

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 175-21,388 - ⁰⁰⁰⁰

County SEWARD

ORIGINAL

SE - SE - SE Sec. 34 Twp. 33S Rge. 34 X W

CONFIDENTIAL

Operator: License # 4549

330 Feet from (S)X (circle one) Line of Section

Name: ANADARKO PETROLEUM CORPORATION

330 Feet from (E)X (circle one) Line of Section

Address P. O. BOX 351

Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)

City/State/Zip LIBERAL, KANSAS 67905-0351

Lease Name MALIN "A" Well # 3

Purchaser: TO BE DETERMINED

Field Name ADAMSON

Operator Contact Person: J. L. ASHTON

Producing Formation CHESTER

Phone (316) 624-6253

Elevation: Ground 2922.1 KB 2934

Contractor: Name: NORSEMEN DRILLING, INC.

Total Depth 6665 PBDT 6606

License: 3779

Amount of Surface Pipe Set and Cemented at 1660 Feet

Wellsite Geologist: NA

Multiple Stage Cementing Collar Used? Yes X No

Designate Type of Completion
X New Well Re-Entry Workover

If yes, show depth set Feet

 Oil SWD SLOW Temp. Abd.
 Gas ENHR X SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

If Workover:

Drilling Fluid Management Plan ALT 1 JH 1-12-95
(Data must be collected from the Reserve Pit)

Operator:

Chloride content 73,166 ppm Fluid volume 5000 bbls

Well Name: RELEASED

Dewatering method used NATURAL EVAPORATION

Comp. Date Old Total Depth

Location of fluid disposal if hauled offsite:

 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

Operator Name:

Lease Name License No.

4/7/94 4/16/94 5/18/94
Spud Date Date Reached TD Completion Date

 Quarter Sec. Twp. S Rng. E/W

County CONFIDENTIAL Docket No.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 Leslie I. Barnes

Title SR. TECHNICAL ASSISTANT Date 8/10/94

Subscribed and sworn to before me this 11th day of August, 19 94.

Notary Public Kathryn A. Rowley

Date Commission Expires 8-1-96

K.C.C. OFFICE USE ONLY			
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached	
C	<input checked="" type="checkbox"/>	Wireline Log Received	
C	<input type="checkbox"/>	Geologist Report Received	
Distribution			
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other (Specify)

 KATHRYN A. ROWLEY
Notary Public - State of Kansas
My Appt. Expires 8-1-96

Form ACO-1 (7-91)
RECEIVED
KANSAS CORPORATION COMMISSION

AUG 12 1994

CONSERVATION DIV.
WICHITA, KS

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name MALIN "A" Well # 3
 Sec. 34 Twp. 33S Rge. 34 East West County SEWARD

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No (Attach Additional Sheets.) Log Formation (Top), Depth and Datums Sample Name Top Datum

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No (Submit Copy.)

SEE ATTACHMENT

KCC 8/7
 List All E.Logs Run: **COMPENSATED NEUTRON MINI BOREHOLE COMPENSATED ACOUSTIC CALIPER DUAL INDUCTION**
ENHANCED DECONVOLUTION INDUCTION

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	24	1660	50/50 POZ/COM	600/200	4% GEL, 2%CC, 1/4# FLOCELE / 2%CC
PRODUCTION	7 7/8	5 1/2	15.5	6664	65/35, POZ/THXST	50/205	1/4# SX FLOCELE / 1/4#SX FLOC, 5%KCL

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
2	6313 - 6318	ACIDIZE IN 2' INTERVALS W/150 GALS 15% HCL ACID/FT TOTAL ACID = 750 GALS 6313-18
		FRAC W/21,360 GALS 35# FRACGEL CROSSLINKED 2% KCL WTR AND 42,500# 20/40 SD, FLUSH W/900 GALS 2% KCL WTR 6313-18

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	6291		
Date of First, Resumed Production, SWD or Inj. SI WO PRODUCTION EQUIPMENT, WO PIPELINE	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil -- Bbls.	Gas 1250 Mcf	Water 36 BF (5 80) Bbls.	Gas-Oil Ratio -- Gravity --

