMENT BASKET 5 1/2"	4.00	240.0000	960.00
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
4310	5 1/2" 15.5LB	1.00	150.0000	150.00
4310	5 1/2" COLLAR	4.00	80.0000	320.00

Sublet Performed	Description	Total
9995-180	CEMENT EQUIPMENT DISCOUNT	-755.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	1085.00	1085.00
446 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
446 CASING FOOTAGE	500.00	.00	.00
491 MIN. BULK DELIVERY	1.00	368.00	368.00
502 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 8634.75 Freight: .00 Tax: 552.61 AR 10337.36
Labor: .00 Misc: .00 Total: 10337.36
Sublt: -755.00 Supplies: .00 Change: .00

Signed _____

Date _____



263779

TICKET NUMBER 43717

LOCATION 180

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Api 15-015-23997

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-1-13	183 3553	Jw Smith 1-13	20	28	4E	Butler
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Hawkins Oil			446	Josh		
MAILING ADDRESS			491	Jerald		
427 S Boston suite 95			502	Tracy		
CITY	STATE	ZIP CODE	202	Jacob		
Tulsa	OK	74103				

JOB TYPE <u>Longstring B</u>	HOLE SIZE <u>2 7/8</u>	HOLE DEPTH <u>2498</u>	CASING SIZE & WEIGHT <u>5 1/2 14lb</u>
CASING DEPTH <u>2498</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT <u>14lb</u>	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>1ft</u>
DISPLACEMENT <u>60.95</u>	DISPLACEMENT PSI <u>1100</u>	MIX PSI <u>300</u>	RATE <u>6.6 bpm</u>

REMARKS: Softly mixing, pump 5 bbl water 500 gal Dr 1100, 5bbl water, mix 225 sks 60/40 po2 8% gel 2% cc 5% kol-seal, 1/4lb poly, tail with 75 sks class A 2% gel 2% cc 5% kol-seal, displaced with 60.95 bbl water landing plug at 1500 psi check float, float bedded, Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	20	MILEAGE	4.20	84.00
5407	2	min bulk delivery	368.00	736.00
5402	500	Footage	.23	N/C
1104S	75	Class A	15.70	1177.50 ✓
1131	225	60/40 po2	13.18	2965.50 ✓
1110A	1500	kol-seal	.46	690.00 ✓
1118B	2050	gel	.22	451.00 ✓
1102	600	calcium chloride	7.78	4668.00 ✓
1107	50	poly-flake	2.47	123.50 ✓
1144G	500	Dr 1100	1.10	550.00 ✓
4130	3	5 1/2 centralizer	50.50	151.50 ✓
4104	4	5 1/2 Baskets	240.00	960.00 ✓
4159	1	5 1/2 Shor	361.00	361.00 ✓
4454	1	5 1/2 latch down	266.75	266.75 ✓
4310	17 ft	5 1/2 15.5 lb	150.00	150.00 ✓
4310	4	5 1/2 collar	80.00	320.00 ✓
		Dis count	-	785.00
		104		
		SALES TAX		552.66
		ESTIMATED TOTAL		10337.36

Ravin 3737

AUTHORIZATION [Signature]

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.