

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

10/8/11

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 # 5029
Name: DUKE DRILLING CO., INC
Wellsite Geologist: Jason Alm
Purchaser: NCRA

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.: _____
7-17-09 7-24-09 8-21-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 083-21,602-0000
Spot Description: _____
NE NE SW SW Sec. 23 Twp. 21 S. R. 25 East West
1140 Feet from North / South Line of Section
1240 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: HODGEMAN
Lease Name: CURE Well #: 1-23
Field Name: WILDCAT
Producing Formation: MISSISSIPPIAN
Elevation: Ground: 2443' Kelly Bushing: 2454'
Total Depth: 4690' Plug Back Total Depth: 4589'
Amount of Surface Pipe Set and Cemented at: 223 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1667 Feet
If Alternate II completion, cement circulated from: 1667
feet depth to: SURFACE w/ 160 sx cmt

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 14,000 ppm Fluid volume: 240 bbls
Dewatering method used: EVAPORATED
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: _____
Title: COMPLIANCE COORDINATOR Date: 10-3-09 10-8-09
Subscribed and sworn to before me this 8th day of October
20 09.
Notary Public: Caitlin Bimey
Date Commission Expires: 09/10/2013

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes No Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
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KANSAS CORPORATION COMMISSION
OCT 13 2009
CONSERVATION DIVISION
WICHITA, KS

Caitlin Bimey
Notary Public - State of Kansas
My Appt. Expires 09/10/2013

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Operator Name: American Warrior, Inc. Lease Name: CURE Well #: 1-23
 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: DUAL INDUCTION LOG; SECTOR BOND/GAMMA RAY CCL LOG; DUAL COMPENSATED POROSITY LOG; BOREHOLE COMPENSATED SONIC LOG; MICRORESISTIVITY LOG;	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Top Anhydrite</td> <td>1664</td> <td>+790</td> </tr> <tr> <td>B/Anhydrite</td> <td>1702</td> <td>+752</td> </tr> <tr> <td>HEEBNER</td> <td>3854</td> <td>-1400</td> </tr> <tr> <td>LANSING</td> <td>3902</td> <td>-1448</td> </tr> <tr> <td>BKC</td> <td>4278</td> <td>-1824</td> </tr> <tr> <td>PAWNEE</td> <td>4387</td> <td>-1932</td> </tr> <tr> <td>MISS</td> <td>4592</td> <td>-2138</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1664	+790	B/Anhydrite	1702	+752	HEEBNER	3854	-1400	LANSING	3902	-1448	BKC	4278	-1824	PAWNEE	4387	-1932	MISS	4592	-2138
Name	Top	Datum																							
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BKC	4278	-1824																							
PAWNEE	4387	-1932																							
MISS	4592	-2138																							

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#	223'	Common	160	3%cc, 2%Gel
PRODUCTION	7-7/8"	5-1/2"	15.5#	4589'	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 <i>(Amount and Kind of Material Used)</i>	Depth
4	4554 TO 4558	500 GAL, 15% MCA, 2BPM VAC	SAME

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WICHITA, KS

TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>4586'</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>9-3-09</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

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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Date: 10-8-09

Kansas Corporation Commission
Finney State Office Building
130 S. Market, Room 2078
Wichita, Kansas 67202-3802

RE: Well Cure 1-23

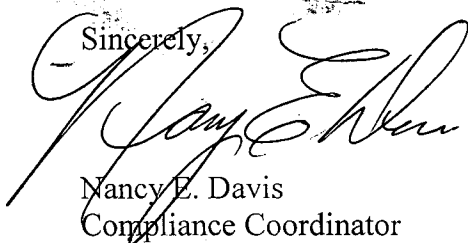
API#: 015-083-21602

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Dear Corporation Commission,

American Warrior, Inc. request that you please hold the enclosed information confidential for as long as the law allows.

Sincerely,



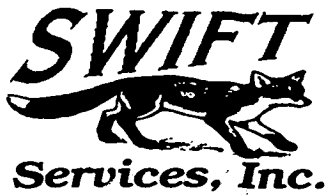
Nancy E. Davis
Compliance Coordinator

NED

Enclosure

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D18
CONSERVATION DIVISION
WICHITA, KS

American Warrior, Inc.
P.O. Box 399 • Garden City, Kansas 67846 • (620) 275-9231



CHARGE TO:
AMERICAN WARRIOR INC
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 16349

