RECEIVED AUG 2 3 2010

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

Form ACO-1 September 1999 Form Must Be Typed

KCC WICHITA

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Name: Town 011 Company, Inc. Address: 16205 West 287th St. Paola, Kansas 66071 CMT Operator Contact Person: Lest et Town Designate Type of Completion: X New Well Re-Entry Workover X Oil SWD SIOW Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Comp. Date: Original Total Depth: Operator: INTRIUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2018, Wisk Kansas 67202, within 120 days of the spud date, recompletion Date or Recompletion Date Intornation of side two of this form will be held contidential for a period of 12 months in requested in writing and submission, 130 S. Market - Room 2018, Wisk Kansas 67202, within 120 days of the spud date, recompletion, workered in writing and submission, 130 S. Market - Room 2018, Wisk Kansas 67202, within 120 days of the spud date, recompletion of a period of 12 months if requested in writing and submission will be fined with the Kansas Corporation Commission, 130 S. Market - Room 2018, Wisk KCC Office Use ONLY Netter of Confidentiality Received KCC Office Use ONLY Netter of Confidentiality Received	Operator: License #_6142	API No. 15 - 059-25468-00-00
Address: 16205 West 287th St. City/State/Zip: Paola, Kansas 66071 Purchaser: CMT Operator Contact Person: Lester Town Operator Contact Person: Lester Town Operator Contact Person: Lester Town Phone: 913, 294-2125 Contractor: Name: Town 0.1. Company, Inc. License: 6142 Wellste Geologist: Designate Type of Completion: X New Well Re-Entry Workover X Oil SWD SIOW. Tomp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well Info as follows: Operator: Operator. Well Name: Original Comp. Date: Original Total Depth: Comm. Lester of Completion. Despensing Re-perf. Comv. tenhr/SWD Despensing Re-perf. Comv. tenhr/SWD Despensing Re-perf. Comv. tenhr/SWD Doula Completion Docket No. Old Well Info as follows: Operator: Well Name: Original Total Depth: Comm. Lester of Recompletion Date Doula Completion Docket No. Old Well Info as follows: Operator: Well Name: Original Total Depth: Comm. Lester of Recompletion Date Doula Completion Docket No. Old Well Info as follows: Operator in the Researce Pill Commingled Docket No. Old Well Info as follows: Operator in the Researce Pill Commingled Docket No. Old Well Info as follows: Operator in the Researce Pill Commingled Docket No. Old Well Info as follows: Operator in the Researce Pill Commingled Docket No. Operator Name: Lease Name: License No. Operator Name: Lease Name: License No. County: Docket No. Operator Name: Lease Name: License No. Country: Docket No. Operator Name: Lease Name: License No. Op		1
City/State/Zip: Paola, Kansas 66071 495 feet from 1/2 / N (circle gine) Line of Section Cornardor: Name: Lester Town 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 165 feet from 1/2 / N (circle gine) Line of Section Corner. 166 feet from 1/2 / N (circle gine) Line of Section Corner. 166 feet from 1/2 / N (circle gine) Line of Section Corner. 166 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 160 feet from 1/2 / N (circle gine) Line of Section Corner. 1	16005 77	NE SE SE Sec. 13 Twp. 16 S. R.20 X East West
Purchaser: CMT Operator Contact Person: Lester Town Phone: (913) 294-2125 Contractor: Name: Town 011 Company, Inc. Lesense: 6142 Weltsite Geologist: Designate Type of Completion: X New Well Re-Entry Workover X Oil SWD SIOW. Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well info as follows: Operator: Despening Re-perf. Corn. to Entr./SWD Depenitor: Despening Re-perf. Corn. to Entr./SWD Dry Date: Original Total Depth: Despening Re-perf. Corn. to Entr./SWD Dry Date: Original Total Depth: Date Reached TD Date Reached TD Completion Date Notifice original and two copies of this form shall be filed with the Karsas Corporation Cornumission, 130 S. Market - Room 2078, Wis. Kansas 67202, within 120 days of the spud date, recompletion numbers of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complete with and the stat herein are complete and correct to the best of my knowledge. Signature: Application of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully composited with and the statutes. Plant Pla		495feet from / N (circle:one) Line of Section
Portator Contact Person: Lester Town		165 / feet from (E)/ W (circle one) Line of Section
Phone: (913.) 294-2125 Contractor: Name: Town 011 Company, Tinc. License: 6142 Wetistic Geologist: Designate Type of Completion: X New Well Re-Entry Workover X Oil SWD SIOW Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well into as follows: Operator: Original Comp. Date: Original Total Depth: Completion Date or Recompletion Date or Recompletion Date or Recompletion Date or Recompletion Date INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wisk 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 a TICKETS MUST BE ATTACHED. Submit CP-4 form with all beingoard with and the statherer are complete and correct to the best of my knowledge. Signature: Appl 1 Appl		
Lease Name: Town 0il Company, Inc. Lease Name: Van Horn Well #: 6		(circle one) NE SE NW ŚW
Wellsite Geologist: Designate Type of Completion: X New Well Re-Entry Workover X Oil SWD SIOW. Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well Info as follows: Operator: Despening Re-perf. Conv. to Enhr./SWD Plug Back Total Depth: Cormingled Docket No. Dual Completion Docket No. Dual Completion Docket No. Dual Completion Date Total Depth: 762 ' Plug Back Total Depth: Multiple Stage Cementing Colar Used?	·	Lease Name: Van Horn Well #: 6
Welsite Geologist: Designate Type of Completion: X New Well Re-Entry Workover X Oil SWD SIOW Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well Info as follows: Operator: Designate Type of Completion: Well Name: Original Comp. Date: Original Total Depth: Original Comp. Date: Original Comp. Date: Original Comp. Date: Original Comp. Date: Original Completion Docket No. Dual Completion Docket No. T-19-10 7-23-10 Spud Date or Recompletion Date INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Will 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 1) 107 or confidentiality in excess of 12 months). One copy of all writerine logs and geologist well report shall be attached with this form. ALL CEMENT TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. INSTRUCTIONS: An original and correct to the best of my knowledge. Signature: Append: Append: Description: Workover/Re-Entry Workover Total Depth: 762 Plug Back Total Depth: Total Depth: 762 Plug Back Total Depth: Amount of Surface Eye Set and Cemented at 21 Muttiple Stage Cementing Collar Used? If yes, show depth set. If Alternate II completion, cement circulated from 21 TS O feet depth to Surface Pipe Set and Cemented at 21 Muttiple Stage Cementing Collar Used? If yes stow depth set. If Amount of Surface Pipe Set and Cemented at 21 Muttiple Stage Cementing Collar Used? If yes, show depth set. If Amount of Surface Pipe Set and Cemented at 21 Muttiple Stage Cementing Collar Used? If yes stow depth set. If Amount of Surface Pipe Set and Cemented at 21 Muttiple Stage Cementing Collar Used? If yes, show depth set. If Amount of Surface Pipe Set and Cemented at 21 Muttiple Stage Cementing Collar Used? If yes for depth set. Amo		Field Name: Paola-Rantoul
Designate Type of Completion: X New Well		Producing Formation: Bartlesville
Total Depth: 762 Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at 21 Multiple Stage Cementing Collar Used? Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at 21 Multiple Stage Cementing Collar Used? Plug Back Total Depth: If Yes, show depth set If Workover/Re-entry: Old Well Info as follows: If Alternate II completion, cement circulated from 21 75 0 Get depth to Surface W		Elevation: Ground: Kelly Bushing:
Amount of Surface Pipe Set and Cemented at 21 Gas	·	Total Depth: 762 Plug Back Total Depth:
Multiple Stage Cementing Collar Used? Yes	· · · · · · · · · · · · · · · · · · ·	Amount of Surface Pipe Set and Cemented at Feet
If Yes, show depth set		
If Workover/Re-entry: Old Well Info as follows: Operator:		If yes, show depth set Feet
Surface W 3 O Surface W 3 O Surface		If Alternate II completion, cement circulated from 21 750
Well Name:Original Comp. Date:Original Total Depth:		feet depth to surface w/ 3/06 sx cmt.
Original Comp. Date: Original Total Depth: (Data must be collected from the Reserve Pit) Deepening Re-perf. Conv. to Enhr./SWD Plug Back Plug Back Total Depth Commingled Docket No. Dual Completion Docket No. Other (SWD or Enhr.?) Docket No. T-19-10 7-23-10 8-12-10 Spud Date or Recompletion Date Recompletion Date INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wick 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 a lnformation 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 of 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 CEMEN 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 stather in are complete and correct to the best of my knowledge. Signature: Recompletion Date in the Reserve Pit) Chloride content 1500-3000 ppm Fluid volume 80 Dewatering method used on 1ease Location of fluid disposal if hauled offsite: Operator Name: Lease		
Deepening Re-perf. Conv. to Enhr./SWD Plug Back Plug Back Total Depth Commingled Docket No. Dual Completion Docket No. Other (SWD or Enhr.?) Docket No. Tother (SWD or Enhr.?) Docket No. Date Reached TD Completion Date or Recompletion Date INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wick 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 a lnformation 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 of 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 CEMENT TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. KCC Office Use ONLY Letter of Confidentiality Received		
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Dual Completion Docket No. Other (SWD or Enhr.?) Docket No. 7-19-10 7-23-10 Spud Date or Recompletion Date Date Reached TD Completion Date Completion Date County: Docket No.: County: Docket No.: Lease Name: License No.: 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, With 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 a 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 of 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 CEMENT 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 stat herein are complete and correct to the best of my knowledge. Signature: Agent Docket No.: County: Lease Name:		• • • • • • • • • • • • • • • • • • • •
Operator Name: T-19-10 T-23-10 Spud Date or Recompletion Date INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wick 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 a Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with this form. ALL CEMENT TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Agent Operator Name: Lease Name: Lease Name: Lease Name: Lounty: Sec. Twp. S. R. Estimated County: Docket No.: Docket No.: Pleast County: Docket No.: Docket No.: Sec. Twp. S. R. Estimated County: Docket No.: Docket No.: Docket No.: East County: Docket No.: Docket No.: Docket No.: Docket No.: Docket No.: Lease Name: Lounty: Docket No.: Docket No.: Fleat Fleat Docket No.: Docket No.: Fleat Docket No.: Docket No.: Fleat Docket No.: Dock		
Lease Name: License No.: County: Date Reached TD Date Reached TD Completion Date or Recompletion Date County: Docket No.: East		
Recompletion Date County:		· ·
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Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. The 825-700, 0.25 to the third form 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 of 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 CEMENT 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 state herein are complete and correct to the best of my knowledge. Signature: Agent Agent Letter of Confidentiality Received	Recompletion Date Recompletion Date	County: Docket No.:
Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. The 825-700, 0.25 to the third form 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 of 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 CEMENT 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 state herein are complete and correct to the best of my knowledge. Signature: Agent Agent Letter of Confidentiality Received		
Signature: Sept. S-12-10 Letter of Confidentiality Received	Kansas 67202, within 120 days of the spud date, recompletion, worked Information of side two of this form will be held confidential for a period of 107 for confidentiality in excess of 12 months). One copy of all wireline logs TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells	12 months if requested in writing and submitted with the form (see rule 82-3-s and geologist well report shall be attached with this form. ALL CEMENTING s. Submit CP-111 form with all temporarily abandoned wells.
Signature: Releta Jaion KCC Office Use ONLY Letter of Confidentiality Received	All requirements of the statutes, rules and regulations promulgated to regul	late the oil and gas industry have been fully complied with and the statement
Signature: Xalura Salura S-/2-/0 Letter of Confidentiality Received	herein are complete and correct to the best of my knowledge.	
	Signature: Raherta Jacon	KCC Office Use ONLY
IIIe	Title: Agent Date: 8-/2-/0	Letter of Confidentiality Received
10th One of If Denied, Yes Date:	10th Dunet	/ If Denied, Yes Date:
Subscribed and sworn to before me this / day of	Subscribed and sworn to before me this 10	Wireline Log Received
Geologist Report Received	20//	Geologist Report Received
Notary Public: acquilips (Nell)	Notary Public: acquility (1868)	UIC Distribution
TARY PUBLIC - State of Kansas &	TARREST 19-12-13	L #170-100 - 20/00/10

