

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32686
Name: Reilly Oil Company, Inc.
Address 1: PO Box 277
Address 2: _____
City: WaKeeney State: Ks Zip: 67672 + _____
Contact Person: Dusty Rhoades
Phone: (785) 743-6774
CONTRACTOR: License # 33575

Name: WW Drilling, LLC
Wellsite Geologist: Richard Bell
Purchaser: NCRA
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 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.: _____
1/08/2009 1/15/2009 2/02/2009
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-065-23525-00-00
Spot Description: _____
NW SE SE SE Sec. 18 Twp. 7 S. R. 23 East West
380 Feet from North / South Line of Section
610 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Graham
Lease Name: Fountain Well #: 1-18
Field Name: Wildcat
Producing Formation: Lansing-Kansas City
Elevation: Ground: 2418 Kelly Bushing: 2423
Total Depth: 3980 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 221 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2172 Feet
If Alternate II completion, cement circulated from: 2172
feet depth to: surface w/ 250 sx cmt.

Drilling Fluid Management Plan Air II NR 10-9-09
(Data must be collected from the Reserve Pit)
Chloride content: 2800 ppm Fluid volume: 850 bbls
Dewatering method used: Air Dry - Back Fill
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: Dusty Rhoades
Title: President Date: 9/17/2009
Subscribed and sworn to before me this 17th day of September,
20 09.
Notary Public: Mitzi Fagan
Date Commission Expires: 03/30/13

KCC Office Use ONLY

Letter of Confidentiality Received 9/28/09
If Denied, Yes No Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



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Operator Name: Reilly Oil Company, Inc. Lease Name: Fountain Well #: 1-18
 Sec. 18 Twp. 7 S. R. 23 East West County: Graham

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 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 <i>(Submit Copy)</i> List All E. Logs Run: Compensated Density Neutron Log Dual Induction Log <input checked="" type="checkbox"/> Micro Log | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See Attached Sheet |
|--|--|

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| 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 | 20 | 221 | Common | 165 | 3%cc, 2% gel |
| Production | 7 7/8 | 5 1/2 | 14 | 3978 | Lower stage-common | 240 | 60/40 poz. 2% gel |
| | | | | | Upper stage-SMD | 250 | CFR - 1% salt |

| 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 | Acid, Fracture, Shot, Cement Squeeze Record | Depth |
|----------------|---|---|-------|
| | Specify Footage of Each Interval Perforated | (Amount and Kind of Material Used) | |
| 4 per foot | 3847-3849 | 300 gals - MCA (15%) | 3849 |
| | 5 1/2" CIBP | | 3830 |
| 4 per foot | 3764-3766 | 300 gals - MCA (15%) | 3766 |

| | | |
|---|---|---|
| TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>3778</u> Packer At: | | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr. <u>2/16/2009</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>23</u> | Gas Mcf <u>17</u> Water Bbls. <u>17</u> Gas-Oil Ratio <u>23</u> Gravity <u>23</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>3764-3766</u> |
|---|---|--|

**REILLY OIL COMPANY, INC.
PO BOX 277
WAKEENEY, KANSAS 67672
PH 785-743-6774**

**Fountain # 1-18
380' FSL & 610' FEL
Section 18-7s-23w
Graham County, Kansas**

**I am requesting that the information for this well be held in confidence for a period
Of 12 months.**

**Thank You – Dusty Rhoades
President of Reilly Oil Company**

Dusty Rhoades

9/18/2009

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REILLY OIL COMPANY, INC.
PO BOX 277
WAKEENEY, KANSAS 67672
PH 785-743-6774

Fountain # 1-18
380' FSL & 610' FEL
Section 18-7s-23w
Graham County, Kansas

| Log Tops | Depth | Datum |
|------------------|--------------|--------------|
| Top Anhydrite | 2138 | + 284 |
| Base Anhydrite | 2173 | + 249 |
| Topeka | 3475 | - 1053 |
| Heebner | 3677 | - 1255 |
| Toronto | 3701 | - 1279 |
| Lansing | 3718 | - 1296 |
| Base Kansas City | 3922 | - 1500 |
| RTD | 3980 | - 1558 |
| LTD | 3979 | - 1557 |

Dst # 1 - 3740-3760 - " C "

Open 30 minutes
Shut-in 60 minutes
Open 45 minutes
Shut-in 90 minutes
Recovered:

183' total fluid

IHP - 1860 psi
IFP - 29-79 psi
ISIP - 1239 psi
Temperature

Weak surface blow to 5 inches

No blow

Weak surface blow to 1 inch

No blow

60' slightly oil cut muddy water, 30' water

Cut muddy oil, 93' oil cut muddy water

FHP - 1861 psi
FFP - 83-108 psi
FSIP - 1234 psi
116°

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Dst # 2 – 3758-3782 – “ D “

**Open 30 minutes
Shut-in 60 minutes
Open 30 minutes
Shut-in 60 minutes
Recovered:**

249' total fluid

**IHP – 1858 psi
IFP – 23-96 psi
ISIP – 1220 psi
Temperature:
Gravity:**

**Off bottom bucket in 23.5 minutes
½ inch blow back
Blow built to 10 inches
Weak surface blow
63' clean oil, 62' mud cut oil, 124' gas &
Oil cut muddy water**

