

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 04570
Name: Samedan Oil Corporation
Address Suite 1020
3817 N.W. Expressway
City/State/Zip Oklahoma City, OK 73112
Purchaser: NA
Operator Contact Person: Debbie Kerr
Phone (405) 942-8707
Contractor: Name: Jet Well Service
License: _____
Wellsite Geologist: Art Bushman
Designate Type of Completion
 New Well Re-Entry Workover

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

If Workover/Re-Entry: old well info as follows:

Operator: Imperial Oil Company
Well Name: Patton No. 2
Comp. Date 12/11/72 Old Total Depth 5900
Water Supply Well
 Deepening Re-perf. Conv. to INT/SWD
 Plug Back _____ PSTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Int?) Docket No. _____

12/23/72 12/11/72 12/11/72
Spud Date Date Reached TD Completion Date

API NO. 15- 119-201230001
County Meade
SE SW Sec. 6 Twp. 33S Rge. 29 E

677 Feet from S (circle one) Line of Section
2176 Feet from E (circle one) Line of Section

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

Lease Name Angell Unit WSW Well # 1
Field Name Angell Field

Producing Formation Shawnee
Elevation: Ground 2707 KB 2717
Total Depth 5900 PSTD 4016

Amount of Surface Pipe Set and Cemented at 1522 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cat.

Drilling Fluid Management Plan WSW 5-9-96
(Data must be collected from the Reserve Pit) RO

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____

Location of fluid disposal if hauled offsite:
1-16-96

Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ Rng. _____ E/W
County _____ Docket No. _____

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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 Debbie Kerr
Title Division Production Clerk Date 1/12/96
Subscribed and sworn to before me this 12th day of January, 1996.
Notary Public Karen Lennox
Date Commission Expires March 16, 1999

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 ICC SWD/Rep NEPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name Samedan Oil Corporation Lease Name Angell Unit WSW Well # 1
 Sec. 6 Twp. 33S Rge. 29 East West
 County Meade

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.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E.Logs Run: Attached please find cement bond log.

CASING RECORD New 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		8 5/8"		1522	50/50 Poz Common	450 200	6% gel 3% CC
Production		5 1/2	15.5	4057 Pr	Midlon II-Pr em.Premium	19.0 208	2% CC 1% CC

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
4 SPF	3515'-3620'	7700 gals 10% HCL

TUBING RECORD Size 2 7/8 Set At 3505 Packer At NA Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 12/1/95 Producing Method Flowing Pumping Gas Lift ESP Other (Explain)

Estimated Production Per 24 Hours Oil NA Bbls. Gas NA Mcf Water 2400 Bbls. Gas-Oil Ratio NA Gravity NA

Disposition of Gas: NA METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Production Interval 3515-3620

SERVICE CENTER



HALLIBURTON ORIGINAL

REMIT TO: P.O. BOX 751046 DALLAS, TX 75395-1046

INVOICE

INVOICE NO.	DATE
981456	11/12/1995

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER		
ANCEL WSW 1	PTAGE	KS	SAME		
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE		
LIBERAL	121 WELL SERVICE	WELLS PRODUCTION EASTMS	11/12/1995		
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
001059	LEE FAYMAN			COMPANY TRUCK	97448

DIRECT CORRESPONDENCE TO:

SARNOAN OIL CORP
PT. 2, BOX 2168
3400 RADIO ROAD
EL RENO, OK 73036

P.O. BOX 1598
LIBERAL, KS 67905-0000

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
508-127	CAL SEAL 40	20	SK	25.90	518.00
509-406	AMHYOROUS CALCIUM CHLORIDE	5	SK	36.75	183.75
509-949	SALT	893	LB	.15	133.95
500-107	BLK SERVICE CHARGE	467	CFT	1.35	630.45
509-304	RELEASE OHTG NAT DEL OR RETURN	1182.524	TMI	.95	1,123.40
INVOICE SUBTOTAL					16,908.59
DISCOUNT-(BID)					5,916.22-
INVOICE BID AMOUNT					10,987.37
*-KANSAS STATE SALES TAX					530.76
*-LIBERAL CITY SALES TAX					108.33
*-SEWARD COUNTY SALES TAX					108.33

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LIBERAL, KANSAS

INVOICE TOTAL - PLEASE PAY THIS AMOUNT \$11,734.79

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.

