

ORIGINAL

1/15/09

Form ACC-4
October 2008
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3293
Name: RUSSELL OIL INC
Address 1: PO BOX 1469
Address 2: _____
City: PLAINFIELD State: IL Zip: 60544 + _____
Contact Person: LEROY HOLT
Phone: (815) 609-7000
CONTRACTOR: License # 33350
Name: SOUTHWIND DRILLING INC
Wellsite Geologist: STEVE ANGLE
Purchaser: Coffeyville

API No. 15 - 193207500000
Spot Description: 160'S and 75'W
W2 SE NE SE Sec. 35 Twp. 10 S. R. 34 East West
1490 Feet from North / South Line of Section
570 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: THOMAS

Lease Name: SEELE "A" Well #: 1-35
Field Name: wildcat
Producing Formation: LKC
Elevation: Ground: 3209' Kelly Bushing: 3219'
Total Depth: 4820' Plug Back Total Depth: 4712'
Amount of Surface Pipe Set and Cemented at: 265.5 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/ AH2-Dlg - 4/10/09 ^{sx cmf}

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.: _____

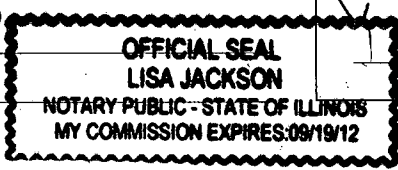
<u>10/03/08</u>	<u>10/15/08</u>	<u>11/10/08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 23000 ppm Fluid volume: 540 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: LeRoy L. Holt
Title: Executive Assistant Date: 1/14/2009
Subscribed and sworn to before me this 14 day of January,
20 09.
Notary Public: Lisa Jackson
Date Commission Expires: 09/19/12



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KANSAS CORPORATION COMMISSION
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Operator Name: RUSSELL OIL INC Lease Name: SEELE "A" Well #: 1-35
 Sec. 35 Twp. 10 S. R. 34 East West County: THOMAS

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 checked="" type="checkbox"/> Yes <input 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	<i>(X see attached sheet)</i>	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

List All E. Logs Run:
 sector bond/gamma ray;dual induction;microsensivity;
 computer,processed;dual-compensated-porosity;borehole-compensated

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 CONSERVATION DIVISION
 WICHITA, KS

CASING RECORD <input 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#	265.5	common	175	3% c.c. 2% gel
Production	7 7/8"	5 1/2"	15.5#	4815'	1000 Super Flush II	25	scavenger
						160	AA-2

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	4364'-4376' (K zone)	750 gal. 15% mud acid;1500 gal 15%NE	
4	4332'-4338' (J zone)	750 gal. 15% mud acid;1500 gal 15%NE	

TUBING RECORD: Size: <u>2 3/8" EUE 8rd</u> Set At: <u>4707'</u> Packer At: <u>none</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RECEIVED
Date of First, Resumed Production, SWD or Enhr. <u>11/19/08</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil Bbls. <u>70</u>	Gas Mcf	Water Bbls. <u>3.34</u> Gas-Oil Ratio Gravity

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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FORMATION TOPS & STRUCTURAL POSITION

Russell Oil, Inc.	Wabash Energy	Slawson Exploration
Seele A #1-35	#1 Seele Acct II	Dell B #1
3219' K.B.	3224' K.B.	3229' K.B.
1490' FSL; 570' FEL Sec. 35	10' E of NE-NW-SE	NE-NE-SW-SW
Sec. 35-T10S-R34W, Thomas Cty.	Sec. 35	Sec. 35
	(Dry hole)	(Dry Hole)

	<u>Depth</u>	<u>Datum (Log)</u>	<u>(log)</u>	<u>(log)</u>
Anhydrite	2691' L	+528	na	na
Base Anhydrite	2717' L	+502	+496	+499
Topeka	3869' L	-650	-636	na
Heebner	4084' L	-865	-869	-874
Toronto	4101' L	-882	na	-893
Lansing	4125' L	-906	-912	-916
Muncie Cr. Sh.	4278' S	-1059	-1057	na
Stark Shale	4351' L	-1132	na	-1146
Base KC	4414' S	-1195	-1198	-1209
Marmaton	4442' L	-1223	-1231	-1239
Pawnee	4533' L	-1314	-1329	-1339
Myrick Station	4570' L	-1351	na	na
Ft. Scott	4594' L	-1375	na	-1394
Cherokee Shale	4625' S	-1406	-1412	-1424
Johnson Zone	4681' L	-1462	-1458	-1471
Basal Penn Sand	4721' L	-1502	na	na
Mississippi	4740' L	-1521	NR	-1553
RTD	4820' S	-1601	-1526	na
LTD	4820' L	-1601	-1526	-1643

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KANSAS CORPORATION COMMISSION
FEB 05 2009
CONSERVATION DIVISION
WICHITA, KS

January 15, 2009

Kansas Corporation Commission
130 S. Market, Room #2078
Wichita, KS 67202

RE: Seele "A" #1-35
API #15-19320750-0000 }
Sec. 35-10S-34W
Thomas County, KS

Attention:

Enclosed find the completed ACO-1 Form for the above captioned well. The required ACO-1 photocopies and attachments are also enclosed. Please do note that the ACO-1 Form is provided within 120 days of spud date for the well.

