

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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 4058
Name: American Warrior, Inc.
Address: P. O. Box 399
City/State/Zip: Garden City, KS 67846
Purchaser: Oneok Field Services
Operator Contact Person: Joe Smith
Phone: (620) 275-2963
Contractor: Name: Cheyenne Drilling LP
License: 33375
Wellsite Geologist: None

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. _____

<u>5-2-05</u>	<u>5-8-05</u>	<u>11-21-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 069-20,282 0000
County: Gray
SE - NE - NE - NW Sec. 3 Twp. 29 S. R. 30 East West
355 feet from S (N) (circle one) Line of Section
2319 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Reed Well #: 2
Field Name: Wildcat

Producing Formation: Kansas City
Elevation: Ground: 2758' Kelly Bushing: 2769'
Total Depth: 4700' Plug Back Total Depth: 4663'
Amount of Surface Pipe Set and Cemented at 807 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2776 Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan *ALT I WITHM 3-607*
(Data must be collected from the Reserve Pit)
Chloride content 13,000 ppm Fluid volume 80 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ 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: [Signature]
Title: Compliance Coordinator Date: 11-21-05

Subscribed and sworn to before me this 21st day of November

20 05
Notary Public: [Signature]
Date Commission Expires: 09-12-09

ERICA KUHLMIEER
Notary Public - State of Kansas
My Appt. Expires 09-12-09

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: American Warrior, Inc. Lease Name: Reed Well #: 2
 Sec. 3 Twp. 29 S. R. 30 East West County: Gray

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" 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 <i>(Submit Copy)</i> List All E. Logs Run: Sonic Cement Bond Log; Gamma Ray/Neutron Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Surface Hole</td> <td>0-818</td> <td></td> </tr> <tr> <td>Red Bed</td> <td>818-1200</td> <td></td> </tr> <tr> <td>Glorietta</td> <td>1200-1370</td> <td></td> </tr> <tr> <td>Red Bed</td> <td>1370-2301</td> <td></td> </tr> <tr> <td>Shale & Limestone</td> <td>2301-4700</td> <td></td> </tr> </table>	Name	Top	Datum	Surface Hole	0-818		Red Bed	818-1200		Glorietta	1200-1370		Red Bed	1370-2301		Shale & Limestone	2301-4700	
Name	Top	Datum																	
Surface Hole	0-818																		
Red Bed	818-1200																		
Glorietta	1200-1370																		
Red Bed	1370-2301																		
Shale & Limestone	2301-4700																		

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	# Sacks Used	Type and Percent Additives
Surface Pipe	12-1/4"	8-5/8"	24#	807	Common	150 sx	3% cc
Production Pipe	7-7/8"	5-1/2"	15.5#	4699'	SMD	150 sx	1/4 Flo Seal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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	4195' to 4430'	1500 Gal. 15% FE	

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TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		2-3/8"	4159'	4159'			
Date of First, Resumerd Production, SWD or Enhr. N/A			Producing Method				
			<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	N/A	N/A	N/A				

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

METHOD OF COMPLETION

Production Interval Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

DRILLER'S LOG

AMERICAN WARRIOR, INC.
REED 1-2
SECTION 3-T29S-R30W
GRAY COUNTY, KANSAS

COMMENCED: 5-02-05
COMPLETED: 5-08-05

SURFACE CASING: 818' OF 8 5/8" CMTD
W/275 SKS 35:65 + 3% CC + 1/4#/SK
FLOCELE. TAILED W/150 SKS CLASS A +
3% CC + 1/4#/SK FLOCELE.

FORMATION	DEPTH
SURFACE HOLE	0 - 818
RED BED	818 - 1200
GLORIETTA	1200 - 1370
RED BED	1370 - 2301
SHALE & LIMESTONE	2301 - 4700 RTD

I DO HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

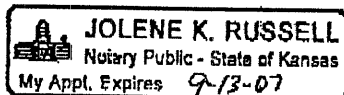
CHEYENNE DRILLING, INC.

WRAY VALENTINE

STATE OF KANSAS: ss:

SUBSCRIBED AND SWORN TO BEFORE ME THIS 9TH DAY OF MAY, 2005

JOLENE K. RUSSELL

NOTARY PUBLIC

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CHARGE TO:
AMERICAN WARRIOR DJC
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No 8305

PAGE 1 OF 2

SERVICE LOCATIONS 1. NESS CITY KS	WELL/PROJECT NO. 2	LEASE REED	COUNTY/PARISH GREY	STATE Ks	CITY	DATE 5-8-05	OWNER JAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR CHEYKWE DODDLE # 8	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOWDEN	ORDER NO.	
3.	WELL TYPE GAS	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LONGSTRADE	WELL PERMIT NO.	WELL LOCATION CODEWY, Ks - 1E, W, 1/2 W, SS		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104	80		ME		4.00	320.00
578		1			PUMP SERVICE	1		JOB	4699	1250.00	1250.00
280		1			FLOCHECK 21	850		GA		2.00	1700.00
402		1			CENTRIFUGES	10		EA	5 1/2"	55.00	550.00
403		1			CSMT BASKETS	3		EA		155.00	465.00
404		1			PORT COLLAR TOAST # 47	1		EA	2770	1800.00	1800.00
406		1			WATCH DOWN PLUG - BAFFLE	1		EA		200.00	200.00
407		1			2 1/2" FLOAT SHOE WITH AUTO FILL	1		EA		230.00	230.00