**FHP – 1855 psi
FFP – 95-120 psi
FSIP – 1202 psi
111°
21.8° @ 60 degrees**

Dst # 3 – 3780-3800 – “ E & F “

**Open 30 minutes
Shut-in 60 minutes
Open 30 minutes
Shut-in 60 minutes
Recovered:
430' total fluid**

**IHP – 1875 psi
IFP – 27-168 psi
ISIP – 1081 psi
Temperature:**

**Off bottom bucket in 8 minutes
No blow back
Off bottom bucket in 12 minutes
No blow back
430' slightly oil specked muddy water**

**FHP – 1875 psi
FFP – 169-248 psi
FSIP – 994 psi
121°**

Dst # 4 – 3858-3886 – “ J “

**Open 30 minutes
Shut-in 30 minutes
Open 30 minutes
Shut-in 30 minutes
Recovered:
1' total fluid**

**IHP – 1917 psi
IFP – 21 -22 psi
ISIP – 21 psi
Temperature:**

**Weak surface blow, died in 5 minutes
No blow back
No blow
No blow
1' mud**

**FHP – 1917 psi
FFP – 27-22 psi
FSIP – 22 psi
108°**

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CHARGE TO: *Riley Oil Co*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET No 15250

PAGE 1 OF 2

| | | | | | | | |
|--|--|---|--|--------------------------|---------------------------------|------------------------|----------------------|
| SERVICE LOCATIONS 1. <i>Hays, Ks.</i> | WELL/PROJECT NO. <i>1-18</i> | LEASE <i>Fountain</i> | COUNTY/PARISH <i>Graham</i> | STATE <i>Ks</i> | CITY | DATE <i>1-15-09</i> | OWNER <i>Same</i> |
| 2. <i>Ness City, Ks.</i> | TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES | CONTRACTOR <i>W&W Drilling #10</i> | RIG NAME/NO. | SHIPPED VIA <i>et</i> | DELIVERED TO <i>Location</i> | ORDER NO. | |
| 3. | WELL TYPE <i>oil</i> | WELL CATEGORY <i>Development</i> | JOB PURPOSE <i>2 stage Cement hang string</i> | WELL PERMIT NO. | WELL LOCATION | | |
| 4. REFERRAL LOCATION | INVOICE INSTRUCTIONS | | | | | | |

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | UNIT PRICE | | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|--------------------------|------|-----|------------|------|---------|
| | | LOC | ACCT | DF | | QTY. | U/M | QTY. | U/M | |
| 575 | | 1 | | | MILEAGE #111 | 70 | mi | 7 | 00 | 490 00 |
| 579 | | 1 | | | Pump Charge | 1 | ea | 3980 | 00 | 1900 00 |
| 580 | | 1 | | | Additional hours | 2 | hrs | | 250 | 500 00 |
| 221 | | 1 | | | Liquid KCL | 4 | gal | | 26 | 104 00 |
| 280 | | 1 | | | Flocheck-21 | 500 | gal | | 3 | 1500 00 |
| 290 | | 1 | | | D-Air | 5 | gal | | 35 | 175 00 |
| 402 | | 1 | | | Centralizers | 8 | ea | 5 1/2 | 100 | 800 00 |
| 403 | | 1 | | | Basket | 1 | ea | | 300 | 300 00 |
| 407 | | 1 | | | Insert Float Shoe w/fill | 1 | ea | | 325 | 325 00 |
| 408 | | 1 | | | D.V. Tool & Plug set | 1 | ea | | 3200 | 3200 00 |
| 411 | | 1 | | | Recipr Scratchers | 8 | ea | | 50 | 400 00 |
| 417 | | 1 | | | D.V. L.D. Plug & Baffle | 1 | ea | | 200 | 200 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

Mary H. [Signature]

DATE SIGNED: *1-16-09* TIME SIGNED: *0900*

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 1 | 9894 00 |
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | page 2 | 11952 25 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | subtotal | 21846 25 |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | | | | Graham TAX 5.55% | 838 83 |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | | | | TOTAL | 22,685 08 |
| ARE YOU SATISFIED WITH OUR SERVICE? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <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: *Mick Korbue* APPROVAL:

Thank You!



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

TICKET CONTINUATION

TICKET No. 15250

CUSTOMER *Riley Oil Co.* WELL *1-18 Fountain* DATE *7-15-09* PAGE *2* OF *2*

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | TIME | DESCRIPTION | QTY. | | U/M | | UNIT PRICE | AMOUNT | |
|-----------------|-------------------------------------|------------|------|----|------|------------------|-------|--------------|--------------|-----------|------------------|--------|----|
| | | LOC | ACCT | DF | | | QTY. | U/M | QTY. | U/M | | | |
| 325 | | 2 | | | | Standard Cement | 200 | sk | | | 13 ⁰⁰ | 2600 | 00 |
| 326 | | 2 | | | | 6% Pozmix 2% gel | 40 | sk | | | 10 ⁰⁰ | 400 | 00 |
| 330 | | 2 | | | | SMD Cement | 250 | sk | | | 16 ⁰⁰ | 4000 | 00 |
| 276 | | 2 | | | | Flocel | 100 | # | | | 1 ⁵⁰ | 150 | 00 |
| 277 | | 2 | | | | Gilsealite | 500 | # | | | 40 | 200 | 00 |
| 283 | | 2 | | | | Salt | 1550 | # | | | 20 | 310 | 00 |
| 285 | | 2 | | | | CFR-1 | 100 | # | | | 4 ⁵⁰ | 450 | 00 |
| 581 | | 2 | | | | SERVICE CHARGE | 450 | sk | | | 1 ⁸⁰ | 855 | 00 |
| 583 | | 2 | | | | MILEAGE CHARGE | 48774 | TOTAL WEIGHT | LOADED MILES | TON MILES | 1 ²⁵ | 2987 | 25 |

CONTINUATION TOTAL 11952²⁵



ALLIED

CEMENTING CO., LLC

Cementing & Acidizing Services

CEMENTING LOG

STAGE NO.

Date 1-30-09 District _____ Ticket No. 34849
 Company Kelly O.I Rig WW 10
 Lease Fountain Well No. 1-18
 County Graham State KS
 Location Hill City W 240R Field _____
SAL W WINTO

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 8-5/8 Type WW Weight 207 Collar _____

Casing Depths: Top KB Bottom 216

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 0.652 Lin. ft./Bbl. 15.34
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 0.0735 Lin. ft./Bbl. 13.6037
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: Fresh water
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

TAIL: Pump Time _____ hrs. Type CON
30% CO 20% GEL Excess _____
 Amt. 165 Sks Yield 1.34 ft³/sk Density 14.8 PPG
 WATER: Lead _____ gals/sk Tail 636 gals/sk Total _____ Bbls.

Pump Trucks Used 417 Matt
 Bulk Equip. 410 Bob

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE Tool Pusher

CEMENTER Greg

| TIME | PRESSURES-PSI | | FLUID PUMPED DATA | | | REMARKS | |
|----------------|---------------|-------------------|-------------------|---------------|------------------------|-------------------------------|--------------------------|
| | AM/PM | DRILL PIPE CASING | ANNULUS | TOTAL FLUID | Pumped Per Time Period | | RATE Bbls Min. |
| <u>1:20 PM</u> | <u>8.5</u> | <u>8.5</u> | | | | <u>8-5/8 casing on Bottom</u> | |
| | | | | <u>15 min</u> | <u>FS</u> | <u>FSI Circulation</u> | |
| | | | <u>700</u> | <u>3352</u> | <u>15 min</u> | <u>4</u> | <u>Mix Cement</u> |
| <u>1:30 PM</u> | | | <u>700</u> | <u>1386</u> | | <u>4</u> | <u>Displace Plug</u> |
| | | | | | | | <u>Cement Circulated</u> |

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THANKS.

FINAL DISP. PRESS: 200 PSI BUMP PLUG TO _____ PSI BLEEDBACK 1/2 BBLs. THANK YOU

ALLIED CEMENTING CO., LLC. 34849

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

SERVICE POINT

Russell

| | | | | | | | |
|------------------------------------|----------------|--------------------|-----------------|------------------------------------|-------------|----------------------------|-----------------------------|
| DATE <u>1-8-09</u> | SEC. <u>18</u> | TWP. <u>7</u> | RANGE <u>23</u> | CALLED OUT | ON LOCATION | JOB START <u>7:00 p.m.</u> | JOB FINISH <u>7:30 p.m.</u> |
| LEASE <u>Fountain</u> | | WELL # <u>1-15</u> | | LOCATION <u>Hill City W 240 Rd</u> | | COUNTY <u>Graham</u> | STATE <u>KS</u> |
| OLD OR NEW (Circle one) <u>NEW</u> | | | | <u>SW 1/4 Ninto</u> | | | |

CONTRACTOR WJFHO

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. ~~222~~ 222

CASING SIZE 8 5/8 20# DEPTH ~~220~~ 220

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 138L

OWNER _____

CEMENT AMOUNT ORDERED 165 3F2

| | | | | |
|----------|-------------------|---|--------------|-----------------|
| COMMON | <u>165</u> | @ | <u>13.50</u> | <u>2227.50</u> |
| POZMIX | | @ | | <u>1</u> |
| GEL | <u>3</u> | @ | <u>20.25</u> | <u>60.75</u> |
| CHLORIDE | <u>6</u> | @ | <u>51.50</u> | <u>309.00</u> |
| ASC | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| HANDLING | <u>165</u> | @ | <u>2.25</u> | <u>371.25</u> |
| MILEAGE | <u>10/56/mile</u> | | | <u>907.50</u> |
| TOTAL | | | | <u>5,876.00</u> |

REMARKS:

See Job Log!

Thank S!

CHARGE TO: Reilly Oil

STREET _____

CITY _____ STATE _____ ZIP _____

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SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 996.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 55 @ 7.00 385.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 1376.00

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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

PRINTED NAME Lonnice Lang

SIGNATURE Lonnice Lang

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS