

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4058
Name: American Warrior, Inc.
Address 1: PO Box 399
Address 2: _____
City: Garden City State: KS Zip: 67846 + 0399
Contact Person: Scott Corsair
Phone: (785) 398-2270
CONTRACTOR: License # 33323
Name: Petromark Drilling, LLC
Wellsite Geologist: Scott Corsair
Purchaser: NCRA
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW
_____ Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ 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. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
06/11/2007 06/19/2007 08/17/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24596-0000
Spot Description: 110' N & 205' W
_____ SW _____ NW _____ Sec. 19 Twp. 19 S. R. 21 East West
880 Feet from North / South Line of Section
125 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: Schaben Well #: 1-19
Field Name: Schaben North
Producing Formation: Mississippian
Elevation: Ground: 2222' Kelly Bushing: 2228'
Total Depth: 4368 Plug Back Total Depth: NA
Amount of Surface Pipe Set and Cemented at: 215 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1424 Feet
If Alternate II completion, cement circulated from: 1424
feet depth to: surface w/ 155 ^{sq cmt} 112-17g-8/15/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 45,000 ppm Fluid volume: 400 bbls
Dewatering method used: evaporate
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: _____
Title: Petroleum Engineer Date: 12/10/208
Subscribed and sworn to before me this 10th day of December,
20 08.
Notary Public: Denise Corsair
Date Commission Expires: 8-15-12

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received

UIC Distribution

NOTARY PUBLIC - State of Kansas
DENISE CORSAIR
My Appt. Exp. 8-15-12

Operator Name: American Warrior, Inc. Lease Name: Schaben Well #: 1-19
 Sec. 19 Twp. 19 S. R. 21 East West County: Ness

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 checked="" type="checkbox"/> Yes <input 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: Dual Receiver Cement Bond Log Gamma Ray Neutron CCL Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Anhydrite</td> <td>1455</td> <td>+773</td> </tr> <tr> <td>Heebener</td> <td>3706</td> <td>-1478</td> </tr> <tr> <td>Lansing</td> <td>3754</td> <td>-1526</td> </tr> <tr> <td>Pawnee</td> <td>4172</td> <td>-1944</td> </tr> <tr> <td>Ft. Scott</td> <td>4250</td> <td>-2022</td> </tr> <tr> <td>Cherokee</td> <td>4270</td> <td>-2042</td> </tr> <tr> <td>Mississippian</td> <td>4345</td> <td>-2117</td> </tr> </table>	Name	Top	Datum	Anhydrite	1455	+773	Heebener	3706	-1478	Lansing	3754	-1526	Pawnee	4172	-1944	Ft. Scott	4250	-2022	Cherokee	4270	-2042	Mississippian	4345	-2117
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Ft. Scott	4250	-2022																							
Cherokee	4270	-2042																							
Mississippian	4345	-2117																							

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	12 1/4"	8 5/8"	23	215'	Common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4359'	Swift EA-2	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1424-Surface	Swift SMD	155	1/4# flocele

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	4349-4367 1/2"		

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>4334'</u>	Packer At: <u>NA</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>08/17/2007</u>		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. <u>15</u>	Gas Mcf	Water Bbls. <u>150</u>	Gas-Oil Ratio <u>39</u>

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 checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4349-59', Perf, 4360-67 1/2' OH</u>
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ALLIED CEMENTING CO., INC.

30180

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

SERVICE POINT:

Kass City

DATE <u>6-12-07</u>	SEC. <u>19</u>	TWP. <u>19</u>	RANGE <u>21</u>	CALLED OUT <u>10 AM</u>	ON LOCATION <u>1 AM</u>	JOB START <u>7 AM</u>	JOB END <u>6 AM</u>
LEASE <u>Haber</u> WELL # <u>1-19</u> LOCATION <u>Boeing HS CS</u>						COUNTY <u>Kass</u>	STATE <u>K.S.</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Petromark Rig 1

TYPE OF JOB Surface

HOLE SIZE 12" I.D. 215 #

CASING SIZE 8 3/4" DEPTH 215 #

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15 #

PERFS. _____

DISPLACEMENT 12 bbl

OWNER _____

CEMENT AMOUNT ORDERED 160 sk Common

3200 2 25 #

EQUIPMENT

PUMP TRUCK # 224 CEMENTER Mike M.

BULK TRUCK # 342 DRIVER Marlyn

CEMENTER HELPER Jim W.

