

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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)</i> <i>(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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DRILL STEM TEST REPORT

Prepared For: **Cobalt Energy LLC**

115 S Belmont #12
Wichita, KS 67208

ATTN: Terry McLeod

Krankenbergs A #1-9

9-24s-23w Hodgeman,KS

Start Date: 2016.03.08 @ 00:20:32

End Date: 2016.03.08 @ 08:49:02

Job Ticket #: 64540 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2016.03.09 @ 08:11:59



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cobalt Energy LLC

9-24s-23w Hodgeman, KS

115 S Belmont #12
Wichita, KS 67208

Krankenberga A #1-9

Job Ticket: 64540

DST#: 1

ATTN: Terry McLeod

Test Start: 2016.03.08 @ 00:20:32

GENERAL INFORMATION:

Formation: **Miss- Dol**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:25:02

Time Test Ended: 08:49:02

Test Type: Conventional Bottom Hole (Initial)

Tester: Brandon Turley

Unit No: 79

Interval: 4703.00 ft (KB) To 4748.00 ft (KB) (TVD)

Reference Elevations: 2442.00 ft (KB)

Total Depth: 4748.00 ft (KB) (TVD)

2437.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

Serial #: 8166 Outside

Press@RunDepth: 275.33 psig @ 4704.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.03.08

End Date: 2016.03.08

Last Calib.: 2016.03.08

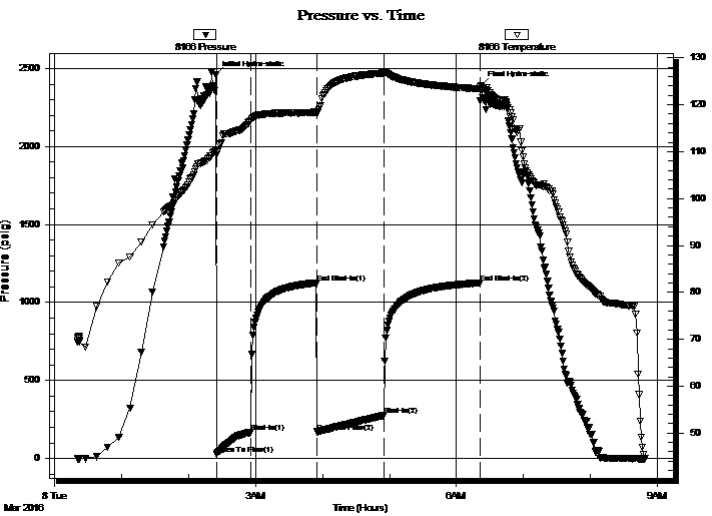
Start Time: 00:20:37

End Time: 08:49:01

Time On Btm: 2016.03.08 @ 02:24:32

Time Off Btm: 2016.03.08 @ 06:22:02

TEST COMMENT: IF: BOB in 26 min.
IS: No return.
FF: BOB in 28 min.
FS: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2457.97	110.17	Initial Hydro-static
1	28.17	109.32	Open To Flow (1)
31	166.91	116.60	Shut-In(1)
90	1126.48	118.40	End Shut-In(1)
91	170.44	118.11	Open To Flow (2)
151	275.33	126.76	Shut-In(2)
237	1125.49	123.39	End Shut-In(2)
238	2389.04	123.37	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
189.00	mcw 95%w 5%m	0.93
126.00	w cm 30%w 70%m	1.03
141.00	w cm 10%w 90%m	1.98

Gas Rates

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



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

Cobalt Energy LLC

9-24s-23w Hodgeman,KS

115 S Belmont #12
Wichita, KS 67208

Krankenbergr A #1-9

Job Ticket: 64540

DST#: 1

ATTN: Terry McLeod

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 Time Test Ended: 08:49:02
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 Total Depth: 4748.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches
 Hole Condition: Good

Test Type: Conventional Bottom Hole (Initial)
 Tester: Brandon Turley
 Unit No: 79
 Reference Elevations: 2442.00 ft (KB)
 2437.00 ft (CF)
 KB to GR/CF: 5.00 ft

