

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4058
Name: American Warrior, Inc
Address 1: P O Box 399
Address 2: _____
City: Garden City State: KS Zip: 67846 + _____
Contact Person: Kevin Wiles, Sr
Phone: (620) 275-2963
CONTRACTOR: License # 5929
Name: Duke Drilling Co, Inc
Wellsite Geologist: Marc Downing
Purchaser: NCRA #60893
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.: _____
8/26/09 9/02/09 11/11/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 083-21, 606-0000
Spot Description: NE-SE-SW-SW
NE SE SW SW Sec. 23 Twp. 21 S. R. 25 East West
335 Feet from North / South Line of Section
1200 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Hodgeman
Lease Name: Cure Well #: 3-23
Field Name: Aldrich
Producing Formation: Mississippi
Elevation: Ground: 2445' Kelly Bushing: 2456'
Total Depth: 4563' Plug Back Total Depth: 4563'
Amount of Surface Pipe Set and Cemented at: 224 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1657 Feet
If Alternate II completion, cement circulated from: Surface
feet depth to: 1657' w/ 130 sx cmt.

Drilling Fluid Management Plan AH II NR 2-25-10
(Data must be collected from the Reserve Pit)
Chloride content: 15,000 ppm Fluid volume: 240 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: Mil Luf
Title: Geologist Date: 2/18/10
Subscribed and sworn to before me this 18th day of February,
20 10.
Notary Public: Teaira Turner
Date Commission Expires: 10/15/2013

 **Teaira Turner**
Notary Public - State of Kansas
My Appt. Expires 10/15/2013

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

RECEIVED

FEB 22 2010

KCC WICHITA

Operator Name: American Warrior, Inc Lease Name: Cure Well #: 3-23
 Sec. 23 Twp. 21 S. R. 25 East West County: Hodgeman

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: <p style="text-align: center;">Gamma Ray Neutron</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Heebner</td> <td>3856'</td> <td>-1400</td> </tr> <tr> <td>Lansing</td> <td>3904'</td> <td>-1448</td> </tr> <tr> <td>Marmaton</td> <td>4311'</td> <td>-1855</td> </tr> <tr> <td>Pawnee</td> <td>4278'</td> <td>-1740</td> </tr> <tr> <td>Ft Scott</td> <td>4395'</td> <td>-1939</td> </tr> <tr> <td>Cherokee</td> <td>4458'</td> <td>-2002</td> </tr> <tr> <td>Mississippi</td> <td>4563'</td> <td>-2079</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Heebner	3856'	-1400	Lansing	3904'	-1448	Marmaton	4311'	-1855	Pawnee	4278'	-1740	Ft Scott	4395'	-1939	Cherokee	4458'	-2002	Mississippi	4563'	-2079
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample																										
Name	Top	Datum																										
Heebner	3856'	-1400																										
Lansing	3904'	-1448																										
Marmaton	4311'	-1855																										
Pawnee	4278'	-1740																										
Ft Scott	4395'	-1939																										
Cherokee	4458'	-2002																										
Mississippi	4563'	-2079																										

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 Casing	12-1/4"	8-5/8"	23	224	Common	150	2%gel 3%cc
Production	7-7/8"	5-1/2"	17	4562	EA/2	125	

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	4558'-4563'	500Gal 15% MCA/1000 Gal 15% FE	SAME

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>4562'</u> Packer At: <u>NONE</u>		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>2/10</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>Shut-In</u>	Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity <u>36.5</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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: _____ _____
--	---	--



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Warrior Inc.
 P.O. Box 399 Garden City Ks. 67846-0399
 ATTN: Marc D.

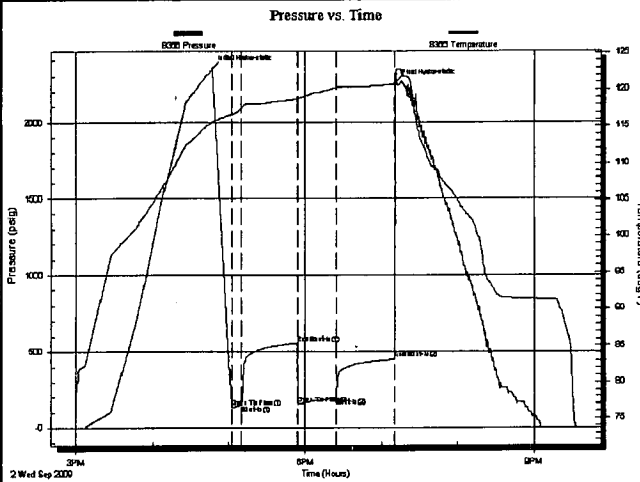
Cure #3-23
23/21/25
 Job Ticket: 34087 **DST#: 1**
 Test Start: 2009.09.02 @ 15:00:00

