

APR 26 2006

ORIGINAL

CONSERVATION DIVISION
WICHITA, KS

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

* AMENDED

Operator: License # 32334

Name: Chesapeake Operating, Inc.

Address: P. O. Box 18496

City/State/Zip: Oklahoma City, OK 73157-10496

Purchaser: Oneok

Operator Contact Person: Jim Reisch, Barbara Bale

Phone: (405) 848-8000

Contractor: Name: Murfin Drilling

License: 30606

Wellsite Geologist: Wes Hansen

Designate Type of Completion:

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, 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./SWD

Plug Back Plug Back Total Depth

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr.?) Docket No. _____

08/14/03 08/20/03 11/06/03

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15-097-21514-00-00

County: Kiowa

N/2 SE SW Sec. 19 Twp. 30 S. R. 16 East West

1250 feet from N (circle one) Line of Section

1890 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Robbins F Well #: 2-19

Field Name: Glick

Producing Formation: Mississippian

Elevation: Ground: 2051' Kelly Bushing: 2062'

Original Depth: 5100' Plug Back Total Depth: 5052'

Amount of Surface Pipe Set and Cemented at 590 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 No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

RELEASED

APR 25 2006

26

FROM CONFIDENTIAL

ALT I W/ 4-25-06

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Jim Reisch

Title: Asset Manager Date: 12/01/03

Subscribed and sworn to before me this 25th day of April

20 06

Notary Public: Lucretia A. Morris

Date Commission Expires: 11/27/08 APR 26 2006

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RELEASED

APR 26 2006

FROM CONFIDENTIAL



LUCRETIA A. MORRIS

Notary Public
State of Oklahoma

Commission # 00018352 Expires 11/27/08

ORIGINAL

Operator Name: Chesapeake Operating, Inc. Lease Name: Robbins F Well #: 2-19
 Sec. 19 Twp. 30 S. R. 16 East West County: Kiowa

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: HRI, SDL/DSN, ML	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner Shale</td> <td>4071</td> <td>-2009</td> </tr> <tr> <td>Lansing</td> <td>4266</td> <td>-2204</td> </tr> <tr> <td>Base K.C.</td> <td>4673</td> <td>-2611</td> </tr> <tr> <td>Cherokee Shale</td> <td>4811</td> <td>-2749</td> </tr> <tr> <td>Mississippian</td> <td>4872</td> <td>-2810</td> </tr> <tr> <td>Kinderhook</td> <td>4990</td> <td>-2928</td> </tr> <tr> <td>Viola</td> <td>5031</td> <td>-2969</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner Shale	4071	-2009	Lansing	4266	-2204	Base K.C.	4673	-2611	Cherokee Shale	4811	-2749	Mississippian	4872	-2810	Kinderhook	4990	-2928	Viola	5031	-2969
Name	Top	Datum																							
Heebner Shale	4071	-2009																							
Lansing	4266	-2204																							
Base K.C.	4673	-2611																							
Cherokee Shale	4811	-2749																							
Mississippian	4872	-2810																							
Kinderhook	4990	-2928																							
Viola	5031	-2969																							

CASING RECORD <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	12-1/4	8-5/8	24#	590'	C	290	1/4# FloSeal
Prod.	7-7/8	4-1/2	12#	5,100	H	365	

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4870-84'; 4892-902'; 4960-68'	250 gal 20# Ne-Fe HCL 750 gal 20# Ne-Fe Flush 19 bbl 2% KGL	

TUBING RECORD		Size <u>2-3/8"</u>	Set At <u>3849'</u>	Packer At <u>-</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>11/06/03</u>		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>113</u>	Water Bbls. <u>3</u>	Gas-Oil Ratio <u>NA</u>	Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1989
Form Must Be Typed

Operator: License # 32334
 Name: Chesapeake Operating, Inc.
 Address: P. O. Box 18496
 City/State/Zip: Oklahoma City, OK 73154-0496
 Purchaser: Oneok
 Operator Contact Person: Jim Reisch, Barbara Bale
 Phone: (405) 848-8000
 Contractor: Name: Murfin Drilling
 License: 30606
 Wellsite Geologist: Wes Hansen

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Conversion
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____

Original Comp. Date: _____ Original Term: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>08/14/03</u>	<u>08/20/03</u>	<u>11/06/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

ORIGINAL

CONFIDENTIAL

API No. 15-097-21514-0000
 County: Kiowa
N/2 SE SW Sec. 19 Twp. 30 S. R. 16 East West
1250 feet from (S) N (circle one) Line of Section
1890 feet from (W) E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: Robbins F Well #: 2-19
 Field Name: Glick

Producing Formation: Mississippian
 Elevation: Ground: 2051' Kelly Bushing: 2062'
 Total Depth: 5100' Plug Back Total Depth: 5052'
 Amount of Surface Pipe Set and Cemented at 590 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: **RECEIVED**
KANSAS CORPORATION COMMISSION
 Operator Name: DEC 04 2003
 Lease Name: _____ License No. _____
 Quarter _____ Sec. _____ Twp. _____ S. WICHITA, KS East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Jim Reisch
 Title: Asset Manager Date: 12/01/03
 Subscribed and sworn to before me this _____ day of _____
 20_____
 Notary Public: _____
 Date Commission Expires: _____

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
RELEASED Wireline Log Received
APR 26 2008 Geologist Report Received
 Distribution

FROM CONFIDENTIAL

Operator Name: Chesapeake Operating, Inc. Lease Name: Robbins F Well #: 2-19
 Sec. 19 Twp. 30 S. R. 16 East West County: Kiowa

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner Shale	4071	-2009
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4266	-2204
List All E. Logs Run:		Base K.C.	4673	-2611
HRI, SDL/DSN, ML		Cherokee Shale	4811	-2749
		Mississippian	4872	-2810
		KinderHook	4990	-2928
		Viola	5031	-2969

ORIGINAL

CASING RECORD <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	12-1/4	8-5/8	24#	590'	C	290	1/4# FloSeal
Prod.	7-7/8	4-1/2	12#	5,100'	H	365	

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				

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
4	4870-84'; 4892-902'; 4960-68'	250 gal 20# Ne-Fe HCL 750 gal 20# Ne-Fe Flush 19 bbl 2% KCL	

TUBING RECORD	Size 2-3/8"	Set At 3849'	Packer At -	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------	----------------	-----------------	----------------	--

Date of First, Resumerd Production, SWD or Enhr. 11/06/03	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
--	---

Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 113	Water Bbls. 3	Gas-Oil Ratio NA	Gravity
-----------------------------------	----------------	----------------	------------------	---------------------	---------

Disposition of Gas: Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____

ALLIED CEMENTING CO., INC. 12829

Federal Tax I.D.# [REDACTED]
ORIGINAL

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

SERVICE POINT: Med Lodge

DATE <u>8-14-03</u>	SEC. <u>19</u>	TWP. <u>30S</u>	RANGE <u>16W</u>	CALLED OUT <u>5:30 AM</u>	ON LOCATION <u>8:00 AM</u>	JOB START <u>10:30 AM</u>	JOB FINISH <u>11:00 AM</u>
LEASE <u>Robbs</u>	WELL # <u>F 2-19</u>	LOCATION <u>Belvidere KS</u>	COUNTY <u>Kiowa</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one) <u>NEW</u>				<u>3.1 7th Co. Rd, 8's Lease Rd</u>			

CONTRACTOR <u>Martin #21</u>	OWNER <u>Chesapeake Energy Corp</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>8 1/2" x 2 1/4"</u>	CEMENT
CASING SIZE <u>8 1/2" x 2 1/4"</u>	AMOUNT ORDERED <u>140 sx 15.85.8 + 26cc</u>
TUBING SIZE	<u>1 1/4" Fb-seal</u>
DRILL PIPE	<u>150 sx Class C + 260 cc</u>
TOOL <u>AFH Insert</u>	COMMON <u>C 150 @ 10.15 1522.50</u>
PRES. MAX <u>800</u>	ROZMIX @
MEAS. LINE	REL @
CEMENT LEFT IN CSG.	CHLORIDE <u>7 @ 30.00 210.00</u>
PERFS.	<u>140 15/85 8 7/8 in @ 9.90 1386.00</u>
DISPLACEMENT <u>35 BBLs Fresh H₂O</u>	<u>Fb-seal 35 @ 1.40 49.00</u>

CONFIDENTIAL

EQUIPMENT	HANDLING <u>307 @ 1.15 353.05</u>
PUMP TRUCK # <u>352</u>	CEMENTER <u>Justin Hart</u>
BULK TRUCK # <u>364</u>	HELPER <u>David Felio</u>
BULK TRUCK #	DRIVER <u>Tanner Fox</u>
	DRIVER
	RELEASED APR 20 2003
	RECEIVED KANSAS CORPORATION COMMISSION
	TOTAL <u>1057.80</u>

DEC 04 2003

REMARKS:
Pipe on BTM Drop Ball Break Circ
3 BBLs Fresh H₂O
140 sx C 15.85.8 @ 12.25 = 1715.00
150 sx C 2 1/4 cc @ 4.80 = 720.00
Release Pipe Diss 35 BBLs Fresh H₂O
land Plug 300-800
Float Held
Circulated Cement

SERVICE	DEPTH OF JOB <u>594</u>
CONSERVATION DIVISION WICHITA, KS	PUMP TRUCK CHARGE <u>10:30 50.00</u>
	EXTRA FOOTAGE <u>294 @ 1.50 441.00</u>
	MILEAGE <u>35 @ 3.50 122.50</u>
	PLUG <u>8 1/8 TRP @ 100.00 100.00</u>
	TOTAL <u>889.50</u>