PAGE 1 OF 2

SERVICE LOCATIONS 1. Ness City, KS	WELL/PROJECT NO. 1-23	LEASE CURE	COUNTY/PARISH HONGEMAN	STATE Ks	CITY	DATE 7-24-09	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR DUKE DRIS. #5	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LONGSTRONG	WELL PERMIT NO.	WELL LOCATION Ness City, KS - S/Col, 1s, 8w, 2 1/2s		
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 #110	30	ME		5.00	150.00
578		1			PUMP CHARGE	1	JOB	4590	1400.00	1400.00
221		1			LIQUID KCL	2	GAL		25.00	50.00
281		1			MUDFLUSH	500	GAL		1.00	500.00
402		1			CENTRALIZERS	9	EA	5 1/2"	55.00	495.00
403		1			CEMENT BASKETS	3	EA		180.00	540.00
404		1			PORT COUPL TOP JT # 67 67	1	EA	1658	1900.00	1900.00
406		1			LATCH DOWN PLUG - BAFFLE	1	EA		225.00	225.00
407		1			INSERT FLOAT SHOE w/AUTO FILL	1	EA		275.00	275.00
419					ROTATING HEAD RENTAL	1	JOB		150.00	150.00

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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

DATE SIGNED: **7-24-09** TIME SIGNED: **2200** 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	5685.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#2	3785.79
WE UNDERSTOOD AND MET YOUR NEEDS?				subtotal	9470.79
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	476.24
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Hodgeman @ 4.5%	
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	9947.03
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					



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

TICKET CONTINUATION

TICKET No. **16349**

CUSTOMER AMERICAN WARRIOR INC	WELL CURE 1-23	DATE 7-24-09	PAGE 2	OF 2
-----------------------------------------	--------------------------	------------------------	------------------	----------------

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE	AMOUNT		
		LOC	ACCT	DF			QTY.	UM				
325		1				STANDARD COMBT 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				CALSEAL	800	LBS	8.00	240.00		
292		1				HAUD-322	125	LBS	6.50	812.50		
290		1				D-ADD	2	GAL	35.00	70.00		
						KCC OCT 08 2009 CONFIDENTIAL						
						RECEIVED KANSAS CORPORATION COMMISSION OCT 13 2009 CONSERVATION DIVISION MANICHTIA, KS						
581		1				SERVICE CHARGE	CUBIC FEET		175	1.50	262.50	
583		1				MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES	274.79	1.00	274.79
							18319	30				

CONTINUATION TOTAL **3785.79**

JOB LOG

SWIFT Services, Inc.

DATE 7-24-09 PAGE NO. 1

CUSTOMER American Woodmark Inc. WELL NO. 1-23 LEASE CURE JOB TYPE 5 1/2" LONGSTRING TICKET NO. 16349

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2200							ON LOCATION
	2300							START 5 1/2" CASING IN WELL
								TD - 4590 SET = 4588
								TP - 4590 4592 5 1/2" # 15.5
								ST - 16' 44'
								CENTRALIZERS - 1, 2, 3, 4, 5, 6, 7, 8 , 9 66, 68
								CMT BSKTS - 2, 7, 8 67
								PORT COURSE = 1653' 1658' TOP = 67 67
	0110							DROPPBALL - CALCULATE ROTATE
	0155	6	12			✓	400	PUMP 500 GAL MUD FLUSH
	0157	6	20			✓	400	PUMP 20 BBL KCL-FLUSH
	0205		7-5					PLUG RH - MH (30SKS - 20SKS)
	0215	4	30			✓	250	MIX CEMENT 125SKS EA-2 @ 15.5 PPG
	0225							WASH OUT PUMP - LINES
	0227							RELEASE CATCH DOWN PLUG
	0230	7	0			✓		DISPLACE PLUG
		7	XXX 98				800	SHOT OFF ROTATING
	0245	6 1/2	XXX 108.2				1500	PLUG DOWN - PSE UP CATCH IN PLUG
	0247						OK	RELEASE PSE - HELD
								WASH TRUCK
	0400							JOB COMPLETE

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WICHITA, KS

THANK YOU
WAVE, DUSTY, LAWE



CHARGE TO: AMERICAN WARRIOR LLC
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET
 No 16555

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Ness City, Ks
 2. _____
 3. _____
 4. _____

WELL/PROJECT NO. 1-23
 LEASE CURE
 COUNTY/PARISH HODGEMAN
 STATE Ks
 CITY _____
 DATE 8-3-09
 OWNER SAME

TICKET TYPE SERVICE SALES
 CONTRACTOR Co Tools
 RIG NAME/NO. _____
 SHIPPED VIA CT
 DELIVERED TO LOCATION
 ORDER NO. _____

WELL TYPE OIL
 WELL CATEGORY DEVELOPMENT
 JOB PURPOSE CEMENT PORT COLLAR
 WELL PERMIT NO. _____
 WELL LOCATION NW/JEMORE, Ks

REFERRAL LOCATION _____
 INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 114	30		ME		5.00	150.00
576D		1			PUMP CHARGE	1		CTOB	1657 FT	1100.00	1100.00
105		1			PORT COLLAR OPENING TOOL	1		CTOB		300.00	300.00
330		1			SWIFT MULTI-DEISEY STANDS	140		SWS		14.00	1960.00
276		1			FLOOSE	44		LBS		1.50	66.00
290		1			D-ADR	2		GAL		35.00	70.00
581		1			SERVICE CHARGE CEMENT	175		SWS		1.50	262.50
583		1			DRAYAGE	17384		LBS	260.76/TM	1.00	260.76

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 CONSERVATION DIVISION
 WICHITA, KS
 OCT 13 2009

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 8-3-09 TIME SIGNED 1030 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	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				4169	26
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	4323.80

Hodgeman TAX 6.45% 154.54

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

SWIFT OPERATOR WAVE WILSON APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8-3-09 PAGE NO. 1

CUSTOMER AMERICAN WARRIOR TX WELL NO. 1-23 LEASE CURE JOB TYPE CEMENT PORT COLLAR TICKET NO. 16555

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR = 1657'
								KCC OCT 08 2009 CONFIDENTIAL
	1105				✓		1000	PSI TEST CASING - HELD
	1110	3 1/2	2	✓		400		OPEN PORT COLLAR - ZWT RATE
	1115	4 1/2	78	✓		450		MAX CEMENT 140 SKS SMD 1/4 #/SK FLOCELE
	1135	4 1/2	5 1/2	✓		600		DISPLACE CEMENT
	1140			✓		1000		CLOSE PORT COLLAR - PSI TEST - HELD
								CIRCULATED 20 SKS CEMENT TO PRT
	1150	4	25	✓		500		RUN 4 JTS - CIRCULATE CLEAN
								WASH TRUCK
	1230							JOB COMPLETE
								THANK YOU WAKE, BRETT, DAVE K., JASON F.
								RECEIVED KANSAS CORPORATION COMMISSION OCT 13 2009 CONSERVATION DIVISION WICHITA, KS

ALLIED CEMENTING CO., LLC. 044104

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

SERVICE POINT:

Oakley, Ks

DATE <u>7/17/09</u>	SEC <u>23</u>	TWP <u>21S</u>	RANGE <u>25W</u>	ON LOCATION <u>8:30am</u>	JOB START <u>8:30</u>	JOB FINISH <u>9:00pm</u>
LEASE <u>Cure</u>	WELL # <u>1-23</u>	LOCATION <u>Detmore 8W Rd 210 8 1/2 W</u>	COUNTY <u>Hodgeman</u>		STATE <u>Ks</u>	
OLD OR NEW (Circle one)			<u>Eo Sinto</u>			

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CONTRACTOR Duke
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 227'
 CASING SIZE 8 7/8 DEPTH 221'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13.0

OWNER Sam
 CEMENT
 AMOUNT ORDERED 160 Com 3070CC 290 yd

EQUIPMENT

PUMP TRUCK # <u>421</u>	CEMENTER <u>Alan - Wayne</u>
BULK TRUCK # <u>410</u>	HELPER <u>Walt</u>
BULK TRUCK # _____	DRIVER <u>Craig - Russell</u>
BULK TRUCK # _____	DRIVER _____

COMMON <u>160</u>	@ <u>1365</u>	<u>2184.00</u>
POZMIX _____	@ _____	_____
GEL <u>3</u>	@ <u>20.40</u>	<u>61.20</u>
CHLORIDE <u>6</u>	@ <u>57.15</u>	<u>342.90</u>
ASC _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>169</u>	@ <u>2.10</u>	<u>354.90</u>
MILEAGE <u>109.52/mile</u>	@ _____	<u>676.00</u>
TOTAL		<u>3619.00</u>

REMARKS:

Cement did Cure

Truckers Alan, Wayne, Walt, Craig

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

SERVICE

DEPTH OF JOB <u>221'</u>	
PUMP TRUCK CHARGE	<u>999.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>70 miles</u>	@ <u>2.00</u> <u>280.00</u>
MANIFOLD <u>1 Head</u>	@ <u>111.00</u>
_____	@ _____
_____	@ _____
TOTAL	<u>1390</u>

PLUG & FLOAT EQUIPMENT

<u>8 7/8 wooden plug</u>	@ <u>67.20</u>
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL	<u>67.20</u>

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 Kenneth McGuire

SIGNATURE Kenneth McGuire

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

RECEIVED