



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234970
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: _____



1234970

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: 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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Form	ACO1 - Well Completion
Operator	Anderson Exploration LLC
Well Name	Knoll 26-1
Doc ID	1234970

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4006-4010	350 gal 15% MCA Mud Acid	4006-4010
	3878	Drillable Plug	3878
4	3830-3836	350 gal 15% MCA, Recovered, 1500 gal NE/FE	3830-3836
	3824	Retrievable Bridge Plug	3824
4	3816-3819	300 gal 15% MCA Mud Acid	3816-3819
4	3814-3816	600 gal 15 MCA Mud Acid, 600 gal 15% NE/FE,	3814-3816

Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
9/25/2014	1483

Bill To
ANDERSON EXPLORATION 748 S 4TH AVE HILL CITY, KS 67642

P.O. No.	Terms	Project
KNOLL#26-1	Net 30	

Quantity	Description	Rate	Amount
150	COMMON	16.75	2,512.50
5	CALCIUM	59.00	295.00
3	GEL	23.50	70.50
158	HANDLING	2.10	331.80
	BULK MILEAGE	442.40	442.40
1	TRI-PLEX PUMP CHARGE FOR SURFACE	1,250.00	1,250.00
56	PUMP TRUCK MILEAGE	6.50	364.00
56	PICKUP	2.50	140.00
	DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE GRAHAM CO	7.15%	0.00

Thank you for your business.

Total \$5,406.20

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
10/11/2014	1464

Bill To
ANDERSON EXPLORATION 748 S 4TH AVE HILL CITY, KS 67642

P.O. No.	Terms	Project
KNOLL#26-1	Net 30	

Quantity	Description	Rate	Amount
	BOTTOM STAGE BULK TRUCK		
150	COMMON	0.00	0.00
13	SALT	16.75	2,512.50
3	GEL	16.00	208.00
7	PLASTER	23.50	70.50
173	HANDLING	26.25	183.75
	BULK MILEAGE	2.10	363.30
		674.70	674.70
	TOP STAGE BULK TRUCK		
270	COMMON	16.75	4,522.50
180	POZ	9.55	1,719.00
24	GEL	23.50	564.00
474	HANDLING	2.10	995.40
	BULK MILEAGE	1,848.60	1,848.60
1	TRI-PLEX PUMP TRUCK CHARGE FOR FIRST STAGE	1,850.00	1,850.00
1	PUMP TRUCK CHARGE FOR 2ND STAGE	1,250.00	1,250.00
78	PUMP TRUCK MILEAGE	6.50	507.00
78	PICKUP	2.50	195.00
1	5 1/2 DV TOOL WITH CLOSING PLUG	4,950.00	4,950.00
1	5 1/2 LD & BAFFLE	285.00	285.00
5	5 1/2 CENTRALIZER	72.50	362.50
2	5 1/2 BASKET	215.00	430.00
1	5 1/2 AFU FLOAT SHOE	325.00	325.00
1,000	MUD FLUSH	1.25	1,250.00
	DEDUCT 20% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE GRAHAM CO	7.15%	0.00

It's been a pleasure working with you!

Total \$25,066.75

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

E 11-4-14

Schippers Oilfield Services LLC

Invoice

RR 1 Box 90D
Hoxie, KS 67740

Date 10/27/2014

Phone # 785-675-8974 sosllc@ruraltel.net
Fax # 785-675-9938

Invoice # A1508

Bill To
ANDERSON EXPLORATION LLC 168 S LARK LN WICHITA, KS 67209

Ship To

P.O. # KNOLL 26-1
Terms Net 30

Ship Date 10/29/2014
Due Date 11/26/2014
Other

Item	Description	Qty	Price	Amount
Acid	MCA 15%	350	2.00	700.00T
Corrosion Inhibitor	A1-260	0.75	62.25	46.69T
Non Emulsion	NE-320	2	39.75	79.50T
Silt Suspender	SS-601	2.25	35.25	79.31T
Clay Stay	CS-702	2.25	38.25	86.06T
Iron Control	Iron Stay 8004	0.75	99.75	74.81T
Mutual Solvent	Bach Solv 8000	6.5	43.20	280.80T
Pump truck charge	Tri- plex pump charge		750.00	750.00
Pumptruck mileage	One way to Location	37	6.50	240.50

TAKE 10% DISCOUNT IF PAID WITHIN 20 DAYS. DEDUCT FROM TOTAL.

Subtotal	\$2,337.67
Sales Tax (7.55%)	\$101.71
Total	\$2,439.38
Payments/Credits	\$0.00
Balance Due	\$2,439.38

Schippers Oilfield Services LLC

11-4-14

Schippers Oilfield Services LLC

RR 1 Box 90D
Hoxie, KS 67740

Phone # 785-675-8974 sosllc@ruraltel.net
Fax # 785-675-9938

Invoice

Date 10/28/2014
Invoice # A1509

Bill To
ANDERSON EXPLORATION LLC 168 S LARK LN WICHITA, KS 67209

Ship To

P.O. # KNOLL 26-1
Terms Net 30

Ship Date 10/28/2014
Due Date 11/27/2014
Other

Item	Description	Qty	Price	Amount
Acid	MCA 15%	350	2.00	700.00T
Corrosion Inhibitor	A1-260	0.75	62.25	46.69T
Non Emulsion	NE-320	2	39.75	79.50T
Silt Suspender	SS-601	2.25	35.25	79.31T
Clay Stay	CS-702	2.25	38.25	86.06T
Iron Control	Iron Stay 8004	0.75	99.75	74.81T
Mutual Solvent	Bach Solv 8000	6.5	43.20	280.80T
Pump truck charge	Tri- plex pump charge		750.00	750.00
Pumptruck mileage	One way to Location	63	6.50	409.50
wait time		1	125.00	125.00

TAKE 10% DISCOUNT IF PAID WITHIN 20 DAYS. DEDUCT FROM TOTAL.

Subtotal	\$2,631.67
Sales Tax (7.55%)	\$101.71
Total	\$2,733.38
Payments/Credits	\$0.00
Balance Due	\$2,733.38

Schippers Oilfield Services LLC

Schippers Oilfield Services LLC

RR 1 Box 90D
Hoxie, KS 67740

Phone # 785-675-8974 sosllc@ruraltel.net
Fax # 785-675-9938

Invoice

Date 10/29/2014
Invoice # A1511

Bill To
ANDERSON EXPLORATION LLC 168 S LARK LN WICHITA, KS 67209

Ship To

P.O. # KNOLL 26-1
Terms Net 30

Ship Date 10/29/2014
Due Date 11/28/2014
Other

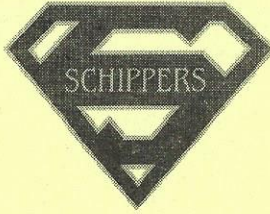
Item	Description	Qty	Price	Amount
Acid	15% NEFE	1,500	2.00	3,000.00T
Corrosion Inhibitor	A1-260	1.5	62.25	93.38T
Non Emulsion	NE-320	7.5	39.75	298.13T
Clay Stay	CS-702	7.5	38.25	286.88T
Iron Control	Iron Stay 8004	3	99.75	299.25T
Pump truck charge	Tri- plex pump charge		750.00	750.00
Pumptruck mileage	One way to Location	36	6.50	234.00

20% DISCOUNT IF PAID WITHIN 20 DAYS. DEDUCT FROM TOTAL

Subtotal	\$4,961.64
Sales Tax (7.55%)	\$300.31
Total	\$5,261.95
Payments/Credits	\$0.00
Balance Due	\$5,261.95

Schippers Oilfield Services LLC

No 01518



S.O.S. LLC

1255 E. Hwy. 24
Hoxie, KS 67740

Invoice

Date: 12/5/14

Bill To: Anderson Exploration

Customer Signature _____

Lease	Date of Service	Type of Service	County	State
<u>Knull 26-1</u>	<u>12/5/14</u>	<u>300 gal 15% MCA BD</u>	<u>GK</u>	<u>KS</u>

Qty.	Item #	Description	Unit Price	Amount
<u>300</u>	<u>Acid</u>	<u>15% MCA</u>	<u>2.00</u>	<u>600.00</u>
	<u>Additives</u>			
<u>1</u>	<u>260</u>		<u>62.25</u>	<u>62.25</u>
<u>1 3/4</u>	<u>320</u>		<u>39.75</u>	<u>69.50</u>
<u>1</u>	<u>601</u>		<u>35.25</u>	<u>35.25</u>
<u>1 3/4</u>	<u>702</u>		<u>38.25</u>	<u>66.75</u>
<u>3/4</u>	<u>9004</u>		<u>99.75</u>	<u>74.81</u>
<u>5 1/2</u>	<u>9000</u>		<u>43.20</u>	<u>237.60</u>
		Truck Mileage	<u>6.50</u>	<u>36 miks</u> <u>234.00</u>
		Pickup Mileage		
		Pump Truck Charge	<u>750.00</u>	<u>750.00</u>
			Discount	

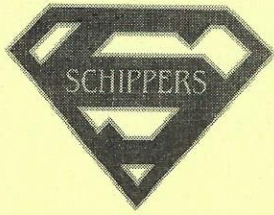
Hoxie Sentinel Print / Form 357

Total Discount

Subtotal	<u>2130.51</u>
Sales Tax	
Total	

Make all checks payable to Schippers Oilfield Service, LLC
Thank you for your business!

1255 E. Hwy. 24 • Hoxie, KS 67740 • Phone: 785-675-9991 • Cell: 785-675-8974 • Fax: 785-675-9938



S.O.S. LLC
 1255 E. Hwy. 24
 Hoxie, KS 67740

No 01519

Invoice

Date: 12/10/14

Bill To: Anderson Explor.

Customer Signature
Dean Anderson

Lease	Date of Service	Type of Service	County	State
Knd1 261	12/10/14	600 gal/15% NS/FE 600 MCA	GA	KS

Qty.	Item #	Description	Unit Price	Amount
1200	Acid	15% Acid	2.00	2400.00
	Additives			
2.5	260		62.25	155.63
6	320		39.75	238.50
1.75	601		35.25	61.69
6	702		38.25	229.50
2.5	8004		99.75	249.38
11	8000		43.20	475.20
	Truck Mileage		6.50	36 miles 234.00
	Pickup Mileage			
	Pump Truck Charge		70.00	70.00
	Discount			

Hoxie Sentinel Print / Form 357

Total Discount

Subtotal	4793.90
Sales Tax	
Total	

Make all checks payable to Schippers Oilfield Service, LLC
 Thank you for your business!

1255 E. Hwy. 24 • Hoxie, KS 67740 • Phone: 785-675-9991 • Cell: 785-675-8974 • Fax: 785-675-9938



Water Analysis Report

Attention: **Brodie Pfannenstiel**

Customer: **Anderson Exploration, LLC**

Location Code: **158700**

Region: **Not Available**

Sample ID: **AC96694**

Location: **Gorham, KS**

Batch ID: **141120095333**

System: **Production System**

Collection Date: **11/19/2014**

Equipment: **Well Kanoll 26-1**

Receive Date: **11/20/2014**

Lab ID: **ABU-0055**

Report Date: **11/24/2014**

Sample Point: **Well Head**

Analyses	Result	Unit
Dissolved CO2	440	mg/L
Dissolved H2S	8	mg/L
pH	6.8	
Pressure	25	psi
Temperature	100	° F

Analyses	Result	Unit
Ionic Strength	2.72	
Resistivity	0.043	ohms - m
Total Dissolved Solids	149046.5	mg/L
Conductivity	232369	µS - cm3
Specific Gravity	1.087	
Bicarbonate	659	mg/L