DRIVER _____

COMMON	<u>160 sk</u>	@ <u>11.10</u>	<u>1776.00</u>
POZMIX		@	
GEL	<u>5 sk</u>	@ <u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>5 sk</u>	@ <u>46.60</u>	<u>233.00</u>
ASC		@	
RECEIVED			
JUL 31 2009			
KCC WICHITA			
HANDLING	<u>168 sk</u>	@ <u>1.90</u>	<u>319.20</u>
MILEAGE	<u>168 AM 09</u>	@ <u>15 M</u>	<u>2520.00</u>
			TOTAL <u>2678.15</u>

REMARKS:

Circulate Hole with Rig mud pump

MIX Cement + Release Plug

Displace Plug Down with water

Cement did circulate

to surface

SERVICE

DEPTH OF JOB	<u>215 #</u>		
PUMP TRUCK CHARGE			<u>815.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>15</u>	@ <u>6.00</u>	<u>90.00</u>
MANIFOLD		@	
<u>HEAD RENTAL</u>		@ <u>100.00</u>	<u>100.00</u>
			TOTAL <u>1005.00</u>

CHARGE TO: American Warrior

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1-8 3/4 wooden Plug</u>	@ <u>60.00</u>	<u>60.00</u>
	@	
	@	
	@	
	@	
		TOTAL <u>60.00</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.

Thank you

TAX _____

TOTAL CHARGE 3693.

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Edward A. Miller PRINTED NAME



CHARGE TO: AMERICAN WOODCOCK INC.
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET

№ 12217

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>NESS</i>	WELL/PROJECT NO. 1-19	LEASE SCHABER	COUNTY/PARISH NESS	STATE KS	CITY	DATE 6-19-09	OWNER LONE
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR P. R. WOODCOCK "1"	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LONE	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEU WINDMILL	JOB PURPOSE 5 1/2" LONGSIDE JG	WELL PERMIT NO.	WELL LOCATION DAVID V. 112. E.S.		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
		1			MILEAGE " 104	20	MI			4.00	80.00
		1			PUMP SOURCE	1	JOB	4360	FT	1250.00	1250.00
		1			LEADS VCL	2	VAL			26.00	52.00
		1			MUSTOSH	500	GAL			75	375.00
		1			CENTRAL 25	5	EA	5 1/2"		95.00	475.00
		1			CUSTOM PARTS	2	EA			290.00	580.00
		1			PORT COLLAR TOP JI " 67	1	EA	1424	FT	2300.00	2300.00
		1			CRACK DOWN RIG - PART	1	EA			235.00	235.00
		1			END OF FRONT SHOE W/ADJ FEEL	1	EA			310.00	310.00

RECEIVED
 JUL 31 2009
 KCC WICHITA

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 *[Signature]*

DATE SIGNED: 6-19-09 TIME SIGNED: 1200

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	5657.00
WE UNDERSTOOD AND MET YOUR NEEDS?				" 2	2955.59
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

JOB LOG

SWIFT Services, Inc.

DATE 6/19/07 PAGE NO. 1

CUSTOMER: *ATKINS WICHITA TX* WELL NO.: *1-19* LEASE: *SCHWAB* JOB TYPE: *W/ADDITIONAL* TICKET NO.: *1017*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1800							ON LOCATION
	1845							START 5/8" CASING TO WELL
								TD-4260 SITE 4359
								TP-4263 5/8" - 15.5
								SI 46.18
								CORNER 2'S - 1, 2, 3, E, 66
								CONC. BENTS - 6, 67
								PORT COLUR - 1424' TOP JT # 67
	2040							DROP BALL - CONCURE
	2105	6	12		✓		500	PUMP 500 GAL PWD FLUSH
	2107	6	20		✓		500	PUMP 20 BBL KCC FLUSH
	2112		4					PWD RII
	2116	4 1/2	36		✓		350	MIX CONC. 150 BBL 94-2 W/ADDITIONS
	2125							WASH PUMP. LEAKS
	2126							RELEASE WATER DOWN PLUG
	2128	7	0		✓			DISPLAC. PLUG
	2143	6 1/2	102.7				1500	PLUG DOWN - PSE UP WATER PLUG
	2145						OK	RELEASE PSE - HIGH
								WASH TRUCK
	2230							JOB COMPLETE
								THANK YOU WASH DOWN RIG

RECEIVED
JUL 2 2007
KCC WICHITA



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

TICKET
 # 12256

PAGE 1 OF 1

SERVICE LOCATIONS: 1. NESS CITY, KS
 WELL/PROJECT NO: 1-19
 LEASE: SCIBREW
 COUNTY/PARISH: NESS
 STATE: KS
 CITY: NESS CITY
 DATE: 6-29-07
 OWNER: SAME