GENERAL INFORMATION:

Formation: **Miss.**
 Deviated: **No Whipstock** ft (KB)
 Time Tool Opened: 17:02:10
 Time Test Ended: 21:33:20
 Interval: **4552.00 ft (KB) To 4563.00 ft (KB) (TVD)**
 Total Depth: **4563.00 ft (KB) (TVD)**
 Hole Diameter: **7.78 inches** Hole Condition: **Fair**
 Test Type: **Conventional Bottom Hole**
 Tester: **Harley Davidson**
 Unit No: **33**
 Reference Elevations: **2457.00 ft (KB)**
2446.00 ft (CF)
 KB to GR/CF: **11.00 ft**

Serial #: 8355 **Inside**
 Press@RunDepth: **199.21 psig @ 4554.00 ft (KB)** Capacity: **7000.00 psig**
 Start Date: **2009.09.02** End Date: **2009.09.02** Last Calib.: **2009.09.02**
 Start Time: **15:00:05** End Time: **21:33:20** Time On Btm: **2009.09.02 @ 16:47:00**
 Time Off Btm: **2009.09.02 @ 19:11:20**

TEST COMMENT: IF- Good building blow BOB 10min.
 IS- No blow back.
 FF- Good building blow BOB 18min.
 FS- No blow back.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2346.57	115.72	Initial Hydro-static
16	134.76	116.71	Open To Flow (1)
23	148.91	117.49	Shut-in(1)
67	556.80	118.78	End Shut-in(1)
67	156.83	118.74	Open To Flow (2)
98	199.21	120.34	Shut-in(2)
144	451.94	120.75	End Shut-in(2)
145	2251.41	122.23	Final Hydro-static


Recovery

Length (ft)	Description	Volume (bbl)
0.00	340 GIP	0.00
463.00	100% oil	3.68
31.00	5%g20%w75%oil	0.43
31.00	5%g10%w ater 15%w70%oil	0.43

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

RECEIVED
FEB 22 2010
KCC WICHITA

 TRILOBITE TESTING, INC	DRILL STEM TEST REPORT		FLUID SUMMARY
	American Warrior Inc. P.O. Box 399 Garden City Ks. 67846-0399 ATTN: Marc D.	Cure #3-23 23/21/25 Job Ticket: 34087 Test Start: 2009.09.02 @ 15:00:00	

Mud and Cushion Information

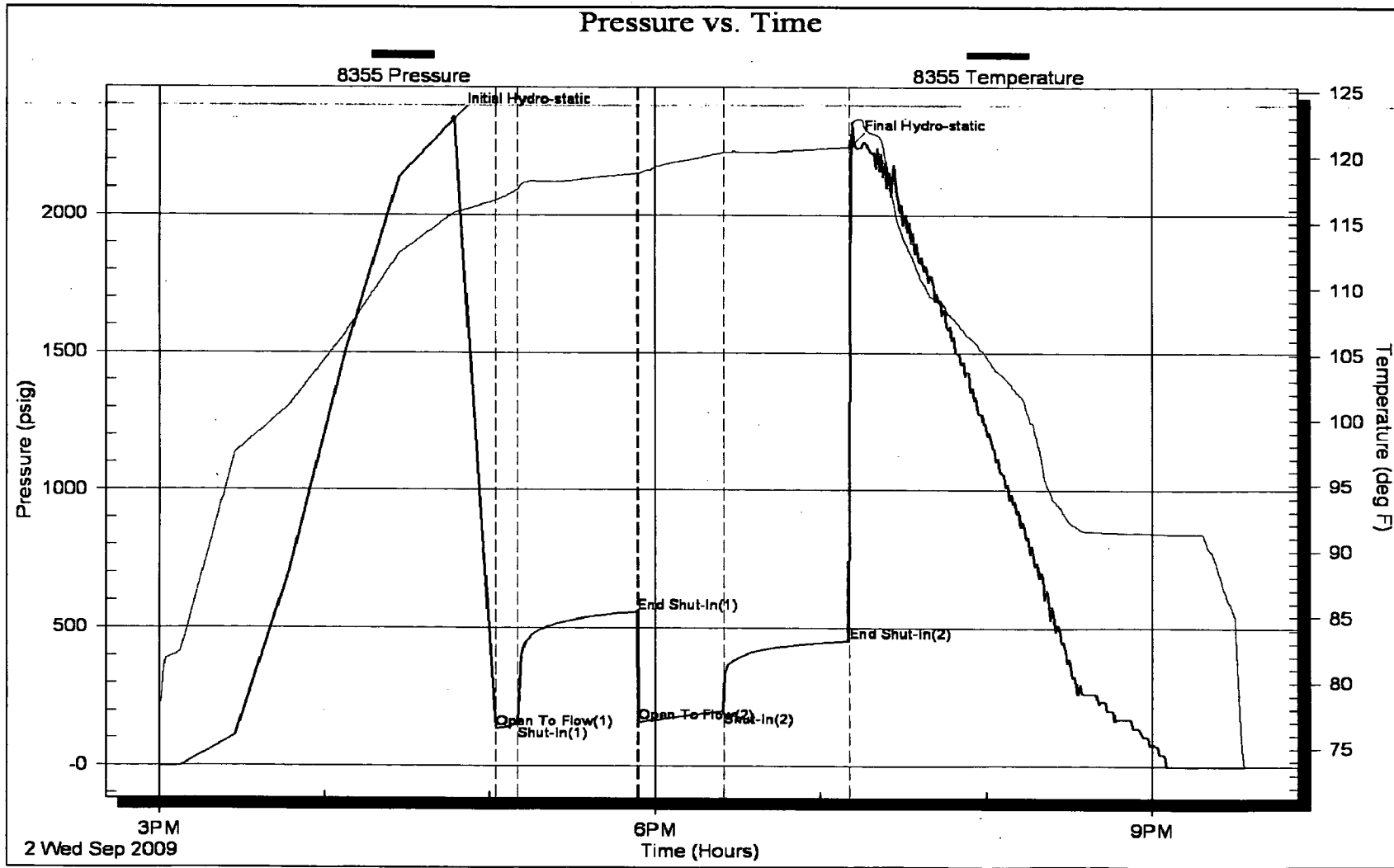
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 56.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.18 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	340 GIP	0.000
463.00	100% oil	3.680
31.00	5%g20%m75%oil	0.435
31.00	5%g10%w ater15%m70%oil	0.435