It is our desire to have you hold CONFIDENTIAL page 2 (and the various attachments provided thereto) of this form as well as the electric logs, for the 12 month period allowed by law.

We understand any request for confidentiality beyond this 12-month period must be in accordance to rule 83-3-107.

Your attention to this matter will be appreciated. Please direct any questions regarding this ACO-1 Form or the request for confidentiality to my attention at the address on the letterhead above.

Sincerely,

Patti L Holt

Patti L. Holt
Executive Assistant
Russell, Oil, Inc.

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Page 1 of 2

COPY

1/27/09

Russell Oil, Inc.
Opn # 3293

Patti:

Here's the original ACOI
for the Seale "A" 1-35
well, API #: 15-193-20750-0000,
that we discussed this
morning. Please have
Lisa add the applicable
date on pg. 1, update the
information highlighted on
page 2 as we discussed
and return with three
(over)

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copies of the Driller's Log
(or Rpt.) as all the ACO's
must be complete copies.
If you wouldn't mind
putting a quick sticky note
on the documents returned
referencing our phone call
today that will jog my
memory (I send these in
a different location than
those I send back with
"official" letters) and cut
down on processing time.
I really appreciate your
assistance. Call me at
(316) 337-6108 if I can help with
anything else. Nanjee

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3293
Name: RUSSELL OIL INC
Address 1: PO BOX 1469
Address 2: _____
City: PLAINFIELD State: IL Zip: 60544 + _____
Contact Person: LEROY HOLT
Phone: (815) 609-7000
CONTRACTOR: License # 33350
Name: SOUTHWIND DRILLING INC
Wellsite Geologist: STEVE ANGLE
Purchaser: Coffeyville
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.)

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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.: _____
10/03/08 10/15/08 11/10/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 193207500000
Spot Description: 160'S and 75'W
_____ Sec. 35 Twp. 10 S. R. 34 East West
1490 Feet from North / South Line of Section
570 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: THOMAS
Lease Name: SEELE "A" Well #: 1-35
Field Name: wildcat
Producing Formation: LKC
Elevation: Ground: 3209' Kelly Bushing: 3219'
Total Depth: 4820' Plug Back Total Depth: 4712'
Amount of Surface Pipe Set and Cemented at: 265.5 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
(Data must be collected from the Reserve Pit)
Chloride content: 23000 ppm Fluid volume: 540 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.: _____

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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: Executive Assistant Date: 1/14/2009

Subscribed and sworn to before me this _____ day of _____

20 _____
Notary Public: [Signature]

Date Commission Expires: 09/19/12



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KANSAS CORPORATION COMMISSION
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Operator Name: RUSSELL OIL INC Lease Name: SEELE "A" Well #: 1-35
 Sec. 35 Twp. 10 S. R. 34 East West County: THOMAS

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: sector bond/gamma ray;dual induction;microsensivity; computer processed;dual compensated porosity;borehole compensated	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum [X see attached sheet.]
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CASING RECORD <input 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#	265.5	common	175	3% c.c. 2% gel
Production	7 7/8"	5 1/2"	15.5#	4815'	1000 Super Flush II	25	scavenger
						160	AA-2

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	4364'-4376' (K zone)	750 gal. 15% mud acid;1500 gal 15%NE	
4	4332'-4338' (J zone)	750 gal. 15% mud acid;1500 gal 15%NE	

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TUBING RECORD: Size: <u>2 3/8" EUE 8rd</u> Set At: <u>4707'</u> Packer At: <u>none</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		RECEIVED
Date of First, Resumed Production, SWD or Enhr. <u>11/19/08</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>70</u>	Gas Mcf <u>3.34</u> Water Bbls. <u>3.34</u> Gas-Oil Ratio <u>3.34</u> Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Ventec <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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____
---	--	----------------------------

Subject to Correction

Date 10-16-08		Customer ID		Lease Seele "A"	Well # 1-35	Legal 35-105-34W
R Russell Oil, Incorporated		County Thomas	State KS	Station Pratt		
		Depth	Formation	Shoe Joint 42.50 Feet		
		Casing 5 1/2"	Casing Depth 7,819 Ft.	TD 4,820 Ft.	Job Type C.W. - Long String	
		Customer Representative Todd Brown	Treater Clarence R. Messick			
AFE Number		PO Number		Materials Received by X <i>Todd Brown</i>		