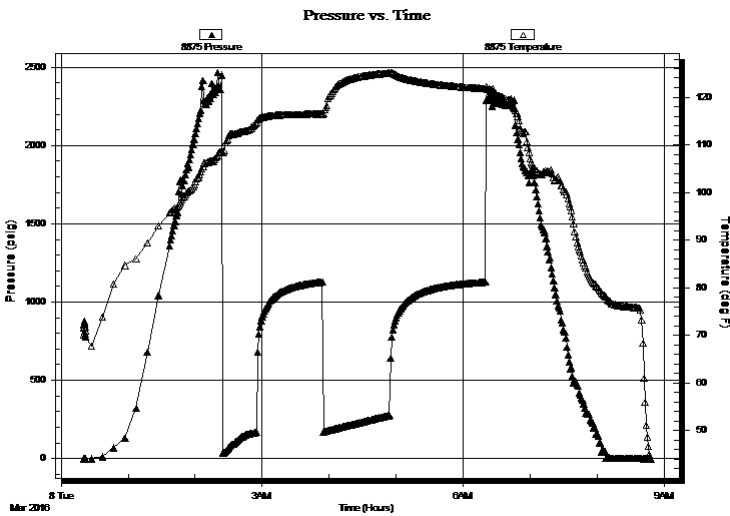
Serial #: 8875

Inside

Press@RunDepth: psig @ 4704.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2016.03.08 End Date: 2016.03.08 Last Calib.: 2016.03.08
 Start Time: 00:20:09 End Time: 08:48:33 Time On Btm:
 Time Off Btm:

TEST COMMENT: IF: BOB in 26 min.
 IS: No return.
 FF: BOB in 28 min.
 FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
189.00	mcw 95%w 5%m	0.93
126.00	w cm 30%w 70%m	1.03
141.00	w cm 10%w 90%m	1.98

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Cobalt Energy LLC

9-24s-23w Hodgeman,KS

115 S Belmont #12
Wichita, KS 67208

Krankenber g A #1-9

Job Ticket: 64540

DST#: 1

ATTN: Terry McLeod

Test Start: 2016.03.08 @ 00:20:32

Tool Information

Drill Pipe:	Length: 4434.00 ft	Diameter: 3.80 inches	Volume: 62.20 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 30000.00 lb
Drill Collar:	Length: 270.00 ft	Diameter: 2.25 inches	Volume: 1.33 bbl	Weight to Pull Loose: 70000.00 lb
			<u>Total Volume: 63.53 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	23.00 ft			String Weight: Initial 60000.00 lb
Depth to Top Packer:	4703.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	45.00 ft			
Tool Length:	67.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Stubb	1.00			4682.00	
Shut In Tool	5.00			4687.00	
Hydraulic tool	5.00			4692.00	
Safety Joint	2.00			4694.00	
Packer - Shale	5.00			4699.00	
Packer	4.00			4703.00	22.00 Bottom Of Top Packer
Stubb	1.00			4704.00	
Recorder	0.00	8875	Inside	4704.00	
Recorder	0.00	8166	Outside	4704.00	
Perforations	5.00			4709.00	
Change Over Sub	1.00			4710.00	
Drill Pipe	32.00			4742.00	
Change Over Sub	1.00			4743.00	
Bullnose	5.00			4748.00	45.00 Anchor Tool

Total Tool Length: 67.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cobalt Energy LLC

9-24s-23w Hodgeman,KS

115 S Belmont #12
Wichita, KS 67208

Krankenberga A #1-9

Job Ticket: 64540

DST#: 1

ATTN: Terry McLeod

Test Start: 2016.03.08 @ 00:20:32

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

40000 ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4600.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
189.00	mcw 95%w 5%m	0.929
126.00	w cm 30%w 70%m	1.030
141.00	w cm 10%w 90%m	1.978

