

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

November 2016

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Billy Max Graves 5
Doc ID	1275764

All Electric Logs Run

Dual Induction
Comp Neutron / Density
Microlog
Sonic

Form	ACO1 - Well Completion
Operator	Lotus Operating Company, L.L.C.
Well Name	Billy Max Graves 5
Doc ID	1275764

Tops

Name	Top	Datum
Heebner	3875	-2453
KC	4403	-2981
BKC	4636	3214
Miss	4834	-3412
Viola	5311	-3889
Arb	5610	-4188
RTD	5650	-4228
LTD	5655	-4233

****CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED****

Fracture Start Date/Time:	11/12/15 11:03
Fracture End Date/Time:	11/12/15 12:53
State:	Kansas
County:	Barber
API Number:	15-007-24293-0000
Operator Name:	LOTUS OPERATING COMPANY LLC
Well Name:	Billy Max Graves #5
Federal Well:	
Longitude:	-98.6499713
Latitude:	37.0076273
Long/Lat Projection:	NAD27
True Vertical Depth (TVD):	0'
Total Clean Fluid Volume* (gal):	374,500

Additive	Specific Gravity	Additive Quantity	Mass (lbs)	
Water	1.00	374,500	3,125,203	gal
Sand (Proppant)	2.65	331,800	331,800	lb
Plexcide P5	0.96	40	320	gal
Plexcide P5	0.96	40	320	gal
Plexgel Breaker XPA	1.03	55	473	gal
Plexset 730	0.90	0	0	gal
Plexset 730	0.90	0	0	gal
Plexsurf 580 ME	0.95	94	745	gal
Plexsurf 580 ME	0.95	94	745	gal
Plexslick 957	1.11	220	2,038	gal
Claymax	1.09	188	1,710	gal
Plexgel 907L-EB	1.04	474	4,114	gal
Plexgel 907L-EB	1.04	474	4,114	gal
Plexgel 907L-EB	1.04	474	4,114	gal
Plexgel 907L-EB	1.04	474	4,114	gal
Plexgel 907L-EB	1.04	474	4,114	gal
Plexgel 907L-EB	1.04	474	4,114	gal
Plexgel Breaker 10L	1.10	5	46	gal
				gal
				gal

Total Slurry Mass (Lbs)
3,483,969

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	3,125,203	89.70236%	
Sand (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7 / 238-878-4	99.90%	331,468	9.51410%	
Plexcide P5	Chemplex	Biocide	Tributyl Tetradecyl Phosphonium Chloride	81741-28-8	5.00%	16	0.00046%	
Plexcide P5	Chemplex	Biocide	Methanol	67-56-1	20.00%	64	0.00184%	
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1	7.00%	33	0.00095%	
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50.00%	0	0.00000%	
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	0	0.00000%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10.00%	75	0.00214%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	50.00%	373	0.01069%	
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25.00%	509	0.01462%	
Claymax	Chemplex	Clay Stabilizer	No Hazardous Ingredient	NA	0.00%	0	0.00000%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Distillates, Hydrotreated Light	64742-47-8	50.00%	2,057	0.05904%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Organophylic Clay	NDA	2.00%	82	0.00236%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Crystalline Silica	14808-60-7	0.06%	2	0.00007%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Alcohol Ethoxylates	34398-01-1	1.00%	41	0.00118%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Guar Gum	9000-30-0	50.00%	2,057	0.05904%	
Plexgel Breaker 10L	Chemplex	Breaker/Gel	No Hazardous Ingredient	NA	0.00%	0	0.00000%	
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component

*Total Water Volume sources may include fresh water, produced water, and/or recycled water

** Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.



INVOICE

P.O. Box 205803
Dallas, TX 75320-5803

RECEIVED

Invoice Number: 151084

Invoice Date: Oct 21, 2015

Voice: (832) 482-3742
Fax: (832) 482-3738

NOV 07 2015

Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Lotus Operating Co., LLC Lotus Exploration Co. 100 S. Main, STE 420 Wichita, KS 67202

Customer ID	Field Ticket #	Payment Terms	
Lotus	MLK1510210200	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Oct 21, 2015	11/20/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Billy Max Graves #5		
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
245.00	CEMENT SERVICE	PHDL	2.48	607.60
167.00	CEMENT SERVICE	DRYG	2.75	459.25
15.00	CEMENT SERVICE	MILV	4.40	66.00
15.00	CEMENT SERVICE	MIHV	7.70	115.50
225.00	CEMENT MATERIALS	CCAC	17.90	4,027.50
635.00	CEMENT MATERIALS	CA-100	1.10	698.50
423.00	CEMENT MATERIALS	CGEL	0.50	211.50
1.00	JOB DISCOUNT	Job Discount if paid within terms -- Material	2,468.75	-2,468.75
1.00	JOB DISCOUNT	Job Discount if paid within terms -- Cement Service	1,380.30	-1,380.30
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	OPERATOR ASSISTANT	Kindel Holiman		
1.00	OPERATOR ASSISTANT	Paul Mazzalongo		
		GL# <u>9208</u>		
		DESC. <u>Cement surf</u>		
		<u>CSG</u>		
		<u>#5</u>		
		WELL # <u>Bilmax</u>		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. ONLY IF PAID ON OR
BEFORE

Nov 20, 2015

1 1/2% CHARGED
THEREAFTER.

Subtotal	3,849.05
Sales Tax	185.16
Total Invoice Amount	4,034.21
Payment/Credit Applied	
TOTAL	4,034.21

ENTERED

NOV 06 2015

Field Ticket Number: MLK1510210200 Field Ticket Date: Wednesday, October 21, 2015

Bill To:
Lotus Operating Company, LLC
Wichita, Kansas 67202
#N/A

Job Name: 01 Surface
Well Location: Barber, Kansas
Well Name: Billy Max Graves
Well Number: # 5
Well Type: New Well
Rig Number: DUKE 7 #
Shipping Point: Medicine Lodge, KS
Sales Office: Mid Con

PERSONEL		EQUIPMENT	
JAKE HEARD		CEMENTERS PICK-UP 717	
KINDEL HOLIMAN		PUMP TRUCK 892-555	
PAUL MAZZALONGO		BULK TRUCK 949-741	

SERVICES - SERVICES - SERVICES

Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PUMP,CASING CEMENT 0-500 FT	1.00	min. 4 hr	1,512.25	1512.25	756.13	50.0%	756.13
PHDL	245.00	per cu. Ft.	2.48	607.60	1.24	50.0%	303.80
DRYG	167.00	ton-mile	2.75	459.25	1.38	50.0%	229.63
MILV	15.00	per mile	4.40	66.00	2.20	50.0%	33.00
MIHV	15.00	per mile	7.70	115.50	3.85	50.0%	57.75

MATERIALS - MATERIALS - MATERIALS

CCAC	225.00	sack	17.90	4,027.50	8.95	50.0%	2,013.75
CA-100	635.00	pound	1.10	698.50	0.55	50.0%	349.25
CGEL	423.00	pound	0.50	211.50	0.25	50.0%	105.75

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours		per hour	440.00	0.00	220.00	50.0%	0.00
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	Gross	Discount	Final
Services Total	2,760.60	1,380.30	1,380.30
Equipment Total	0.00	0.00	0.00
Materials Total	4,937.50	2,468.75	2,468.75
Additional Items	0.00	0.00	0.00
Final Total	7,698.10	3,849.05	3,849.05

Allied Rep: JAKE HEARD
Customer Agent:

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X Kenneth McNamee
Customer Signature

Field Ticket Total (USD):

\$3,849.05

GENERAL TERMS AND CONDITIONS

DEFINITIONS: In these terms and conditions, "ALLIED" shall mean Allied Oil & Gas Services, LLC, and "CUSTOMER" shall refer to the party identified by that term on the front of this contract. As applicable, "JOB" relates to the services described on the front side of this contract, "MERCHANDISE" refers to the material described on the front of this contract and to any other materials, products, or supplies used, sold, or furnished under the requirements of this contract.

-TERMS: Unless satisfactory credit has been established, CUSTOMER must tender full cash payment to ALLIED before the job is undertaken or merchandise is delivered. If satisfactory credit has been established, the terms of payment for the job and/or merchandise, including bulk cement, are net cash, payable in 30 days from the completion of the job and/or delivery of the merchandise. For all past due invoices, CUSTOMER agrees to pay interest on amounts invoiced at a rate of 18 percent per annum until paid. Notwithstanding the foregoing, in no event shall this Contract provide for interest exceeding the maximum rate of interest that CUSTOMER may agree to pay under applicable law. If any such interest should be provided for, it shall be and hereby is deemed to be a mistake, and this contract shall be automatically reformed to lower the rate of interest to the maximum legal contract rate. Any amounts previously paid as excess interest shall be deducted from the amounts owing from the CUSTOMER or at the option of ALLIED, refunded directly to CUSTOMER. For purposes of this paragraph, ALLIED and CUSTOMER agree that Kansas law shall apply. Any discounts granted with this contract are null and void if the charges are not paid when due.

-ATTORNEY FEES: In any legal action or proceeding between the parties to enforce any of the terms of this Service Contract, or in any way pertaining to the terms of this Contract, the prevailing party shall be entitled to recover all expenses, including, but not limited to, a reasonable sum as and for attorney's fees.



P.O. Box 205803
Dallas, TX 75320-5803

Voice: (832) 482-3742
Fax: (832) 482-3738

RECEIVED

NOV 07 2015

INVOICE

Invoice Number: 151142
Invoice Date: Oct 26, 2015
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Lotus Operating Co., LLC
Lotus Exploration Co.
100 S. Main, STE 420
Wichita, KS 67202

Customer ID	Field Ticket #	Payment Terms	
Lotus	MLK1510260800	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 26, 2015	11/25/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Billy Max Graves #5		
1.00	CEMENT SERVICE	Long String	3,099.25	3,099.25
1.00	CEMENT SERVICE	CMLP	275.00	275.00
285.00	CEMENT SERVICE	PHDL	2.48	706.80
182.00	CEMENT SERVICE	DRYG	2.75	500.50
15.00	CEMENT SERVICE	MILV	4.40	66.00
15.00	CEMENT SERVICE	MIHV	7.70	115.50
1.00	EQUIPMENT SALES	5.5 GS	281.00	281.00
1.00	EQUIPMENT SALES	5.5 AFV	335.00	335.00
1.00	EQUIPMENT SALES	5.5 TRP	85.00	85.00
1.00	EQUIPMENT SALES	5.5 CB	395.00	395.00
5.00	EQUIPMENT SALES	5.5 CEN	57.00	285.00
12.00	CEMENT MATERIALS	CW-HVS	25.00	300.00
175.00	CEMENT MATERIALS	CB-ASA	23.50	4,112.50
875.00	CEMENT MATERIALS	CLC-KOL	0.98	857.50
25.00	CEMENT MATERIALS	CLC-CPF	3.50	87.50
50.00	CEMENT MATERIALS	CB-APA-40604	16.20	810.00
83.00	CEMENT MATERIALS	CFL-210	18.90	1,568.70
1.00	JOB DISCOUNT	Job Discount if paid within terms -- Material & Equipment	4,558.60	-4,558.60
1.00	JOB DISCOUNT	Job Discount if paid within terms -- Cement Service	2,381.52	-2,381.52
1.00	CEMENT SUPERVISOR	Jason Thimesch		

GL# 9308
DESC. Cement prod
Csg
#5
WELL # Bilmax

<p>ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. ONLY IF PAID ON OR BEFORE</p> <p>Nov 25, 2015</p> <p>1 1/2% CHARGED THEREAFTER.</p>	Subtotal	Continued
	Sales Tax	Continued
	Total Invoice Amount	Continued
	Payment/Credit Applied	
	TOTAL	Continued

ENTERED

NOV 09 2015



INVOICE

P.O. Box 205803
 Dallas, TX 75320-5803

Invoice Number: 151142
 Invoice Date: Oct 26, 2015
 Page: 2

Voice: (832) 482-3742
 Fax: (832) 482-3738

Federal Tax I.D.#: 20-8651475

Bill To:
Lotus Operating Co., LLC Lotus Exploration Co. 100 S. Main, STE 420 Wichita, KS 67202

Customer ID	Field Ticket #	Payment Terms	
Lotus	MLK1510260800	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 26, 2015	11/25/15

Quantity	Item	Description	Unit Price	Amount
1.00	OPERATOR ASSISTANT	Kindel Holiman		
1.00	EQUIPMENT OPERATOR	Wayne Rucker		

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. ONLY IF PAID ON OR
 BEFORE

Nov 25, 2015

1 1/2% CHARGED
 THEREAFTER.

Subtotal	6,940.13
Sales Tax	341.90
Total Invoice Amount	7,282.03
Payment/Credit Applied	
TOTAL	7,282.03



Field Ticket Number: MLK1510260800 Field Ticket Date: Monday, October 26, 2015

Bill To:
Lotus Operating Company, LLC
Wichita, Kansas 67202
#N/A

Job Name: 02 Production/Long String
Well Location: Barber, Kansas
Well Name: Billy Max Graves
Well Number: # 5
Well Type: New Well
Rig Number: Duke # #7
Shipping Point: Medicine Lodge, KS
Sales Office: Mid Con

PERSONEL		EQUIPMENT	
Thimesch, Jason		673	
Hollman, Kindle		894/545	
Rucker, Wayne		949/741	

SERVICES - SERVICES - SERVICES

Description	Qty	Unit	Unit Amt	Gross Amt	Unit Net	Disc Amt	Net Amount
PUMP, CASING CEMENT 5001-6000 FT	1.00	min. 4 hr	3,099.25	3099.25	1,549.63	50.0%	1,549.63
CMLP	1.00	per day	275.00	275.00	137.50	50.0%	137.50
PHDL	285.00	per cu. Ft.	2.48	706.80	1.24	50.0%	353.40
DRYG	182.00	ton-mile	2.75	500.50	1.38	50.0%	250.25
MILV	15.00	per mile	4.40	66.00	2.20	50.0%	33.00
MIHV	15.00	per mile	7.70	115.50	3.85	50.0%	57.75

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT

GS-5.5	1.00	each	281.00	281.00	140.50	50.0%	140.50
AFV-5.5	1.00	each	335.00	335.00	167.50	50.0%	167.50
TRP-5.5	1.00	each	85.00	85.00	42.50	50.0%	42.50
CB - 5.5	1.00	each	395.00	395.00	197.50	50.0%	197.50
CEN - 5.5	5.00	each	57.00	285.00	28.50	50.0%	142.50

MATERIALS - MATERIALS - MATERIALS

CW-HVS	12.00	bbi	25.00	300.00	12.50	50.0%	150.00
CB-ASA	175.00	sack	23.50	4,112.50	11.75	50.0%	2,056.25
CLC-KOL	875.00	pound	0.98	857.50	0.49	50.0%	428.75
CFL-210	83.00	pound	18.90	1,568.70	9.45	50.0%	784.35
CLC-CPF	25.00	pound	3.50	87.50	1.75	50.0%	43.75
CB-APA-40604	50.00	sack	16.20	810.00	8.10	50.0%	405.00

	Gross	Discount	Final
Services Total	4,763.05	2,381.53	2,381.53
Equipment Total	1,381.00	690.50	690.50
Materials Total	7,736.20	3,868.10	3,868.10
Additional Items	0.00	0.00	0.00
Final Total	13,880.25	6,940.13	6,940.13

Allied Rep: _____
Customer Agent: _____

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X Robin Brown
Customer Signature

Field Ticket Total (USD):

\$6,940.13