



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1198172  
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: \_\_\_\_\_

1198172

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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## DRILL STEM TEST REPORT

Prepared For: **MTM Petroleum Inc.**

PO.Box 391  
Kingman KS .67068

ATTN: Jerry A.Smith

### **Garrison #4**

#### **20-29s-7w Kingman,KS**

Start Date: 2013.11.26 @ 22:18:19

End Date: 2013.11.27 @ 06:34:19

Job Ticket #: 51784                      DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2013.11.29 @ 11:25:19



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

MTM Petroleum Inc.

**20-29s-7w Kingman,KS**

PO.Box 391  
Kingman KS .67068

**Garrison #4**

Job Ticket: 51784

**DST#: 1**

ATTN: Jerry A.Smith

Test Start: 2013.11.26 @ 22:18:19

## GENERAL INFORMATION:

Formation: **Simpson Sd.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:30:34

Time Test Ended: 06:34:19

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

**Interval: 4490.00 ft (KB) To 4515.00 ft (KB) (TVD)**

Reference Elevations: 1553.00 ft (KB)

Total Depth: 4515.00 ft (KB) (TVD)

1543.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

**Serial #: 8352**

**Inside**

Press@RunDepth: 1055.09 psig @ 4491.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.11.26

End Date:

2013.11.27

Last Calib.:

2013.11.27

Start Time: 22:18:24

End Time:

06:34:18

Time On Btm:

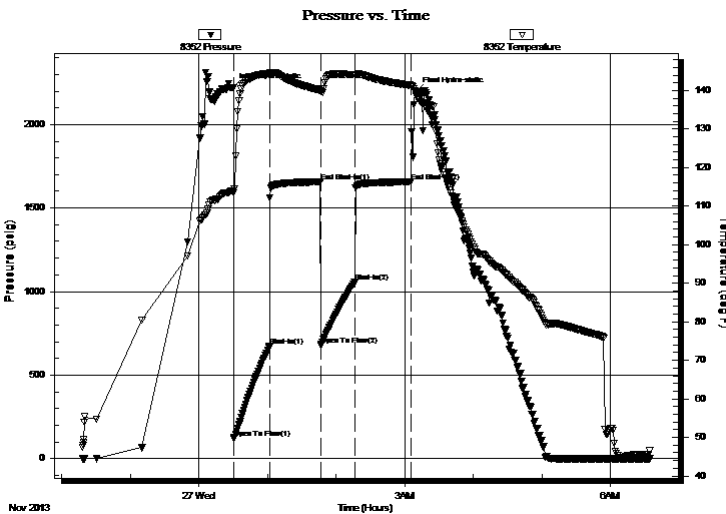
2013.11.27 @ 00:29:34

Time Off Btm:

2013.11.27 @ 03:10:04

**TEST COMMENT:** IF:Strong blow . B.O.B. in 1 min.  
IS:Weak blow . 1 - 3 1/2".  
FF:Strong blow . B.O.B. in 1 1/2 mins.  
FS:Weak blow . 1 - 2 1/2".

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2219.60	114.05	Initial Hydro-static
1	121.29	113.54	Open To Flow (1)
32	671.05	144.33	Shut-In(1)
77	1657.15	140.04	End Shut-In(1)
78	680.18	139.72	Open To Flow (2)
107	1055.09	144.07	Shut-In(2)
156	1657.17	141.34	End Shut-In(2)
161	2195.04	138.75	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
1900.00	GCW 4&g 96%w	25.56
250.00	GCMW/ w o specs 7%g 18%m 75%w	3.51
120.00	GOCWM 7%g 1%o 27%w 65%m	1.68
0.00	750 ft.of GIP	0.00

## Gas Rates

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





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**TOOL DIAGRAM**

MTM Petroleum Inc.

