

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241725
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: _____

1241725

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

CMX
1700 N. Waterfront
Pkw y. Bldg. 300 B
Wichita KS. 67202
ATTN: Ken LeBlanc

Sec. 21 - 13 s. - 14 w./ Russell

Woelk # 1-21

Job Ticket: 62504

DST#: 1

Test Start: 2015.01.05 @ 14:56:00

GENERAL INFORMATION:

Formation: **LAN "A - C"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 18:06:45

Time Test Ended: 23:02:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Bob Hamel

Unit No: 72

Interval: 3008.00 ft (KB) To 3052.00 ft (KB) (TVD)

Reference Elevations: 1850.00 ft (KB)

Total Depth: 3052.00 ft (KB) (TVD)

1842.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 6772 Inside

Press @ Run Depth: 242.82 psig @ 3012.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.01.05 End Date: 2015.01.05

Last Calib.: 2015.01.05

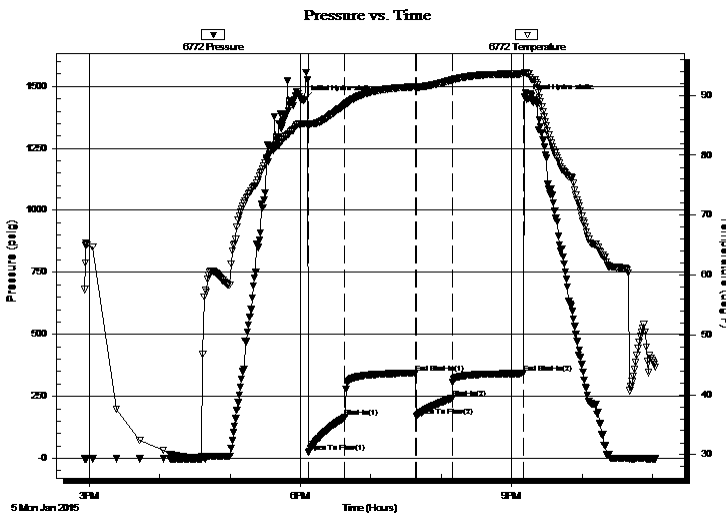
Start Time: 14:56:05 End Time: 23:02:44

Time On Btm: 2015.01.05 @ 18:03:15

Time Off Btm: 2015.01.05 @ 21:13:00

TEST COMMENT: I.F. - 30 - 1/2" INT. BLOW BUILT TO B.O.B. IN 3 MIN.
I.S.I. - 60 - W.S.B.B. STARTED @ 9 MIN. NO BUILD
F.F. - 30 - 1/2" INT. BLOW BUILT TO B.O.B. IN 10 MIN.
F.S.I. - 60 - NO B.B.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1446.64	85.29	Initial Hydro-static
4	25.33	85.16	Open To Flow (1)
35	165.58	88.39	Shut-In(1)
95	344.05	91.44	End Shut-In(1)
96	171.04	91.40	Open To Flow (2)
126	242.82	92.54	Shut-In(2)
187	342.42	93.58	End Shut-In(2)
190	1448.96	93.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	M 100%	0.07
486.00	M,C,W, 15%M 85%W	6.82
0.00	SHOW OF FREE OIL IN TEST TOOL	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX

Sec. 21 - 13 s. - 14 w./ Russell

1700 N. Waterfront
Pkw y. Bldg. 300 B
Wichita KS. 67202
ATTN: Ken LeBlanc

Woelk # 1-21

Job Ticket: 62504

DST#: 1

Test Start: 2015.01.05 @ 14:56:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 48.00 sec/qt

Water Loss: 4.50 in³

Resistivity: 0.00 ohm.m

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	M 100%	0.070
486.00	M,C,W, 15%M 85%W	6.817
0.00	SHOW OF FREE OIL IN TEST TOOL	0.000

Total Length: 491.00 ft Total Volume: 6.887 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