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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

x Ramon Ruiz
 DATE SIGNED **5-8-05** TIME SIGNED **0200** 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?				#1	6515.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3445.50
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	9900.50
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX Gray 6.3%	487.94
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	10,448.44
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR WAVE WILSON APPROVAL

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 8305

CUSTOMER AMERICAN WARRIOR DJC	WELL DEED #2	DATE 5-8-05	PAGE 2	OF 2
-----------------------------------------	------------------------	-----------------------	------------------	----------------

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			UM	UM				
330		1				SWIFT MULTI-DESIGN STAMPED	125	SEA			10.50	1312.50
276		1				FLOECE	31	LBS			1.00	31.00
285		1				CFR-2	59	LBS			3.50	206.50
287		1				GARSTOP	250	LBS			5.00	1250.00
581		1				SERVICE CHARGE					1.10	137.50
583		1				MILEAGE CHARGE	TOTAL WEIGHT 12700	LOADED MILES 80	CUBIC FEET 125	TON MILES 508	1.00	508.00

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CONTINUATION TOTAL 3445.50

JOB LOG

SWIFT Services, Inc.

DATE 5-8-05 PAGE NO.

CUSTOMER AMERON WIREWORK INC WELL NO. 42 LEASE REED JOB TYPE 5 1/2" LOGGING TICKET NO. 8305

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0200							ON LOGGING
	0500							START 5 1/2" CASING IN WELL
								TD - 4700 SETC 4699
								TD - 4724 5 1/2" / FT 15.5
								ST - 44.05
								CONDUITS - 1, 3, 5, 7, 9, 11, 14, 17, 20, 46
								CMT BSKTS - 2, 21, 47
								ABST COLLAR = 2770 TOP JTR 47
	0835							DROP BALL - CIRCULATE
	0907	6	5		✓		400	PUMP 5 BBL SPACER
	0908	6	20		✓		400	PUMP 850 GAL FLOCHECK -21
	0911	6	5		✓		400	PUMP 5 BBL SPACER
	0915	4 1/2	43		✓		300	MIX 125 SILS SMD W/AMIDES = 13.0 PAG
	0928							WASH OUT PUMP - LINES
	0930							RELEASE LATCH DOWN PLUG
	0932		0		✓			REPLACE PLUG
	0950		111.4				1750	PLUG DOWN - PSE UP LATCH DOWN PLUG
	0952						OK	RELEASE PSE - HEAD
								WASH-UP
	1030							JOB COMPLETE

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THANK YOU
WANE, DUSTY, ROB



CHARGE TO: American Warrior
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 8031

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>HAYS KS</u>	WELL/PROJECT NO. <u>2</u>	LEASE <u>Reed</u>	COUNTY/PARISH <u>Gray</u>	STATE <u>Ks</u>	CITY	DATE <u>06-22-05</u>	OWNER
2. <u>Ness City Ks</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>Southwest Well Serv.</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>1/2 N 1/2 E Sinto Copokville</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>CMT, Port Coller</u>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #105	80	mi			4.00	320.00
578		1			Pump Service	1	hrs			1250.00	1250.00
105		1			Port Coller Tool Rental 4/men	1	eq	5 1/2	in	400.00	400.00
330		2			SMD Cement	295	sls			10.50	3097.50
276		2			Flocele	74	lbs			1.00	74.00
581		2			Service Chg CMT	295	sls			1.10	324.50
583		2			Drayage	1175.28	7m			1.00	1175.28

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

* Joe Smith
 DATE SIGNED 06-22-05 TIME SIGNED 0830 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	6641.28
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				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	6866.28

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

SWIFT OPERATOR DAVE ASH APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 06-22-05 PAGE NO. 1

CUSTOMER American Ultrarior WELL NO. #2 LEASE Reed JOB TYPE CMT Port-Culter TICKET NO. 8031

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0825							On Location, We. Ion Rig Crew & Tbs, 5 1/2 cas. 2 3/8 Tbs P.C. @ 2770 FT CMT 2950ms SMD 4 1/4" Fluorate	
	0910							Start Tbs & P.C. Tool	
	1050				✓	✓	800	800	Try to open P.C. psi up 800 Release psi up 1000 Release Backed Tbs Loose, Tighten up Tbs
	1150	3.5	0/5	✓	✓	600	600	Open P.C. NO Blow on 8 5/8	
		3.5	0	✓		800		Start CMT SMD @ 11.2 #/gal	
			17					Blow out Annus Rubber Strip on Workover Head.	
	1245	3.5	17	✓		800		St. CMT	
			22	✓		900			
		3.5	63	✓		1000			
			80	✓					
		3.5	122	✓		1000		Start Mixing 13.5 #/gal CMT	
		3.5	146	✓		1000			
		3.5	0	✓		1000		Start Disp	
		3.5	6	✓		1000		end Disp	
	1330							Close P.C.	
				✓	✓	1400	1400	Pressure Holding	
								Run in 8 Joint	
	1350	3.0	0				✓	300	Flow out
			5.5				✓		cement
			9.0				✓		cleaned up 1st Flgs
		3.0	13				✓	300	cement
			19				✓		cleanup 2nd Flgs
	1400	3.0	30				✓	300	All Clean
									Reckup Cell Iron
	1415								Pull Tbs & PC Tool WASHUP, Reckup Tubers Job Complete Thank You! DAVE, Blaine, Rob