Total Length: 456.00 ft Total Volume: 3.937 bbl

Num Fluid Samples: 0

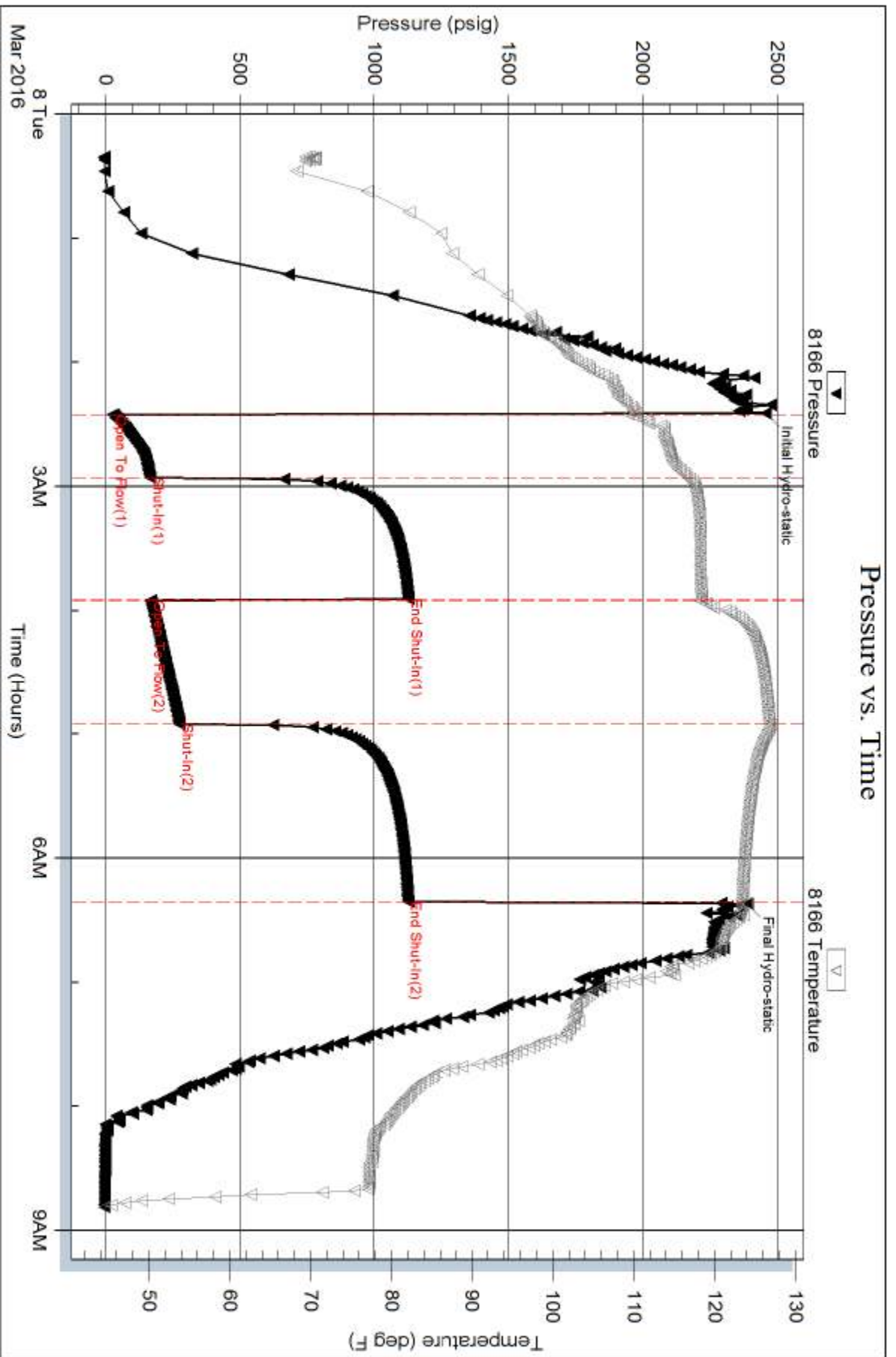
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .23@55=40000