**20-29s-7w Kingman,KS**

PO.Box 391  
Kingman KS .67068

**Garrison #4**

Job Ticket: 51784

**DST#: 1**

ATTN: Jerry A.Smith

Test Start: 2013.11.26 @ 22:18:19

## Tool Information

Drill Pipe:	Length: 4365.00 ft	Diameter: 3.80 inches	Volume: 61.23 bbl	Tool Weight: 2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 24000.00 lb
Drill Collar:	Length: 120.00 ft	Diameter: 2.25 inches	Volume: 0.59 bbl	Weight to Pull Loose: 93000.00 lb
			<u>Total Volume: 61.82 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	18.00 ft			String Weight: Initial 67000.00 lb
Depth to Top Packer:	4490.00 ft			Final 76000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	25.00 ft			
Tool Length:	48.00 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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C.O. Sub	1.00			4468.00	
Shut in tool	5.00			4473.00	
HMV	5.00			4478.00	
Safety Joint	3.00			4481.00	
Packer	4.00			4485.00	23.00 Bottom Of Top Packer
Packer	5.00			4490.00	
Stubb	1.00			4491.00	
Recorder	0.00	8352	Inside	4491.00	
Recorder	0.00	8370	Outside	4491.00	
Perforations	19.00			4510.00	
Bullnose	5.00			4515.00	25.00 Bottom Packers & Anchor

**Total Tool Length: 48.00**



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

MTM Petroleum Inc.

**20-29s-7w Kingman,KS**

PO.Box 391  
Kingman KS .67068

**Garrison #4**

Job Ticket: 51784

**DST#: 1**

ATTN: Jerry A.Smith

Test Start: 2013.11.26 @ 22:18:19

## 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:

81000 ppm

Viscosity: 62.00 sec/qt

Cushion Volume:

bbbl

Water Loss: in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 0.20 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1900.00	GCW 4&g 96%w	25.559
250.00	GCMW/ w o specs 7%g 18%m 75%w	3.507
120.00	GOCWM 7%g 1%o 27%w 65%m	1.683
0.00	750 ft.of GIP	0.000

Total Length: 2270.00 ft Total Volume: 30.749 bbl

Num Fluid Samples: 0

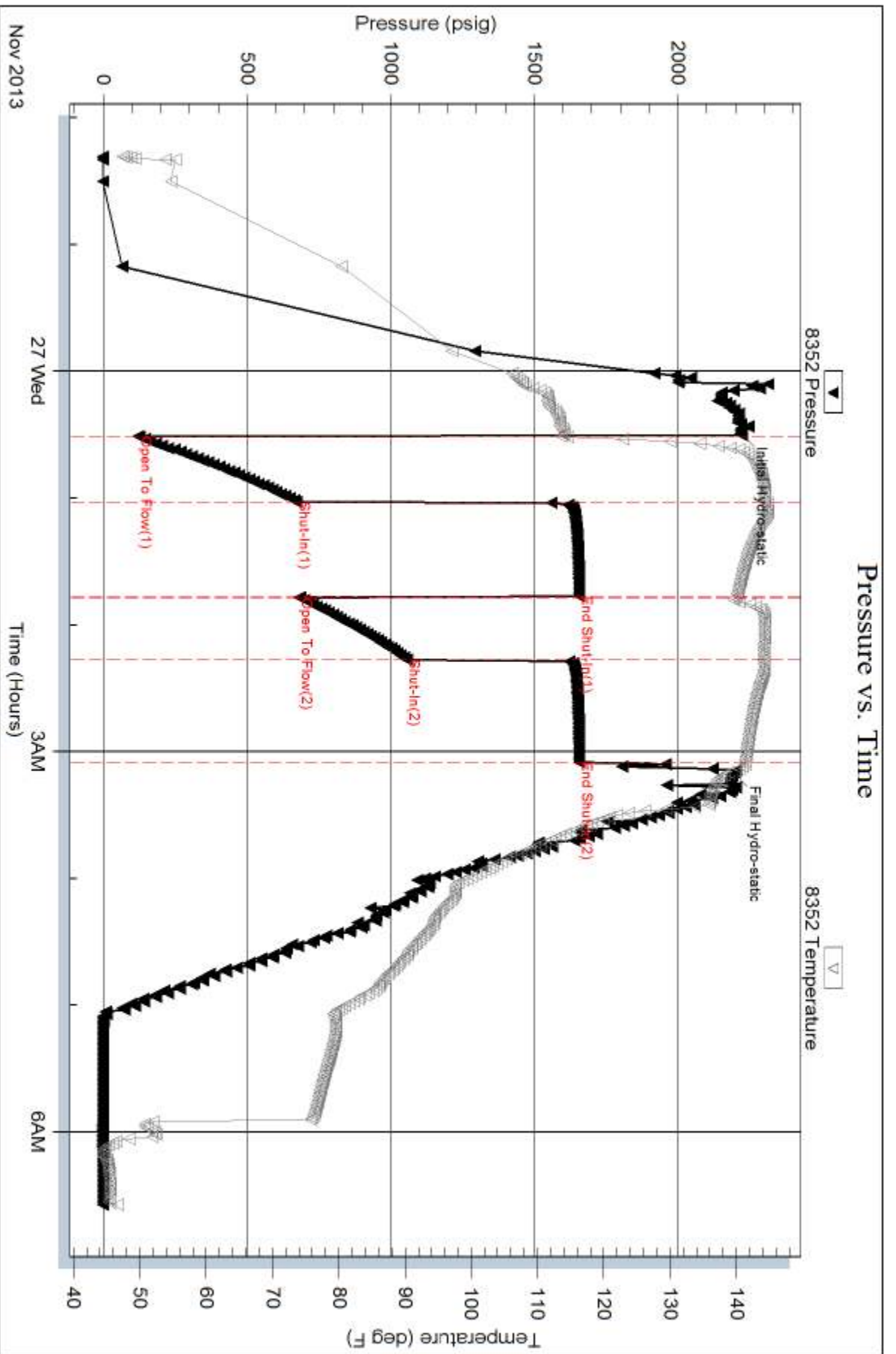
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: Rw .16ohms@47deg