CHARGE TO: Chesapeake Energy Corp.
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT	
<u>1/2" Reg Guide Shoe</u>	@ 100.00 100.00
<u>Bit Saver Collar</u>	@ 255.00 255.00
<u>15 Turbolizers</u>	@ 40.00 600.00
<u>stop Ring</u>	@ 15.00 15.00
	TOTAL <u>970.00</u>

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____	
TOTAL CHARGE _____	
DISCOUNT _____	IF PAID IN 30 DAYS

SIGNATURE: [Signature] MARK KNEFLAND
 PRINTED NAME

ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING

ALLIED CEMENTING CO., INC. 12834

Federal Tax I.D. # [REDACTED]

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

SERVICE POINT: Med Lodge

DATE <u>8-20-03</u>	SEC. <u>19</u>	TWP. <u>30S</u>	RANGE <u>7E W</u>	CALLED OUT <u>8:30 AM</u>	ON LOCATION <u>11:00 PM</u>	JOB START <u>3:35 AM</u>	JOB FINISH <u>9:30 AM</u>
LEASE <u>Robbins</u>	WELL # <u>F2-19</u>	LOCATION <u>Belvidere</u>	COUNTY <u>Nowa</u>	STATE <u>Ks</u>			
OLD OR NEW (Circle one) <u>NEW</u>		<u>5 1/2" 8 1/2" into</u>					

CONTRACTOR <u>Murfin #51</u>	OWNER <u>Chesapeake Energy Corp.</u>
TYPE OF JOB <u>Production</u>	CEMENT <u>CONFIDENTIAL</u>
HOLE SIZE <u>17 1/2"</u>	T.D. <u>ORIGINAL</u>
CASING SIZE <u>4 1/2" x 11.6"</u>	DEPTH <u>5100</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL <u>Bit Saver Collar</u>	DEPTH <u>5058</u>
PRESS. MAX <u>1200</u>	MINIMUM _____
MEAS. LINE _____	SHOE JOINT <u>42</u>
CEMENT LEFT IN CSG. _____	PERFS. _____
DISPLACEMENT <u>78 1/2 BBLs 4% Kefactor</u>	EQUIPMENT _____
PUMP TRUCK # <u>372</u>	CEMENTER <u>Justin Hart</u>
BULK TRUCK # <u>359-250</u>	HELPER <u>Mark Brungardt</u>
BULK TRUCK # _____	DRIVER <u>Tanner Fox</u>
BULK TRUCK # _____	DRIVER _____

COMMON <u>H 390</u>	@ <u>8.70</u>	<u>3393.00</u>
POZMIX _____	@ _____	_____
GEL salt <u>42</u>	@ <u>7.50</u>	<u>315.00</u>
CHLORIDE _____	@ _____	_____
<u>Cup-seal 57</u>	@ <u>17.85</u>	<u>1016.55</u>
<u>Kel-seal 2340#</u>	@ <u>1.50</u>	<u>3510.00</u>
<u>FL-100 293#</u>	@ <u>8.00</u>	<u>2344.00</u>
<u>Mud Clean 500 gals</u>	@ <u>1.75</u>	<u>875.00</u>
<u>Clapro 16 gals</u>	@ <u>22.90</u>	<u>366.40</u>
HANDLING <u>522</u>	@ <u>1.15</u>	<u>600.30</u>
MILEAGE RECEIVED <u>522 x 35</u>	@ <u>.04</u>	<u>207.70</u>

KANSAS CORPORATION COMMISSION

DEC 04 2003

TOTAL 10137.65

REMARKS:

APIE on BTM Break Cirge
3 BBLs H₂O 12 BBLs Mud Clean
3 BBLs H₂O Aug Rat + Mouse 255x
365 xx H + Additives @ 11.2#
Release Aug Pipe 78 1/2 BBLs Fresh
H₂O Land Plug 900 - 1200#
Release PST Float Head

CONSERVATION DIVISION
WICHITA, KS

SERVICE

DEPTH OF JOB <u>5100</u>	_____
PUMP TRUCK CHARGE _____	<u>1340.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>35</u>	@ <u>3.50</u> <u>122.50</u>
PLUG <u>4 1/2 TRP</u>	@ _____ <u>48.00</u>

TOTAL 1510.50

CHARGE TO: Chesapeake Energy Corp.

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>9 1/2" A Full Insert</u>	@ _____	<u>360.00</u>
<u>Basket</u>	@ _____	<u>195.00</u>
<u>3 Centralizers</u>	@ <u>5200</u>	<u>171.00</u>

TOTAL 726.00

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____	<u>- 0 -</u>
TOTAL CHARGE _____	<u>[REDACTED]</u>
DISCOUNT _____	<u>[REDACTED]</u> IF PAID IN 30 DAYS

SIGNATURE: Mark Kneeland

MARK KNEELAND
PRINTED NAME

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