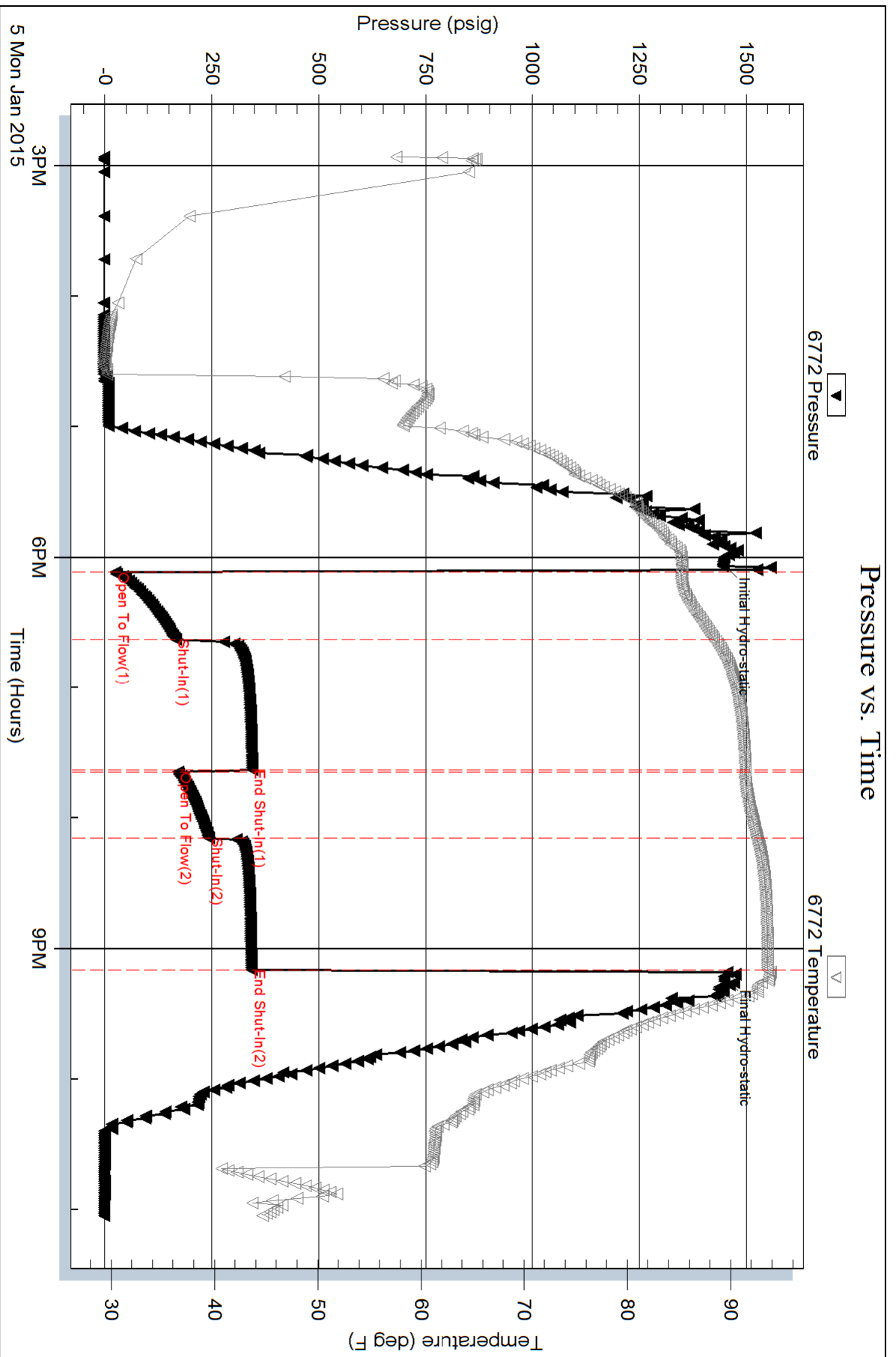
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: R.W. = .91 @ 27.5 DEG.

CHLORIDES = 19,000 P.P.M.





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX
1700 N. Waterfront Pkw y.
Bldg. 300 B
Wichita KS. 67202
ATTN: Ken LeBlanc

Sec. 21 - 13 s. - 14 w./ Russell
Woelk # 1-21
Job Ticket: 62505 **DST#: 2**
Test Start: 2015.01.06 @ 17:56:00

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:	ppm
Viscosity: 52.00 sec/qt	Cushion Volume: bbl		
Water Loss: 4.50 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 8000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
6.00	SOCM 10%O 90%M	0.084
110.00	SO & MCW 5%M 15%O 80%W	1.543
20.00	Clean Oil, 100%	0.281

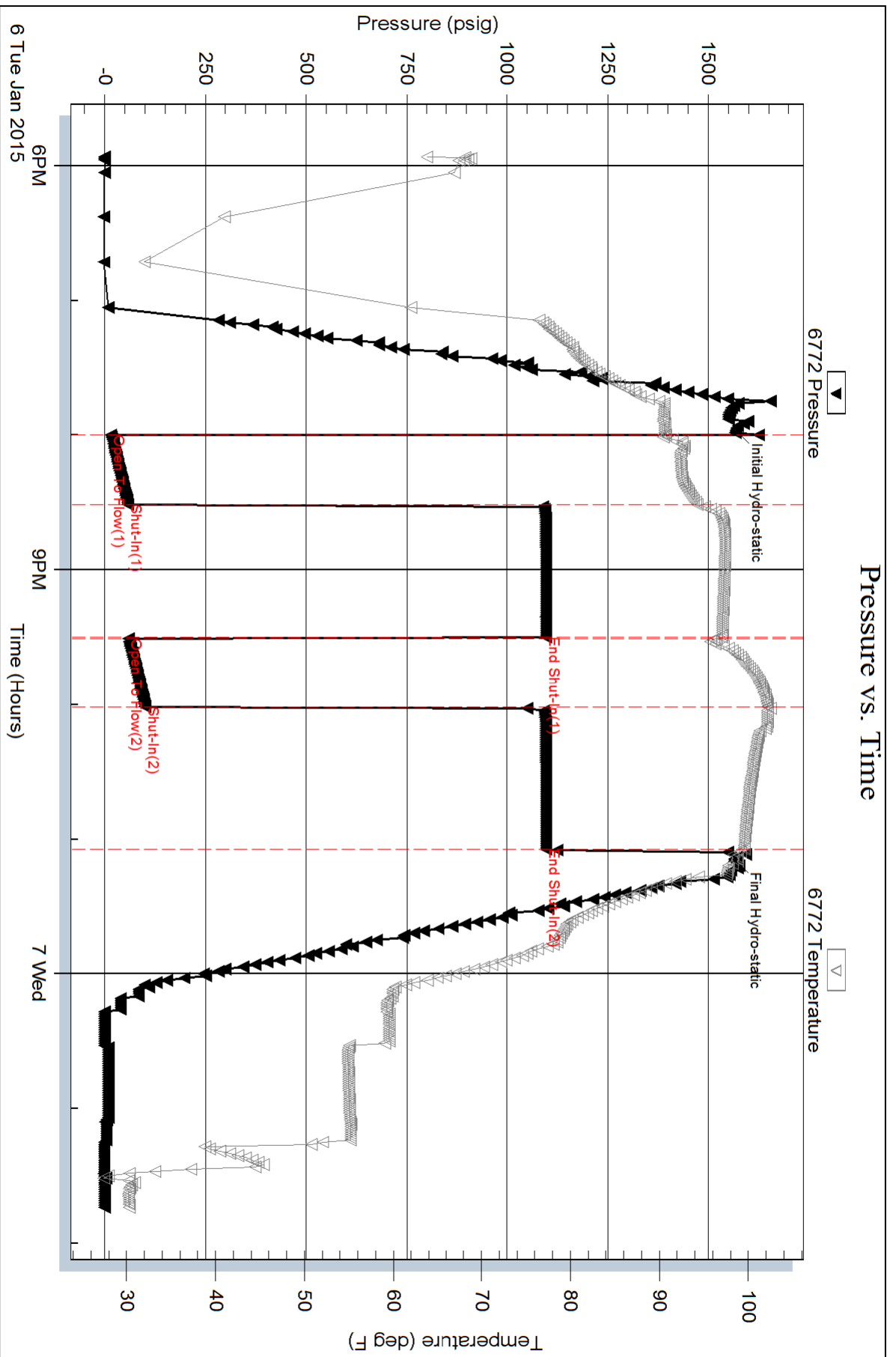
Total Length: 136.00 ft Total Volume: 1.908 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: R.W. = 0.56 @ 26.6 DEG.

CHLORIDES = 33,000 P.P.M.
CORRECTED OIL GRAVITY = 33 API @ 60 DEG.

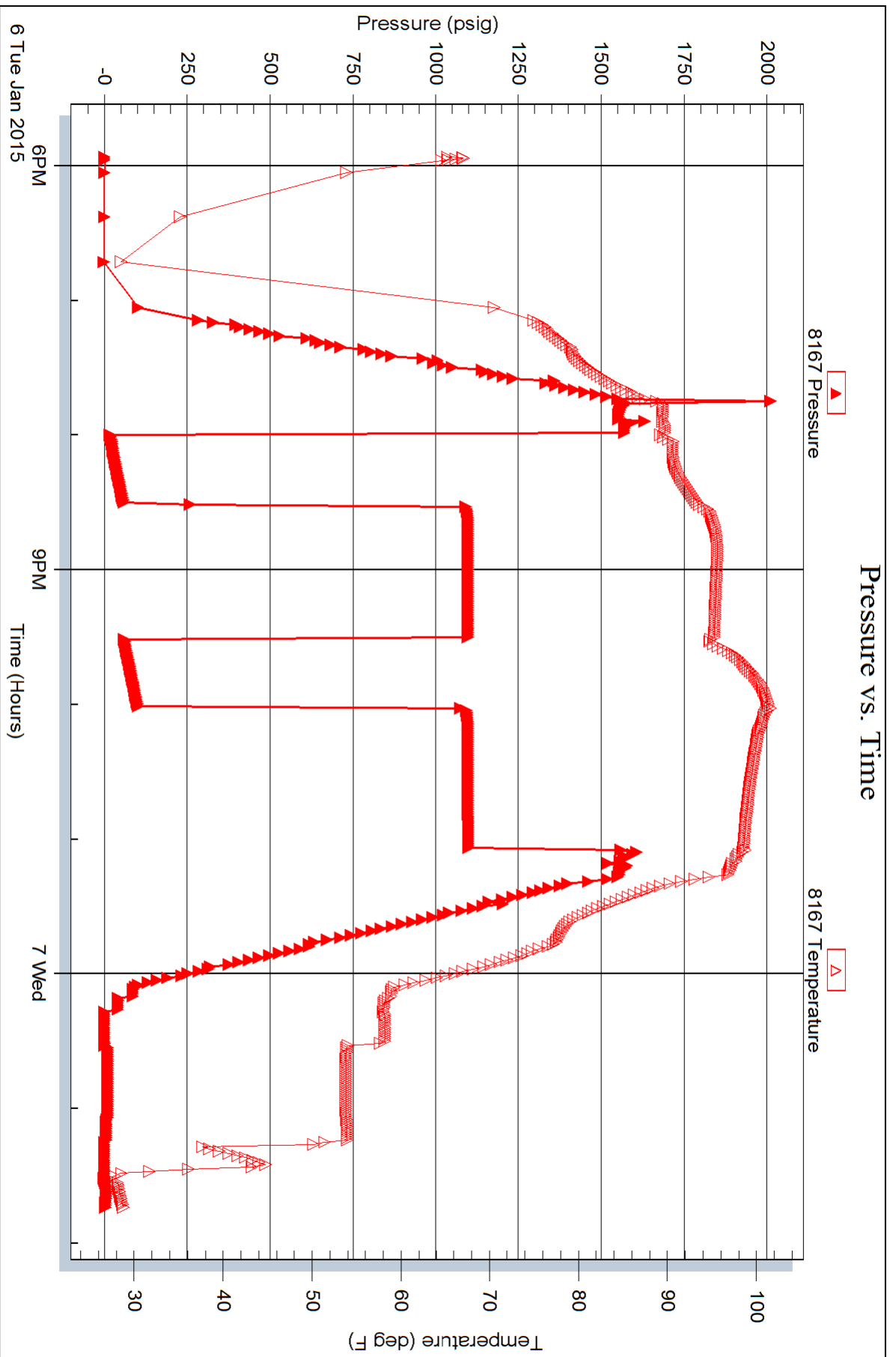


Serial #: 8167

Outside CMX

Woelk # 1-21

DST Test Number: 2





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

CMX
1700 N. Waterfront Pkw y.
Bldg. 300 B
Wichita KS. 67202
ATTN: Ken LeBlanc

Sec. 21 - 13 s. - 14 w./ Russell

Woelk # 1-21

Job Ticket: 62506

DST#: 3

Test Start: 2015.01.07 @ 08:40:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 10:40:45
 Time Test Ended: 16:08:45
 Interval: **3250.00 ft (KB) To 3276.00 ft (KB) (TVD)**
 Total Depth: 3276.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Bob Hamel
 Unit No: 72
 Reference Elevations: 1850.00 ft (KB)
 1842.00 ft (CF)
 KB to GR/CF: 8.00 ft

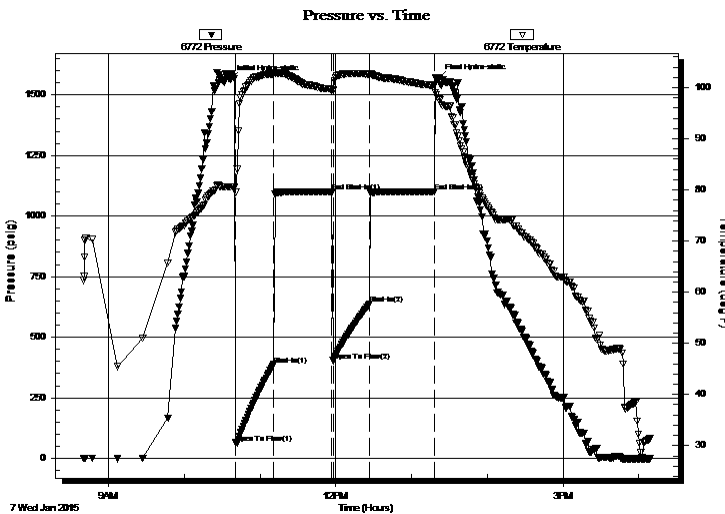
Serial #: 6772

Inside

Press @ Run Depth: 638.33 psig @ 3258.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.01.07 End Date: 2015.01.07 Last Calib.: 2015.01.07
 Start Time: 08:40:05 End Time: 16:08:44 Time On Btm: 2015.01.07 @ 10:36:45
 Time Off Btm: 2015.01.07 @ 13:21:00

TEST COMMENT: I.F. - 30 - 3/4" INT. BLOW BUILT TO B.O.B. IN 1 1/2 MIN.
 I.S.I. - 45 - W.S.B.B. STARTED @ 9 1/2 MIN. NO BUILD
 F.F. - 30 - 1" INT. BLOW BUILT TO B.O.B. IN 2 MIN.
 F.S.I. - 45 - W.S.B.B. NO BUILD

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1564.39	80.62	Initial Hydro-static
4	64.15	79.50	Open To Flow (1)
34	386.76	102.63	Shut-In(1)
80	1098.10	99.65	End Shut-In(1)
81	403.26	99.52	Open To Flow (2)
110	638.33	102.61	Shut-In(2)
161	1100.08	100.40	End Shut-In(2)
165	1568.86	97.98	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1260.00	S,M,C,H,O,C,W, 5%M 30%O 65%W (AV)17.67E	
40.00	C/O 100%	0.56

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX

Sec. 21 - 13 s. - 14 w./ Russell

1700 N. Waterfront Pkw y.
Bldg. 300 B
Wichita KS. 67202
ATTN: Ken LeBlanc

Woelk # 1-21

Job Ticket: 62506

DST#: 3

Test Start: 2015.01.07 @ 08:40:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 47.00 sec/qt
Water Loss: 6.50 in³
Resistivity: 0.00 ohm.m
Salinity: 7000.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1260.00	S,M,C,H,O,C,W, 5%M 30%O 65%W (AVERA	17.674
40.00	C/O 100%	0.561

