

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL Form ACO-1
October 2008

Form Must Be Typed

6/08/11

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: Joe Smith
Phone: (620) 275-2963

CONTRACTOR: License # 31548
Name: Discovery Drilling Co., Inc.
Wellsite Geologist: Jason Alm
Purchaser: NCRA

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ S1OW _____
_____ Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Gathodig, 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.: _____
3-10-09 3-16-09 5-1-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 083-21,597-0000
Spot Description: _____
_____ NW NW SW Sec. 25 Twp. 22 S. R. 24 East West
2300 Feet from North / South Line of Section
335 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: HODGEMAN
Lease Name: SOREM Well #: 1-25
Field Name: WILDCAT

Producing Formation: MISSISSIPPIAN
Elevation: Ground: 2384' Kelly Bushing: 2392'
Total Depth: 4700' Plug Back Total Depth: 4672'
Amount of Surface Pipe Set and Cemented at: 210' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1584 Feet
If Alternate II completion, cement circulated from: 1584'
feet depth to: SURFACE w/ 125 sx cmt.

Drilling Fluid Management Plan AGINS 7-8-05
(Data must be collected from the Reserve Pit)
Chloride content: 14,000 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: [Signature]
Title: COMPLIANCE COORDINATOR Date: 6-2-09
Subscribed and sworn to before me this 2nd day of June
20 09
Notary Public: [Signature]
Date Commission Expires: _____

KCC Office Use ONLY

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

NOTARY PUBLIC State of Kansas
MARY L. WATTS
My Appt. Exp. 8-7-2010

Operator Name: American Warrior, Inc. Lease Name: SOREM Well #: 1-25
 Sec. 25 Twp. 22 S. R. 24 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: Dual Receiver Cement Bond Log; Gamma-Neutron CCL 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1609</td> <td>+784</td> </tr> <tr> <td>Heebner</td> <td>3917</td> <td>-1524</td> </tr> <tr> <td>Lansing</td> <td>3971</td> <td>-1578</td> </tr> <tr> <td>BKC</td> <td>4356</td> <td>-1963</td> </tr> <tr> <td>Ft. Scott</td> <td>4512</td> <td>-2119</td> </tr> <tr> <td>Cherokee</td> <td>4538</td> <td>-2145</td> </tr> <tr> <td>Mississippian</td> <td>4614</td> <td>-2221</td> </tr> </table>	Name	Top	Datum	Anhydrite	1609	+784	Heebner	3917	-1524	Lansing	3971	-1578	BKC	4356	-1963	Ft. Scott	4512	-2119	Cherokee	4538	-2145	Mississippian	4614	-2221
Name	Top	Datum																							
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Mississippian	4614	-2221																							

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#	210'	Common	160	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	15.5#	4696'	EA/2	175	

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	4623' to 4625'	RECEIVED JUN 05 2009 KCC WICHITA	SAME

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>4669'</u> Packer At: <u>NONE</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>5-25-09</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>N/A</u> Gas Mcf <u>N/A</u> Water Bbls. <u>N/A</u> Gas-Oil Ratio Gravity

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

Attn: Nancy
 3 pages total

TICKET No 15395

Let me know if you need anything else!

PAGE 1 OF 1

WELL/PROJECT NO. <u>125</u>	LEASE <u>SORTON</u>	COUNTY/PARISH <u>HODGEMAN</u>	STATE <u>KS</u>	CITY	DATE <u>03-26-09</u>	OWNER
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME NO.	SHIPPED VA C.Z.	DELIVERED TO <u>22, W. Ws. Jermaks</u>	ORDER NO.	
WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>CRIT: PORT COLLAR</u>		WELL PERMIT NO.	WELL LOCATION	

FERRAL LOCATION: _____
 INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE 4/12	30	mi			5	00	150	00
576		1			Pump SERVICE	1	EA			1100	00	1100	00
090		1			D-AIR	1	GM			35	00	35	00
330		2			SMD CNT	125	SH			14	20	1750	00
276	KCC WICHITA JUN 05 2009 RECEIVED	2			FLUCCS	44	LB			1	50	66	00
531		2			SERVICE CHARGE	175	SH			1	50	262	50
533		2			DAMAGE	262	11	Tm		1	00	262	11

COMMERCIAL
 JUN 05 2009
 11:50 AM

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.

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

SIGNED: JOE SMITH
 TIME SIGNED: 03-26-09
 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	3625	61
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				TOTAL	3745	00

Hodgeman TAX 6.45% 119 39

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

WELL OPERATOR: D. W. B. U.
 APPROVAL: _____

Thank You!