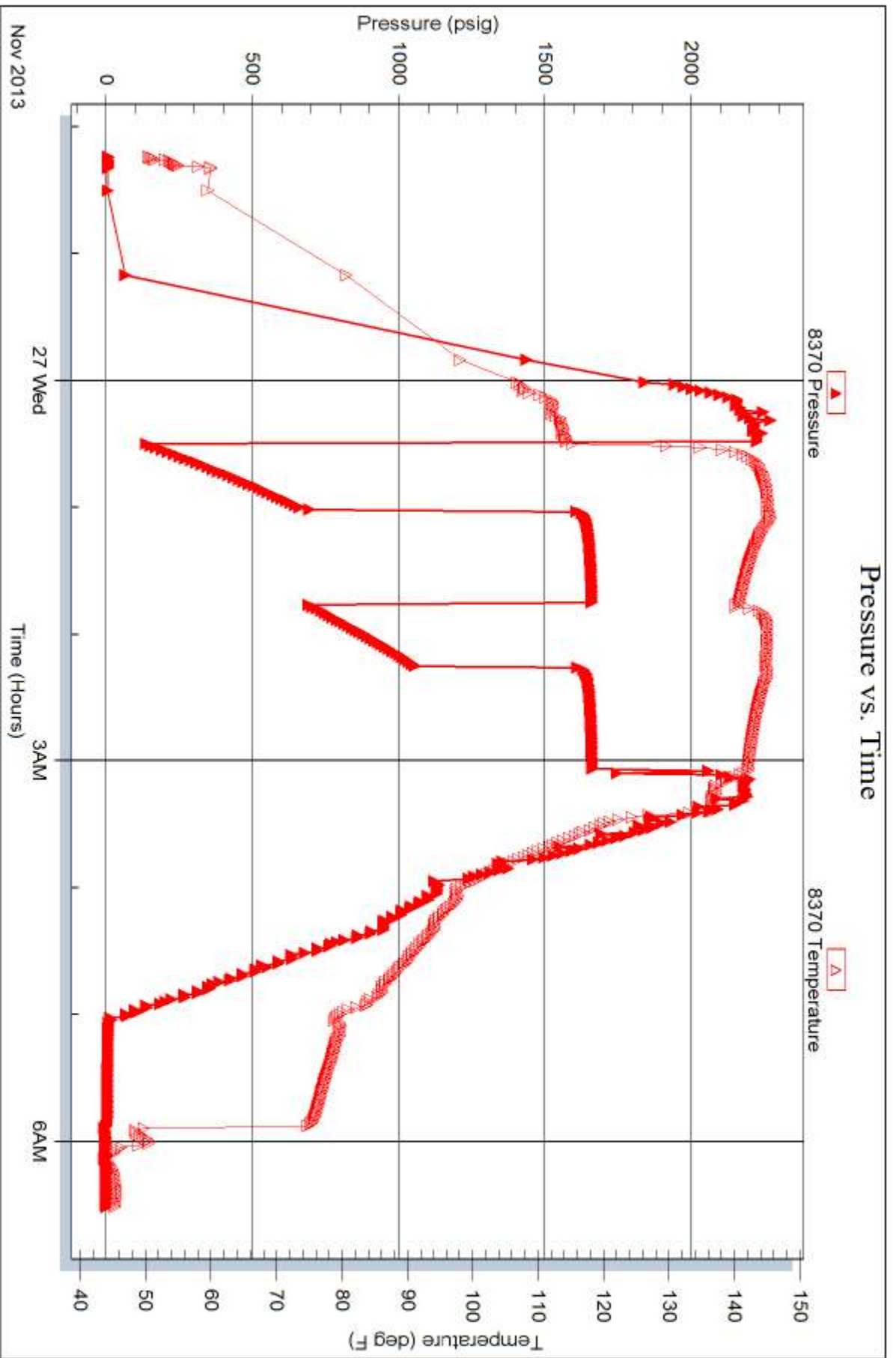


Serial #: 8370

Outside MTM Petroleum Inc.

Garrison #4

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 51784

Printed: 2013.11.29 @ 11:25:21



# TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

## Test Ticket

NO. 51784

4/10

Well Name & No. GARRISON #4 Test No. 1 Date 11-26-13  
 Company MTM PETROLEUM INC. Elevation 1553 KB 1543 GL  
 Address 2370 SOUTH STATE ROAD 14, P.O. Box KINGMAN KS. 67068  
 Co. Rep / Geo. JERRY A. SMITH Rig HARDT DRUG. #1  
 Location: Sec. 20 Twp. 29S Rge. 7W Co. KINGMAN State KS.

Interval Tested 4490 - 4515' Zone Tested SIMPSON SD.  
 Anchor Length 25' Drill Pipe Run 4365' Mud Wt. 9.2  
 Top Packer Depth 4485' Drill Collars Run 120' Vis 62  
 Bottom Packer Depth 4490' Wt. Pipe Run 0 WL 8.0cc  
 Total Depth 4515' Chlorides 2,000 ppm System LCM 2#  
 Blow Description IF: Strong blow. B.O.B. in 1 min. ISI: Weak blow. 1-3 1/2".  
FF: Strong blow. B.O.B. in 1 1/2 mins. FSI: Weak blow. 1-2 1/2".

Rec	Feet of	%gas	%oil	%water	%mud
750	Gas in pipe				
120	GOCNM	7	1	27	65
250	GCMW / w o specs	7		75	18
1900	GCW	4		96	

Rec Total 2220 Fluid BHT 1410 Gravity N/A API RW 16 @ 47 ° F Chlorides 81,000 ppm  
 (A) Initial Hydrostatic 2220  Test 1250 T-On Location 2044  
 (B) First Initial Flow 121  Jars \_\_\_\_\_ T-Started 2218  
 (C) First Final Flow 671  Safety Joint 75 T-Open 0030  
 (D) Initial Shut-In 1657  Circ Sub \_\_\_\_\_ T-Pulled 0303  
 (E) Second Initial Flow 680  Hourly Standby \_\_\_\_\_ T-Out 0634  
 (F) Second Final Flow 1055  Mileage 1000 155 Comments \_\_\_\_\_  
 (G) Final Shut-In 1657  Sampler \_\_\_\_\_  
 (H) Final Hydrostatic 2195  Straddle \_\_\_\_\_  
 Ruined Shale Packer \_\_\_\_\_  
 Ruined Packer \_\_\_\_\_  
 Extra Copies \_\_\_\_\_  
 Initial Open 30  Shale Packer \_\_\_\_\_  
 Initial Shut-In 45  Extra Packer \_\_\_\_\_  
 Final Flow 30  Extra Recorder \_\_\_\_\_  
 Final Shut-In 45  Day Standby \_\_\_\_\_  
 Accessibility \_\_\_\_\_  
 Sub Total 1480 Total 1480 MP/DST Disc't \_\_\_\_\_

Approved By [Signature] 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.



# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 139956  
Invoice Date: Nov 20, 2013  
Page: 1

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

<b>Bill To:</b>
MTM Petroleum, Inc P O Box 391 Kingman, KS 67068-0391

Customer ID	Field Ticket #	Payment Terms	
MTM	59613	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Medicine Lodge	Nov 20, 2013	12/20/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Garrison #4		
105.00	CEMENT MATERIALS	Class A Common	17.90	1,879.50
90.00	CEMENT MATERIALS	Pozmix	9.35	841.50
3.00	CEMENT MATERIALS	Gel	23.40	70.20
6.00	CEMENT MATERIALS	Chloride	64.00	384.00
188.07	CEMENT SERVICE	Cubic Feet Charge	2.48	466.41
237.00	CEMENT SERVICE	Ton Mileage Charge	2.60	616.20
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	EQUIPMENT OPERATOR	Justin Bower		
1.00	OPERATOR ASSISTANT	James Bowen		

**PAID**  
DEC 06 2013

Subtotal	6,133.06
Sales Tax	219.09
Total Invoice Amount	6,352.15
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,352.15</b>

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

\$ 1,533.27

ONLY IF PAID ON OR BEFORE  
Dec 15, 2013

# ALLIE OIL & GAS SERVICE, LLC 059613

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:  
Medicine Lodge KS

DATE <u>11-20-13</u>	SEC. <u>20</u>	TWP. <u>Z9S</u>	RANGE <u>7W</u>	CALLED OUT	ON LOCATION <u>10:30 AM</u>	JOB START <u>1100 A</u>	JOB FINISH <u>130 A</u>
LEASE <u>Garrison</u>		WELL # <u>4</u>		LOCATION <u>Sprycks Rail Park Rd 3.5N</u>		COUNTY <u>Kingsman</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				SIZE <u>N into</u>			

CONTRACTOR Hardt Drilling # 1  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 267  
 CASING SIZE 8 5/8 DEPTH 267  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 1000 MINIMUM  
 MEAS. LINE SHOE JOINT 15'  
 CEMENT LEFT IN CSG. 15'  
 PERFS.  
 DISPLACEMENT 116.5 BBL

OWNER MTM  
 CEMENT  
 AMOUNT ORDERED 175 SK 60' 40' 3% CC  
2% Gel

EQUIPMENT  
 PUMP TRUCK CEMENTER JAKE HEARD  
 # 548/545 HELPER Justin Bower  
 BULK TRUCK  
 # 381/252 DRIVER James Bower  
 BULK TRUCK  
 # DRIVER

COMMON	<u>105</u>	@	<u>17.90</u>	<u>1879.50</u>
POZMIX	<u>90</u>	@	<u>9.35</u>	<u>841.50</u>
GEL	<u>3</u>	@	<u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>6</u>	@	<u>64.00</u>	<u>384.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>188.07</u>	@	<u>2.48</u>	<u>466.41</u>
MILEAGE	<u>7.90/30/2.60</u>	@		<u>616.20</u>
				TOTAL <u>4257.81</u>

**REMARKS:**

Pipe on Bottom Break circ  
Safety Meeting, Pressure test 1000 psi  
Pump Spacer, Mix + Pump 175 SK CMT  
Start Displacement + Wash up, Continue  
Displacement Stop Shut in Release  
Pressure Rig Down CMT Did Circ

**SERVICE**

DEPTH OF JOB	<u>267</u>		
PUMP TRUCK CHARGE	<u>1512</u>	<u>25</u>	
EXTRA FOOTAGE		@	
MILEAGE	<u>30</u>	@	<u>270</u>
MANIFOLD		@	
<u>AV 30</u>		@	<u>440</u>
		@	

TOTAL 1875.25

**PLUG & FLOAT EQUIPMENT**

	@	
	@	
	@	
	@	
	@	

TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 6133.06

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

NET 4599.79

CHARGE TO: MTM

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

SIGNATURE X [Signature]



# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 140059  
Invoice Date: Nov 27, 2013  
Page: 1

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

<b>Bill To:</b>
MTM Petroleum, Inc P O Box 391 Kingman, KS 67068-0391

Customer ID	Field Ticket #	Payment Terms	
MTM	61973	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Great Bend	Nov 27, 2013	12/27/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Garrison #4		
96.00	CEMENT MATERIALS	Class A Common	17.90	1,718.40
64.00	CEMENT MATERIALS	Pozmix	9.35	598.40
6.00	CEMENT MATERIALS	Gel	23.40	140.40
170.00	CEMENT SERVICE	Cubic Feet Charge	2.48	421.60
214.50	CEMENT SERVICE	Ton Mileage Charge	2.60	557.70
1.00	CEMENT SERVICE	Rotary Plug	2,249.84	2,249.84
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	CEMENT SUPERVISOR	Joshua Isaac		
1.00	EQUIPMENT OPERATOR	Ben Newell		
1.00	OPERATOR ASSISTANT	Andy Fimple		

**PAID**  
DEC 12 2013

Subtotal	6,049.34
Sales Tax	417.40
Total Invoice Amount	6,466.74
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,466.74</b>

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

\$ 1,512.33

ONLY IF PAID ON OR BEFORE  
Dec 22, 2013

