



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232166
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: _____

1232166

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	Dible 1-8
Doc ID	1232166

All Electric Logs Run

Gamma Ray
Dual induction
Dual Compensated
Microresistivity

Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	Dible 1-8
Doc ID	1232166

Tops

Name	Top	Datum
Anhydrite	2659	339
Topeka	3778	-780
Heebner	3963	-965
Toronto	3991	-993
Lansing	4006	-1008
B KC	4251	-1253
Marmaton	4270	-1272
Pawnee	4334	-1336
Ft. Scott	4401	-1403
Mississippi	4564	-1566



DRILL STEM TEST REPORT

Prepared For: **Carmen Schmitt Inc**

PO Box 47
Great Bend, KS 67530-0047

ATTN: Brad Rine

Dible #1-8

8-7s-31w Thomas,KS

Start Date: 2014.11.05 @ 04:50:32

End Date: 2014.11.05 @ 10:30:47

Job Ticket #: 59702 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.11.08 @ 10:48:12



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Carmen Schmitt Inc
 PO Box 47
 Great Bend, KS 67530-0047
 ATTN: Brad Rine

8-7s-31w Thomas,KS
Dible #1-8
 Job Ticket: 59702 **DST#: 1**
 Test Start: 2014.11.05 @ 04:50:32

GENERAL INFORMATION:

Formation: **Ft Scott, Cherokee L**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 07:16:47
 Time Test Ended: 10:30:47
 Interval: **4387.00 ft (KB) To 4459.00 ft (KB) (TVD)**
 Total Depth: 4459.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Shane McBride
 Unit No: 55
 Reference Elevations: 2998.00 ft (KB)
 2987.00 ft (CF)
 KB to GR/CF: 11.00 ft

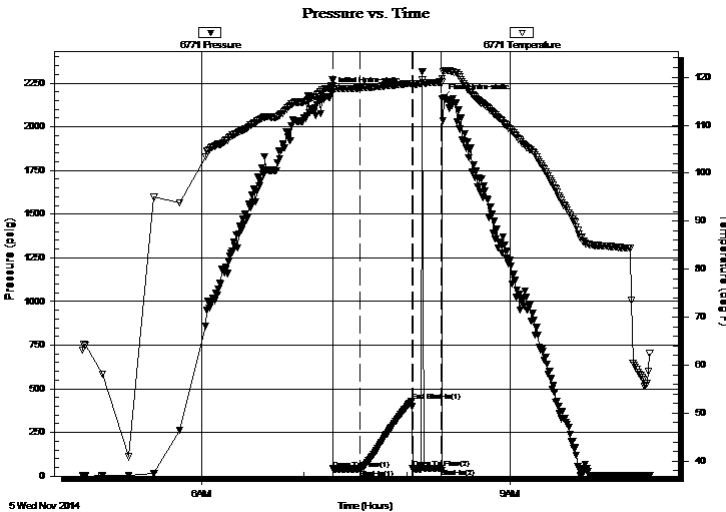
Serial #: 6771

Inside

Press@RunDepth: 41.29 psig @ 4388.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.11.05 End Date: 2014.11.05 Last Calib.: 2014.11.05
 Start Time: 04:50:32 End Time: 10:21:47 Time On Btm: 2014.11.05 @ 07:16:02
 Time Off Btm: 2014.11.05 @ 08:20:32

TEST COMMENT: Slid tool 8' to bottom 1 1/2" in blow, Bled off mud blow, No blow
 No return
 No blow, Flush tool after 5 min, good surge, No blow
 pulled tool after 15 min on final flow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2201.64	117.90	Initial Hydro-static
1	41.21	117.07	Open To Flow (1)
17	41.29	117.74	Shut-In(1)
47	431.14	118.72	End Shut-In(1)
48	42.33	118.58	Open To Flow (2)
64	45.00	118.99	Shut-In(2)
65	2161.19	119.78	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud 100% m	0.05

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Carmen Schmitt Inc
PO Box 47
Great Bend, KS 67530-0047

ATTN: Brad Rine

8-7s-31w Thomas,KS
Dible #1-8
Job Ticket: 59702 **DST#: 1**
Test Start: 2014.11.05 @ 04:50:32

GENERAL INFORMATION:

Formation: **Ft Scott, Cherokee L**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 07:16:47

Time Test Ended: 10:30:47

Interval: 4387.00 ft (KB) To 4459.00 ft (KB) (TVD)

Total Depth: 4459.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)

Tester: Shane McBride

Unit No: 55

Reference Elevations: 2998.00 ft (KB)

2987.00 ft (CF)

KB to GR/CF: 11.00 ft

Serial #: 8844 Outside

Press@RunDepth: psig @ 4388.00 ft (KB)

Start Date: 2014.11.05 End Date: 2014.11.05

Start Time: 04:51:01 End Time: 10:22:16

Capacity: 8000.00 psig

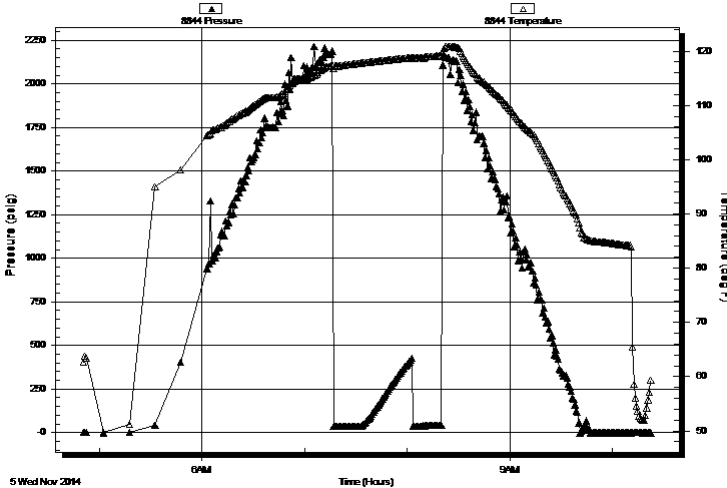
Last Calib.: 2014.11.05

Time On Btm:

Time Off Btm:

TEST COMMENT: Slid tool 8' to bottom 1 1/2" in blow, Bled off mud blow, No blow
No return
No blow, Flush tool after 5 min, good surge, No blow
pulled tool after 15 min on final flow

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud 100% m	0.05

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Carmen Schmitt Inc

8-7s-31w Thomas,KS

PO Box 47
Great Bend, KS 67530-0047

Dible #1-8

Job Ticket: 59702

DST#: 1

ATTN: Brad Rine

Test Start: 2014.11.05 @ 04:50:32

Tool Information

Drill Pipe:	Length: 4137.00 ft	Diameter: 3.80 inches	Volume: 58.03 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 234.00 ft	Diameter: 2.25 inches	Volume: 1.15 bbl	Weight to Pull Loose: 85000.00 lb
			<u>Total Volume: 59.18 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	12.00 ft			String Weight: Initial 68000.00 lb
Depth to Top Packer:	4387.00 ft			Final 68000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	72.00 ft			
Tool Length:	100.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Length (ft) Serial No. Position Depth (ft) Accum. Lengths

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4360.00	
Shut In Tool	5.00			4365.00	
Hydraulic tool	5.00			4370.00	
Jars	5.00			4375.00	
Safety Joint	3.00			4378.00	
Packer	5.00			4383.00	28.00 Bottom Of Top Packer
Packer	4.00			4387.00	
Stubb	1.00			4388.00	
Recorder	0.00	6771	Inside	4388.00	
Recorder	0.00	8844	Outside	4388.00	
Perforations	32.00			4420.00	
Change Over Sub	1.00			4421.00	
Drill Pipe	32.00			4453.00	
Change Over Sub	1.00			4454.00	
Bullnose	5.00			4459.00	72.00 Bottom Packers & Anchor

Total Tool Length: 100.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt Inc
 PO Box 47
 Great Bend, KS 67530-0047
 ATTN: Brad Rine

8-7s-31w Thomas,KS
Dible #1-8
 Job Ticket: 59702 **DST#: 1**
 Test Start: 2014.11.05 @ 04:50:32

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	0 ppm
Viscosity: 52.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.39 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 1500.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud 100%m	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

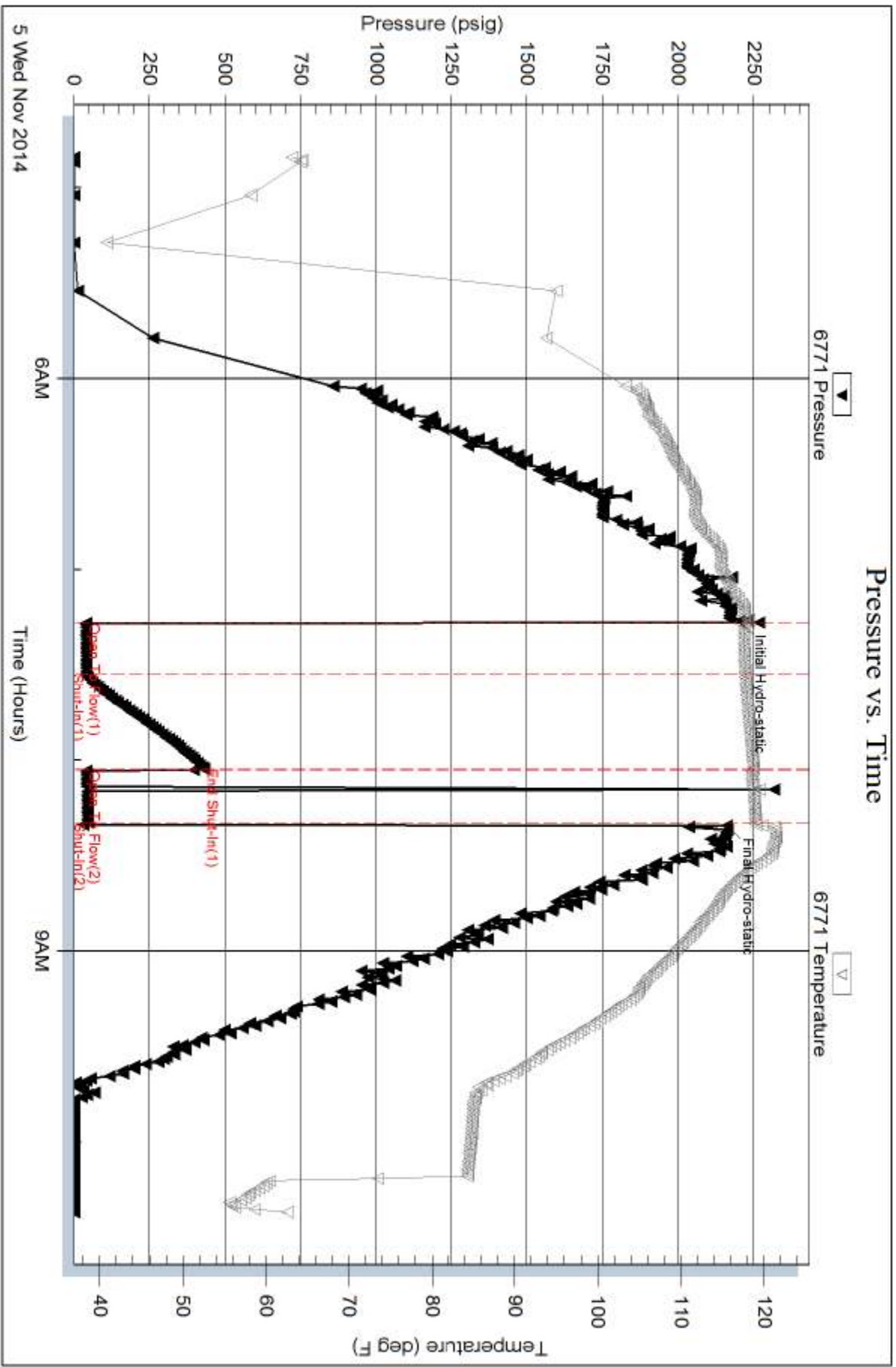
Serial #: 6771

Inside

Carmen Schmitt Inc

Dible #1-8

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 59702

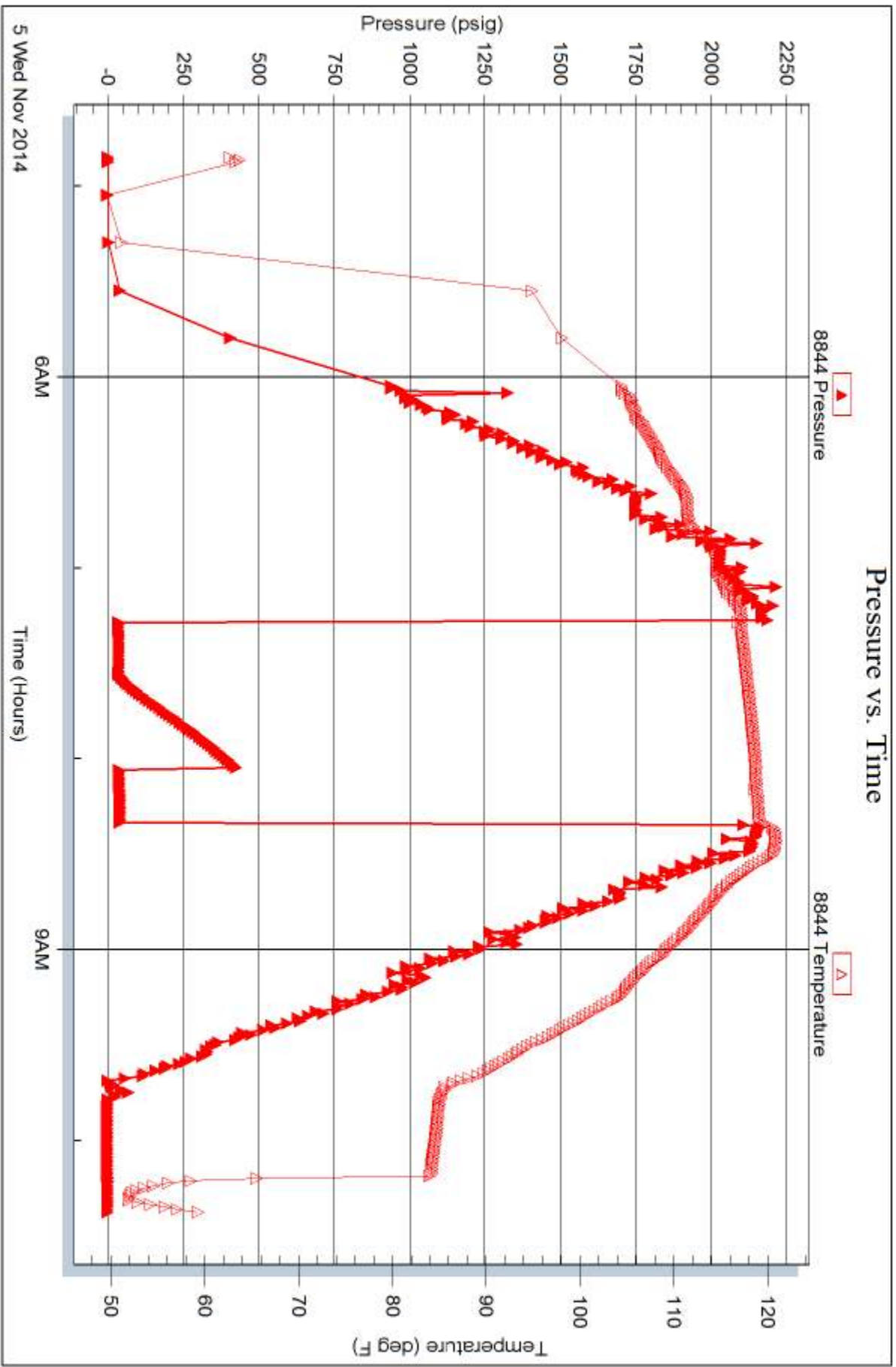
Printed: 2014.11.08 @ 10:48:14

Serial #: 8844

Outside Carmen Schnitt Inc

Dible #1-8

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 59702

Printed: 2014.11.08 @ 10:48:14



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 59702

Well Name & No. Dible # 1-8 Test No. #1 Date 11/5/14
 Company Carmen Schmitt Inc. Elevation 2998 KB 2987 GL
 Address P.O. Box 47 Great Bend, Ks 67530-0047
 Co. Rep / Geo. Brad Rine Rig Mud Log #22
 Location: Sec. 8 Twp. 75 Rge. 3W Co. Thomas State Ks

Interval Tested 4387 4459 Zone Tested Ft. Scott, Cherokee ls
 Anchor Length 72 Drill Pipe Run 4137 Mud Wt. 9.2
 Top Packer Depth 4382 Drill Collars Run 234' Vis 52
 Bottom Packer Depth 4387 Wt. Pipe Run --- WL 6.4
 Total Depth 4459 Chlorides 1500 ppm System LCM #3

Blow Description Slide tool 8' to bottom 1/2" blow/Bled off mud blow, No blow, I.S.I.: No return
F.F.: No blow, Flush Tool After 5min, good Surge, No blow
E.S.I.: Pull Tool After 15min on Final Flow

Rec	Feet of	%gas	%oil	%water	%mud
<u>10'</u>	<u>mud</u>				<u>100%</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 10' BHT 121° Gravity --- API RW --- @ --- F Chlorides --- ppm
 (A) Initial Hydrostatic 2201 Test 1250 T-On Location 04:20
 (B) First Initial Flow 41 Jars 250 T-Started 04:50
 (C) First Final Flow 41 Safety Joint 75 T-Open 07:19
 (D) Initial Shut-In 431 Circ Sub N/C T-Pulled 08:19
 (E) Second Initial Flow 42 Hourly Standby T-Out 10:30
 (F) Second Final Flow 45 Mileage 144 N 75rt 116.25 Comments
 (G) Final Shut-In --- Sampler
 (H) Final Hydrostatic 2161 Straddle Ruined Shale Packer
 Shale Packer Ruined Packer
 Extra Packer Extra Copies
 Extra Recorder
 Day Standby
 Accessibility

Initial Open 15
 Initial Shut-In 30
 Final Flow 15
 Final Shut-In ---
 Sub Total 1691.25
 Total 1691.25
 MP/DST Disc't

Approved By Brad Rine 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.



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 59703

4/10

Well Name & No. Doble #18 Test No. _____ Date 11/6/14
 Company Carmen Schutte Inc Elevation _____ KB _____ GL _____
 Address P.O. Box 47 Great Bend KS 67530-0047
 Co. Rep / Geo. _____ Rig _____
 Location: Sec. _____ Twp. _____ Rge. _____ Co. _____ State _____

Interval Tested _____ Zone Tested _____
 Anchor Length _____ Drill Pipe Run _____ Mud Wt. _____
 Top Packer Depth _____ Drill Collars Run _____ Vis _____
 Bottom Packer Depth _____ Wt. Pipe Run _____ WL _____
 Total Depth _____ Chlorides _____ ppm System _____ LCM _____

Blow Description Geo Called @ 10:00 am. Released me to pickup tools finished last test @ 10:30 am. on the 11/5/14

Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total _____ BHT _____ Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

- (A) Initial Hydrostatic _____ Test _____ T-On Location _____
- (B) First Initial Flow _____ Jars _____ T-Started _____
- (C) First Final Flow _____ Safety Joint _____ T-Open _____
- (D) Initial Shut-In _____ Circ Sub _____ T-Pulled _____
- (E) Second Initial Flow _____ Hourly Standby _____ T-Out _____
- (F) Second Final Flow _____ Mileage 144 RT 116.25 Comments _____
- (G) Final Shut-In _____ Sampler _____
- (H) Final Hydrostatic _____ Straddle _____ Ruined Shale Packer _____

Initial Open _____ Shale Packer _____ Ruined Packer _____
 Initial Shut-In _____ Extra Packer _____ Extra Copies _____
 Final Flow _____ Extra Recorder _____ Sub Total 0
 Final Shut-In _____ Day Standby _____ Total 116.25
 Sub Total 116.25 Accessibility _____ MP/DST Disc't _____

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.



REMIT TO
FINV
 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 # 272236

=====
 Invoice Date: 10/31/2014 Terms: 10/10/10,n/30 Page 1

CARMEN SCHMITT, INC. P.O. BOX 47 (915 HARRISON) GREAT BEND KS 57530 (620)793-5100	DIBLE #1-18 8-7-31 47775 10/31/2014 KS
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Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	18.5500	3710.00
1102	CALCIUM CHLORIDE (50#)	564.00	.9400	530.16
1118A	S-5 GEL/ BENTONITE (50#)	376.00	.2700	101.52

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-434.16
9995-130	CEMENT EQUIPMENT DISCOUNT	-171.13

Description	Hours	Unit Price	Total
399 CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
399 EQUIPMENT MILEAGE (ONE WAY)	25.00	5.25	131.25
460 TON MILEAGE DELIVERY	1.00	430.00	430.00

18814.0108
 710/43
 Well file

Amount Due 6363.37 if paid after 11/10/2014

Parts:	4341.68	Freight:	.00	Tax:	279.40	AR	5727.04
Labor:	.00	Misc:	.00	Total:	5727.04		
Sublt:	-605.29	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

272780

TICKET NUMBER 47775 590 ⁵¹¹

LOCATION Oakley KS

FOREMAN Dane Retzlaff

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
10/31/14	1860	Doble # 1-18	8	7	31	Thomas
CUSTOMER Carmen Schmitt			KS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY STATE ZIP CODE			399	Mike		
			460	Cody		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 267 CASING SIZE & WEIGHT 8 5/8 24 LBS
 CASING DEPTH 267 DRILL PIPE 4.5 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT In CASING 20
 DISPLACEMENT 15.73 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up. Break circ. Mix 200 sks Class A 3%acc 2%gel
Displace 15 3/4 BBLs of water. Shut in. Wash up. Rig down

Thanks Dane & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	1150.00	1150.00
5406	25	MILEAGE	5.25	131.25
5407A	9.4	Tom Mileage Delivery (min)	1.75	430.00
1104s	200 sks	Class A cement	18.55	3710.00
1102	564	Calcium Chloride	.94	530.16
1118A	376	Bentonite	.27	101.52
			Sub	6052.93
			less 10%	605.29
			Total	5447.64
			SALES TAX	279.40
			ESTIMATED TOTAL	5727.04

Revin 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.