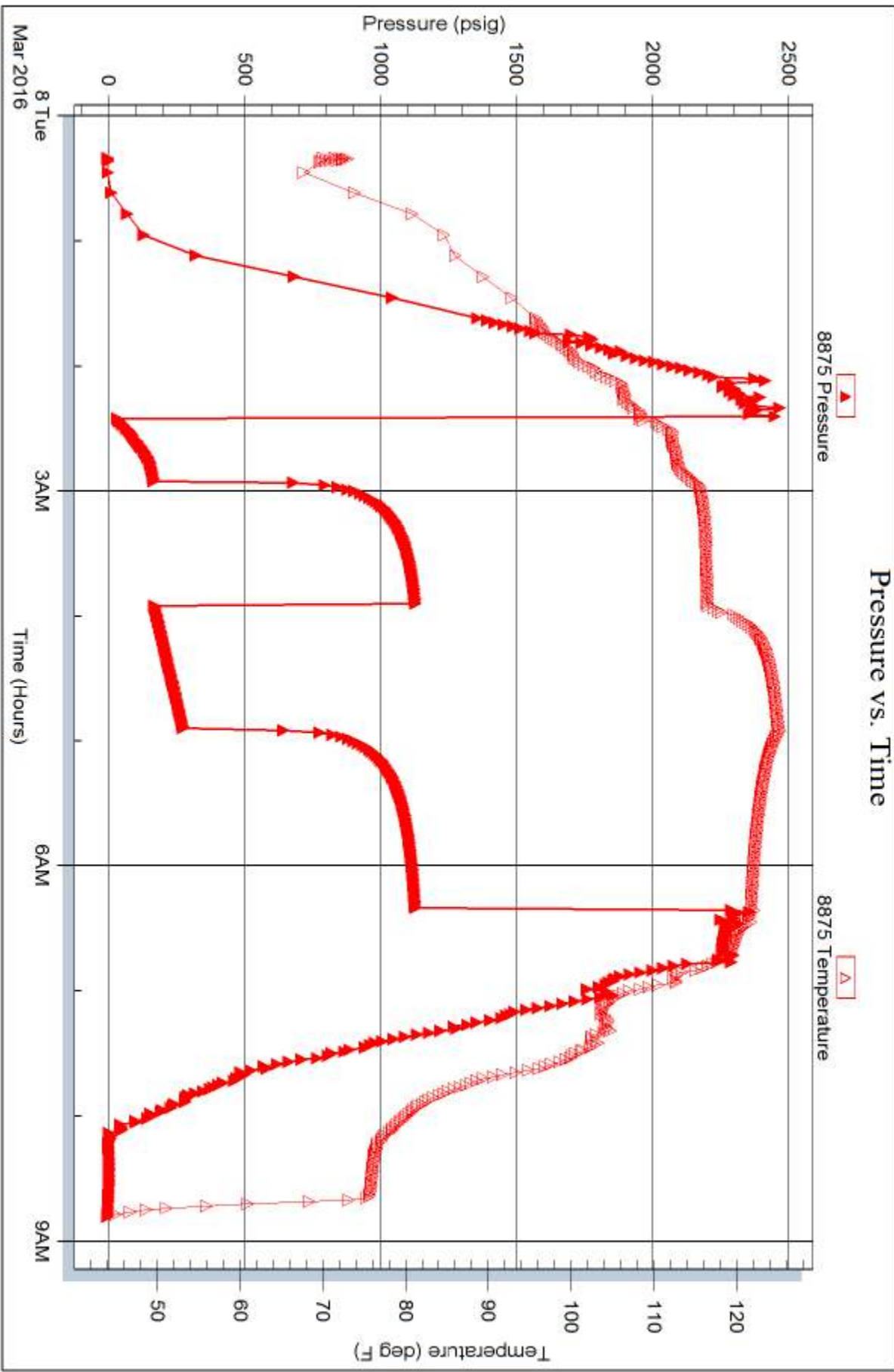
Serial #: 8875

Inside

Cobalt Energy LLC

Krankenbergl A #1-9

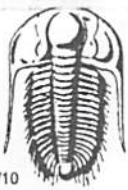
DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 64540

Printed: 2016.03.09 @ 08:12:01



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 64540

Well Name & No. Kronkenberg A 1-9 Test No. 1 Date 3-7-16
 Company Cobalt Energy LLC Elevation 2442 KB 2437 GL
 Address 115 S Belmont #12 Wichita, KS 67208
 Co. Rep / Geo. Terry McLeod Rig Murfin 16
 Location: Sec. 9 Twp. 24 Rge. 23 Co. Hodgeman State KS

Interval Tested 4703 4748 Zone Tested Miss - Dol
 Anchor Length 45 Drill Pipe Run 4434 Mud Wt. 9.4
 Top Packer Depth 4698 Drill Collars Run 270 Vis 56
 Bottom Packer Depth 4703 Wt. Pipe Run — WL 8.8
 Total Depth 4748 Chlorides 4600 ppm System LCM 2
 Blow Description IF: BoB in 26 min.
IS: No return.
FF: BoB in 28 min.
F3: No return.