SERVICE CENTER

INVOICE



HALLIBURTON ORIGINAL

REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE NO.	DATE
881456	11/12/1998

WELL/LEASE NO./PROJECT	WELL/PROJECT/LOCATION	STATE	OWNER		
ANGEL NEW 1	NEADE	KS	AME		
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE		
LIBERAL	JET WELL SERVICE	CEMENT PRODUCTION CASING	11/12/1998		
ACCT NO.	CUSTOMER/AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
001059	LFE FARMAN			COMPANY TRUCK	99448

DIRECT CORRESPONDENCE TO:

SANEDAN OIL CORP
RT. 2, BOX 2188
3400 MAGID ROAD
EL RENO, OK 73036

P.O. BOX 1598
LIBERAL, KS 67905-0000

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	70 MI		2.85	199.50
		1 UNT			
000-119	MILEAGE FOR CREW	70 MI		1.50	105.00
		1 UNT			
011-205	MISCELLANEOUS PUMPING JOBS	2100 PSI		1,320.00	1,320.00
		1 UNT			
011-213	MISCELLANEOUS PUMP JOBS-ADD HRS	2100 PSI		260.00	1,040.00
		4 HR			
		1 UNT			
001-016	CEMENTING CASING	4019 FT		1,670.00	1,670.00
		1 UNT			
001-018	CEMENTING CASING - ADD HRS	4 HR		235.00	940.00
		1 UNT			
12A	GUIDE SHOE - 5 1/2" BRD THD.	1 EA		121.00	121.00
	825.205				
9A	FLOAT COLLAR-SSII-5-1/2 BRD	1 EA		253.00	253.00
	886.07100				
030-016	CEMENTING PLUG 5/8 ALUM TOP	5 1/2 IN		60.00	60.00
		1 EA			
50	CENTRALIZR-TURBO-5-1/2 X 8-1/2	16 EA		75.00	1,200.00
	006 60122				
66	CLAMP-LIMIT-5-1/2 HINGED	1 EA		11.00	11.00
	806.72030				
350	HALLIBURTON WELD-A	1 EA		16.75	16.75
	090.10802				
504-043	CEMENT - PREMIUM			11.55	2,402.40
504-202	MIDCON-2 PREMIUM PLUS CEMENT			16.39	3,114.10
507-210	PLUGCELE			1.65	242.55
507-970	D-AIR 1. POWDER			3.23	159.23
507-775	HALAD-322			7.00	1,092.00
507-984	WD-17 PER POUND			11.80	236.00
508-002	POTASSIUM CHLORIDE			.27	131.49

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JAN 7 6 1998

***** CONTINUED ON NEXT PAGE *****

FORM HAL-1900-F TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.





CHARGE TO
SAMEDAN

ADDRESS

CITY, STATE, ZIP CODE

ORIGINAL

TICKET

No. 881456 - 4

PAGE 1 OF 2

HAL-1906-N

SERVICE LOCATIONS 1. 25540	WELL/PROJECT NO. #1	LEASE ANGEL WSW	COUNTY/PARISH MEADE	STATE KS	CITY/OFFSHORE LOCATION PLAINS	DATE 11-12-95	OWNER
2. 25535	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR Jet Well Service	RIG NAME/NO.	SHIPPED VIA HES	DELIVERED TO wellsite	ORDER NO.
3.	WELL TYPE 02	WELL CATEGORY 02	JOB PURPOSE 035	WELL PERMIT NO.	WELL LOCATION LAND		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		EA	U/M	EA	U/M	
000-117	ORIGINA	1			MILEAGE	EA	mi	70	285	199.50
000-119		1			CREW mileags	EA	mi	70	1.50	105.00
011-205		1			Misc. pump chg.	4	hrs	200		1320.00
011-213		1			Additional pump time	EA	hrs	4	260.00	1040.00
001-016		1			Pump Chg.	6	hrs	4019		1670.00
001-018		1			Additional time	EA	hrs	4	235.00	940.00
12A	825.205	1			Guide Shoe	1	EA	5 1/2 in		121.00
4A	836.07100	1			SSTL Flat Collar	1	EA	5 1/2 in		253.00
030-016					Top plug	1	EA	5 1/2 in		60.00
50	806.60122	1			CENTRALIZER Fluidmaster	16	EA	5 1/2 in	75.00	1200.00
66	806.72030	1			FASGRIP	1	EA	5 1/2 in		11.00
350	890.10802	1			Howco weld	1	EA	116		16.75

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 *Ree Turner*

DATE SIGNED _____ TIME SIGNED _____

A.M.
 P.M.

SUB SURFACE SAFETY VALVE WAS
 PULLED & RETURN PULLED RUN

TYPE LOCK _____ DEPTH _____

BEAN SIZE _____ SPACERS _____

TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____

TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____

TREE CONNECTION _____ TYPE VALVE _____

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?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	6936.25
FROM CONTINUATION PAGE(S)	9967.34
	16902.59
SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	10,987.37

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) <i>Ree Turner</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>X Ree Turner</i>	HALLIBURTON OPERATOR/ENGINEER <i>Tom Payer</i>	EMP # 48120	HALLIBURTON APPROVAL <i>Orville Nicholas 35%</i>
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WELL DATA

FIELD _____ SEC. _____ TWP. _____ RNG. _____ COUNTY *MEADE* 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	<i>N</i>	<i>15.5</i>	<i>5 1/2</i>	<i>KB</i>	<i>4019</i>	
LINER					<i>4064</i>	
TUBING						
OPEN HOLE			<i>ORIGINAL</i>			SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>11-11-95</i>	DATE <i>11-11-95</i>	DATE <i>11-12-95</i>	DATE <i>11-12-95</i>
TIME <i>1645</i>	TIME <i>1800</i>	TIME <i>2315</i>	TIME <i>1722</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>T. Poyer #48120</i>	<i>420044 / pickup</i>	<i>Liberal, ks</i>
<i>R. Martinez #C2731</i>	<i>76900 / TC-4 Apr</i>	<i>" "</i>
<i>J. Wilson #D7442</i>	<i>15811 / Bulk</i>	<i>Hugoton, ks</i>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <i>SST 5/2</i>	<i>1</i>	<i>Hawco</i>
FLOAT SHOE <i>SST "</i>	<i>1</i>	
GUIDE SHOE		
CENTRALIZERS <i>FM</i>	<i>16</i>	
BOTTOM PLUG		
TOP PLUG <i>SW</i>	<i>1</i>	
HEAD <i>(M.E) PC</i>	<i>1</i>	
OTHER <i>Frag in weld</i>	<i>1</i>	

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. _____ IN.

GELLING AGENT TYPE _____ GAL.-LB. _____ IN.

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN.

BREAKER TYPE _____ GAL.-LB. _____ IN.

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT *CEMENT*

DESCRIPTION OF JOB *Circ. c-mud, set long string*

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE *X [Signature]*

HALLIBURTON OPERATOR *Tom Poyer* COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<i>990</i>	<i>Mdcon P.t.</i>		<i>B</i>	<i>2% CC, 1/2% Flo., 5% salt</i>	<i>3.37</i>	<i>11.1</i>
	<i>208</i>	<i>PRM.</i>		<i>B</i>	<i>10% ER-2, 1% CC, 25% D-Ais, 1/4% Flo., 1% FWCA, 2% HALAL-322, 5% KCl</i>	<i>1.33</i>	<i>15.6</i>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL. (BBL.-GAL.) *94.5*

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY (BBL.-GAL.) *114 + 27.8*

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ REMARKS *M.S.D.S. @ customer*

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET *45.10* REASON *Shoe Joint*

CUSTOMER *Samedan* LEASE *Angel - WSW* WELL NO. *41* JOB TYPE *OS* DATE *11-12-95*

JOB LOG HAL-2013-C

CUSTOMER: Sampedan WELL NO.: #1 LEASE: Angel Dr. 245W JOB TYPE: 035 TICKET NO.: 881456

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1645							Called-out — Ready now @ circulate iron
	1800							On Location — cutting thru bridge
	2000							Release from loc. — Left truck
	2315							Back on loc. — Rig up to mud
#1	0006	0-3	20	✓		0/500	↑	Pump mud pill
	0013	3-4 1/2		✓				Pump mud
	0113	4 1/2		✓		500/1000	↑	Pump mud pill
	0117	4 1/2		✓		1000		Pump mud
	0229	4-0	700					Shot down.
	0252	0-8		✓		0/2000	↑	Pump mud
#2	0443	8-4	20	✓		2000/1000	↑	Pump mud pill
	0447	4-8	20	✓		1000/2000	↑	Pump mud
	0600	8-0	585	✓		2100/0	↓	Shut down — Trip out of hole
#3	1040							Run csq — Total of 89 JTs — 5 1/2 ¹⁵⁵ @ 4019'
	1105	0-2 1/2	15	✓		0/50	↑	Pump mud
	1109							Run csq.
	1258	0-5	20	✓		0/200	↑	Pump mud
	1308							Run csq.
	1339	0-5	60	✓		0/200	↑	Pump mud
	1348							Run csq. — On bottom — Rig-up
	1439	0-4		✓		0/250	↑	Pump mud
	1633	4-0	460			200/0	↓	Shut down — Safety meeting
	1634							Rig-up truck
#4	1644	0-6 1/2	114	✓		0/350	↑	Pump lead @ 190 sts
	1702	6 1/2	49	✓		250		Pump tail out @ 208
	1709	6 1/2-0				400/0	↓	Shut down — wash-up — prop plug
	1712	0-6	95.6	✓		0/450	↑	Pump Displ. — Brine water
	1726	6-2 1/2		✓		450/300	↓	Reduce Rate — 88 bbls in
	1730	2 1/2-0		✓		400/1300	↑	Plug Down — 98 bbls in
	1732			✓		1300/0	↓	Release press. — float "held"
	1900							Back-up
								Thank you!
								Tom + Rene, + crew
								Pump time: 11.46
								Loc. time: 21 hrs, 45 mins 21.45