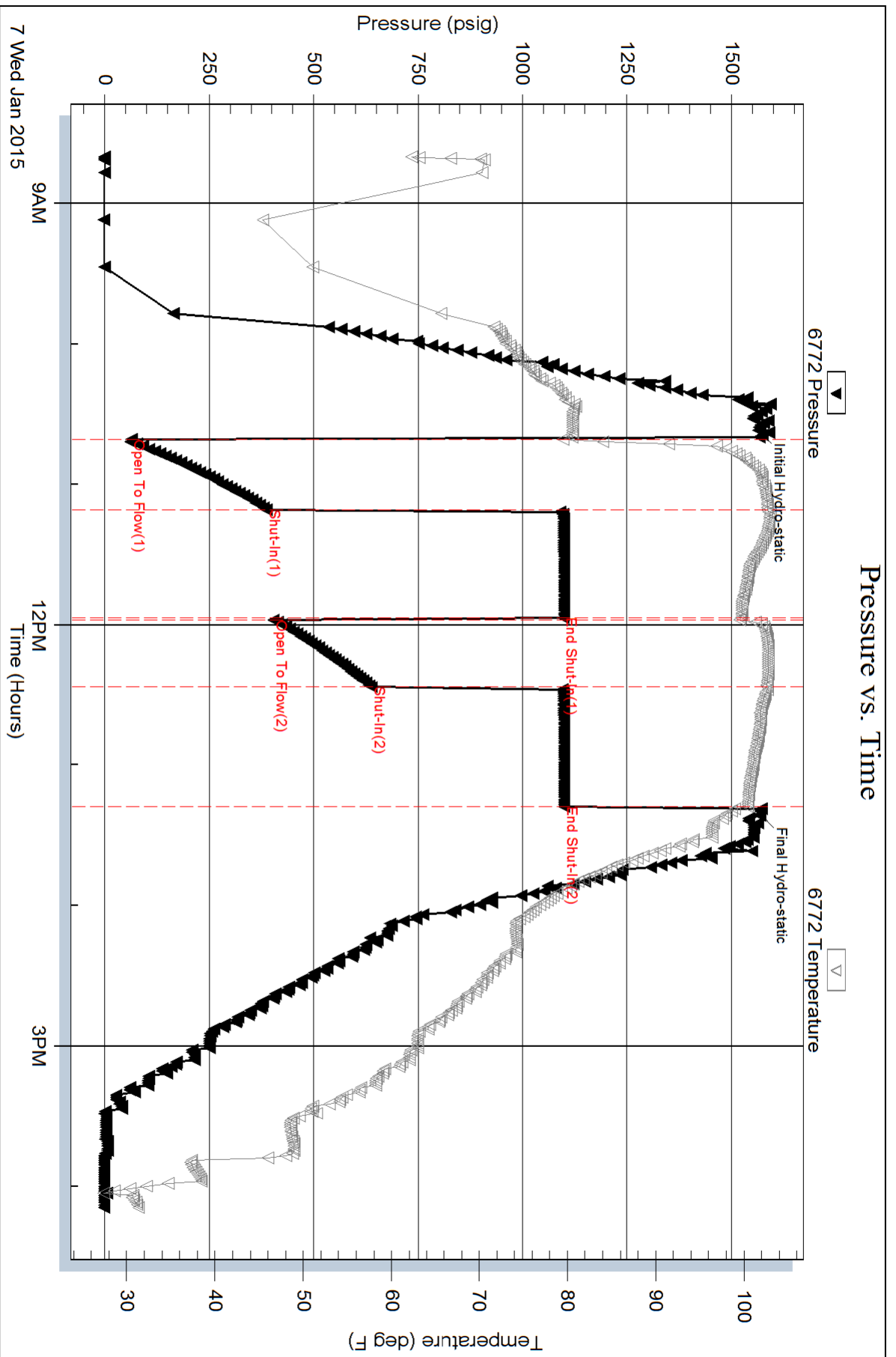
Total Length: 1300.00 ft Total Volume: 18.235 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: R.W. = 0.57 @ 39 DEG.

CHLORIDES = 23,000 P.P.M.
CORRECTED OIL GRAVITY = 33 API @ 60 DEG.