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ALLIED CEMENTING CO., INC. 16406

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:
M.C.

DATE <u>5-2-05</u>	SEC. <u>3</u>	TWP. <u>29S</u>	RANGE <u>30W</u>	CALLED OUT <u>8:30 pm</u>	ON LOCATION <u>11:00 pm</u>	JOB START <u>1:05 AM</u>	JOB FINISH <u>2:00 AM</u>
LEASE <u>Reed</u>		WELL # <u>1-3</u>		LOCATION <u>Ford, KS West to Ensign, KS</u>		COUNTY <u>Gray</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>			slw on 6lb hwy to #14 hct w/ 1 1/2 east into				

CONTRACTOR Cheyenne # 8 OWNER American Warrior

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4"</u>	T.D. <u>818'</u>
CASING SIZE <u>8 5/8 24.00</u>	DEPTH <u>807'</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2"</u>	DEPTH <u>818</u>
TOOL <u>AFU insert</u>	DEPTH <u>764</u>
PRES. MAX <u>1000</u>	MINIMUM <u>50</u>
MEAS. LINE	SHOE JOINT <u>42.45</u>
CEMENT LEFT IN CSG. <u>42.45</u>	
PERFS.	
DISPLACEMENT <u>48 1/2 bbl fresh h2o</u>	

CEMENT

AMOUNT ORDERED 275sx65'35'6" + 3%cc + 1/4" flo-Seal

150sx Class A + 3%cc + 2%gel

COMMON	<u>150 A</u>	@	<u>8.70</u>	<u>1305.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>14.00</u>	<u>42.00</u>
CHLORIDE	<u>14</u>	@	<u>38.00</u>	<u>532.00</u>
ASC		@		
ALW	<u>275</u>	@	<u>8.15</u>	<u>2241.25</u>
Flo Seal	<u>69 #</u>	@	<u>1.70</u>	<u>117.30</u>
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HANDLING	<u>459</u>	@	<u>1.60</u>	<u>734.40</u>
MILEAGE	<u>50 x 459 x .06</u>			<u>1372.00</u>
				TOTAL <u>6348.95</u>

EQUIPMENT

PUMP TRUCK # <u>265</u>	CEMENTER <u>Mike Rucker</u>
	HELPER <u>Dave Felio</u>
BULK TRUCK # <u>359</u>	DRIVER <u>Jerry Cushmanburg</u>
BULK TRUCK #	DRIVER

REMARKS:

12:40 pm line on bottom Drop Ball break Circ.
1:05 Start load Cement: 275sx65'35'6" + 3%cc + 1/4" flo-Seal
12:18 weight. 200psi. 1:20 Start tail
 Cement 150sx A + 3%cc + 2%gel @ 15,2
weight. 200 psi 1:30 Stop Pumps Release
 Plug Start Disp. 6bbl min. 300psi. 40bbl slow
Rate 3bbl min. 400psi. @ 1:45 am Bump plug
500-1000 Release float held. Cement did Circ.
Circ 30 bbl (855x) to pit!

CHARGE TO: American Warrior

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>807'</u>		
PUMP TRUCK CHARGE	<u>0-300'</u>		<u>670.00</u>
EXTRA FOOTAGE	<u>507'</u>	@ <u>.55</u>	<u>278.85</u>
MILEAGE	<u>50</u>	@ <u>5.00</u>	<u>250.00</u>
Head Rental		@ <u>75.00</u>	<u>75.00</u>
TOTAL <u>1273.85</u>			

PLUG & FLOAT EQUIPMENT

<u>8 5/8 Rubber Plug</u>	@ <u>100.00</u>	<u>100.00</u>
MAINTAINED	@	
<u>8 5/8 Sawtooth Shoe</u>	@ <u>300.00</u>	<u>300.00</u>
<u>8 5/8 AFU insert</u>	@ <u>325.00</u>	<u>325.00</u>
<u>8 5/8 Basket</u>	@ <u>180.00</u>	<u>180.00</u>
<u>8 5/8 Centralizers - 3</u>	@ <u>55.00</u>	<u>165.00</u>
TOTAL <u>1070.00</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.

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

TAX _____

TOTAL CHARGE ~~6348.95~~

DISCOUNT ~~6348.95~~ IF PAID IN 30 DAYS

SIGNATURE Ramon R. C.

RAMON R. C.
PRINTED NAME

Thanks Ramon!