Operator Name: Sec13	Cown 0il (S. R. 20		Inc.	Lease County	Name:	Van H Frank	orn lin	. Well #:6		
NSTRUCTIONS: Sho ested, time tool open emperature, fluid reco Electric Wireline Logs	and closed, flow very, and flow ra	ring and shut ites if gas to	-in pressures, surface test, a	whether shalong with fi	nut-in pres	sure reached	static level, hydros	static pressure	es, bottom h	ole
Orill Stern Tests Taken (Attach Additional S		_ Y	es 🖾 No		[X]Lo	g Format	tion (Top), Depth ar	nd Datum	San	nple
Samples Sent to Geole	ogical Survey	Y	es 🗓 No	•	Name		1	Тор	Dat	นท
Cores Taken Electric Log Run (Submit Copy)	· · ·					÷ •				
ist All E. Logs Run:						(S)	EE ATTACHED	COPY)	,	
							<u>.</u>		·	
· ·		Repo	CASING	RECORD	New		ction, etc.			
Purpose of String	Size Hole Drilled		e Casing I (In O.D.)	Weig		Setting Depth	Type of Cement	# Sacks Used	Type and Addi	
surface	9	6				21	Portland	3sx		
completion	5 5/8"		<mark>" upset</mark> 0 Rd			750	Portland	106sx	50/50	Poz M
	<u> </u>			CEMENTI	NG / SOU	EZE RECOR	<u> </u>	<u>.</u>	l	
Purpose:	Depth Top Bottom	Туре	of Cement	#Sacks		TELE HEOOT		ercent Additives	· · · · · · · · · · · · · · · · · · ·	-
Protect Casing Plug Back TD Plug Off Zone				·		:				
Shots Per Foot	PERFOR Spec	ATION RECOF	RD - Bridge Plu Each Interval Pe	gs Set/Type erforated			acture, Shot, Cement Amount and Kind of Ma		rd	Depth
4	722-728	(25 sho	ts)							
			· · · · · · · · · · · · · · · · · · ·							
				······································		:)				
TUBING RECORD	Size	Set At		Packer A	At -	Liner Run				
Date of First, Resumerd	Production, SWD		Producing Me		·		Yes No	· · · · · · · · · · · · · · · · · · ·		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Flowing Wate			ft Ot Gas-Oil Ratio	her (Explain)	Gravity
Disposition of Gas	METHOD C	F COMPLETION	ON .	- 		Production In	terval			· · · · · · · · · · · · · · · · · · ·
Vented Sold		se	Open Hole	_	f. 🔲 D	ually Comp.	Commingled _	······································		

TOWN OIL COMPANY, INC.

"Drilling and Production"

16205 W 287th Street Paola, Kansas 66071 Fax# 913-294-4823

PHONE: 913-557-5482

913-294-2125

WELL: Van Horn #6

LEASE OWNER: Town Oil Company, Inc.

WELL LOG

Thickness of Strata	Formation		Total Depth
0-20	soil/clay	4	20
25	lime		45
8	shale		53
10	1ime		63
3	shale		66
17	lime		83
9	shale	RECEIVED	92
14	sandy shale		106
17	sand	AUG 2 3 2010	123
17	lime		140
23	sand	KCC WICHITA	163
56	shale	NCC WICHITA	219
24	1ime		243
22	shale		265
6	lime		271
16	shale		287
5 -	sand		292
· 20	shale		312
8	lime		320
20	shale		340
25	lime		365
7	shale/slate	•	372
25	lime		397
4	shale/slate		401
3	lime		404
4	shale/slate		408
5	lime		413
4	shale		417
4	lime shells	•	421
39	shale		460
9	sand		469
53	sandy shale		522
1	lime	•	523
11	sandy lime		534
8	shale	•	542
2	lime		544
19	shale	,	563
11	dk shale	•	574
7	lime		581
6	shale		. 587
4	lime		591
4	shale	•	595

TOWN OIL COMPANY, INC.

"Drilling and Production"

16205 W 287th Street Paola, Kansas 66071 Fax# 913-294-4823

PHONE: 913-557-5482

913-294-2125

WELL: Van Horn #6

LEASE OWNER: Town Oil Company, Inc.

