

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) (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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GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

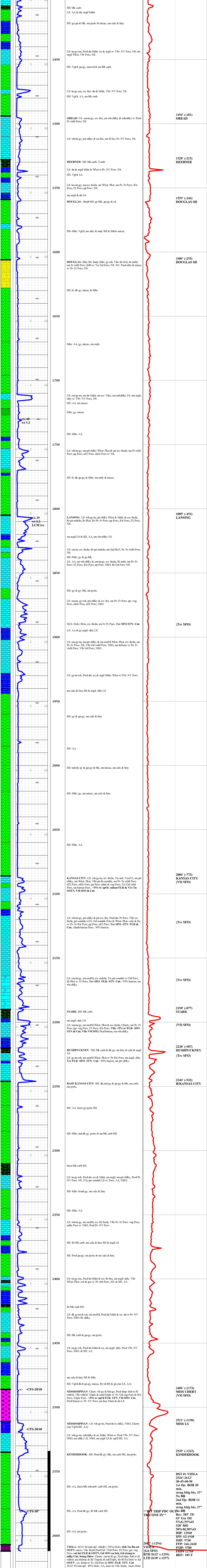
COMPANY JORDAN OIL MANAGEMENT, INC. LEASE MCCULLOCH #13 FIELD WHITEWATER LOCATION 2131' ENL & 1122' FWL SECTION 32 TOWNSHIP 25S RANGE 04E COUNTY BUTLER STATE KANSAS		ELEVATIONS KB 1313' GL 1304' Measurements Are All From KB API # 15-015-24214	
CONTRACTOR C&G DRILLING, Rig #2 SPUD 10/23/2023 COMP 10/28/2023 RTD 2612' LTD 2610' ELI: DIL, CDL/CNL, MEL ELECTRICAL SURVEYS		CASING SURFACE 8.58" set @ 220' KB PRODUCTION 5.12" set @ 2607' KB	

FORMATION TOPS	LOG	SAMPLES	CHRONOLOGY
OREAD	1492' (-179)	1494' (-181)	10/23/2023- MIRU C& G Drig, Rig #2, SPUD 12 1/4" hole, DTD 220'; Run 8.58" surface casg.
HEEBNER	1527' (-214)	1528' (-215)	10/24/2023- WOC - 220' @ 7 AM.
DOUGLAS SH	1586' (-243)	1559' (-246)	10/25/2023- Drig @ 1400' @ 7 AM
DOUGLAS SD	1603' (-290)	1606' (-293)	10/26/2023- Drig @ 1957' @ 7 AM.
LANSING	1803' (-490)	1805' (-492)	10/27/2023- THH @ RTD 2612' for DST #1 @ 7 AM.
KANSAS CITY	2084' (-771)	2086' (-773)	10/28/2023- Run Elogs @ 7 AM. Run production casing (see remarks). Release rig.
STARK	2188' (-875)	2190' (-877)	
HUSHPUCKNEY	2217' (-904)	2220' (-907)	
B/KANSAS CITY	2243' (-930)	2246' (-933)	
MISSISSIPPIAN CHERT	2485' (-1173)	2486' (-1173)	
MISSISSIPPIAN LS	2509' (-1196)	2511' (-1198)	
KINDERHOOK	2533' (-1220)	2535' (-1223)	
VIOLA	2604' (-1291)	2607' (-1294)	
RTD/LTD	2610' (-1297)	2612' (-1299)	

REMARKS:

10/28/2023- Ran 62 jts (last 6 jts out of used 5 1/2", 15.50 ft) production casing, tally = 2602.34' plus packer shoe & float collar = -3.4'. Total casing run = -2602.34' + 3.4' (PS & FC) = -2605.74'. Shoe joint = -31.68' + -3.4' PS + FC = -35'. Float collar insert @ 2571'.
 Centralizers on top of jts #1 @ -2571'; #3 @ -2486'; #5 @ -2402'; #7 @ -2318'; #9 @ -2234'; #11 @ -2149'; #17 @ -1896'; & #19 @ -1812'. Baskets on jt #3 & side to top of jt #2 @ -2529' & basket #2 on jt #12 & side to top of jt #11 @ -2149'.
 Tagged bottom w/ landing jt, picket up 4.5' set packer shoe @ -2607' KB (from RTD 2612') @ -1500' net cut'd w/ -130' as Elite Thickset by HSI. Lift pressure from -500 psi -1000 psi.
 Good circ thru-out. Displaced w/-62 blk, plug down @ -8.45 PM 10/28/2023. Plug held.

Respectfully submitted,
 Roger L. Martin, Geologist





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Jordan Oil Management Inc.

32/25/4

P.O. Box 152
Haysville, KS 67060

Mcculloch 13

Job Ticket: 70562

DST#: 1

ATTN: Roger Martin

Test Start: 2023.10.27 @ 12:35:00

GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: 1315.00 ft (KB)

Time Tool Opened: 14:59:02

Time Test Ended: 21:48:47

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Hagman

Unit No: 69

Interval: 2534.00 ft (KB) To 2612.00 ft (KB) (TVD)

Reference Elevations: 1315.00 ft (KB)

Total Depth: 2612.00 ft (KB) (TVD)

1305.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 6751 Outside

Press@RunDepth: 341.74 psig @ 2537.00 ft (KB)

Capacity: psig

Start Date: 2023.10.27 End Date: 2023.10.27

Last Calib.: 1899.12.30

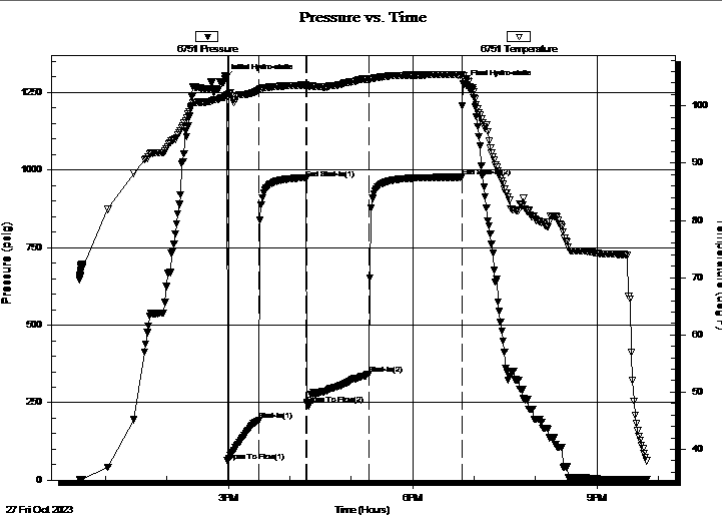
Start Time: 12:35:01 End Time: 21:48:47

Time On Btm: 2023.10.27 @ 14:56:32

Time Off Btm: 2023.10.27 @ 18:50:17

TEST COMMENT: IF: 30 min., BOB 20 min., strong building blow , 15 inches
IS: 45 min., no blow back
FF: 60 min., BOB 14 min., strong building blow , 27 inches
FS: 90 min., no blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1295.79	101.50	Initial Hydro-static
3	62.22	101.65	Open To Flow (1)
34	193.27	102.82	Shut-In(1)
80	973.46	103.63	End Shut-In(1)
81	246.01	103.37	Open To Flow (2)
141	341.74	104.52	Shut-In(2)
232	977.52	105.41	End Shut-In(2)
234	1275.92	104.76	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
520.00	muddy oil 50%M, 50%O	4.54
65.00	gassy oil 5%G, 95%O	0.91

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Jordan Oil Management Inc.

32/25/4

P.O. Box 152
Haysville, KS 67060

Mcculloch 13

Job Ticket: 70562

DST#: 1

ATTN: Roger Martin

Test Start: 2023.10.27 @ 12:35:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

34 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 44.00 sec/qt

Cushion Volume:

bbbl

Water Loss: in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
520.00	muddy oil 50%M, 50%O	4.543
65.00	gassy oil 5%G, 95%O	0.912

Total Length: 585.00 ft

Total Volume: 5.455 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

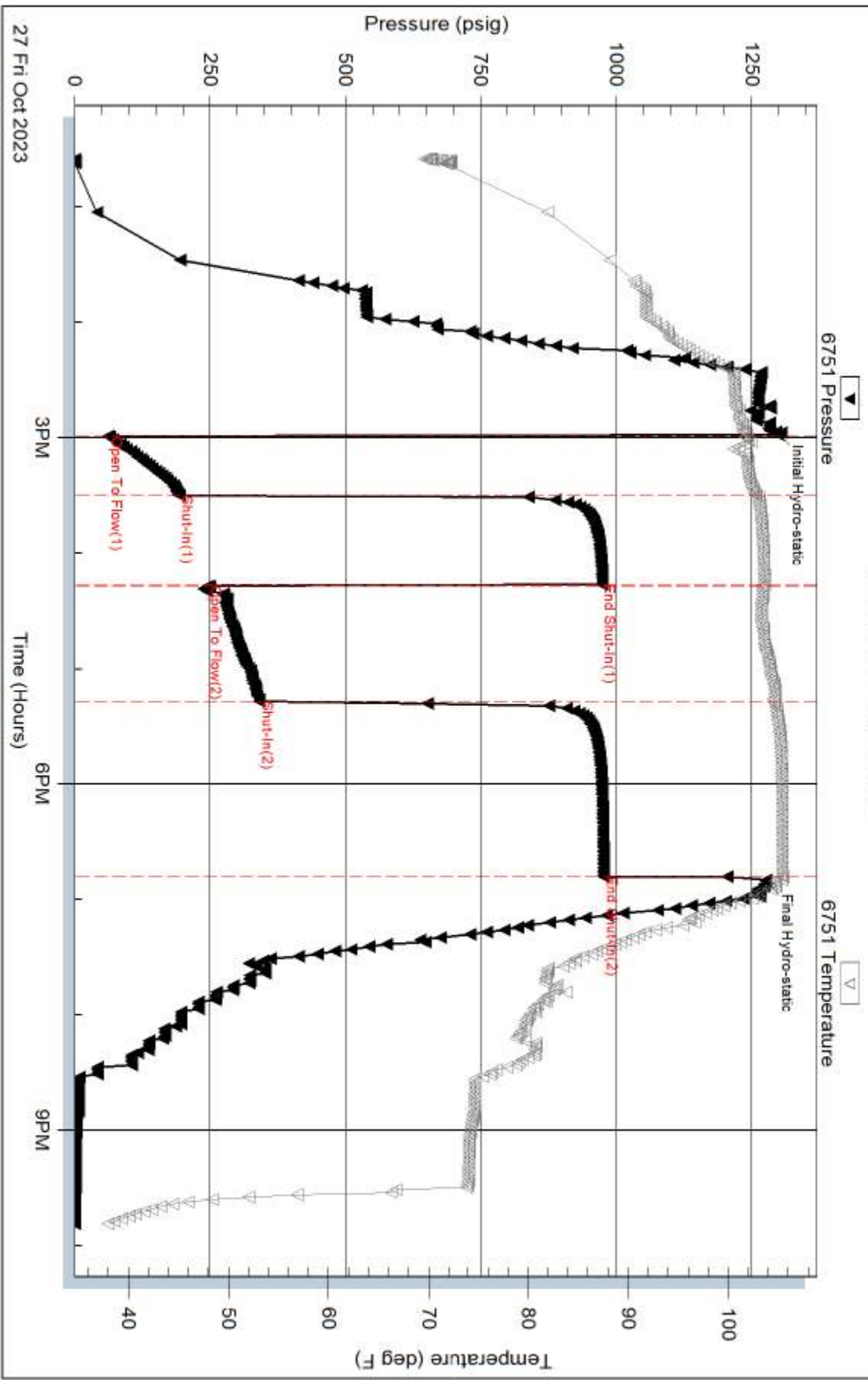
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



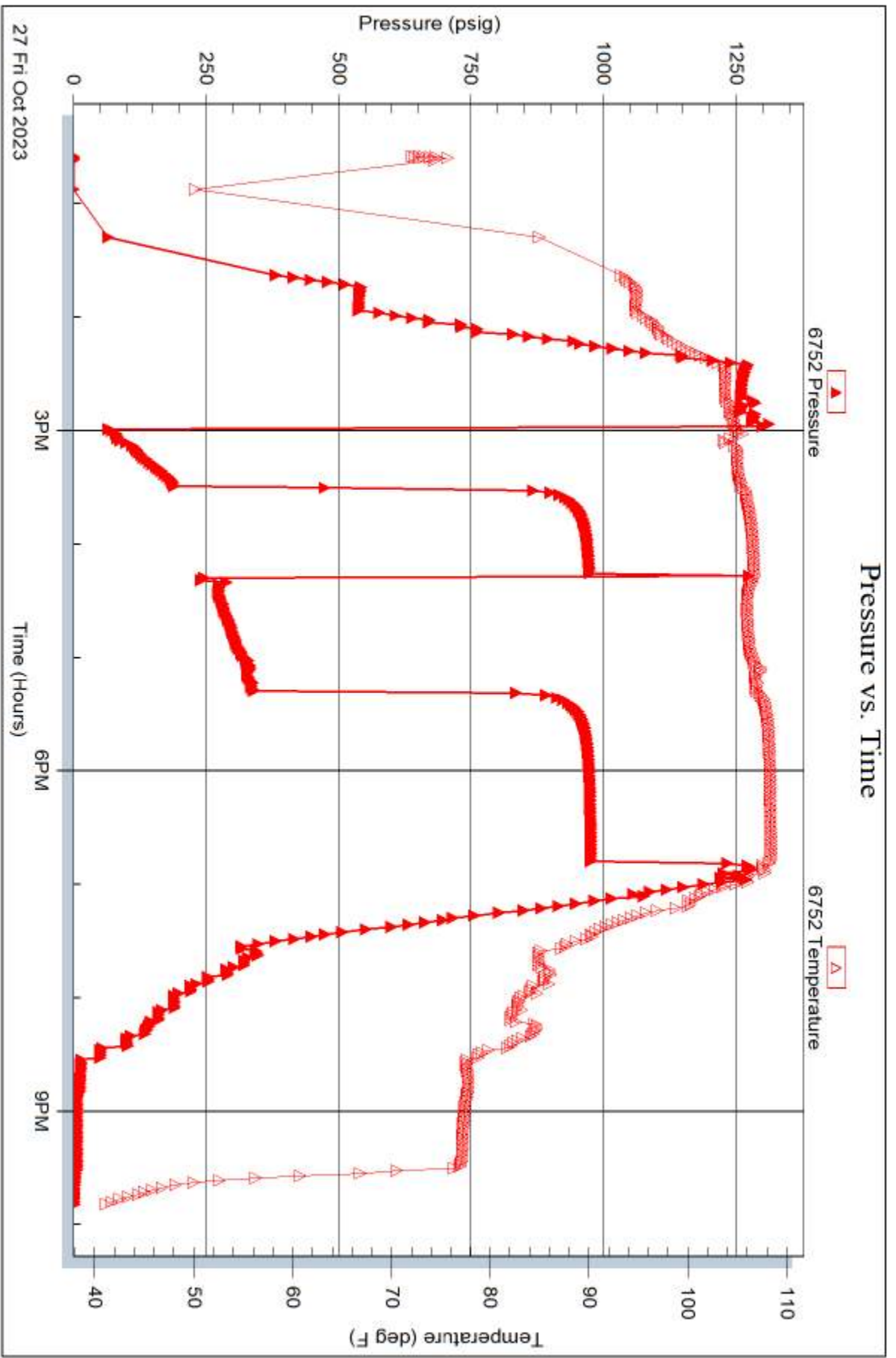
Serial #: 6752

Inside

Jordan Oil Management Inc.

McCulloch 13

DST Test Number: 1

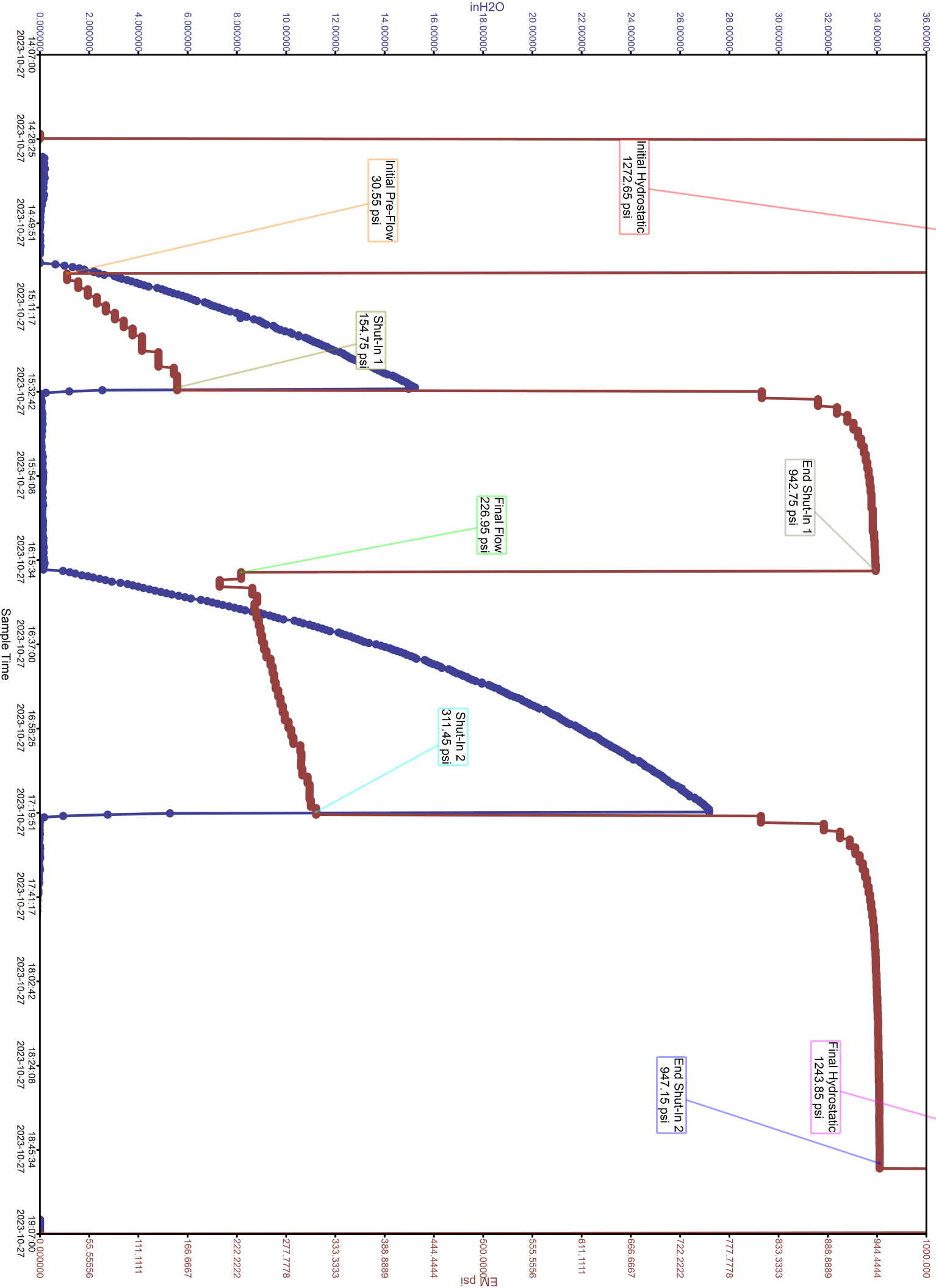


Tribble Testing, Inc

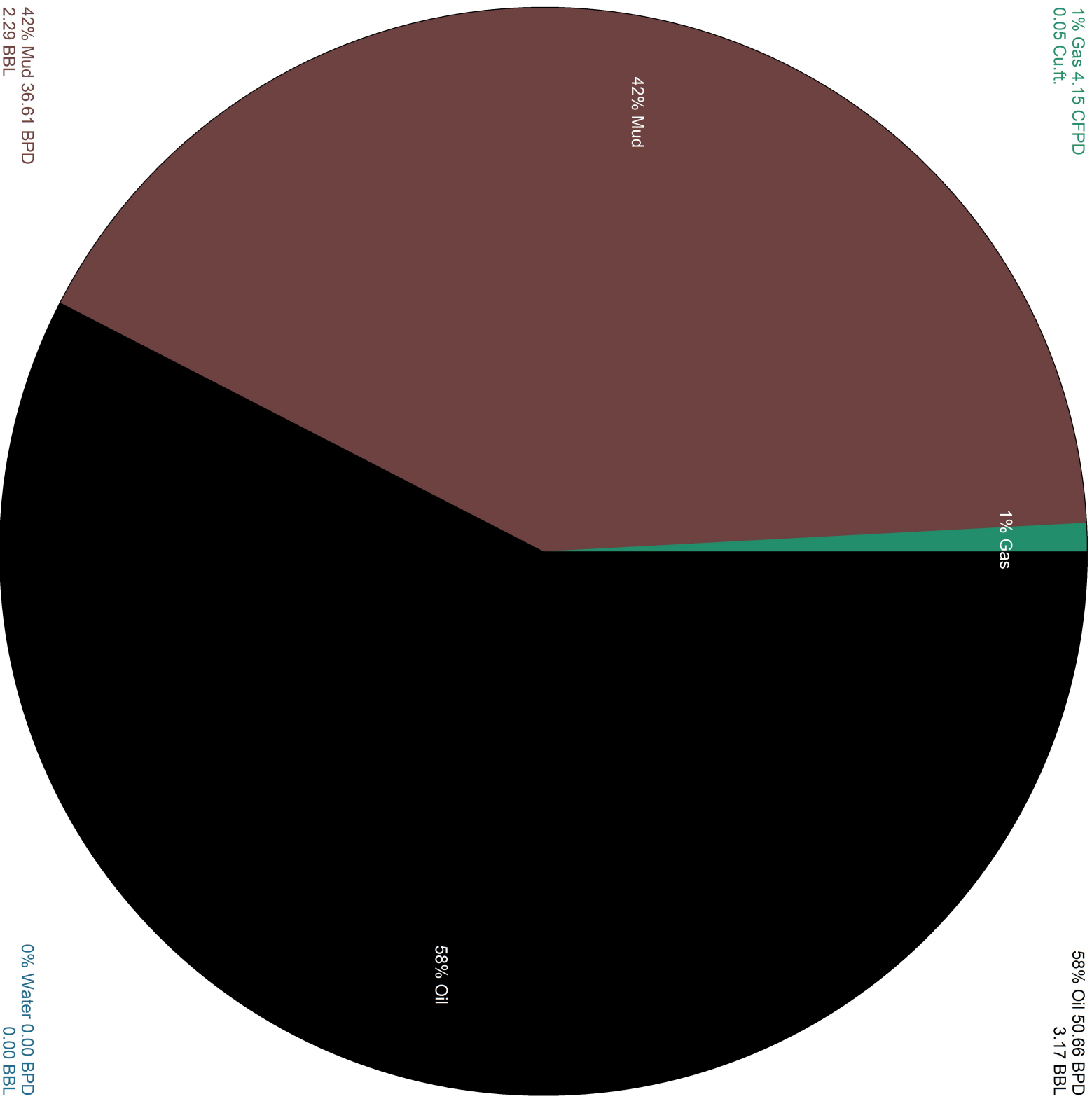
Ref. No: 70562

Printed: 2023.10.28 @ 07:21:27

Jordan Oil Management Inc - McCulloch 13 - DST 1



Calculated Recovery Analysis - Jordan Oil Management Inc - McCulloch 13 - DST 1





Customer	Jordan Oil Management Inc	Lease & Well #	McCulloch #13			Date	10/23/2023
Service District	Eureka	County & State	Butler	Legals S/T/R	32/25S/4E	Job #	
Job Type	Surface	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures					
1003	David	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging		
1203	Broker	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection		
1210	Jake	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations		
		<input type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations		
		<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below			
Comments							
API# 15-015-24214. Note: Rig lost some fluid while drilling first kelly down. Never completely lost circulation. Had good circulation while cementing.							
Product/ Service Code	Description	Unit of Measure	Quantity				Net Amount
D010	Depth Charge: 0'-500'	job	1.00				\$1,000.00
M010	Heavy Equipment Mileage	mi	45.00				\$180.00
M015	Light Equipment Mileage	mi	45.00				\$90.00
M020	Ton Mileage	tm	336.49				\$504.74
CP015	H-325	sack	150.00				\$3,375.00
CP125	Pheno Seal	lb	75.00				\$131.25
CP165	Cottonseed Hulls	lb	80.00				\$80.00
Customer Section: On the following scale how would you rate Hurricane Services Inc.?							
Based on this job, how likely is it you would recommend HSI to a colleague?						Total Taxable	\$ -
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10						Tax Rate:	
##### 1 2 3 4 5 6 7 8 9 10 #####						Sale Tax:	\$ -
						Total:	\$ 5,360.99
						HSI Representative: David Gardner	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.