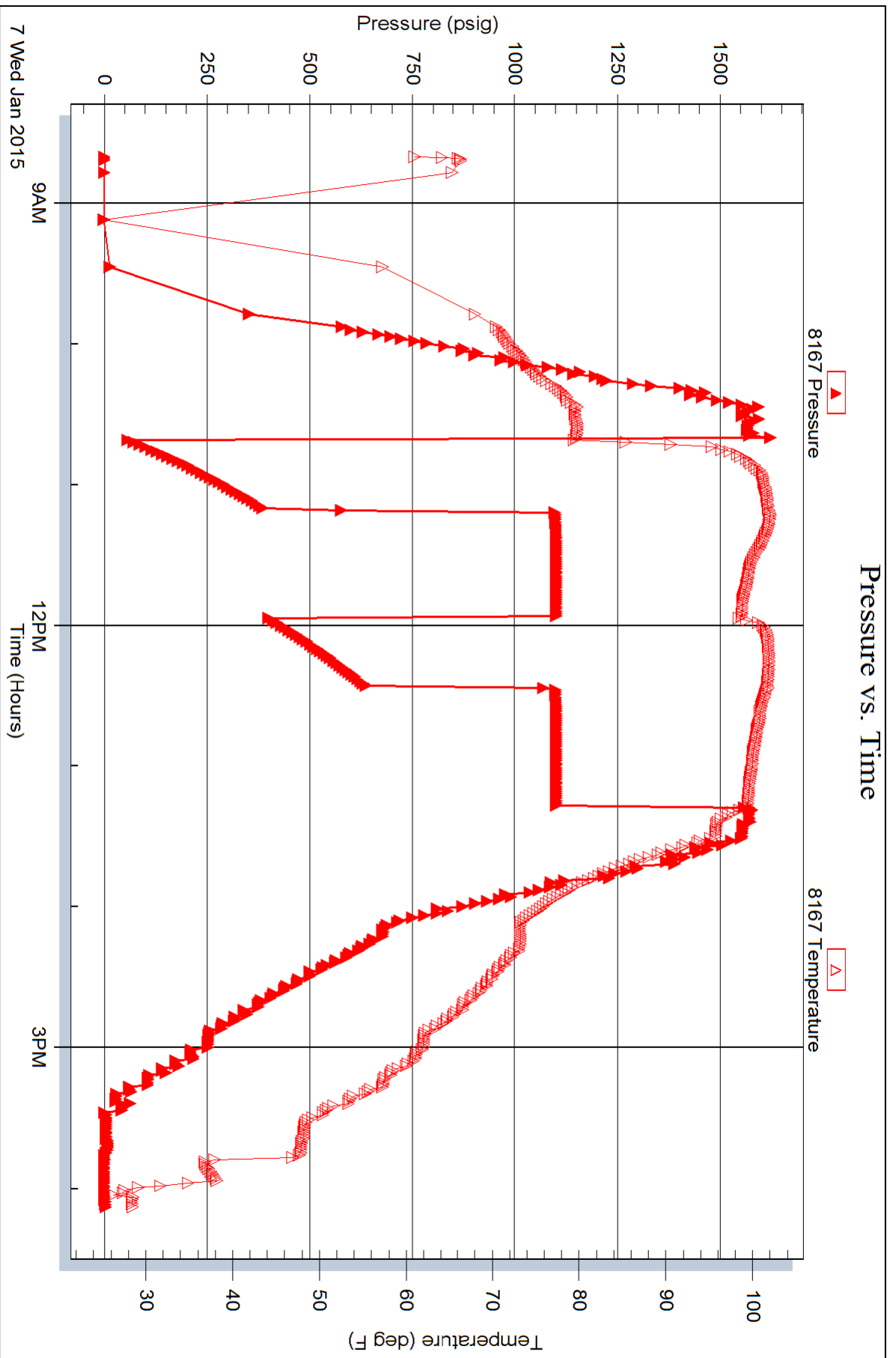


Serial #: 8167

Outside CMX

Woelk # 1-21

DST Test Number: 3





PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 147957
Invoice Date: Dec 30, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
CMX	55615	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Russell	Dec 30, 2014	1/29/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Woelk #1-21		
175.00	CEMENT MATERIALS	Class A Common	17.90	3,132.50
329.00	CEMENT MATERIALS	Gel	0.50	164.50
493.50	CEMENT MATERIALS	Chloride	1.10	542.85
175.00	CEMENT SERVICE	Cubic Feet Charge	2.48	434.00
1.00	CEMENT SERVICE	Ton Mileage Charge	380.00	380.00
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
4.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	30.80
2.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	8.80
1.00	CEMENT SUPERVISOR	Tony Pfannenstiel		
1.00	EQUIPMENT OPERATOR	Danny Sinner		
1.00	OPERATOR ASSISTANT	Jonathan Price		

Subtotal	6,205.70
Sales Tax	312.95
Total Invoice Amount	6,518.65
Payment/Credit Applied	
TOTAL	6,518.65

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

\$ 1,551.42

ONLY IF PAID ON OR BEFORE
Jan 29, 2015



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 148062
Invoice Date: Jan 8, 2015
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
CMX	55597	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Russell	Jan 8, 2015	2/7/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Woelk #1-21		
145.00	CEMENT MATERIALS	ASC	23.50	3,407.50
280.00	CEMENT MATERIALS	Acon	23.00	6,440.00
726.00	CEMENT MATERIALS	Gilsonite	0.98	711.48
528.00	CEMENT MATERIALS	Calcium Chloride	1.10	580.80
66.00	CEMENT MATERIALS	Flo Seal	2.97	196.02
500.00	CEMENT MATERIALS	Mud Flush	0.98	490.00
425.00	CEMENT SERVICE	Cubic Feet Charge	2.48	1,054.00
100.25	CEMENT SERVICE	Ton Mileage Charge	2.75	275.69
1.00	CEMENT SERVICE	Long String – Bottom Stage	2,558.75	2,558.75
1.00	CEMENT SERVICE	Long String – Top Stage	2,406.25	2,406.25
5.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	22.00
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
10.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	77.00
1.00	EQUIPMENT SALES	5-1/2 Packer Shoe	3,765.00	3,765.00
1.00	EQUIPMENT SALES	5-1/2 Latch Down	660.00	660.00
1.00	EQUIPMENT SALES	5-1/2 Stage Tool	5,335.00	5,335.00
1.00	EQUIPMENT SALES	5-1/2 Basket	395.00	395.00
5.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	285.00
1.00	CEMENT SUPERVISOR	Robert Yakubovich		
1.00	EQUIPMENT OPERATOR	Nathan Donner		