Total Length: 525.00 ft	Total Volume: 4.550 bbl	
Num Fluid Samples: 0	Num Gas Bombs: 0	Serial #:
Laboratory Name:	Laboratory Location:	
Recovery Comments:		





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

RECEIVED
 FEB 22 2010

TICKET
 No 17080

PAGE 1 OF 2

KCC WICHITA

WELL LOCATIONS <u>Ness City KS</u>	WELL/PROJECT NO. <u>3-23</u>	LEASE <u>Cure</u>	COUNTY/PARISH <u>Hodgeman</u>	STATE <u>KS</u>	CITY <u>Ness City</u>	DATE <u>9-3-09</u>	OWNER
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Duke Dr. Co.</u>		RIG NAME/NO. <u>5</u>	SHIPPED VIA	DELIVERED TO <u>Jetmore</u>	ORDER NO.	
WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement Longstring</u>		WELL PERMIT NO.	WELL LOCATION <u>Ness City 16S, 8W 2 1/2 S 5th</u>		
INVOICE INSTRUCTIONS							

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
075		1			MILEAGE Trk # 114	30	mi	5	00	150.00
078		1			Pump Charge Longstring	1	ea	1400	00	1400.00
002		1			Centralizer	9	ea	5 1/2"	00	495.00
003		1			Cement Basket	2	ea	5 1/2"	00	360.00
004		1			Port Collar	1	ea	5 1/2"	00	1900.00
006		1			Latch Down Plug + Baffle	1	ea	5 1/2"	00	225.00
007		1			Insert Float Shoe/AutoFill	1	ea	5 1/2"	00	275.00
019		1			Rotating Head Rental	1	ea	5 1/2"	00	150.00
021		1			Liquid KCL	2	gal	25	00	50.00
0281		1			Mudflush	500	gal	1	00	500.00

TERMS: Customer hereby acknowledges and agrees to terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

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

SIGNED: [Signature]
 TIME SIGNED: 6:00
 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
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			

PAGE TOTAL 1	5505	00
Page #2	3750	78
Subtotal	9255	78
TAX	462	37
Hodgeman 6.45%		
TOTAL	9718	15

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

OPERATOR Brett Corsair

APPROVAL

Thank You!



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

RECEIVED
 FEB 22 2010
 KCC WICHITA

TICKET
 17134

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Ness City KS</u>	WELL/PROJECT NO. <u>3-23</u>	LEASE <u>Cure</u>	COUNTY/PARISH <u>Ness</u>	STATE <u>KS</u>	CITY <u>Ness City</u>	DATE <u>10-7-09</u>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>H-D Oilfield Service</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO <u>Jetmore</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement Port Collar</u>	WELL PERMIT NO.	WELL LOCATION <u>Ness City 16S, 8W, 2 1/2</u>		
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 Trk #114	30	mi			5.00	150.00
5760		1			Pump Charge Port Collar	1	ea			1100.00	1100.00
581		1			Service Charge Cement	200	skts			1.50	300.00
583		1			Drayage	299.55	TM			1.00	299.55
330		1			Swift Multi-Density Standard	130	skts			14.00	1820.00
276		1			Flocele	50	lbs			1.50	75.00
290		1			D-Air	1	gal			35.00	35.00
105		1			Port Collar Tool Rental/w/man	1	ea			300.00	300.00

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
 DATE SIGNED 10-7-09 TIME SIGNED 1400 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
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			

PAGE TOTAL	4079	50
TAX	118	1
TOTAL	4197	7

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

SWIFT OPERATOR Dott + Co APPROVAL _____

Thank You

JOB LOG

SWIFT Services, Inc.

DATE 9-3-09 PAGE NO. 1

CUSTOMER American Warrior WELL NO. 3-23 LEASE Cure JOB TYPE Cement LongString TICKET NO. 17080

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								5 1/2 17# Cent. 1, 2, 3, 4, 5, 6, 7, 78, 80
								TD 4563' Basket 3, 79
								JP 4568' SJ 21.74'
								PC@ 1657' #79 PS@ 4562'
	600							On Location
	715							Start Casing
	940							Break Circulation
	1030	6 3/4	32	✓			350	Pump Mud Flush & KCL flush 30sks 20sks
	1035	3	12	✓				Plug Rat Holet + Mouse Hole
	1045	4 1/2		✓			350	Start Cement 15, 5ppg 125sks
	1055		30					- Shut Down Wash Pump Lines Release Plug
	1100	6 3/4		✓				Start Displacement
		6 3/4	80	✓			400	Catch Cement
							900	Max Lift
	1120		105.3	✓			1500	Land Plug - Release - Held
	1130							Wash Truck
	1145							Job Complete
	11							Thank you Brett, Dave, + Lane

RECEIVED

FEB 22 2010

KCC WICHITA

JOB LOG

SWIFT Services, Inc.

DATE 10-7-09 PAGE NO. 1

CUSTOMER American Warrior WELL NO. 3-23 LEASE Curc JOB TYPE Cement Port Collar TICKET NO. 17134

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							On Location 2 3/8 x 5 1/2 PC @ 1698'
	1430			✓			1000	Pressure Test - Held
	1530	3		✓		500		Open Tool - Injection Rate
	1540	3 1/2		✓		500		Start Cement 11.2 ppg
		4	67	✓		400		Cement to Surface 130 sks Total 15 sks stop pit
		4	67	✓		400		Cement 14.0 ppg
		4	72	✓		400		Shut-Down-Start Displacement
	1600		6			200		Shut Down - Close Tool
	1605			✓		1000		Pressure Test - Tool Closed Run 4 JTS
	1620		20	✓				Reverse Clean
	1630							Wash Truck
	1700							Job Complete Thank you Brett, Dave, & Jason

RECEIVED

FEB 22 2010

KCC WICHITA

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

SERVICE POINT:
OAKLEY KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
8.26.09	23	21S	25W		12:00pm	2:00pm	2:30pm
LEASE	WELL #	LOCATION	COUNTY		STATE		
Cure	3-23	Jetmore 8'2 W-8'2 N	Hodgeman		KS		
OLD OR NEW (Circle one)		EUSIN					

CONTRACTOR: Duke # S OWNER

TYPE OF JOB: Surfact CEMENT

HOLE SIZE: 12 1/4 T.D. 227' CEMENT AMOUNT ORDERED: 150 sacks com

CASING SIZE: 8 1/8 23" DEPTH 224' 3 7/8 cc 2 9/16 gel

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM COMMON 150 @ 13.65 2047.5

MEAS. LINE SHOE JOINT POZMIX @

CEMENT LEFT IN CSG. 15' GEL 3 @ 20.40 61.20

PERFS. CHLORIDE 5 @ 57.15 285.75

DISPLACEMENT 13.3 BBLs ASC @

EQUIPMENT

PUMP TRUCK CEMENTER Tuzz4 # 431 HELPER Kelly

BULK TRUCK # 377 DRIVER Darren

BULK TRUCK DRIVER

HANDLING 158 @ 2.10 331.80
MILEAGE 10 @ 64.70/mile 647.00

TOTAL 3374.5

REMARKS:

cement did circulate
Approx 5 BBLs

Plug down @ 2:30pm

Thanks Tuzz4 + crew

CHARGE TO: American Warrior
STREET
CITY STATE ZIP

SERVICE

DEPTH OF JOB 224'
PUMP TRUCK CHARGE 999.00

EXTRA FOOTAGE @
MILEAGE 41 @ 7.00 287.00

MANIFOLD @

RECEIVED
FEB 22 2010 TOTAL 1286.00

KCC WICHITA PLUG & FLOAT EQUIPMENT

1-8 1/8 plus @ 67.00

@
@
@
@

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

TOTAL 67.00