TICKET TYPE: SERVICE SALES
 CONTRACTOR: H.D.
 RIG NAME/NO:
 SHIPPED VIA: CT
 DELIVERED TO: LONARDY
 ORDER NO:

WELL TYPE: OIL
 WELL CATEGORY: DEVELOPMENT
 JOB PURPOSE: CEMENT PORT COLLAR
 WELL PERMIT NO:
 WELL LOCATION: BAZWICK 4 1/2 S. E. S

REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
576		1			MILEAGE " 104	20	MT			4.00	80.00
377		1			PUMP SERVICE	1	JOB			850.00	850.00
288		1			SACK SAND	1	SK			25.00	25.00
105		1			PORT COLLAR OPENING TOOL	1	JOB			400.00	400.00
123		1			TSU ADDRESS CHARGE	1	SA	S/2		170.00	170.00
124		1			TSU ADDRESS KIT	1	SA			170.00	170.00
330		1			SWIFT MULTZ DENSITY STAMPS	155	SKS			14.50	2247.50
276		1			FLOCCUL	40	LBS			1.25	50.00
290		1			D. AR	2	GAL			32.00	64.00
781		1			SERVICE CHARGE CEMENT	175	SKS			1.10	192.50
583		1			DRAINAGE	173.84	L2L	103.84	TM	1.00	173.84

RECEIVED
 JUL 31 2008
 KCS WICHITA

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 *[Signature]*
 DATE SIGNED: 6-29-07
 TIME SIGNED: 0800
 A.M. P.M.

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

SURVEY	AGREE	RUN DECIDED	DISAGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				4427.84
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

JOB LOG

SWIFT Services, Inc.

DATE 6-29-07 PAGE NO. 1

CUSTOMER AMERON WARRIOR INC WELL NO. 1-19 LEASE SQUAREW JOB TYPE CEMENT PORT COLLAR TICKET NO. 12256

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1900							ON LOCATION 6-28-07
								2 3/8 x 5 1/2 RRP = 4010'
								PORT COLLAR = 1424'
	1930							SET TSU - RRP = 4010'
	2020		95		✓	1000		CIRCULATE WELL CLEAN - TEST RRP - HELD
	2035		10	✓				SPOT 1 SL SAWS - PULL TUBING FEW P.C
	2130							LOCATE PORT COLLAR - DONE FOR TODAY
	0805				✓	1000		PSE TEST - HELD
	0810	3	2	✓		350		OPEN PORT COLLAR - ZWT RATE
	0820	4	85	✓		450		MIX CEMENT 155 SMD 4 1/2" FLOCC
	0845	4	5	✓		550		DISPLACE CEMENT
	0855				✓	1000		CLOSE PORT COLLAR - PSE TEST - HELD
								CIRCULATE 10 SVS CEMENT TO PCT
	0905	3 1/2	20	✓		450		RUN 4 JS CIRCULATE CLEAN
								RECEIVED JUL 31 2009
	1000	3 1/2	40	✓		550		WASH TRUCK KCC WICHITA RUN TUBING - CIRCULATE SAWS OFF RRP
								LEASE RRP SET - PULL 1 JS TUBING
	1100							JOB COMPLETE
								THANK YOU WARRE BRETT, SWIFE



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

TICKET # **12579**

PAGE 1 OF 1

SERVICE LOCATIONS: 1. NESS CITY, KS
 2.
 3.
 4.
 REFERRAL LOCATION:

WELL/PROJECT NO: 1-19 LEASE: SCHABEN COUNTRY/PARISH: NESS STATE: KS CITY: BAZINE DATE: 062707 OWNER:
 TICKET TYPE: SERVICE SALES CONTRACTOR: HD RIG NAME/NO: RPE SHIPPED VIA: LOCATED ORDER NO:
 WELL TYPE: PRODUCTION WELL CATEGORY: Development JOB PURPOSE: ACCESS PARTS WELL PERMIT NO: WELL LOCATION: 45, BAZINE, KS
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
		LOG	ACCT	DF							
500		1			MILEAGE 107	20	ML			4.00	80.00
501		1			PUMP CHARGE (AGID)	1	GA			550.00	550.00
302		1			DSFE	100	GL	20%		2.40	12.00
232		1			MUSKLE ESA-64	10	GL			18.00	180.00
230		1			SURF-3	1	GL			30.00	30.00
254		1			MICELL-1	1	GL			35.00	35.00
235		1			INITIAL	1	GL			42.00	42.00
264		1			CHEMICAL HEATED MIN	1	EA			200.00	200.00

RECEIVED JUL 3 2008

KCC WICHITA

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X [Signature]
 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	2317.00
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?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	
<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: [Signature] APPROVAL: _____

Thank You!