10,440.00

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

\$ 9,259.04

ONLY IF PAID ON OR BEFORE Feb 7, 2015

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 148062
Invoice Date: Jan 8, 2015
Page: 2

Federal Tax I.D.#: 20-8651475

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
CMX	55597	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Russell	Jan 8, 2015	2/7/15

Quantity	Item	Description	Unit Price	Amount
1.00	OPERATOR ASSISTANT	Tracy Jordan		
1.00	OPERATOR ASSISTANT	Jonathan Price		

Subtotal	28,934.49
Sales Tax	1,814.66
Total Invoice Amount	30,749.15
Payment/Credit Applied	
TOTAL	30,749.15

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

\$ 9,259.04

ONLY IF PAID ON OR BEFORE
Feb 7, 2015

21,490¹¹

ALLIED OIL & GAS SERVICES, LLC 055597

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>1-8-15</u>	SEC. <u>21</u>	TWP. <u>13</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>1007a</u>	JOB FINISH <u>1304a</u>
LEASE <u>Wolk</u>	WELL # <u>1-21</u>	LOCATION <u>Russell KS 1/2 West of</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>Van Houten and 15th N into</u>					

CONTRACTOR Dute 2
 TYPE OF JOB 2 stage long string
 HOLE SIZE 7 7/8 T.D. 3276
 CASING SIZE 5 1/2 14 DEPTH 3275
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT Ø
 CEMENT LEFT IN CSG. Ø
 PERFS.
 DISPLACEMENT 79.91 and 23.67
 EQUIPMENT

PUMP TRUCK CEMENTER Robert Y
 # 409 HELPER Nathan D
 BULK TRUCK
 # 985 DRIVER Tracy Jordan
 BULK TRUCK
 # 473 DRIVER Jon Price

REMARKS:

see log
cement did circulate to pit
40 sks
Thank you !!

CHARGE TO: CMX, Inc.
 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 Keith Bright
 SIGNATURE Keith Bright

OWNER
 CEMENT
 AMOUNT ORDERED 145 ASC
280 Acon
500 gal mud flush
 COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE ~~500~~ @ 23.50 3407.50
 ASC 145 @ 23.00 6440.00
Acon 280 @ 23.00 6440.00
Gilsonite 726 @ 0.98 711.48
CC 528 @ 1.10 580.80
Flo-seal 66 @ 2.97 196.02
mud-flush 500g @ 0.98 490.00
 @ _____
Material @ _____ 11,825.80
Disc @ 3784.25
 HANDLING 425 @ 2.48 1054.00
 MILEAGE 100 1/4 2.75 275.69
100.25 TOTAL ~~13165.49~~

SERVICE

DEPTH OF JOB 3266
 PUMP TRUCK CHARGE 2558.75
 EXTRA FOOTAGE @ _____
 MILEAGE 51 VMT @ 4.40 22.00
 MANIFOLD @ 275.00 275.00
10 HMT @ 7.70 77.00
2nd stage @ 240.625 2406.25
 @ _____
Disc. 2133.98 TOTAL ~~5337.00~~ 6668.69

PLUG & FLOAT EQUIPMENT

5 1/2 WF Packer shoe @ 3765.00 3765.00
5 1/2 WF latch damp @ 660.00 660.00
5 1/2 WF Stage tool @ 5335.00 5335.00
5 1/2 WF basket @ 395.00 395.00
5 1/2 WF controller (5) @ 52.00 285.00
Disc 3340.80 TOTAL 10440.00

SALES TAX (If Any) _____
 TOTAL CHARGES 28934.49
 DISCOUNT 9259.04 (32%) IF PAID IN 30 DAYS
 net \$ 19675.45