P.1
 1-785-798-2384
 Kendra Mays
 Jun 02 09 03:36P

JOB LOG

SWIFT Services, Inc.

DATE: 03-26-09 PAGE NO: 1

CUSTOMER: AMERICAN WARRIOR WELL NO: 1-25 LEASE: S DREM JOB TYPE: CMT: RAY COLLAR TICKET NO: 15325

CHART NO.	TIME	RATE (GPM)	VOLUME (GAL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							DN LOCATION CMT: 125 SAND 1/4" FLUXE 2 7/8" 1/4" RAY COLLAR @ 1578
	1230			✓	✓	1000	1000	PSI TEST OPEN PC
	1235	3.0	3.0	✓		200		INTEGRATE, GOOD BLOW
		4.0	0	✓		300		START MIXING CMT @ 11.2" H ₂ O
		4.0	9.0	✓		400		" TO CELL HEAD
		2.5	45.0	✓		300		SLOW RATE DOWN, WATER/WATER
		2.5	58.0	✓		300		CIRC CMT TO PIT! MIX @ 14"
		2.5	64.0	✓		300		END
		3.5	0	✓		400		START @ 14"
	1255	3.5	8.5	✓		400		END CLOSE P.C. JUN 05 2009
	1300			✓	✓	1000	1000	PSI TEST RUN IN 4 JOINTS
	1305	3.0	0	✓		200		REV. OUT
			8.0	✓		200		1ST FLAG
			12.0	✓		150		2ND FLAG
	1343		20.0	✓		150		ALL CLEAN
								WASHUP TOTAL CMT 125 SSKS SSKS TO PIT!
	1345							JOB COMPLETE THANK YOU! JACK JAMES SCOTT KCC WICHITA

RECEIVED
JUN 05 2009

Invoice



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



DATE	INVOICE #
3/26/2009	15395

BILL TO
American Warrior, Inc. #2447 P O Box 399 Garden City, KS 67846

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-25	Sorem	Hodgeman		Oil	Development	Cement Port Collar	Dave
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				30	Miles	5.00	150.00
576D-D	Pump Charge - Port Collar				1	Job	1,100.00	1,100.00
290	D-Air				1	Gallon(s)	35.00	35.00T
330	Swift Multi-Density Standard (MIDCON II)				125	Sacks	14.00	1,750.00T
276	Flocele				44	Lb(s)	1.50	66.00T
581D	Service Charge Cement				175	Sacks	1.50	262.50
583D	Drayage				262.11	Ton Miles	1.00	262.11
	Subtotal							3,625.61
	Sales Tax Hodgeman County						6.45%	119.39
We Appreciate Your Business!							Total	\$3,745.00

CONFIDENTIAL
JUN 04 2009
KCC

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JUN 05 2009
KCC WICHITA



CHARGE TO:
American Warrick Inc
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 15723

PAGE 1 OF 2

SERVICE LOCATIONS 1. Ness City, KS	WELL/PROJECT NO. 1-25	LEASE SOREM	COUNTY/PARISH HOBGEMAN	STATE KS	CITY	DATE 3-16-09	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR DISCOVERY DRILLING "3"	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOUNTOWN	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LONGSTRING	WELL PERMIT NO.	WELL LOCATION JETMORE, KS - 2N, 1W, 1/2S, E		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE "110	30	MI			5.00	150.00
578		1			PUMP CHARGE	1	JOB	4697	FT	14.00	1400.00
221		1			LIQUID KCL	2	GAL			25.00	50.00
281		1			MUDFISH	500	GAL			1.00	500.00
402		1			CENTRALIZERS	7	EA	5 1/2"		55.00	385.00
403		1			CEMENT BASKETS	1	EA			180.00	180.00
404		1			PORT COLLAR TOPJT "75	1	EA	1584	FT	1900.00	1900.00
406		1			LATCH DOWN PLUG - RAFFLE	1	EA			225.00	225.00
407		1			INSERT FLOAT SHOE W/AUTO FILL	1	EA			275.00	275.00

RECEIVED
 JUN 05 2009
 KCC WICHITA

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 **3-16-09** TIME SIGNED **2:30** 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	5065.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3772.76
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
Wade Wilson

APPROVAL

Thank You!