Disposition of Gas: **METHOD OF COMPLETION** Vented Sold Used on Lease (If vented, submit ACO-18.) **Production Interval** Open Hole Perf. Dually Comp. Commingled 6313 - 6318 Other (Specify) _____

NOIS

WELL DATA

FIELD _____ SEC 34 TWP 33S RNG 34W COUNTY Seward STATE KS

FORMATION NAME _____ TYPE _____
FORMATION THICKNESS _____ FROM _____ TO _____
INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____
PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____
COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
PACKER TYPE _____ SET AT _____
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	15.5	5.5	KB	6463	
LINE PIPE	S	24	8.75	-	1660	
TUBING						
OPEN HOLE			7 7/8	1660	6665	SHOTS/FT.
PERFORATIONS						
PERFORATIONS					ORIGINAL	
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 4/17/94	DATE 4/17/94	DATE 4/17/94	DATE
TIME 1300	TIME 1500	TIME	TIME

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR INSERT	1	H
FLOAT SHOE FILL ASSY	1	H
GUIDE SHOE ACC	1	O
CENTRALIZERS 3-4	24	
BOTTOM PLUG		W
TOP PLUG 5 WT	1	
HEAD		C
PACKER		
OTHER		O

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
M Yankee 63435	P/U 33242	Liberal
T Bloodfoot 4604	52947	"
M Howe F 7343	50866	Hugoton
	25508	

DEPARTMENT CEMENT
DESCRIPTION OF JOB 5.5 15.5% long string

AUG 11
CONFIDENTIAL

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API
DISPL. FLUID _____ DENSITY _____ LB/GAL. API
PROP. TYPE _____ SIZE _____ LB.
PROP. TYPE _____ SIZE _____ LB.
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
SURFACTANT TYPE _____ GAL. _____ IN
NE AGENT TYPE _____ GAL. _____ IN
FLUID LOSS ADD. TYPE _____ GAL. LB. _____
GELLING AGENT TYPE _____ GAL. LB. _____
FRIC. RED. AGENT TYPE _____ GAL. LB. _____
BREAKER TYPE _____ GAL. LB. _____
BLOCKING AGENT TYPE _____ GAL. LB. _____
PERFPAC BALLS TYPE _____
OTHER _____
OTHER _____

RELEASED
OCT 2 6 1995
FROM CONFIDENTIAL

DEPARTMENT CEMENT
DESCRIPTION OF JOB 5.5 15.5% long string

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE X John Sherry
HALLIBURTON OPERATOR Mark Yankee

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU. FT./SK.	MIXED LBS./GAL.
1	50	HLC	H		1/4* FLOCEL	1.83	10
2	205	THINSET	H		1/4* FLOCEL 5% KCL	1.43	14.5

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESUSH: BBL. 40 KCL 2/0 TYPE _____
BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. 158
AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. 30 MUD FLUSH DISPL: BBL.-GAL. 158
SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY: BBL. 16 + 52 = 68
HYDRAULIC HORSEPOWER _____ RECEIVED 128 + 158 = 286
TOTAL VOLUME BBL. 286

KANSAS CORPORATION COMMISSION REMARKS

ORDERED _____ AVAILABLE _____ USED _____
AVERAGE RATES IN BPM _____
HEATING _____ DISPL _____ OVERALL _____
CEMENT LEFT IN PIPE _____
REASON Stop Joint

AUG 12 1994

FIELD OFFICE

CONSERVATION DIVISION WICHITA, KS

CUSTOMER ANNA ARKO LEASE MAJIN WELL NO. A 31 JOB TYPE 5 1/2 15 5 LONG STRING DATE 4/17/94

PLEASE CALL TO THE EXTENSION 315



HALLIBURTON ENERGY SERVICES

FORM 1906 R-13

CHARGE TO: ANADARKO Petroleum
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

COPY

TICKET

No.

677144 - 6

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Liberal 25570</u>	WELL/PROJECT NO. <u>A-3</u>	LEASE <u>MAIN</u>	COUNTY/PARISH <u>Seward Co</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>4/17/99</u>	OWNER <u>SAME</u>
2. <u>HUGOTON 25535</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>NORSEMAN</u>	RIG NAME/NO. <u>= 1</u>	SHIPPED VIA <u>BLK</u>	DELIVERED TO <u>Location</u>	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	<u>01</u>	<u>01</u>	<u>035</u>		<u>LIBERAL SN 4 W</u>		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117					MILEAGE	26	mi			25	71.50
001-016					Pump Charge	6665	ft				2000.00
12A	825-205				Reg Guide Sho	1	EA	5/8			121.00
24A	815-19251				INSERT FLOAT	1	EA	5/2			110.00
27	815-19311				FILL Assy	1	EA	5/8			46.50
40	806-60022				Centralizers	24	EA	5/4		44.00	1056.00
018-315					Mud Flush	1260	FL			65	819.00
218-738					CLAY-FIX II	40	EA			24.00	96.00
030-016					TOP plug 5 W	1	CA				60.00

ORIGINAL
 RELEASED
 AUG 12 1994
 RECEIVED
 KANSAS CORPORATION COMMISSION
 CONFIDENTIAL
 CONSERVATION DIVISION
 WICHITA, KS

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.

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

TYPE LOCK	DEPTH	SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL 4430.00
BEAN SIZE	SPACERS	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>			
TYPE OF EQUALIZING SUB.	CASING PRESSURE	WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>			
		OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>			
CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <u>X [Signature]</u>	TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	<input checked="" type="checkbox"/>	FROM CONTINUATION PAGE(S) 4797.39
DATE SIGNED <u>4/17/99</u>	TIME SIGNED	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 9227.39
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection).		<input type="checkbox"/> Not offered		<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.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) <u>John Halliburton</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X [Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>Mark A. [Signature]</u>	EMP # <u>6-3735</u>	HALLIBURTON APPROVAL
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CEMENTING SERVICE REPORT

Schlumberger

WF

TREATMENT NUMBER: 05-12-6084
 DATE: 4-8-94
 STAGE: DS DISTRICT: WYCCAS, KS

DOWELL SCHLUMBERGER INCORPORATED

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. **MALIN A-3** LOCATION (LEGAL) **Sec 34-33c-34w** RIG NAME: **Norseman Drilling # 1**

FIELD-POOL **Chuck** FORMATION **SP** WELL DATA: BIT SIZE **2 1/4** CSG/Liner Size **8 1/2** BOT TOM TOP

COUNTY/PARISH **SEWARD** STATE **Ks** APL. NO. TOTAL DEPTH **1675** WEIGHT **24**

NAME **ANADARKO Petroleum Corp.** MUD TYPE **SSS** GRADE **Red** FOOTAGE **1675** ORIGINAL

AND **CONFIDENTIAL** MUD DENSITY **43** LESS FOOTAGE SHOE JOINT(S) **43** MUD VISC. **104** Disp. Capacity **104**

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

ADDRESS **CONFIDENTIAL** ZIP CODE **CONFIDENTIAL**

SPECIAL INSTRUCTIONS **RELEASED**

OCT 26 1995

IS CASING/TUBING SECURED? YES NO **CONFIDENTIAL**

LIFT PRESSURE **608** PSI CASING WEIGHT = SURFACE AREA (3.14 x R²)

PRESSURE LIMIT **1210** PSI BUMP PLUG TO **1210** PSI

ROTATE RPM RECIPROCATATE FT No. of Centralizers

Head & Plugs TBG D.P. SQUEEZE JOB

Double Single Swage Knockoff NEW USED

SIZE WEIGHT GRADE THREAD DEPTH

TAIL PIPE: SIZE DEPTH

TUBING VOLUME Bbls

CASING VOL. BELOW TOOL Bbls

TOTAL Bbls

ANNUAL VOLUME Bbls

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME	DATE
0001 to 2400											
0058	0	20			7	8-94	7	H2O			
0102	180	152			7	8-94	7	CMF	176		
0122	270	134			7	8-94	7	CMF	126		
0125	230	42			7	8-94	7	CMF	156		
0128	310	20			7	8-94	7	CMF	156		
0131	0										
0132	0	104			7	8-94	7	H2O			
0135	110	20			7	8-94	7	H2O			
0138	160	40			7	8-94	7				
0141	340	60			7	8-94	7				
0144	560	80			7	8-94	7				
0145	670	90			7	8-94	7				
0146	720	95			2	8-94	2				
0148	600	100			2	8-94	2				
0149	1210	104			2	8-94	2				
0150											

REMARKS: blood psi of check float holding and job

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS	SLURRY MIXED	
				BBLs	DENSITY
1.	100	143	SO H 30p02 + 4% gal + 2% carls + 77029	152.8	13.0
2.					
3.	200	118	class H + 2% carls	42	15.0
4.					
5.					
6.					

BREAKDOWN FLUID TYPE: HESITATION SQ. RUNNING-SQ. CIRCULATION LOST YES NO

Cement Circulated To Surf. YES NO

BREAKDOWN: PSI FINAL PSI DISPLACEMENT VOL. **104** Bbls

Washed Thru Perfs YES NO TO FT. MEASURED DISPLACEMENT WIRELINE

PERFORATIONS TO TO CUSTOMER REPRESENTATIVE **Tom Raplan** DS SUPERVISOR **James F. ...**

DOWELL SCHLUMBERGER INCORPORATED

CUSTOMER

P.O. BOX 4378 HOUSTON, TEXAS 77210

OILFIELD SERVICES

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.

03-12-6084

DSI SERVICE LOCATION NAME AND NUMBER
Ulysses, Ks. 03-12

CUSTOMER NUMBER
CUSTOMER P.O. NUMBER

TYPE SERVICE CODE
271
BUSINESS CODES

CUSTOMER'S NAME
ANADARKO Petroleum Corp.
ADDRESS
CONFIDENTIAL ORIGINAL
CITY, STATE AND ZIP CODE

WORKOVER NEW WELL OTHER
 W N
API OR IC NUMBER

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS
ARRIVE LOCATION MO. DAY YR. TIME
4 8 94 1900

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
Jim Butler

JOB COMPLETION MO. DAY YR. TIME
4 9 94 0200

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
Jim Butler

STATE CODE COUNTY / PARISH CODE CITY
Ks. 15 Seward 175

WELL NAME AND NUMBER / JOB SITE LOCATION AND POOL / PLANT ADDRESS SHIPPED VIA
Malia A-3 Sec. 34-33s-34a 004011

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	mileage	Mi.	20	2.80	56.00
059697-000	PACK chg	EA	1	150.00	150.00
102871-020	PUMP chg	EA	1	1180.00	1180.00
049102-000	hauling	ton/mi.	364	0.94	342.16
049100-000	service chg	cu ft.	861	1.28	1102.08
040015-000	D909 class A	SK	500	7.99	3995.00
045008-000	D35 literon	SK	300	4.22	1266.00
045014-050	D20 get	lb.	2016	.16	322.56
067005-100	gach	lb.	1384	.39	539.76
044003-025	D29 cellophane Flakes	lb.	150	1.70	255.00
056702-085	Top plug	EA	1	105.00	105.00

RELEASED
OCT 26 1995

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 11
CONFIDENTIAL

FROM CONFIDENTIAL

AUG 12 1994

46053.89

CONSERVATION DIVISION
WICHITA, KS

THANKS FOR USING DOWELL

SUB TOTAL

Field esti: 9313.56

LICENSE/REIMBURSEMENT FEE

REMARKS:	STATE	% TAX ON \$	
	COUNTY	% TAX ON \$	
	CITY	% TAX ON \$	
	SIGNATURE OF DSI REPRESENTATIVE	TOTAL \$	

James Equivel