



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238149
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: _____



1238149

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 144209

Invoice Date: Jul 2, 2014

Page: 1

Bill To:

Novy Oil & Gas, Inc.
P.O. Box 559
Goddard, KS 67052

JUL 15 2014

Customer ID	Field Ticket #	Payment Terms	
Nove	63627	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Jul 2, 2014	8/1/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Wethroder #1		
160.00	CEMENT MATERIALS	Class A Common	17.90	2,864.00
300.00	CEMENT MATERIALS	Gel	1.05	315.00
451.00	CEMENT MATERIALS	Chloride	1.10	496.10
173.00	CEMENT SERVICE	Cubic Feet Charge	2.48	429.04
276.14	CEMENT SERVICE	Ton Mileage Charge	2.75	759.39
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
35.00	CEMENT SERVICE	Pump Truck Mileage	7.70	269.50
35.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	154.00
1.00	CEMENT SUPERVISOR	Johnny Cress		
1.00	EQUIPMENT OPERATOR	Kevin Eddy		
1.00	OPERATOR ASSISTANT	Brian Lang		
1.00	OPERATOR ASSISTANT	Kevin Weighous		

Subtotal	6,799.28
Sales Tax	262.77
Total Invoice Amount	7,062.05
Payment/Credit Applied	
TOTAL	7,062.05

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

\$ 1,699.83

ONLY IF PAID ON OR BEFORE

Aug 1, 2014

ALLIED OIL & GAS SERVICES, LLC 063627

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Great Bend, KS

DATE <u>7-2-14</u>	SEC <u>15</u>	TWP <u>23S</u>	RANGE <u>10W</u>	CALLED OUT <u>4:30pm</u>	ON LOCATION <u>5:15</u>	JOB START <u>5:30</u>	JOB FINISH <u>8:00</u>
LEASE <u>Wethers</u>	WELL # <u>W111 order #1</u>	LOCATION <u>Great Bend - 5 on 281 to 70th St</u>			COUNTY <u>Rice</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)				<u>18 East south into</u>			

CONTRACTOR Procey Oil & Gas Landmark OWNER Novoy Oil & Gas

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 220

CASING SIZE 8 5/8 DEPTH 220

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 150 psi MINIMUM 0

MEAS. LINE _____ SHOE JOINT 40'

CEMENT LEFT IN CSG. 40'

PERFS. _____

DISPLACEMENT 11.45 bbls

CEMENT AMOUNT ORDERED 160 sks
Class A + 3% AC + 2% Gel

COMMON	<u>160</u>	@	<u>17.90</u>	<u>2,864.00</u>
POZMIX		@		
GEL	<u>300</u>	@	<u>1.05</u>	<u>315.00</u>
CHLORIDE	<u>451</u>	@	<u>1.10</u>	<u>496.10</u>
ASC		@		
<u>Material Total</u>				<u>3,675.10</u>
		@	<u>25%</u>	<u>918.78</u>
<u>Service</u>				
HANDLING	<u>173</u>	@	<u>2.48</u>	<u>429.04</u>
MILEAGE	<u>7.89 x 35 x</u>	@	<u>2.75</u>	<u>759.41</u>

EQUIPMENT

PUMP TRUCK CEMENTER Johnny Cress

366 HELPER Kevin Eddy, Brian Long

BULK TRUCK DRIVER Kevin Weighbas

10020610/170

BULK TRUCK DRIVER _____

REMARKS:

DEPTH OF JOB	<u>220</u>		
PUMP TRUCK CHARGE			<u>1512.35</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>Hvm 35</u>	@	<u>7.70</u>
MANIFOLD		@	
	<u>Lvm 35</u>	@	<u>4.40</u>
		@	

CHARGE TO: Novoy Oil & Gas

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 3,124.20

25% 781.05

PLUG & FLOAT EQUIPMENT

N/A

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

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.

SALES TAX (If Any) _____

TOTAL CHARGES 6,799.30

DISCOUNT 25% 1,699.83 (25/25/0)

IF PAID IN 30 DAYS

5,099.47

PRINTED NAME Dan Kelly

SIGNATURE Dan Kelly



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002956	1718	07/15/2014
INVOICE NUMBER			
91540917			

Pratt (620) 672-1201
 B NOVY OIL & GAS INC
 I PO BOX 559
 L GODDARD
 L KS US 67052
 T
 O ATTN: W.L.

J LEASE NAME Withroder 1
 O LOCATION
 B COUNTY Reno JUL 17 2014
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40743616	20920		Net - 30 days	08/14/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 07/10/2014 to 07/10/2014</i>				
0040743616				
171810898A Cement-New Well Casing/Pi 07/10/2014 Cement 5 1/2" Longstring				
60/40 POZ	150.00	EA	9.24	1,385.93 T
Celloflake	25.00	EA	2.85	71.22 T
C-41P	22.00	EA	3.08	67.76 T
Salt	805.00	EA	0.38	309.91 T
Cement Friction Reducer	26.00	EA	4.62	120.11 T
Mud Flush	500.00	EA	1.15	577.47 T
Gilsonite	1,000.00	EA	0.52	515.87 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	307.98	307.98
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	277.19	277.19
"Turbolizer, 5 1/2" (Blue)"	6.00	EA	84.70	508.17
"5 1/2" Basket (Blue)"	2.00	EA	223.29	446.58
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	3.27	179.98
Heavy Equipment Mileage	110.00	MI	5.39	592.87
"Proppant & Bulk Del. Chgs., per ton mil	355.00	EA	1.69	601.34
Depth Charge; 3001-4000'	1.00	EA	1,663.11	1,663.11
Blending & Mixing Service Charge	150.00	BAG	1.08	161.69
Plug Container Util. Chg.	1.00	EA	192.49	192.49
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.74	134.74