WELL LOG (CON'T)

Thickness of Strata	Formation		Total Depth
3	lime		630
8	shale		638
3	lime		641
15	shale		656
1	lime		657
5	shale		662
3	lime		665
9	shale		674
6	sand		680
4	sandy shale	RECEIVED	684
3	sand		687
2	sandy lime	AUG 2 3 2010	689
23	sandy shale		712
1	lime	KCC WICHITA	713
7	shale	NOC WICHTA	720
1	lime		721
6	sand		727
35	sandy shale	· ·	762 TD



REMIT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346

MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 FAX 620/431-0012

INVOICE

Invoice #

235535

Invoice Date:

07/29/2010

Terms: 0/30, n/30

Page

TOWN OIL COMPANY 16205 W. 287 STREET PAOLA KS 66071 (785) 294-2125

VAN HORN 6 26895 13-16-20 FR 07/23/2010 KS

Part 1124 1118E 4402	Number	Description 50/50 POZ CEMENT MIX PREMIUM GEL / BENTONITE 2 1/2" RUBBER PLUG	Qty 104.00 400.00 1.00	Unit Price 9.8400 .2000 23.0000	Total 1023.36 80.00 23.00	
368 368 368 548	Description CEMENT PUMP EQUIPMENT MILE CASING FOOTAGE MIN. BULK DELI	,	Hours 1.00 12.00 750.00 1.00	Unit Price 925.00 3.65 .00 315.00	Total 925.00 43.80 .00 315.00	

RECEIVED AUG 2 3 2010 **KCC WICHITA**

Labor: Sublt: 	.00	Freight: Misc: Supplies:	.00	Tax: Total: Change:	87.85 2498.01 .00	AR	2498.01
Signed		-======:	=======	=======================================	=======================================	:=====: ite	

BARTLESVILLE, OK 918/338-0808

ELDORADO, KS 316/322-7022

EUREKA, KS

GILLETTE, WY 307/686-4914 McALESTER, OK 918/426-7667

Ottawa, Ks 785/242-4044

THAYER, Ks 620/839-5269

WORLAND, WY 307/347-4577



TICKET NUMBER	26895
LOCATION Ody	awy 101
FOREMAN TO	, / -

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

	or 800-467-8676		CEMEN	TV			
DATE	CUSTOMER#	WELL NAME 8	NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-23-10	7823	Van Hun	n #6	17	16	20	FR
CUSTOMER	Tours.	AI					
MAILING ADDRE	SS	001		TRUCK#	DRIVER	TRUCK#	DRIVER
,	205 W.	287 54		389	Jin ar	হব	
CITY		STATE ZIP COD		368	1Con Har	- 1	
Park	a	KS 660	-1 .	548	Tim Was	Wh.	
JOB TYPE /	n45-1014			2/2-			,,,
	750 p. 145		HOLE DEPTI TUBING	H_/6Z	CASING SIZE & W		F" 10/20
SLURRY WEIGH	•	SLURRY VOL				OTHER	
DISPLACEMENT		DISPLACEMENT PSI	WATER gal/s MIX PSI	SK	CEMENT LEFT in	CASING	·
	111	corculation		20	RATE	011	1 /
Mix an		10654 5%				A /	hole.
coment	Pump	25" rubber		total a		Dump KI	eur of
Gment		face. Price	we well	10-10-10		casing	Circularia
£			2-20-0-1	49-78-000	132 00	eu neld	ShupUtle
					R	ECEIVED -	
					Al	JG 2 3 2010	<u>-</u>
					———Al	JU K 3 2010	
ACCOUNT					KC	C WICHIT	A
ACCOUNT CODE	QUANITY of	r UNITS	DESCRIPTION of	SERVICES or PRO		UNIT PRICE	TOTAL
5401	One	PUMP CH	IARGE Cemi				02001
5406	12	MILEAGE	Eump 7				4380
5407M	mi		Ik Ton 1	10 1		<u> </u>	7150
5402	750		P	16/hy e			3/3 -
		Cut	the toorac	1	1/.		11/2
		- Can	TOMER 31	upphed L	Vater		M/C
							
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1124	104.	C/ 50/2	o Por Mi	ii /			1100 36
		/3	0 100 1111	x cemes	1		1023 35
111813	400	HE Pres	ni um bal			:	8000
		7767	THE COLUMN			<u> </u>	807
4402	Dne	25	Lubber	Physica			2200
			7	149			-7.5
			4 . /-				
		Wot	1 235 5	33			
				- · · · · · · · · · · · · · · · · · · ·			
·- 0707						SALES TAX	85.
vin 3737	١					ESTIMATED	2498,01
UTHORIZTION	11/5	Journ	-	er A			24106
- I HORIZ HON_	mmon	1 Cours	_ TITLE	141 N	D	ATE	

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.