Rec	Feet of	%gas	%oil	%water	%mud
<u>141</u>	<u>wcm</u>		<u>10</u>	<u>90</u>	
<u>126</u>	<u>wcm</u>		<u>30</u>	<u>70</u>	
<u>189</u>	<u>mcw</u>		<u>95</u>	<u>5</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 456 BHT 123 Gravity — API RW .23 @ 5.5 °F Chlorides 40,000 ppm

(A) Initial Hydrostatic 2475 Test 1150 T-On Location 23:50
 (B) First Initial Flow 28 Jars _____ T-Started 00:20
 (C) First Final Flow 166 Safety Joint 75 T-Open 2:23
 (D) Initial Shut-In 1126 Circ Sub NIL T-Pulled 6:23
 (E) Second Initial Flow 170 Hourly Standby _____ T-Out 8:50
 (F) Second Final Flow 275 Mileage 190- 160rt 120 Comments _____
 (G) Final Shut-In 1125 Sampler _____
 (H) Final Hydrostatic 2389 Straddle _____
 Shale Packer 250 Ruined Shale Packer _____
 Extra Packer _____ Ruined Packer _____
 Extra Recorder _____ Extra Copies _____
 Initial Open 30 Day Standby _____ Sub Total 0
 Initial Shut-In 60 Accessibility _____ Total 1495
 Final Flow 60 Sub Total 1495 MP/DST Disc't _____
 Final Shut-In 90

Approved By Terry L. McLeod Our Representative [Signature]

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



Services, Inc.

CHARGE TO:

Cobalt

TICKET 29109

ADDRESS

CITY, STATE, ZIP CODE

PAGE 1 OF 1

1. SERVICE LOCATION: Leidy, KS WELL PROJECT NO. 1-9 LEASE Krahenberg on A COUNTY/PARISH Hedgesman STATE KS CITY Jetmore DATE 8 APR 16 OWNER

2. TICKET TYPE: SERVICE SALES CONTRACTOR WT RIG NAME/NO. 14 SHIPPED DELIVERED TO Leicester ORDER NO.

3. WELL TYPE: WT WELL CATEGORY WT A JOB PURPOSE Remedy Plug to Abandon WELL PERMIT NO. WELL LOCATION 9-24-23

4. REFERRAL LOCATION: INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT	
		LOC	ACCT	DF									
575		1			TRK 114		35	mi			500	17500	
576P		1			Pump charge		1	ea			800	80000	
308-4		1			EDYD (1/2 for mix)		220	SK			1025	225500	
276		1			Flare		58	lb			205	11850	
290		1			D-AR		2	gal			4200	8400	
581		1			Service charge		2	hr			150	30000	
583		1			Drillage		2068	lb		552.94	TM	075	26471

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					4091 21
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					
TOTAL					4361 13

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: BC Ball APPROVAL: _____

Thank You!



Services, Inc.

CHARGE TO: COBALT ENERGY
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 29193

WELL/PROJECT NO. A 1-9
 LEASE KRAWKENBERG
 COUNTY/Parish HODGEMAN
 STATE KS
 CITY JETMORE, KS
 DATE 2 MAR 16
 OWNER

PAGE 1 OF

INVOICE INSTRUCTIONS

TICKET TYPE CONTRACTOR MURPHY DRILLING #
 RIG NAME NO.
 WELL TYPE OIL
 WELL CATEGORY DEVELOPMENT
 JOB PURPOSE CEMENT 8 5/8 SURFACE
 WELL PERMIT NO.
 WELL LOCATION 65, 2E, 15 1/2E, S1010

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE #	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT	
		LOC	ACCT	DF									
5725					Pump Charge	115	40	mil			5.00	200.00	
5768							1	hrs			800.00	800.00	
279					GEL		3	sx			25.00	75.00	
278					Calcium Chloride		7	sx			40.00	280.00	
290					D-AIR		1/2	sq			42.00	63.00	
325					STANDARD CEMENT		150	sx			12.85	1837.50	
581					CEMENT SERVICE CHARGE		150	sx			1.50	225.00	
582					Minimum Drayage		1475	0/15		295	tm	250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN- DECIDED	DIS- AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL	TOTAL
3730	3530.00

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED 2 MAR 16
 TIME SIGNED 2:05 P.M.
 SIGNATURE [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

APPROVAL [Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2 MAR 16 PAGE NO.

CUSTOMER COBALT ENERGY WELL NO. A 1-9 LEASE KRANKENBERG JOB TYPE 8 5/8 SURFACE TICKET NO. 29193

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1750							ON LOCATION
								RTD @ 218.
	1945							CIRCULATE.
	1954	4	36					MIX 150 Sx STANDARD 3% CC - 2% GEL
		3	13					DISPLACE CEMENT
	2015						200	SHAFT WELL IN.
								CIRCULATE CEMENT TO SURFACE
	2017							WASH TRUCK
	2045							JOB COMPLETE
								THANKS B IIS
								JASON DAUE PRESTON