Station Code	Product Code	QUANTITY	MATERIALS, EQUIPMENT, and SERVICES USED	UNIT PRICE	AMOUNT
P	CP105	160 sk	AA-2	\$	2,720.00
P	CP101	400 sk	A-Con	\$	7,200.00
P	CP103	50 sk	60/40 Poz	\$	600.00
P	CC102	140 Lb	Cellflake	\$	518.00
P	CC105	38 Lb	Defoamer	\$	152.00
P	CC109	1,128 Lb	Calcium Chloride	\$	1,184.40
P	CC111	774 Lb	Salt (Fine)	\$	387.00
P	CC115	114 Lb	Gas Blok	\$	587.10
P	CC129	121 Lb	FLA-322	\$	907.50
P	CC201	800 Lb	Gilsonite	\$	536.00
P	CC155	1,000 Gal	Super Flush II	\$	1,530.00
P	CF401	1 ea	Two Stage Cement Collar, 5 1/2"	\$	6,100.00
P	CF601	1 ea	Latch Down Plug and Baffle, 5 1/2"	\$	850.00
P	CF1251	1 ea	Auto Fill Float Shoe, 5 1/2"	\$	360.00
P	CF1651	1 ea	Turbolizer, 5 1/2"	\$	1,210.00
P	CF1901	1 ea	Basket, 5 1/2"	\$	290.00
P	CF2002	25 ea	Rotating Scratchers	\$	1,250.00
P	CF501	1 ea	Limit Clamp, 5 1/2"	\$	40.00
P	E101	435 mi	Heavy Equipment Mileage	\$	3,045.00
P	E113	4,133 tm	Bulk Delivery	\$	6,612.80
P	E100	145 mi	Pickup Mileage	\$	616.25
P	CF240	610 sk	Blending and mixing Service	\$	854.00
P	S003	1 ea	Service Supervisor	\$	175.00
P	CE205	1 ea	Pump Charge: 4,001 Feet To 5,000 Feet	\$	2,520.00
P	CE504	1 Job	Plug Container	\$	250.00
P	CF501	1 Job	Casing Swivel	\$	200.00
				\$	32,962.90
				\$	32,962.90

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Discounted Price =
 Plus Taxes

ALLIED CEMENTING CO., LLC. 043788

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

SERVICE POINT:
OAKLEY

DATE <u>10-4-08</u>	SEC. <u>35</u>	TWP. <u>10S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION <u>1230 AM</u>	JOB START <u>1:30 AM</u>	JOB FINISH <u>2:00 AM</u>
LEASE <u>SEE A</u>	WELL # <u>1</u>	LOCATION <u>MONUMENT 2W-2N-14W-N</u>			COUNTY <u>THOMAS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>IN</u>			

CONTRACTOR SOUTH WIND DRILL RIG #1

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 268'

CASING SIZE 8 3/4" DEPTH 265'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 16 BOBS

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

423-281 HELPER ALLEN

BULK TRUCK

377 DRIVER LARENCE

BULK TRUCK

_____ DRIVER _____

REMARKS:

CEMENT did circulate

THANK YOU

CHARGE TO: RUSSELL OIL CO.

STREET _____

CITY _____ STATE _____ ZIP _____

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 Frank Rome

SIGNATURE Frank Rome

OWNER SAME

CEMENT AMOUNT ORDERED 175 SKS COM 3% CC 2% GEL

COMMON	<u>175 SKS</u>	@	<u>15 45</u>	<u>2703 75</u>
POZMIX		@		
GEL	<u>3 SKS</u>	@	<u>20 80</u>	<u>62 40</u>
CHLORIDE	<u>6 SKS</u>	@	<u>58 20</u>	<u>349 20</u>
ASC		@		

KANSAS CORPORATION COMMISSION

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HANDLING	<u>184 SKS</u>	@	<u>2 40</u>	<u>441 60</u>
MILEAGE	<u>MINIMUM CHARGE</u>			<u>312 00</u>
TOTAL				<u>3868 95</u>

SERVICE

DEPTH OF JOB	<u>265'</u>			
PUMP TRUCK CHARGE				<u>1018 00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>15 MI</u>	@	<u>7 00</u>	<u>105 00</u>
MANIFOLD		@		
<u>HEAD RENTA</u>		@		<u>113 00</u>
TOTAL				<u>1236 00</u>

PLUG & FLOAT EQUIPMENT

<u>8 5/8" SURFACE PLUG</u>				<u>68 00</u>
	@			
	@			
	@			
	@			
TOTAL				<u>68 00</u>

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS