

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:  
 Yes  No

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., 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       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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 cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input 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

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*  
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*  
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Fastrak Energy, LLC
Well Name	Compton 6
Doc ID	1256259

All Electric Logs Run

Composite
Phased Induction
Compensated Neutron
Micro



## Summary of Changes

Lease Name and Number: Compton 6

API/Permit #: 15-099-24698-00-00

Doc ID: 1256259

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	06/25/2015	07/08/2015
Date of First or Resumed Production or SWD or Enhr Liner Run?		07/06/2015
		No
Perf_Material_2	14280# sand,	14280# sand, 25,000 H2O
Producing Method Pumping	No	Yes
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1250285">../..kcc/detail/operatorEditDetail.cfm?docID=1250285</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1256259">../..kcc/detail/operatorEditDetail.cfm?docID=1256259</a>

Company # 27654  
FASTRACK ENERGY LLC  
Cherryvale, KS

B. T. Lorenz  
KCC# 33286  
620-330-8443

508 21500 RD  
Cherryvale, KS  
67335

Lease: Compton                      API: 015-099-24698                      spud date 4/7/2015                      1700  
Well # 6                                  GPS: long                                      SURF Bit: 12.25"  
County: LB                                lat    set depth 20'  
Well TD: 816                                SURF Dia. 8.685"  
Hole Dia: 6.75"                                sacks 5

Depth:	Material:	Formation:	Depth:	Mat:	Form:
0	9 dirt				
9	11 lime				
11	13 clay				
13	14 blk shale				
14	28 lime				
28	52 shale				
52	60 sand				
60	145 shale				
145	173 lime				
173	180 shale				
180	183 blk shale				
183	214 shale				
214	220 sand	sl od			
220	230 sand	oil			
230	241 shale				
241	268 lime	oswego			
268	273 blk shale				
273	293 lime				
293	296 shale				
296	299 lime				
299	312 sand	no odor			
312	378 sandy shale				
378	381 lime				
381	425 sandy shale				
425	471 shale				
471	472 coal				
472	498 shale				
498	510 sand	oil			
510	623 sandy shale				
623	632 sand				
632	670 sand	oil/soft wh			
670	673 sandy shale				
673	678 sand				
678	792 sandy shale				
792	793 coal				
793	806 shale				
806	810 lime	ft od/ pit drop			
810	816 lime	gas			

*Updated to KCC  
4-20-15*









Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1250285  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

**CONFIDENTIAL** WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., 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       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27     NAD83     WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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 cmt.

**Drilling Fluid Management Plan**

*(Data must be collected from the Reserve Pit)*

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that 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.

Submitted Electronically

**KCC Office Use ONLY**

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

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Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
--	---

CASING RECORD <input 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

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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Fastrak Energy, LLC
Well Name	Compton 6
Doc ID	1250285

All Electric Logs Run

Composite
Phased Induction
Compensated Neutron
Micro

Form	ACO1 - Well Completion
Operator	Fastrak Energy, LLC
Well Name	Compton 6
Doc ID	1250285

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	40 shots 620-635	400 gal 15% HCL,	620-635
		14280# sand,	



Company # 27654  
FASTRACK ENERGY LLC  
Cherryvale, KS

B. T. Lorenz  
KCC# 33286  
620-330-8443

508 21500 RD  
Cherryvale, KS  
67335

Lease: Compton API: 015-099-24698 spud date 4/7/2015 1700  
Well # 6 GPS: long SURF Bit: 12.25"  
County: LB lat set depth 20'  
Well TD: 816 SURF Dia. 8.685"  
Hole Dia: 6.75" sacks 5

Depth:	Material:	Formation:	Depth:	Mat:	Form:
0	9 dirt				
9	11 lime				
11	13 clay				
13	14 blk shale				
14	28 lime				
28	52 shale				
52	60 sand				
60	145 shale				
145	173 lime				
173	180 shale				
180	183 blk shale				
183	214 shale				
214	220 sand	sl od			
220	230 sand	oil			
230	241 shale				
241	268 lime	oswego			
268	273 blk shale				
273	293 lime				
293	296 shale				
296	299 lime				
299	312 sand	no odor			
312	378 sandy shale				
378	381 lime				
381	425 sandy shale				
425	471 shale				
471	472 coal				
472	498 shale				
498	510 sand	oil			
510	623 sandy shale				
623	632 sand				
632	670 sand	oil/soft wh			
670	673 sandy shale				
673	678 sand				
678	792 sandy shale				
792	793 coal				
793	806 shale				
806	810 lime	ft od/ pit drop			
810	816 lime	gas			



CEMENT FIELD TICKET AND TREATMENT REPORT

2

Customer	FAST TRACK	State, County	Labette, Kansas	Cement Type	CLASS A
Job Type	LS	Section		Excess (%)	
Customer Acct #		TWP		Density	14
Well No.	COMPTON # 6	RGE		Water Required	7.3
Mailing Address		Formation		Yield	1.73
City & State		Tubing		Sacks of Cement	90
Zip Code		Drill Pipe		Slurry Volume	28
Contact		Casing Size	4.5"	Displacement	12.75
Email		Hole Size	6.75"	Displacement PSI	600
Cell		Casing Depth	800	MIX PSI	300
Dispatch Location	BARTLESVILLE	Hole Depth		Rate	4.5
<b>Code</b>	<b>Cement Pump Charges and Mileage</b>	<b>Quantity</b>	<b>Unit</b>	<b>Price per Unit</b>	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	800	PER FOOT	\$0.23	\$ 184.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>EQUIPMENT TOTAL</b>					<b>\$ 1,269.00</b>
<b>Cement, Chemicals and Water</b>					
1126	WC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CLORIDE 2% GE	90	0	\$19.75	\$ 1,777.50
1118B	PREMIUM GELBENTONITE (50#)	200	0	\$0.22	\$ 44.00
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00
1110A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1111	GRANULATED SALT (50#) SELL BY #	600	0	\$0.39	\$ 234.00
1111A	METASILICATE (GILLETTE& BARTLESVILLE)(50#)	50	0	\$2.10	\$ 105.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.02	\$ 94.46
1123	CITY WATER (PER 1000 GAL)	5460	Per Gal		
<b>Chemical Total</b>					<b>\$ 2,615.96</b>
<b>Cement Water Transports</b>					
5501C	WATER TRANSPORT (CEMENT)	3	ATER TRANSPORT (CEME	\$120.00	\$ 360.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Transports Total</b>					<b>\$ 360.00</b>
<b>Cement Floating Equipment (TAXABLE)</b>					
<b>Cement Basket</b>					
0			0	\$0.00	\$ -
<b>Centralizer</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Float Shoe</b>					
0			0	\$0.00	\$ -
<b>Float Collars</b>					
0			0	\$0.00	\$ -
<b>Guide Shoes</b>					
0			0	\$0.00	\$ -
<b>Baffle and Flapper Plates</b>					
0			0	\$0.00	\$ -
<b>Packer Shoes</b>					
0			0	\$0.00	\$ -
<b>DV Tools</b>					
0			0	\$0.00	\$ -
<b>Ball Valves, Swedges, Clamps, Misc.</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Plugs and Ball Sealers</b>					
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
<b>Downhole Tools</b>					
0			0	\$0.00	\$ -
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 47.25</b>
<b>SUB TOTAL</b>					<b>\$ 4,292.21</b>
<b>7.40% SALES TAX</b>					<b>\$ 197.08</b>
<b>TOTAL</b>					<b>\$ 4,489.29</b>

TRUCK#	DRIVER NAME
674	DONNIE TATE
700 T133	CASEY
564	ELI
H20 EXPRESS	STEVE PO # 132183

AUTHORIZATION \_\_\_\_\_  
DATE \_\_\_\_\_

TITLE Donnie Tate  
FOREMAN

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.

