

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 _____
 Oil _____ SWD _____ SLOW _____
 _____ Gas _____ ENHR _____ SIGW _____
 _____ CM (Coal Bed Methane) _____ Temp. Abd. _____
 _____ Dry _____ Other _____
 (Core, WSW, Expl., Cathodic, etc.)

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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.: _____

11/25/2007 12/1/2007 05/22/2008

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

API No. 15 - 135-24716-0000

Spot Description: 170' N & 20' E

SW NE Sec. 24 Twp. 20 S. R. 21 East West

1810 Feet from North / South Line of Section

1960 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Ness

Lease Name: Isern Well #: 1-24

Field Name: Steffen NW

Producing Formation: Mississippian

Elevation: Ground: 2229' Kelly Bushing: 2235'

Total Depth: 4393' 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: 1394' Feet

If Alternate II completion, cement circulated from: 1394'

feet depth to: surface w/ 155 ^{sx cmt.}

Alt 2 - Dlg - 8/20/09

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 41,000 ppm Fluid volume: 300 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: _____

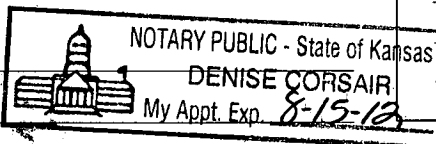
Title: Petroleum Engineer Date: 07/30/2009

Subscribed and sworn to before me this 3rd day of August

20 09

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

Operator Name: American Warrior, Inc. Lease Name: Isern Well #: 1-24
 Sec. 24 Twp. 20 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	<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>1430</td> <td>+805</td> </tr> <tr> <td>Heebner</td> <td>3751</td> <td>-1516</td> </tr> <tr> <td>Lansing</td> <td>3802</td> <td>-1567</td> </tr> <tr> <td>Pawnee</td> <td>4275</td> <td>-2040</td> </tr> <tr> <td>Ft. Scott</td> <td>4305</td> <td>-2070</td> </tr> <tr> <td>Cherokee</td> <td>4320</td> <td>-2085</td> </tr> <tr> <td>Mississippian</td> <td>4382</td> <td>-2147</td> </tr> </table>	Name	Top	Datum	Anhydrite	1430	+805	Heebner	3751	-1516	Lansing	3802	-1567	Pawnee	4275	-2040	Ft. Scott	4305	-2070	Cherokee	4320	-2085	Mississippian	4382	-2147
Name	Top	Datum																							
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Ft. Scott	4305	-2070																							
Cherokee	4320	-2085																							
Mississippian	4382	-2147																							

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	175	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4392'	Swift EA-2	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
_____ Perforate <input checked="" type="checkbox"/> Protect Casing _____ Plug Back TD _____ Plug Off Zone	1394'-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 <i>(Amount and Kind of Material Used)</i>	Depth
4	4383-4391'		

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>4389'</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>03/17/2008</u> <u>5/22/08</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>25</u>	Gas Mcf	Water Bbls. <u>10</u>	Gas-Oil Ratio <u>34</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 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>4383-4391' Perf</u>
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CHARGE TO: <i>American Waxing Inc.</i>
ADDRESS
CITY, STATE, ZIP CODE

TICKET
No 13591
PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>New York</i>	WELL/PROJECT NO. <i>1-24</i>	LEASE <i>ISRN</i>	COUNTY/PARISH <i>NESS</i>	STATE <i>Ks</i>	CITY	DATE <i>12-6-07</i>	OWNER <i>SOME</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>H-D</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>LOCATION</i>	ORDER NO.	
3.	WELL TYPE <i>OIL</i>	WELL CATEGORY <i>DEVELOPMENT</i>	JOB PURPOSE <i>COMPT PORT COLUR</i>	WELL PERMIT NO.	WELL LOCATION <i>BAZEL, KS - 1/4 E 10s 1E 1/2 W 5</i>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF		QTY.	UM	QTY.	UM		
575		1			MILEAGE # 104	30	ME	4	00	120	00
577		1			PUMP SERVICE	1	JOB	850	00	850	00
105		1			PORT COLUR OPENING TOOL	1	JOB	400	00	400	00
330		1			SWIFT MULTI DENSITY STANDARD	155	QTS	14	50	2247	50
276		1			FLOCCS	44	QTS	1	25	55	00
290		1			D-ADR	2	GAL	32	00	64	00
581		1			SERVICE CHARGE COMPT	175	QTS	1	10	192	50
533		1			DRYAGE	17334	QTS	260	76	76	76

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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 *[Signature]*

DATE SIGNED *12-6-07* TIME SIGNED *1145* 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	4189	76
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 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 *Whitney Watson* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12-6-07 PAGE NO. 1

CUSTOMER *Amvantage Wellcare Inc* WELL NO. *1-24* LEASE *Z. S. SWAN* JOB TYPE *CEMENT PORT COLLAR* TICKET NO. *13591*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBU) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1145							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR = 1394'
	1240				✓		1000	PSI TEST CASING - HCU
	1242	3		✓		400		OPEN PORT COLLAR - 2 JTS RATE
	1245	4	86	✓		400		MAX CEMENT 155 S/S SMD
	1310	3	4 1/2	✓		400		DISPLACE CEMENT
	1320				✓		1000	CLOSE PORT COLLAR - PSI TEST - HCU CIRCULATED 10 S/S CEMENT TO PCT
	1330	3 1/2	20		✓		450	RUN 4 JTS - CIRCULATE CLEAN WASH TRUCK PULL TOOL
	1430							JOB COMPLETE

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THANK YOU
WAYNE, BRETT, RYAN



CHARGE TO: *American Well*
 ADDRESS: *P.O. Box 399*
 CITY, STATE, ZIP CODE: *Garden City, Ks*

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TICKET
 No 13087

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>New City, Ks</i>	WELL/PROJECT NO. <i>01</i>	LEASE <i>Iron</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>Ks</i>	CITY <i>New City, Ks</i>	DATE <i>12-1-07</i>	OWNER <i>Sump</i>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Petro-Link</i>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO <i>S/Es on Base, Ks</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Developed</i>	JOB PURPOSE <i>New well - long stay</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			MILEAGE <i>104</i>	<i>30</i>	<i>mi</i>			<i>11.00</i>	<i>120.00</i>
<i>578</i>		<i>1</i>			Pump Charge	<i>1</i>	<i>ea</i>	<i>493.00</i>		<i>1250.00</i>	<i>1250.00</i>
<i>281</i>		<i>1</i>			Mud tank	<i>500</i>	<i>gal</i>			<i>.75</i>	<i>375.00</i>
<i>400</i>		<i>1</i>			Insert float valve at Auto fill	<i>1</i>	<i>ea</i>	<i>5 1/2 in</i>		<i>310.00</i>	<i>310.00</i>
<i>402</i>		<i>1</i>			Latch down plug & bottle	<i>1</i>	<i>ea</i>	<i>5 1/2 in</i>		<i>235.00</i>	<i>235.00</i>
<i>403</i>		<i>1</i>			Control valves	<i>5</i>	<i>ea</i>	<i>5 1/2 in</i>		<i>95.00</i>	<i>475.00</i>
<i>221</i>		<i>1</i>			Cont Baskets	<i>2</i>	<i>ea</i>	<i>5 1/2 in</i>		<i>290.00</i>	<i>580.00</i>
<i>404</i>		<i>1</i>			Liquid KCL	<i>2</i>	<i>gal</i>	<i>5</i>		<i>26.00</i>	<i>52.00</i>
					Port collar	<i>1</i>	<i>ea</i>	<i>5 1/2 in</i>		<i>2300.00</i>	<i>2300.00</i>
					From Continuation page						<i>2918.14</i>

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

X *[Signature]*

DATE SIGNED: *12-1-07* TIME SIGNED: *10:00*

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	<i>8615.14</i>
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 type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					



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

TICKET CONTINUATION

TICKET No. 13087

CUSTOMER <u>American warrior</u>	WELL <u>#1 Tsern</u>	DATE <u>12-1-07</u>	PAGE <u>2</u>	OF <u>2</u>
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PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DP			QTY	UM	QTY	UM			
<u>325</u>						<u>Standard ent</u>	<u>150</u>		<u>sh</u>		<u>12</u>	<u>1800</u>	<u>00</u>
<u>289</u>						<u>Cal seal</u>	<u>700</u>		<u>lb</u>	<u>8</u>	<u>30</u>	<u>210</u>	<u>00</u>
<u>283</u>						<u>Salt</u>	<u>800</u>		<u>lb</u>		<u>20</u>	<u>160</u>	<u>00</u>
<u>285</u>						<u>CFR-1</u>	<u>75</u>		<u>lb</u>		<u>4</u>	<u>300</u>	<u>00</u>
<u>276</u>						<u>Flocele</u>	<u>38</u>		<u>lb</u>		<u>1</u>	<u>47</u>	<u>50</u>
<u>581</u>						<u>Service charge</u>	<u>150</u>		<u>sh</u>		<u>1</u>	<u>165</u>	<u>00</u>
<u>583</u>						<u>Dragage</u>	<u>235</u>	<u>64</u>		<u>Ton miles</u>	<u>1</u>	<u>235</u>	<u>64</u>

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SERVICE CHARGE	CUBIC FEET									
MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES							
CONTINUATION TOTAL <u>2918.14</u>										

JOB LOG

SWIFT Services, Inc.

DATE 12-1-07 PAGE NO. 17

CUSTOMER *Amoco Woods* WELL NO. *41* LEASE *Fern* JOB TYPE *Long string* TICKET NO. *13027*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	08:00							Called out
	02:00							On location
	02:10							Start csg.
								5 centrifuges, 2 RT baskets, 1 Act. rolls
								1 - float shoe 4 in patch down little
								Port. collar at 1394 ft
								at #72
	01:50							Csg on bottom
	01:55							dropped ball
	01:55							Started circulating
	02:10							Done circulating
	02:15	4	12					500 gal Mud fluid
	02:18	5	20					2000 RCL fluid
	02:22							Started mixing out
	02:30	5	36					Done mixing out
	02:32							Release plug & wash out line
	02:38	6				710		Start displacement
	02:56	6	108.5			1600		Done w/ displ
	02:57							Landed plug at 1600 PSI
	03:00							Release pressure - float held
	03:05							Washed up
	03:15							Racked up
	03:30							Job completed
								Shut me
								Sold job

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Customer <i>American Energy</i>		Lease No.	Date <i>11-25-09</i>		
Lease <i>T-104</i>		Well # <i>7-24</i>			
Field Order # <i>7-159</i>	Station <i>Liberal</i>	Casing <i>8 7/8</i>	Depth <i>715</i>	County <i>MOSS</i>	State <i>KS</i>
Type Job <i>Surface CNW</i>	Formation		Legal Description <i>71-20-21</i>		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 7/8</i>				<i>175 shots 1.75</i>	<i>500 GPM</i>	<i>3000 PSI</i>	<i>3000 PSI</i>	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
<i>715</i>								
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>J Miller</i>	Station Manager <i>Scott Bennett</i>	Treater <i>ISMAEL Chavez</i>
---	--------------------------------------	------------------------------

Service Units	<i>19891</i>	<i>19827</i>	<i>19843</i>	<i>19819</i>	<i>19809</i>				
Driver Names	<i>J Chavez</i>	<i>Cook</i>	<i>S.</i>	<i>David</i>	<i>S</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1900</i>					<i>Arrive on location</i>
<i>1930</i>					<i>Safety Meeting - Rig Up</i>
<i>2240</i>	<i>150</i>		<i>39</i>	<i>3.5</i>	<i>Pump Control</i>
<i>2300</i>	<i>700</i>		<i>12.7</i>	<i>7.0</i>	<i>Pump Displacement</i>
<i>2315</i>					<i>Shot In</i>
					<i>Job Complete</i>
					<i>Cement To Surface</i>

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BASIL

energy services, L.P.

FIELD ORDER 20189

Subject to Correction

Date 112507	Customer ID	Lease <i>T-111</i>	Well # <i>204</i>	Legal <i>24-20-21</i>
		County <i>WCS</i>	State <i>KS</i>	Station <i>Liberal</i>
		Depth <i>215</i>	Formation	Shoe Joint <i>-</i>
<i>Annular Material</i>		Casing <i>8 7/8</i>	Casing Depth <i>215</i>	TD <i>725</i>
		Customer Representative <i>Ed Miller</i>	Treater <i>James Chase</i>	

AFE Number	PO Number	Materials Received by X <i>Ed Miller</i>
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Station Code	Product Code	QUANTITY	MATERIALS, EQUIPMENT, and SERVICES USED	UNIT PRICE	AMOUNT
L	D103	17554	60/40 POZ		
L	P310	45316	Potassium Chloride		
L	F145	1 ea	Top Rubber Plug		
L	E180	240 mi	Heavy Helium Storage		
L	E187	175 SK	Concrete Service Charge		
L	E104	972 ton	Bulk Delivery		
L	82200	1 ea	Casing Cement Pump		
L	E101	120 mi	Proppant Storage		
L	E591	1 ea	Service Supervisor		
Discounted Total					
Plus Tax					\$ 5,916.45

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