CEMENT TREATMENT REPORT

Customer:	Jordan Oil Management Inc	Well:	McCulloch #13	Ticket:	EP11063
City, State:	Kansas	County:	Butler	Date:	10/23/2023
Field Rep:	Jason Bruns	S-T-R:	32/25S/4E	Service:	Surface

Downhole Information	
Hole Size:	12.25 in
Hole Depth:	224 ft
Casing Size:	8 5/8 in
Casing Depth:	208 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	13.0 bbls

Calculated Slurry - Lead	
Blend:	H-325/1#Phenoseal/sk
Weight:	15.0 ppg
Water / Sx:	gal / sx
Yield:	1.35 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	36.0 bbls
Total Sacks:	150 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
				-	Safety Meeting:
				-	Rig up to 8 5/8 casing
5.0	50.0	5.0	5.0	5.0	Break circulation w/ 5 bbl fresh water
5.0	100.0	36.0	41.0	41.0	Mixed 150 sks H-325 w/ 1# Phenoseal/sk @ 15#/ gal, yield 1.35 = 36 bbl slurry. Mixed 80# Cottonseed Hulls in w/ 1st 50 sks cement.
5.0	100.0	13.0	54.0	54.0	Displace w/ 13 bbl fresh water.
			54.0	54.0	Shut down. Close casing in.
			54.0	54.0	Good circulation at all times while cementing. Good cement returns to surface = 10 bbl slurry to pit.
			54.0	54.0	Wait 15 mins before washing out cellar. Annulus standing full of cement
			54.0	54.0	Job complete. Rig down
			54.0	54.0	
			54.0	54.0	
			54.0	54.0	
			54.0	54.0	
			54.0	54.0	
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			54.0	54.0	

CREW		UNIT	SUMMARY		
Cementer:	David	1003	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Broker	1203	5.0 bpm	83 psi	54 bbls
Bulk #1:	Jake	1210			
Bulk #2:					



Customer	Jordan Oil Management Inc	Lease & Well #	McCulloch #13	Date	10/28/2023
Service District	Eureka	County & State	Butler, Ks	Legals S/T/R	32 25S 4E
Job Type	Longstring	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #
					Ticket #
					EP11143

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
1004	Kevin M	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
1201	Alan M	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
1210	Steve M	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Comments

API # 15-015-24214 Longstring 5 1/2" 15.50# used casing set @ 2607' K.B. w/ Type A packer shoe. Shoe Jt = 35.08'. Centralizers on #1,3,5,7,9,11,17,19. Baskets ran on top of #2,11. Cement longstring w/ 130sx Thick Set Cement w/ 5# kolseal/sx, 2# phenoal/sx. Plug RH w/ 20sx, MH w/ 15sx

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
D013	Depth Charge 2001'- 3000'	job	1.00	\$2,000.00
M010	Heavy Equipment Mileage	mi	45.00	\$180.00
M015	Light Equipment Mileage	mi	45.00	\$90.00
CP062	H842 Thick Set Cement	sack	165.00	\$4,537.50
CP110	Kol Seal 5#/sx	lb	825.00	\$618.75
CP125	Pheno Seal 2#/sx	lb	330.00	\$577.50
M020	Ton Mileage	tm	434.00	\$651.00
FE175	5 1/2" Type A Packer Shoe w/ float	ea	1.00	\$1,750.00
FE147	5 1/2" Float Collar Body Only	ea	1.00	\$250.00
FE170	5 1/2" Latch Down Plug & Baffle	ea	1.00	\$350.00
FE130	5 1/2" Cement Basket	ea	2.00	\$600.00
FE125	5 1/2" Centralizer	ea	8.00	\$480.00
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$12,359.75
		Total Taxable	\$ -
		Tax Rate:	
Based on this job, how likely is it you would recommend HSI to a colleague?		Sale Tax:	\$ -
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		Total:	\$ 12,359.75
		HSI Representative: <i>Thank You Kevin McCoy</i>	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**