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

TICKET CONTINUATION

TICKET No. 15723

CUSTOMER AMERICAN WARRIOR INC
WELL SOREM 1-25
DATE 3-16-09
PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT			DF	WT	UM			
325		1			STANDARD CEMENT EA-2	175	SKS			11.00	1925.00
276		1			FLOCELE	44	LBS			1.50	66.00
283		1			SALT	900	LBS			.15	135.00
284		1			CN SEAL	8	SKS	800	LBS	30.00	240.00
292		1			HAUD - 322	123	LBS			6.50	799.50
290		1			D-ATR	2	GAL			35.00	70.00
581		1			SERVICE CHARGE						
583		1			PACKAGE CHARGE						
						TOTAL WEIGHT		LOADED MILES			
						18317		30			
						CUBIC FEET		TON MILES			
						175		274.76			

RECEIVED
JUN 05 2009
KCC WICHITA

JUN 5 2009

CONTINUATION TOTAL 3772.76

JOB LOG

SWIFT Services, Inc.

DATE 3-16-09 PAGE NO. 7

CUSTOMER American Wellco Inc WELL NO. 1-25 LEASE SOREM JOB TYPE 5 1/2" LONGSTRENG TICKET NO. 15723

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2130							ON LOCATION
	2130							START 5 1/2" CASING IN WELL
								TD-4700 SET = 4697
								TD-4697 5 1/2" 14
								SS-26
								CENTRALIZERS-1,3,5,7,9,11,14
								CMT BSRS - 75
								PORT COLLAR = 1584 TOP JT # 75
	2305							DROP BALL - CIRCUIT
	2330	6	12		✓		500	PUMP 500 GAL MUD FLUSH
	2332	6	20		✓		500	PUMP 20 RBIS KCL-FLUSH
	2340		7.5					PLUG RH - MH 30 SRS - 20 SRS
	2345	5	30		✓		350	MAX CEMENT 125 SRS EA-2
	2352							WASH OUT PUMP - LINES
	2353							RELEASE LATCH DOWN PLUG
	2355	7	0		✓			DISPLACE PLUG
	0010	6 1/2	114				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	0012						OK	RELEASE PSE - HELD
								WASH TRUCK
	0100							JOB COMPLETE
								THANK YOU WAYNE, BRETT, DAVE

RECEIVED
JUN 05 2009
KCC WICHITA

ALLIED CEMENTING CO., LLC. 036235

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

SERVICE POINT: Mass City, KS

DATE <u>3-10-09</u>	SEC. <u>25</u>	TWP. <u>22S</u>	RANGE <u>24W</u>	CALLED OUT	ON LOCATION <u>4:00 pm</u>	JOB START <u>7:00</u>	JOB FINISH <u>7:30</u>
LEASE <u>Soren</u>	WELL# <u>1-25</u>	LOCATION <u>Just north 2 n. 1w. 1/2S</u>	HODGKINSON		COUNTY <u>Hodgkinson</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>E/into</u>				

CONTRACTOR Discovery #3
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" T.D. 221'
 CASING SIZE 8 5/8 DEPTH 210'
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 221'
 TOOL DEPTH
 PRES. MAX 200# MINIMUM _____
 MEAS. LINE SHOE JOINT 20'
 CEMENT LEFT IN CSG. 20'
 PERFS.
 DISPLACEMENT FW 12.74666

OWNER American Warrior
 CEMENT
 AMOUNT ORDERED 160 sx common 3% gel

EQUIPMENT
 JUN 27 2009
 PUMP TRUCK CEMENTER Randy Pappas
 # 181 HELPER Joe
 BULK TRUCK
 # 344-170 DRIVER Jack
 BULK TRUCK
 # DRIVER

COMMON <u>160 sx</u>	@ <u>13.65</u>	<u>2184.00</u>
POZMIX	@	
GEL <u>3</u>	@ <u>20.40</u>	<u>61.20</u>
CHLORIDE <u>5</u>	@ <u>57.15</u>	<u>285.75</u>
ASC	@	
HANDLING <u>168</u>	@ <u>2.25</u>	<u>378.00</u>
MILEAGE <u>27/168/1.10</u>		<u>453.60</u>
TOTAL		<u>3,362.55</u>

REMARKS:

On location safety meeting Rig up
Pipe on bottom broke circulation with rig
Pumped 5 bbl FW ahead mixed cement
then sledge D washed up Displaced
with FW
Shutdown shut in
Rig down
Cement did circulate

SERVICE

DEPTH OF JOB <u>210</u>	
PUMP TRUCK CHARGE <u>1</u>	<u>999.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>27</u>	@ <u>7.00</u> <u>189.00</u>
MANIFOLD	@
	@
	@
TOTAL <u>1188.00</u>	

CHARGE TO: American Warrior
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		

Thank You!

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 X GALEN GASCHLER
 SIGNATURE X Galen Gaschler

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS