

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1224885

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		Depth
TUBING RECORD: Size: Set At: Packer At:			Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	MTM Petroleum, Inc.
Well Name	Hufford 1-23
Doc ID	1224885

All Electric Logs Run

cnt
pit
ldt
mlt

Form	ACO1 - Well Completion
Operator	MTM Petroleum, Inc.
Well Name	Hufford 1-23
Doc ID	1224885

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
surface	12.25	8.625	24	222	60/40 poz	175	2% gel 3%cc
casing	7.875	4.5	10.5	4281	AA2	175	1%gb 5# gil 10# slt



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

MTM Petroleum Inc.

PO Box 391
Kingman Ks. 67068

ATTN: Aaron Young

23-30s-7w Kingman Ks

Hufford #1-23

Job Ticket: 54246

DST#: 1

Test Start: 2014.08.18 @ 01:45:10

GENERAL INFORMATION:

Formation: **Miss.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:05:40

Time Test Ended: 08:31:55

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 4166.00 ft (KB) To 4192.00 ft (KB) (TVD)

Total Depth: 4192.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Poor

Reference Elevations: 1488.00 ft (KB)

1478.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8352 Outside

Press@RunDepth: 56.88 psig @ 4167.00 ft (KB)

Start Date: 2014.08.18

End Date:

2014.08.18

Start Time: 01:45:15

End Time:

08:31:54

Capacity: 8000.00 psig

Last Calib.: 2014.08.18

Time On Btm: 2014.08.18 @ 04:02:10

Time Off Btm: 2014.08.18 @ 06:27:55

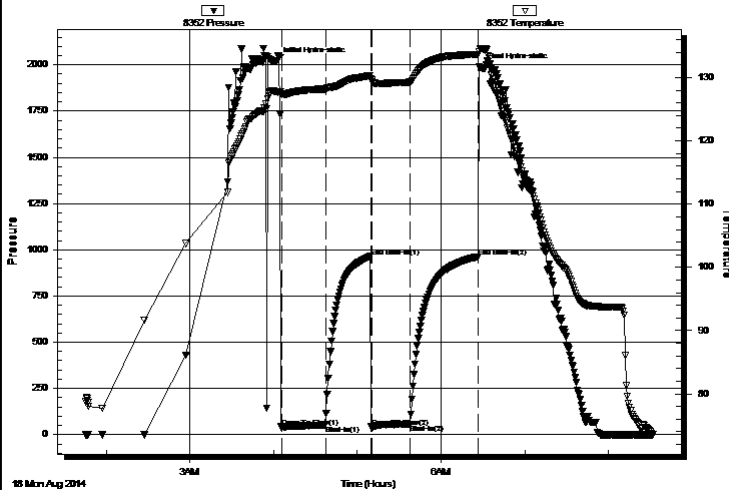
TEST COMMENT: IF: Strong blow . B.O.B. in 5 secs. GTS in 28 mins.

IS: No blow

FF: Strong blow . (see gas flow report)

FS: No blow .

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2018.16	127.72	Initial Hydro-static
4	39.88	127.43	Open To Flow (1)
35	51.50	128.20	Shut-In (1)
68	963.40	130.33	End Shut-In (1)
68	37.39	129.58	Open To Flow (2)
96	56.88	129.26	Shut-In (2)
145	962.38	133.64	End Shut-In (2)
146	1986.90	134.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
145.00	GCM/w trace of oil 5%g 95%m	0.94
0.00	Good oil show @ top of tool	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.25	7.00	33.95
Last Gas Rate	0.25	6.50	33.16
Max. Gas Rate	0.25	7.00	33.95



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

MTM Petroleum Inc.

23-30s-7w Kingman Ks

PO Box 391
Kingman Ks. 67068

Hufford #1-23

Job Ticket: 54246

DST#: 1

ATTN: Aaron Young

Test Start: 2014.08.18 @ 01:45:10

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 54.00 sec/qt

Water Loss: 8.79 in³

Resistivity: 0.00 ohm.m

Salinity: 3500.00 ppm

Filter Cake: 0.20 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API: deg API

Water Salinity: 3500 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
145.00	GCM /w trace of oil 5%g 95%m	0.941
0.00	Good oil show @ top of tool	0.000

Total Length: 145.00 ft Total Volume: 0.941 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

GAS RATES

MTM Petroleum Inc.

23-30s-7w Kingman Ks

PO Box 391
Kingman Ks. 67068

Hufford #1-23

Job Ticket: 54246

DST#: 1

ATTN: Aaron Young

Test Start: 2014.08.18 @ 01:45:10

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	5	0.25	7.00	33.95
2	10	0.25	7.00	33.95
2	20	0.25	7.00	33.95
2	30	0.25	6.50	33.16

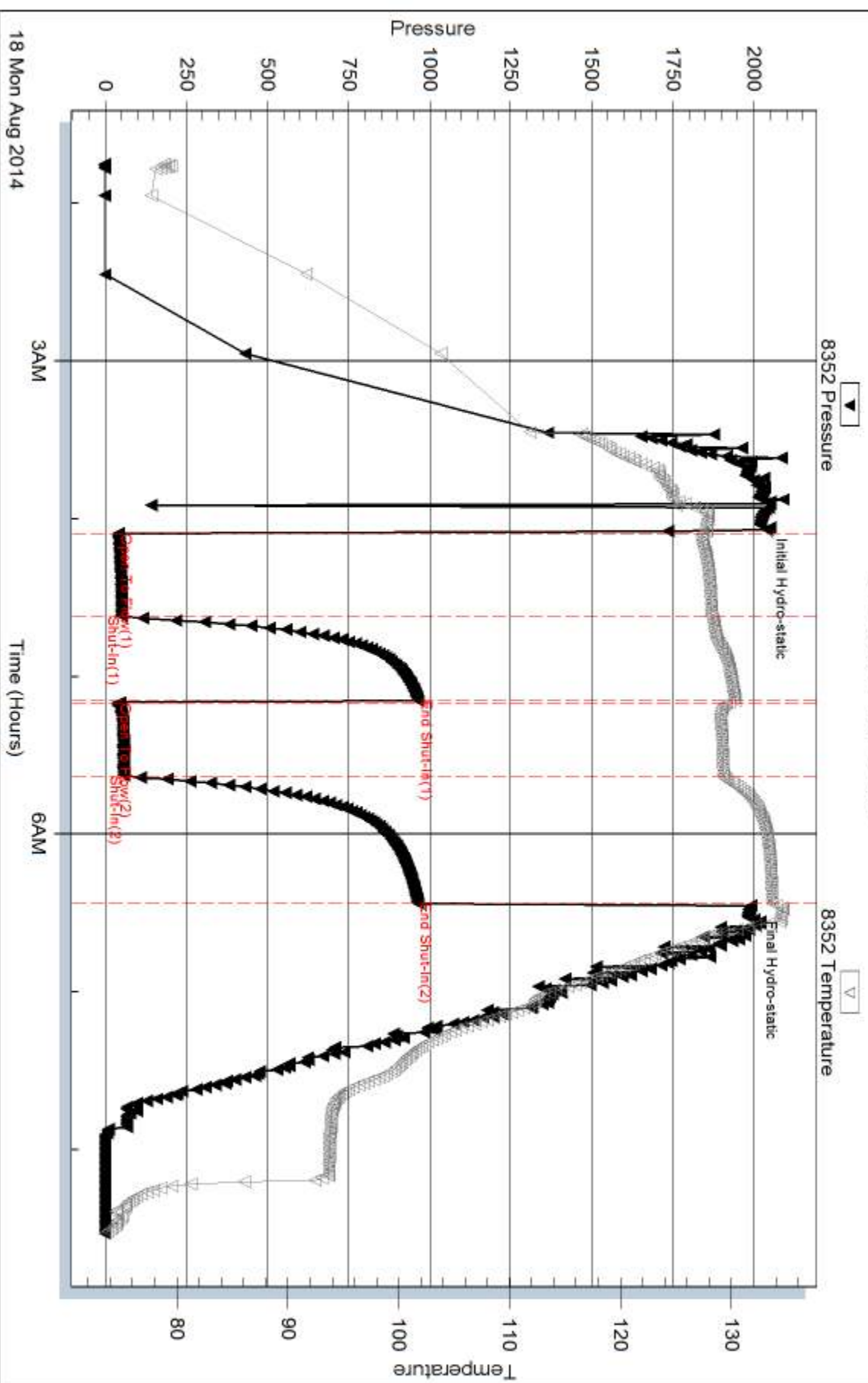
Serial #: 8352

Outside MTM Petroleum Inc.

Hufford #1-23

DST Test Number: 1

Pressure vs. Time





TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

MTM Petroleum Inc.

PO Box 391
Kingman Ks. 67068

ATTN: Aaron Young

23-30s-7w Kingman Ks

Hufford #1-23

Job Ticket: 54247

DST#: 2

Test Start: 2014.08.18 @ 15:42:37

GENERAL INFORMATION:

Formation: **Miss.**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:21:22

Time Test Ended: 22:20:52

Test Type: Conventional Bottom Hole (Reset)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 4190.00 ft (KB) To 4202.00 ft (KB) (TVD)

Total Depth: 4202.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Poor

Reference Elevations: 1488.00 ft (KB)

1478.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8352 Outside

Press@RunDepth: 142.51 psig @ 4191.00 ft (KB)

Start Date: 2014.08.18

End Date:

2014.08.18

Start Time: 15:42:42

End Time:

22:20:51

Capacity: 8000.00 psig

Last Calib.: 2014.08.18

Time On Btm: 2014.08.18 @ 17:18:37

Time Off Btm: 2014.08.18 @ 20:12:07

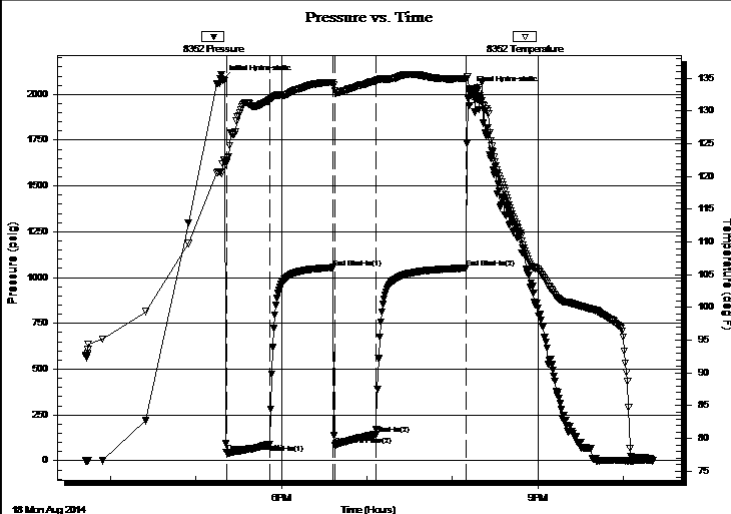
TEST COMMENT: IF: Strong blow. B.O.B. in 15 secs. GTS in 16 mins. (see gas flow report)

IS: Weak blow. 1/4 - 3/4".

FF: Strong blow. (see gas flow report)

FS: Fair blow. 2 - 10".

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2077.95	121.99	Initial Hydro-static
3	44.61	122.18	Open To Flow (1)
33	89.25	131.69	Shut-In(1)
78	1054.80	134.34	End Shut-In(1)
79	83.71	133.13	Open To Flow (2)
108	142.51	134.58	Shut-In(2)
171	1051.90	134.97	End Shut-In(2)
174	2022.97	132.84	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
140.00	SW / w o specs/Rw .055ohms@92deg	0.87
190.00	GM&WCO 30%g 15%m 17%w 38%o	2.67

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.25	5.50	31.57
Last Gas Rate	0.25	9.00	37.12
Max. Gas Rate	0.25	9.00	37.12

* Recovery from multiple tests



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

MTM Petroleum Inc.

23-30s-7w Kingman Ks

PO Box 391
Kingman Ks. 67068

Hufford #1-23

Job Ticket: 54247

DST#: 2

ATTN: Aaron Young

Test Start: 2014.08.18 @ 15:42:37

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 50.00 sec/qt

Water Loss: 8.79 in³

Resistivity: 0.00 ohm.m

Salinity: 3500.00 ppm

Filter Cake: 0.20 inches

Cushion Type:

Cushion Length:

Cushion Volume:

Gas Cushion Type:

Gas Cushion Pressure:

ft

bbl

psig

Oil API:

Water Salinity: 116000 ppm

deg API

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
140.00	SW / w o specs/Rw .055ohms@92deg	0.871
190.00	GM&WCO 30%g 15%m 17%w 38%o	2.665

Total Length: 330.00 ft

Total Volume: 3.536 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

GAS RATES

MTM Petroleum Inc.

23-30s-7w Kingman Ks

PO Box 391
Kingman Ks. 67068

Hufford #1-23

Job Ticket: 54247

DST#: 2

ATTN: Aaron Young

Test Start: 2014.08.18 @ 15:42:37

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

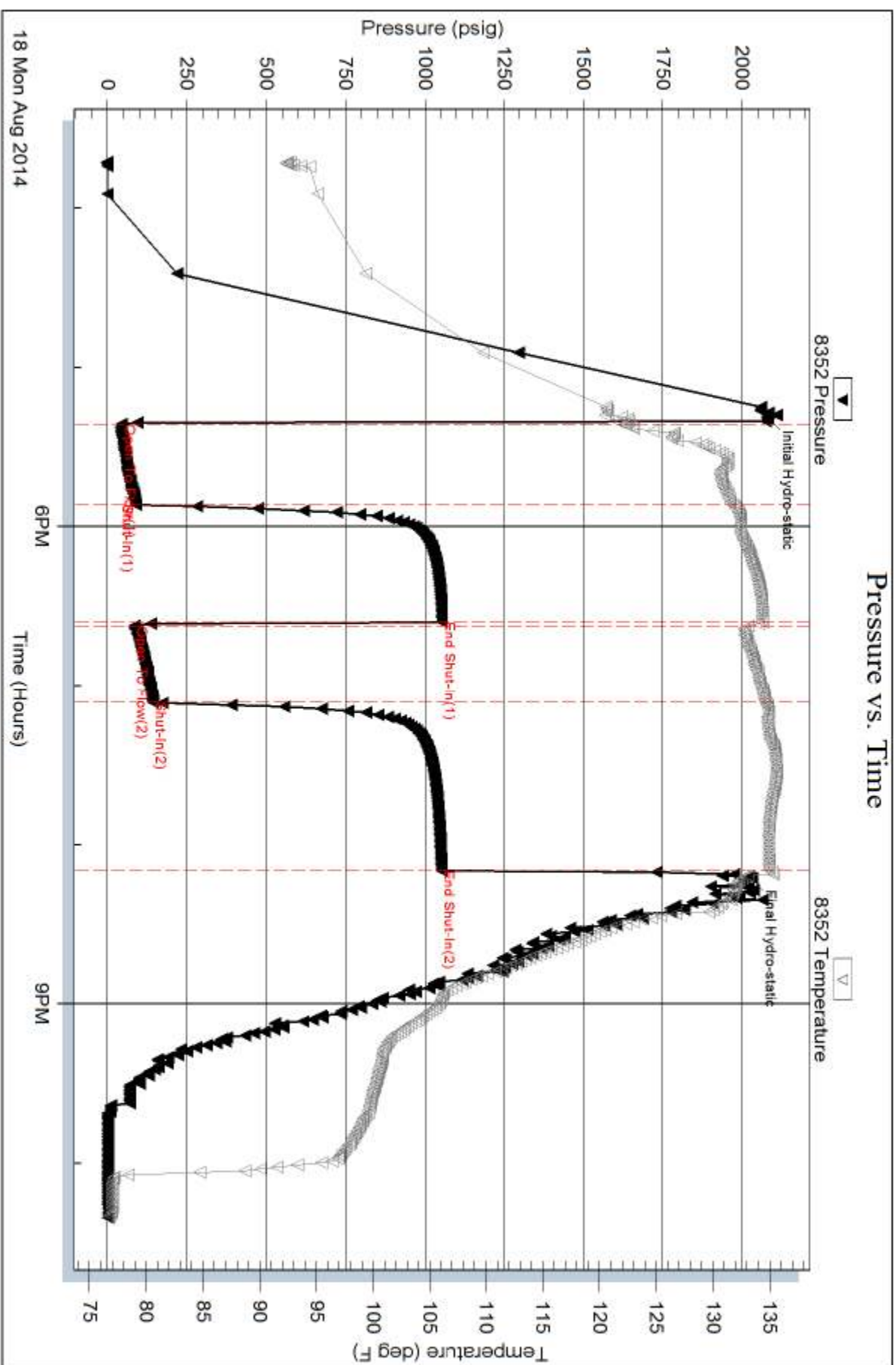
Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
1	20	0.25	5.50	31.57
1	20	0.25	5.50	31.57
1	20	0.25	5.50	31.57
1	30	0.25	8.00	35.54
2	10	0.25	9.00	37.12

Serial #: 8352

Outside MTM Petroleum Inc.

Hufford #1-23

DST Test Number: 2



Trilobite Testing, Inc

Ref. No: 54247

Printed: 2014.08.19 @ 13:50:13



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

23-30-7

FIELD SERVICE TICKET

1718 11045 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-19-14		DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:	
CUSTOMER MTM PET. INC.		LEASE Hufford		WELL NO. 1-23	
ADDRESS		COUNTY Kingman		STATE KS	
CITY		STATE		SERVICE CREW Mike Dale Joe	
AUTHORIZED BY		JOB TYPE: CNW Longstring			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS
77636-19905	9				
77639-19915	45				
28443					
TRUCK CALLED 8-19-14 DATE 8-19-14 AM PM TIME 3:00					
ARRIVED AT JOB 8-19-14 AM PM TIME 5:00					
START OPERATION 8-19-14 AM PM TIME 2:15					
FINISH OPERATION 8-19-14 AM PM TIME 2:00					
RELEASED 8-19-14 AM PM TIME 2:30					
MILES FROM STATION TO WELL 50					

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 Cement	SK	170		
CP 103	60/40 POZ	SK	30		
CC 105	C-41 P	lb	32		
CC 111	SALT	lb	845		
CC 115	C-44	lb	160		
CL 129	FLA -322	lb	80		
CL 201	GILSONITE	lb	850		
CF 606	Latch Down Plug	eq	1		
CF 1250	AUTO FILL SHOE	eq	1		
CF 1650	Turbolizer	eq	5		
C 704	KCL Sub.	gal	4		
CC 155	Super Flush II	gal	1000		
E 100	Pickup mileage	mi	50		
E 101	Heavy mileage	mi	100		
E 113	BULK DELIVERY	TM	465		
CE 205	DEPTH charge	4hr			
CE 240	MIXING charge	SK	200		
CE 501	Plug Container	JOB	1		
S 003	Supervisor	CY	1		

CHEMICAL / ACID DATA:			

SUB TOTAL **16,587** **12**

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth 4275	Depth	From	To	Pre Pad	Max		5 Min.
Volume 6.5	Volume	From	To	Pad	Min		10 Min.
Max Press 1000	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 4275	Packer Depth	From	To	Flush	Gas Volume		Total Load

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1700					ONLOC/safety meeting
					Run 12 JTS of 4 1/2 csg @ 10.5# P/D
					cen. on 2-3-6-8-10
1830					Start Running csg
2015					csg on bottom / line with Big
2115					Hook up to Pump to start JTB
2115	100		20	5	H2O Spacer with 2% KCL
			24	6	Super Flush
			5	3	H2O Spacer
	300		44	5	Mix 175 SK of AA2 cement @ 15#
			0	0	Shut Down Release Plug
2140			0	6	Start H2O Dis. with 2% KCL
			50	1	Lift PST
			58	4	slow Rate
2200			68	0	Plug Down
					Plug BH with 315K of 60/yr PC2
					JOB COMPLETE
					Thank you
					JAL

ALLIED OIL & GAS SERVICES, LLC 063031

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>8/12/14</u>	SEC. <u>23</u>	TWP. <u>30</u>	RANGE <u>7</u>	CALLED OUT	ON LOCATION <u>2:00 AM</u>	JOB START <u>6:00 AM</u>	JOB FINISH <u>6:30 AM</u>
LEASE <u>Hafford</u>	WELL # <u>1-23</u>	LOCATION <u>Rago KS, South to 150th St, Fort</u>			COUNTY <u>Kingman</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>2 mi to Rd 40, South into</u>				

CONTRACTOR Hardt #1 OWNER MTM

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>219</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>200</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>150</u>	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>20'</u>	
PERFS.	
DISPLACEMENT <u>13 Bbls Fresh H₂O</u>	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Jason Thinesch</u>
# <u>892/555</u>	HELPER <u>TJ Gibson</u>
BULK TRUCK	
# <u>364</u>	DRIVER <u>Jake Heard</u>
BULK TRUCK	
#	DRIVER

REMARKS:

CEMENT
AMOUNT ORDERED 175x Class A + 3% cct + 2% Gel

COMMON	<u>175x</u>	@	<u>17.90</u>	<u>3132.50</u>
POZMIX		@		
GEL	<u>329 #</u>	@	<u>50</u>	<u>164.50</u>
CHLORIDE	<u>4935 #</u>	@	<u>1.10</u>	<u>542.85</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING		@		
MILEAGE		@		

20% = 767.97 TOTAL 3839.85

SERVICE

DEPTH OF JOB	<u>219</u>			
PUMP TRUCK CHARGE			<u>1512.25</u>	
EXTRA FOOTAGE	<u>30</u>	@	<u>4.40</u>	<u>132.00</u>
MILEAGE	<u>30</u>	@	<u>7.70</u>	<u>231.00</u>
MANIFOLD		@		
Handling	<u>189.23</u>	@	<u>2.48</u>	<u>469.29</u>
Mileage	<u>259.09</u>	@	<u>2.75</u>	<u>712.50</u>

20% = 611.41 TOTAL 3057.04

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL

SALES TAX (If Any)

TOTAL CHARGES 16896.99

DISCOUNT \$5517.51 IF PAID IN 30 DAYS

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

SIGNATURE Scott Adulhun