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,114.41
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	233.19
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	8,347.60
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

JUL 17 2014

FIELD SERVICE TICKET
1718 10898 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>07-10-14</u> DISTRICT <u>PRATT KS</u>		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 <u>NOUY OIL-PAS</u>		LEASE <u>with Roder</u> 1 WELL NO.:								
ADDRESS		COUNTY <u>Rawl</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>Sullivan, Eging, Gibson</u>								
AUTHORIZED BY		JOB TYPE: <u>CNW 5" 2 1/2"</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>37708-20920</u>	<u>45</u>						<u>7-10-14</u>			<u>3:00</u>
<u>19960-71010</u>	<u>45</u>					ARRIVED AT JOB				<u>4:15</u>
<u>37900</u>						START OPERATION				<u>11:35</u>
						FINISH OPERATION				<u>12:15</u>
						RELEASED				<u>12:45</u>
						MILES FROM STATION TO WELL				<u>55</u>

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 pot cement	SK	100		1,200 00
CP 103	60/40 pot	CR	50		600 00
PC 102	CELLFRAKE	lb	25		92 50
CC 105	C-41-P	lb	22		88 00
CC 111	SALT	lb	805		402 50
CC 112	C 7, R	lb	26		156 00
CC 201	Gilsoite	lb	1000		670 00
CF 607	LATCH DOWN Plug Baffle 5/12	SA	1		400 00
CF 1251	Auto Fill Shoe	SA	1		360 00
CF 1051	Turbopliers	SA	6		660 00
CF 1901	BASKET	SA	2		380 00
CC 151	mod. Fluids	gal	500		750 00
E 100	pukey mix	cu	55		233 75
E 101	HP mix	cu	110		770 00
E 113	Bulk Delivery	TM	355		780 45
CE 204	Depth change	SA	1		2,160 00
CE 240	Blending mix	SK	150		210 00
CE 504	Plug Cement Rental	SA	1		250 00
B003	Secure Suspension	SA	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>1,688 114 41</u>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE Robert Sullivan THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

JUL 17 2014

FIELD SERVICE TICKET
1718 10898 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-17-14		DISTRICT: P. 11 K5		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: NOVY OIL CO				LEASE: WITHHOLD 1				WELL NO.:	
ADDRESS:				COUNTY: P. 100		STATE: KS			
CITY:				STATE:		SERVICE CREW:			
AUTHORIZED BY:				JOB TYPE: NW 2" 2 1/2"					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
3704-201	4						7-17-14		
3704-201	4					ARRIVED AT JOB		AM	4:00
3704-201	4					START OPERATION		AM	11:30
3704-201	4					FINISH OPERATION		AM	12:15
3704-201	4					RELEASED		AM	12:45
						MILES FROM STATION TO WELL: 25			

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
103	1/4" 400' PVC	K	100		1,200.00
103	1/4" 400' PVC	K	50		600.00
103	1/4" 400' PVC	W	25		92.50
105	1/4" 400' PVC	P	22		88.00
116	1/4" 400' PVC	W	20		402.90
118	1/4" 400' PVC	W	20		196.00
120	1/4" 400' PVC	W	100		670.00
121	1/4" 400' PVC	SA	1		400.00
122	1/4" 400' PVC	SA	1		360.00
123	1/4" 400' PVC	SA	6		660.00
124	1/4" 400' PVC	SA	7		280.00
125	1/4" 400' PVC	SA	50		750.00
126	1/4" 400' PVC	SA	50		232.75
127	1/4" 400' PVC	SA	110		770.00
128	1/4" 400' PVC	SA	300		780.45
129	1/4" 400' PVC	SA	1		2160.00
130	1/4" 400' PVC	SA	450		310.00
131	1/4" 400' PVC	SA	1		230.00
132	1/4" 400' PVC	SA	1		175.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>NOVY OIL-GAS</i>	Lease No.	Date <i>07-10-14</i>	
Lease <i>WITHRODER</i>	Well # <i>1</i>		
Field Order # <i>10898</i>	Station <i>PRATT KC</i>	Casing <i>5 1/2</i>	Depth <i>3858</i>
Type Job <i>CNW 5 1/2 L.S</i>	Formation	County <i>RENO</i>	State <i>KS</i>
		Legal Description <i>15-23-10</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>							5 Min.	
Depth <i>3858</i>	Depth	From	To	Pre Pad	Max			
Volume <i>4 1/2</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>2,000</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>F.O</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>3845'</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SEITZ</i>	Treater <i>Robert Sullivan</i>
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Service Units <i>37900 33708 20920</i>	<i>Gibson</i>							
Driver Names <i>Sullivan Eggins</i>	<i>19960 21010</i>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>4:15</i>					<i>ON LOC.</i>
					<i>RUN 5 1/2 CSG.</i>
<i>9:55</i>					<i>CASING ON BOTTOM</i>
<i>10:00</i>					<i>HOOK UP CIRC CSG.</i>
<i>11:35</i>			<i>5</i>	<i>4.5</i>	<i>AT SPACER</i>
			<i>12</i>		<i>AT MUD FLODI</i>
			<i>5</i>		<i>SPICER</i>
					<i>MIX CONT 100 SK 60/40 P07</i>
			<i>25</i>		<i>CONT MIX D SHUT DOWN WASH LUBR PUMP</i>
					<i>RELEASE PLY</i>
				<i>5.5</i>	<i>AT DIAG</i>
	<i>250</i>				<i>LEFT PS</i>
	<i>500</i>			<i>3</i>	<i>STOP RITE</i>
<i>12:15</i>	<i>1,500</i>		<i>9 1/2</i>		<i>PLY DOWN</i>
			<i>7</i>		<i>PLY RITE UP/30SK</i>