



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1251899
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: _____



1251899

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	Carrie Exploration & Development, LLC
Well Name	MAX WELLS C 2
Doc ID	1251899

Tops

Name	Top	Datum
TOPEKA	2535	-802
HEEBNER SHALE	2823	-1090
TORONTO	2846	-1113
DOUGLAS SHALE	2854	-1121
BROWN LIME	2955	-1222
LKC	2978	-1245
BKC	3241	-1508
ARBUCKLE	3349	-1616

OPERATOR

Company: CARRIE EXPLORATION AND DEVELOPMENT, LLC
 Address: 210 W 22nd STREET
 HAYS, KANSAS 67601

Contact Geologist: RON HEROLD
 Contact Phone Nbr: 785-625-9318
 Well Name: MAX WELLS C # 2
 Location: SE SW NE NE SEC. 34-T20S-R10W
 API: 15-159-22,823-00-00
 Pool:
 State: KANSAS

Field: GROVES
 Country: USA

Scale 1:240 Imperial

Well Name: MAX WELLS C # 2
 Surface Location: SE SW NE NE SEC. 34-T20S-R10W
 Bottom Location:
 API: 15-159-22,823-00-00
 License Number: 6768
 Spud Date: 5/4/2015 Time: 3:00 PM
 Region: RICE COUNTY
 Drilling Completed: 5/8/2015 Time: 6:00 AM
 Surface Coordinates: 1015' FNL & 881' FEL
 Bottom Hole Coordinates:
 Ground Elevation: 1723.00ft
 K.B. Elevation: 1733.00ft
 Logged Interval: 0.00ft To: 0.00ft
 Total Depth: 3380.00ft
 Formation: LANSING-KANSAS CITY
 Drilling Fluid Type: CHEMICAL/FRESH WATER GEL

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude: -98.4094885
 Latitude: 38.2719158
 N/S Co-ord: 1015' FNL
 E/W Co-ord: 881' FEL

LOGGED BY

Company: SOLUTIONS CONSULTING, INC.
 Address: 108 W 35TH
 HAYS, KS 67601

Phone Nbr: (785) 639-1337
 Logged By: GEOLOGIST

Name: HERB DEINES

CONTRACTOR

Contractor: SOUTHWIND DRILLING, INC.
 Rig #: 1
 Rig Type: MUD ROTARY
 Spud Date: 5/4/2015 Time: 3:00 PM
 TD Date: 5/8/2015 Time: 6:00 AM
 Rig Release: 5/8/2015 Time: 4:00 PM

ELEVATIONS

K.B. Elevation: 1733.00ft Ground Elevation: 1723.00ft
 K.B. to Ground: 10.00ft

NOTES

WELL DRILLED TO 3380' WITH 5 1/2" PRODUCTION RAN AND SET 1' OFF BOTTOM.

MAX WELLS #C-2	MAX WELLS #C-1	BURNS # 1
SE SW NE NE	N2 N2 NW	SW NW NE
SEC.34-20S-10W	SEC.35-20-10W	SEC.34-20-10W
1723'GL 1733'KB	KB 1733'	KB 1731'

<u>FORMATION</u>	<u>SAMPLE TOPS</u>	<u>LOG TOPS</u>	<u>LOG TOPS</u>
Topeka	2535- 802	- 805	- 804
Heebner Sh.	2823-1090	-1091	-1099
Toronto	2846-1113	-1112	-1121
Douglas Sh.	2854-1121	-1121	-1129
Brown Lime	2955-1222	-1219	-1232
LKC	2978-1245	-1248	-1257
BKC	3241-1508	-1510	-1522
Arbuckle	3349-1616	-1620	-1628
RTD	3380-1647	-1667	-1644

SUMMARY OF DAILY ACTIVITY

5-4-15 RU, spud 3:00 PM, set 8 5/8" surface casing to 307' w/200 sxs
Common 2%Gel 3%CC, slope 1/2 degree

5-5-15 335', drill plug at 6:00AM

5-6-15 2015', drilling

5-7-15 2960', drilling, CFS 3000', short trip

5-8-15 3380', short trip, CCH, LDDP, run 5 1/2" production casing and cement

ROCK TYPES

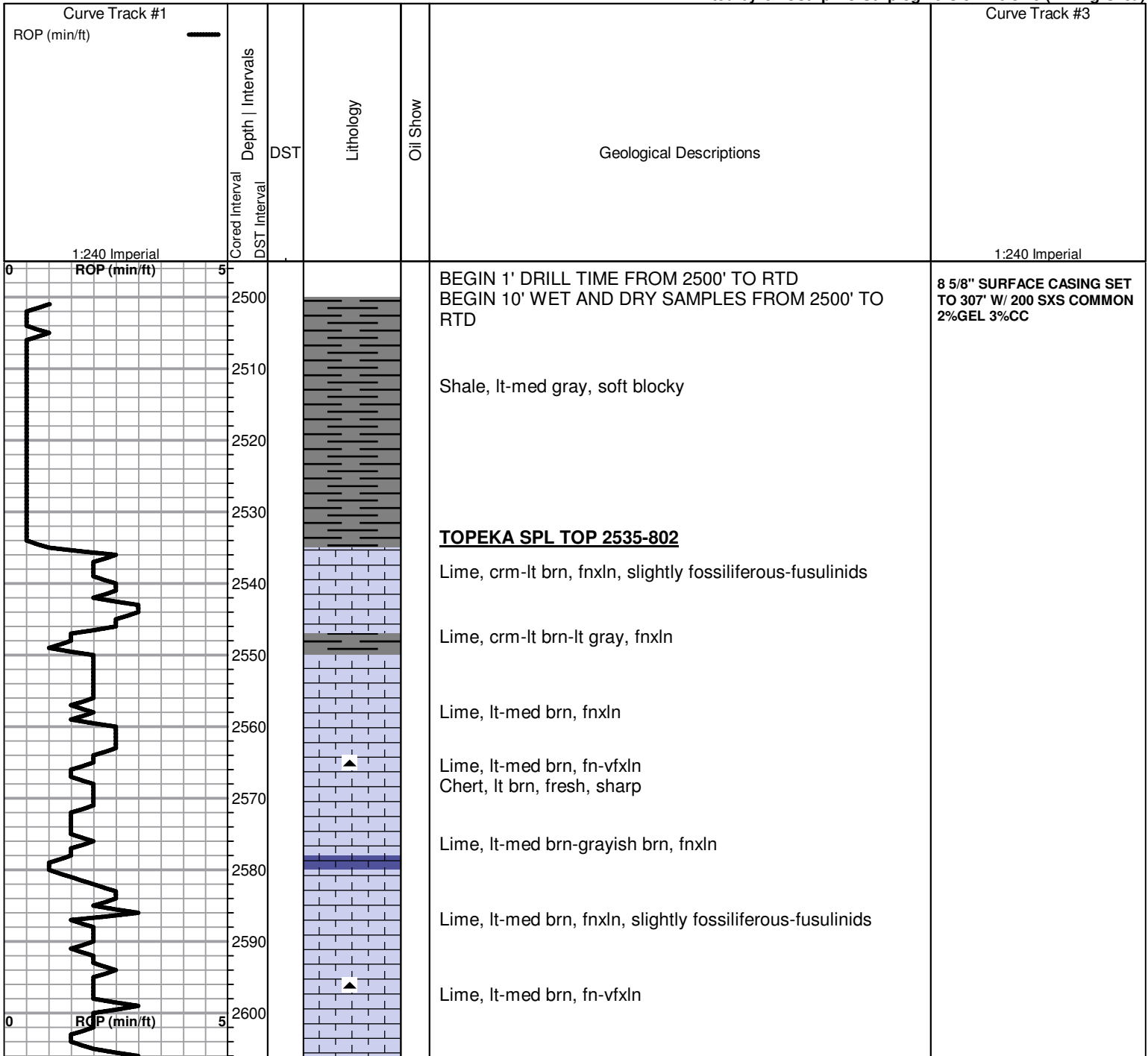
Cht vari	Dolprim	Lscongl	Carbon Sh	CglSandy
Clystgy	Lmst fw<7	shale, grn	shale, red	
Clystcol	Lmst fw>7	shale, gry	Ss	

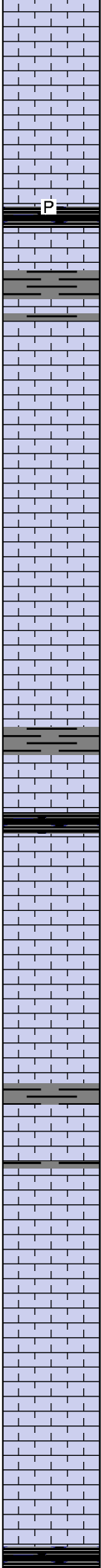
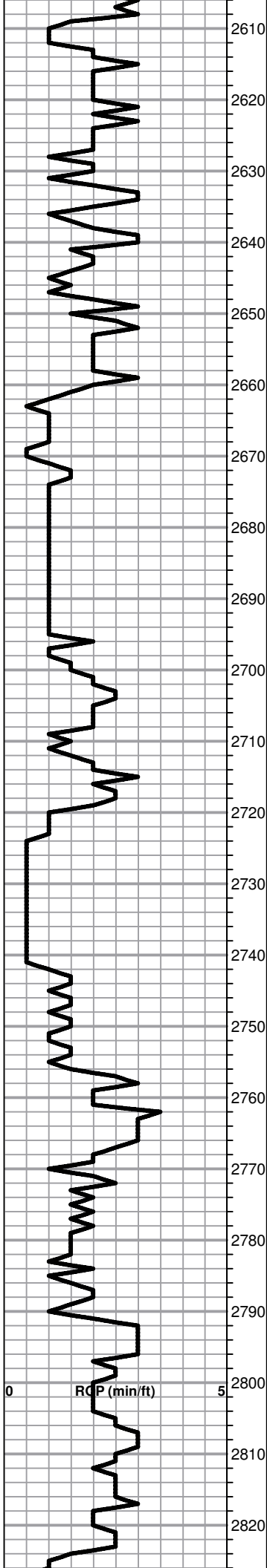
ACCESSORIES

MINERAL
▲ Chert, dark
P Pyrite

FOSSIL
○ Oolite
⊕ Oomoldic

Printed by GEOstrip VC Striplog version 4.0.8.15 (www.grsi.ca)





Lime, lt brn-lt gray, fnxln, slightly fossiliferous

Lime, lt brn, fnxln

Lime,lt brn, fnxln with pyritic inclusions

Shale, gray-black carbonaceous

Lime, lt brn, vfxln, slightly fossiliferous

Shale, med gray, firm, waxy

Lime, lt brn, fn-vfxln, hard on crush

Lime, crm-lt brn, fnxln-slightly granular with increasing bedded chalk in lt chalky matrix

Lime, lt brn, granular, slightly chalky

Lime, tan-lt brn, granular, slight chalk and scattered fossil fragments

Lime, tan-lt brn, granular-fnxln

Lime, tan-lt brn, fn-vfxln

Lime, lt brn, fn-vfxln, increasing bedded chalk

Shale, gray-black carbonaceous, blocky

Lime, crm-lt brn, granular, chalky with white wash

Lime, crm-tan, bedded chalk in chalk matrix

Lime, crm-tan, fnxln-granular

Shale, med-dark gray, calcareous

Lime, lt-med brn-med grayish brn, fn-vfxln, slightly fossiliferous

Lime, lt-med brn, fn-vfxln, slight bedded chalk

Lime, lt-med brn, fnxln grading into micro xln

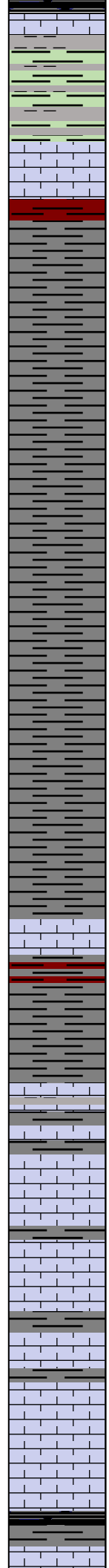
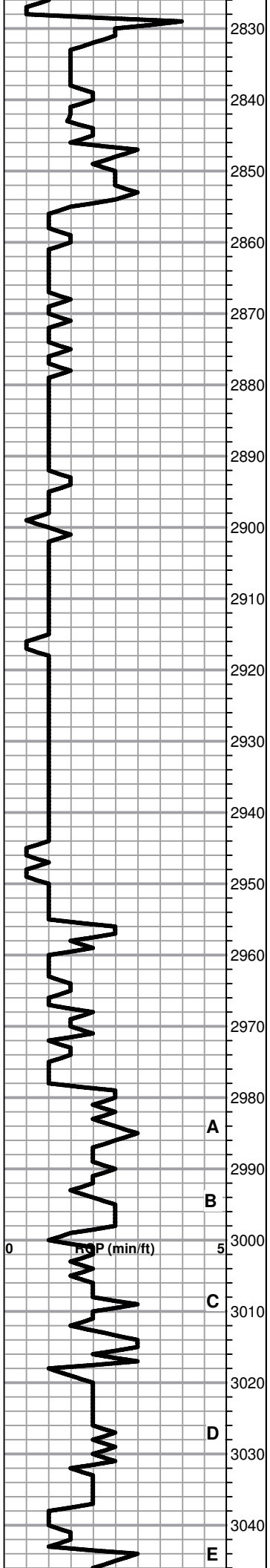
Lime, lt-med brn, fn-vfxln

Lime, lt-med brn, fnxln

Lime, lt-med brn, fnxln

HEEBNER SHALE SPL TOP 2823-1090

Shale, black carbonaceous, fissile, blocky



Shale, black carbonaceous, fissile, blocky
Lime, lt gray, vfxln-micro xln

Shale, dove gray to lime green, soft mud to firm blocky

TORONTO SPL TOP 2846-1113
Lime, tan-crm, fnxln-slightly granular, NS

DOUGLAS SHALE SPL TOP 2854-1121
Shale, red soft mud-firm blocky grading into reddish brn, firm blocky

Shale, lt-med gray, soft-firm blocky

Shale, lt-med gray, soft gritty, poorly sorted material in part, NS

Shale, lt-med gray, soft blocky

Shale, lt-med gray, most soft blocky with few sticky clumps, slightly micaceous in part, NS

Shale, lt-med gray, blocky with thin bedding planes in part, micaceous, gritty, NS

Shale, lt-med gray, med-firm blocky

Shale, lt-med gray, med-firm blocky

Shale, lt-med gray, med-firm blocky

BROWN LIME SPL TOP 2955-1222
Lime, med brn-med grayish brn, fn-vfxln, slightly fossiliferous

Shale, reddish brn-med gray, soft-firm blocky, thin beds of gritty, sandy material, micaceous, NS

LKC SPL TOP 2978-1245
Lime, crm-lt gray, fnxln

Lime, crm-lt gray, fnxln, scattered fine gray mottling

Lime, lt-med brn, fn-vfxln

Lime, crm-lt brn, fnxln, no visible porosity

Lime, crm-lt brn, fnxln-slightly granular with slight bedded chalk, NS

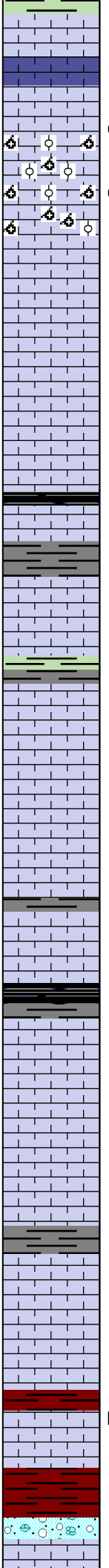
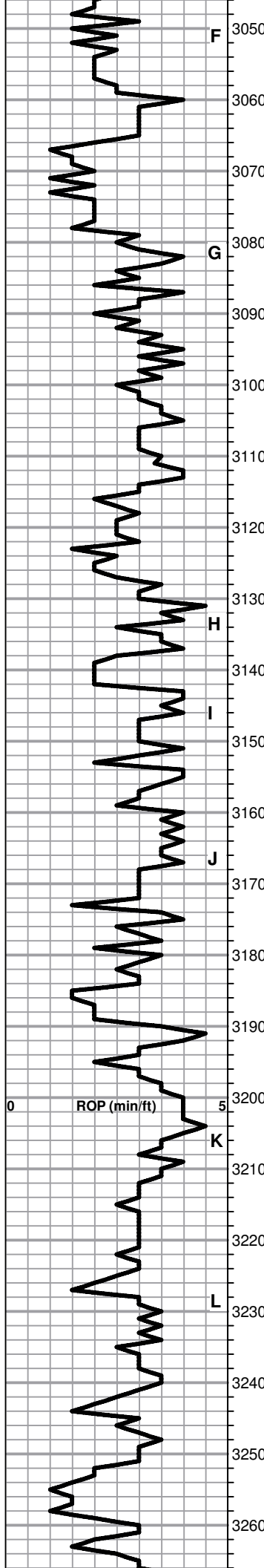
Lime, lt brn, fnxln, slight micro fossil content in part, NS

Lime, lt-med brn-grayish brn, fnxln with gray mottling near shale boundary

Shale, med-dark gray, soft blocky

Lime, med brn-med grayish brn, fnxln, thin fossil beds in

CFS 3000' AND SHORT TRIP



part

Lime, lt brn, fnxln, micro fossil content but not well developed, NS

Lime, crm-lt brn-grayish brn, fnxln

● **TOP OF "G" ZONE POROSITY 3065-1332**

● Lime, crm, oolitic/oomoldic, lt scattered to saturated stain, lt odor and scattered SFO on crush

● **BASE OF "G" ZONE POROSITY 3078-1345**

Lime, crm-tan, fnxln, soft crush, bedded chalk

Lime, crm-tan, fnxln

Lime, crm-lt brn, fnxln

Lime, lt-med brn-grayish brn, fnxln, fine mottling near shale boundary

Shale, black carbonaceous
Lime, med brn, fnxln

Shale, med gray, firm, blocky

Lime, crm-lt brn, fnxln, few scattered casts, NS

Shale, lime green, soft mud to soft blocky

Lime, crm-lt brn, fn-vfxln, NS

Lime, crm, fn-vfxln

Lime, crm-offwhite, fn-vfxln

Lime, crm-lt brn, fn-vfxln

Shale, gray-black, blocky

Lime, crm, fn-micro xln

Lime, crm-lt brn, fn-micro xln

Lime, crm, fn-vfxln

Lime, lt brn, fnxln

Shale, med gray-black, blocky

Lime, crm-lt brn, fn-micro xln

Lime, crm-lt brn, fn-micro xln

BKC SPL TOP 3241-1508

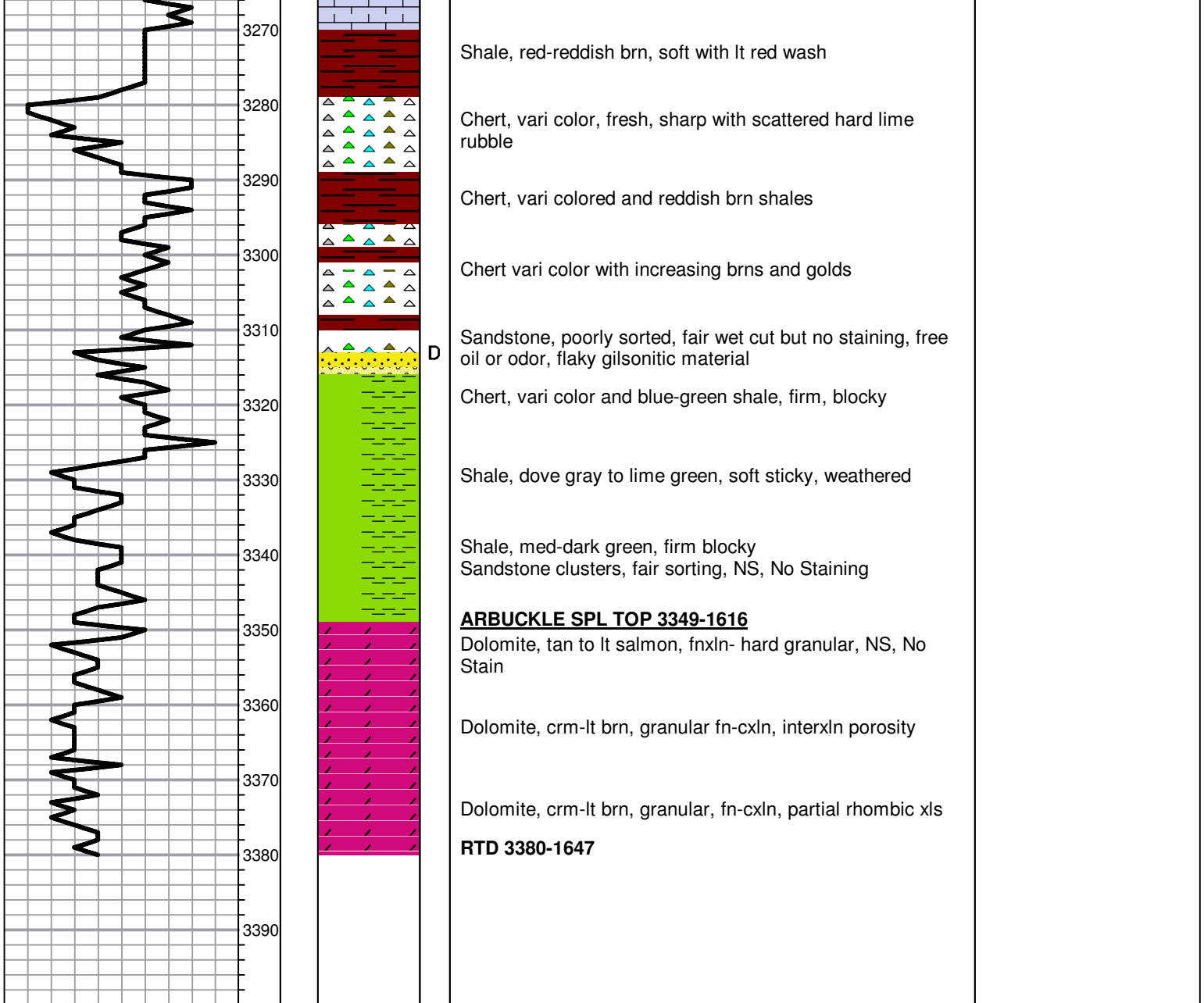
Shale, reddish brn, firm blocky

D Lime, white-crm, fnxln, scattered vugs and molds with heavy dark oil staining, no odor

Shale, reddish brn with lt red wash

Chert, fine rubble and nodules

Lime, crm, fnxln, red shale staining in pores and cracks, NS



COPELAND

Acid & Cement

POST OFFICE BOX 438
HAYSVILLE, KS 67060
(316) 524-1225
(316) 524-1027 FAX

Invoice

Page: 1

BURRTON, KS GREAT BEND, KS
(620) 463-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C41218-IN

BILL TO:
CARRIE EXPLORATION & DEV., LLC
210 WEST 22ND STREET
HAYS, KS 67601

LEASE: MAX WELLS C-2

Cement 5 1/2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/14/2015	C41218		05/08/2015		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
20.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	80.00
20.00	MI	MILEAGE PICKUP TRUCK		0.00	2.00	40.00
1.00	EA	PUMP CHARGE - LONGSTRING		0.00	1,600.00	1,600.00
275.00	SK	60/40 POZ 2% GEL MIX		0.00	10.75	2,956.25
1,150.00	LB	FINE SALT		0.00	0.25	287.50
150.00	LB	C-47A		0.00	4.00	600.00
150.00	LB	C-41P		0.00	3.75	562.50
1,000.00	LB	GILSONITE		0.00	0.75	750.00
3.00	EACH	BASKET		0.00	155.00	465.00
7.00	EACH	CENTRALIZERS - TURBO		0.00	85.00	595.00
1.00	EACH	PORT COLLAR		0.00	1,900.00	1,900.00
1.00	EACH	FLOAT SHOE W/AUTO FILL		0.00	355.00	355.00
1.00	EACH	CATCH DOWN PLUG & BAFFLE		0.00	175.00	175.00
500.00	GAL	MUD FLUSH		0.00	0.75	375.00

Continued



FIELD ORDER N° C 41218

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 5-8-15 20

IS AUTHORIZED BY: CARRIE EXPLORATION
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease MAX WELLS Well No. C-2 Customer Order No. _____

Sec. Twp. Range _____ County ACE State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	20	MILEAGE Pump Truck	4 ⁰⁰	80 ⁰⁰
2	20	MILEAGE Pickup	2 ⁰⁰	40 ⁰⁰
2	1	LONGSTAMING Pump CHARGE		1600 ⁰⁰
2	275	60/40 2%	10 ⁷⁵	2956 ²⁵
2	1150 [#]	SALT	.25	287.50
2	150 [#]	C-47A	4 ⁰⁰	600 ⁰⁰
2	150 [#]	C-41P	3 ⁷⁵	562 ⁵⁰
2	1000 [#]	GARSONITE	.75	750 ⁰⁰
2	3	BASKETS	155 ⁰⁰	465 ⁰⁰
2	7	CENTRALIZERS - TURBO	85 ⁰⁰	595 ⁰⁰
2	1	PORT COLLAR	1900 ⁰⁰	1900 ⁰⁰
2	1	FLOAT SHOE W/ AUTO FILL	355 ⁰⁰	355 ⁰⁰
2	1	CATCH DOWN PLUG + BAFFLE	175 ⁰⁰	175 ⁰⁰
2	500	MUD FLUSH	.75	375 ⁰⁰
2	324	Bulk Charge	1 ²⁵	405 ⁰⁰
2		Bulk Truck Miles $14.256 \times 20m = 285.127m$	1 ¹⁰	313 ⁶⁵
		Process License Fee on _____ Gallons		
		TOTAL BILLING		11459⁸⁸

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Bronclon

Station GB

RON
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C41216-IN

BILL TO:
CARRIE EXPLORATION & DEV., LLC
210 WEST 22ND STREET
HAYS, KS 67601

LEASE: **MAX WELLS C-2**

Cement Surface

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/14/2015	C41216		05/04/2015		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
20.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	80.00
20.00	MI	MILEAGE PICKUP TRUCK		0.00	2.00	40.00
1.00	EA	SURFACE PUMP CHARGE		0.00	1,100.00	1,100.00
200.00	SK	COMMON CEMENT		0.00	12.75	2,550.00
12.00	SK	3% CALCIUM CHLORIDE		0.00	30.00	360.00
212.00	EA	BULK CHARGE		0.00	1.25	265.00
199.28	MI	BULK TRUCK - TON MILES		0.00	1.10	219.21
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 4,614.21 RICCO Sales Tax: 78.65 Invoice Total: 4,692.86		
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 5-4-15 20__

IS AUTHORIZED BY: Carrie Exploration
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease Max Wecks Well No. C-2 Customer Order No. _____

Sec. Twp. _____
Range _____ County Rice State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, ex implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	20	MILEAGE Pump Truce	4 ⁰⁰	80 ⁰⁰
2	20	MILEAGE pickup	2 ⁰⁰	40 ⁰⁰
2	1	SURFACE Pump Charge		1100
2	200	COMMON	12 ²⁵	2450
2	12	3% PAC CHLORIDE	30 ⁰⁰	360
2	212	Bulk Charge	125	26500
2		Bulk Truck Miles $9.964T \times 20m = 199.28Tm$	110	21921.6
		Process License Fee on _____ Gallons		
TOTAL BILLING				4614

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Brendan

Station _____

RON
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

REI
RECI

G