Cations	Result	Unit
Iron	327	mg/L
Manganese	3.48	mg/L
Barium	0.366	mg/L
Strontium	70.61	mg/L
Calcium	4552	mg/L
Magnesium	710.6	mg/L
Sodium	51812.42	mg/L

Anions	Result	Unit
Chloride	88232	mg/L
Sulfate	2679	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	-0.01
Barite BaSO4 PTB	0.1
Barite BaSO4 SI	0.27
Calcite CaCO3 PTB	118.3
Calcite CaCO3 SI	0.34
Celestite SrSO4 PTB	8.0
Celestite SrSO4 SI	0.08
Gypsum CaSO4 SI	-0.05
Hemihydrate CaSO4 SI	-0.08
Saturation Index Calculation (Tomson-Oddo Model)	

Comments:

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GLOBAL CEMENTING, L.L.C.

1483

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Pinhook

DATE <u>7-25-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>K. Hill</u>	WELL #. <u>261</u>		LOCATION			COUNTY <u>Graham CO</u>	STATE <u>KS</u>
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Anderson Exp #1

TYPE OF JOB Swi. op.

HOLE SIZE <u>11"</u>	T.D. <u>225</u>
CASING SIZE <u>9 5/8"</u>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT	

OWNER _____

CEMENT AMOUNT ORDERED 1505+ 3 1/2 cc 2 1/2 gal

EQUIPMENT

PUMP TRUCK # <u>1</u>	CEMENTER <u>Co. 1</u>
	HELPER <u>214</u>
BULK TRUCK # <u>B3</u>	DRIVER <u>Budd</u>
BULK TRUCK # _____	DRIVER _____

COMMON _____	@ _____
POZMIX _____	@ _____
GEL _____	@ _____
CHLORIDE _____	@ _____
ASC _____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
HANDLING _____	@ _____
MILEAGE _____	@ _____
TOTAL _____	

REMARKS:
See Specials of 7/25/14, + Loading Time
Exp. Completion. Breakup program 150-200, completed
Cement Displaced 13 bbls of H2O - 34 + 100 = 200 psi

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>28.2</u> _____	@ _____
MANIFOLD _____	@ _____
_____	@ _____
_____	@ _____
TOTAL _____	

CHARGE TO: Anderson Exp

STREET _____

CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
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 Dean Anderson

SIGNATURE Dean Anderson

PLUG & FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL _____	

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

GLOBAL CEMENTING, L.L.C.

1464

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT Russell, KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
10-11-10							
LEASE	WELL#	LOCATION		COUNTY	STATE		
R211	26-1				KS		
OLD OR (NEW) (CIRCLE ONE)							
(NEW)							

CONTRACTOR H&H
 TYPE OF JOB Leaky String
 HOLE SIZE 7 7/8 T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL LV Tool DEPTH _____
 PRES. MAX 1500psi MINIMUM 200psi
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 400+
 PERFS _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 1800 yds 10% 90 plaster
4500 yds 10% 90 plaster

EQUIPMENT
 PUMP TRUCK CEMENTER Frank
 # P1 HELPER Bleek
 BULK TRUCK DRIVER Jul
 BULK TRUCK DRIVER Jason

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

REMARKS:
ran 15 of 5' csg in uncured condition
at 1500psi and 1500psi. 10% 90 plaster
used @ 1500psi. 10% 90 plaster
held drop joint 400 and stage crack
open to tool @ 1500psi. 10% 90 plaster
held 1500psi 10% 90 plaster
held 1500psi 10% 90 plaster
held 1500psi 10% 90 plaster
held 1500psi 10% 90 plaster

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 392 @ _____
 MANIFOLD _____ @ _____
 TOTAL _____

CHARGE TO: Anderson Explorations
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT
1- New shoe
5- csg + @ _____
7- 1000psi @ _____
1- 100 Tool @ _____
1- Latex 1.0m x 1.1m @ _____
1- 1000psi flush @ _____
 TOTAL _____

Global Cementing, L.L.C.,
 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 Dean Anderson
 SIGNATURE Dean Anderson

SALES TAX (if Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

Cement Did Circulate