CORRECTION #1

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

Yes No

1309347

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

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

OPERATOR: License #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R East _ West			
Address 2:	Feet from North / South Line of Section			
City:	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:				
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:			
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:			
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:			
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls			
Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:				
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West			
Recompletion Date Recompletion Date	Countv: 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 Approved by: Date:



1309347 CORRECTION #1

Operator Name:			Lease Name:			Well #:		
Sec Twp	S. R	East West	County:					
<b>INSTRUCTIONS:</b> 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.								
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Taker (Attach Additional S		Yes No			on (Top), Depth an		Sample	
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Nam	9		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		0.0000						
		CASING Report all strings set-o	RECORD Ne onductor, surface, inte		ion, 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	
Durmaga	Depth		CEMENTING / SQU	EEZE RECORD				
Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydrou	ulia fracturing tractment or	a this well?		Yes	No (If No, ski	n quantiana 2 an	(d 2)	
	ulic fracturing treatment or otal base fluid of the hydra	aulic fracturing treatment ex	ceed 350,000 gallons?	= =	= ' '	p questions 2 an p question 3)	u 3)	
Was the hydraulic fractur	ring treatment information	submitted to the chemical o	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		N RECORD - Bridge Plug			cture, Shot, Cement			
	Specify Fo	ootage of Each Interval Perf	orated	(Ai	mount and Kind of Ma	terial Used)	Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		l	
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil B		Mcf Wate			as-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS:		METHOD OF COMPLE	TION:		PRODUCTIO	DN INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Cor	nmingled	1110000110	TO THE LANGE.	
	bmit ACO-18.)	Other (Specify)	(Submit A	ACO-5) (Sub	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Hart, Nick and Connie
Well Name	Hart IW-5
Doc ID	1309347

## Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	9	7	10	22	Portland	9	50/50 POZ
Production	5.6250	2.8750	8	734	Portland	90	50/50 POZ

## **Summary of Changes**

Lease Name and Number: Hart IW-5 API/Permit #: 15-121-31030-00-00

Doc ID: 1309347

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	08/07/2015	06/15/2016
Perf_Depth_1		12
Perf_Material_1		2" DML RTG
Perf_Record_1		669-681
Perf_Shots_1		4
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 60048	//kcc/detail/operatorE ditDetail.cfm?docID=13 09347



Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1260048

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 #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R			
Address 2:	Feet from North / South Line of Section			
City:	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
	Producing Formation:			
□ Oil         □ WSW         □ SWD         □ SIOW           □ Gas         □ D&A         □ ENHR         □ SIGW	Elevation: Ground: Kelly Bushing:			
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Demot #	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Location of fluid disposal if fladied offsite.			
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R			
Recompletion Date Recompletion Date	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:

KOLAR Document ID: 1260048

### Page Two

Operator Name:				Lease Nam	ne:			_ Well #:	
Sec Twp	S. R	_ Eas	t West	County:					
<b>INSTRUCTIONS:</b> Show open and closed, flowing and flow rates if gas to a	ng and shut-in pre	ssures, wh	ether shut-in pre	ssure reached	static I	evel, hydrostat	ic pressures, bo		
Final Radioactivity Log, files must be submitted						s must be emai	iled to kcc-well-	ogs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sh	neets)		Yes No	]	Log	g Formatio	n (Top), Depth a		Sample
Samples Sent to Geolo	gical Survey		Yes No	'	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:	Logs		Yes ☐ No Yes ☐ No Yes ☐ No						
Ü									
		Rep	CASING port all strings set-c	RECORD [	New e, interm	Used	on, etc.		
Purpose of String	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	200		ot ( 0.5.)	2501711		20011	Comon	0000	7100.11700
			ADDITIONAL	. CEMENTING /	SQUE	EZE RECORD			
Purpose:	Depth Top Bottom	Тур	e of Cement	# Sacks Used Type and Percent Additives					
Perforate Protect Casing Plug Back TD	-								
Plug Off Zone									
Did you perform a hydra	aulic fracturing treat	ment on this	well?			Yes	No (If No. s	kip questions 2 ar	nd 3)
Does the volume of the	_			t exceed 350,000	gallons	? Yes	=	kip question 3)	
3. Was the hydraulic fractu	uring treatment infor	mation subm	itted to the chemic	al disclosure regi	istry?	Yes	No (If No, f	ll out Page Three	of the ACO-1)
Date of first Production/Inj	jection or Resumed	Production/	Producing Meth	nod:	□ Ga	as Lift 0	ther <i>(Explain)</i>		
Estimated Production	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio	Gravity
Per 24 Hours									
DISPOSITION	N OF GAS:		_	METHOD OF COI	MPLETI	_		PRODUCTION Top	ON INTERVAL: Bottom
Vented Sold	Used on Leas	se L	Open Hole	_	Dually C		nmingled mit ACO-4)	ТОР	Bottom
(If vented, Subn	nit ACO-18.)						, <u> </u>		
		oration ottom	Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze ad of Material Used)	
TUBING RECORD:	Size:	Set At	:	Packer At:					

Form	ACO1 - Well Completion
Operator	Hart, Nick and Connie
Well Name	Hart IW-5
Doc ID	1260048

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	22	Portland	9	50/50 POZ
Production	5.6250	2.8750	8	734	Portland	90	50/50 POZ



Tueling American Prosperity\*\*

## Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092 Owners: Clay Hughes

Isaac Burbank

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

## Well Log

Nick & Connie Hart Hart Well #: IW-5 Sec. 5 Twp. 17 Rng. 22

Miami County

FSL: 4420 FEL: 2145 API: 15-121-31030 Start: 07/01/15 End: 07/02/15

Thickness of Strata	Formation	Total	
6	Soil & Clay	6	
12	Broken Lime	18	
13	Shale	31	
21	Lime	52	
17	Shale	69	
24	Lime	93	
15	Shale	108	
4	Sand	112	Grey, oil show
18	Shale	130	Laminated thin grey sand seems
57	Shale	187	
17	Lime	204	
7	Shale	211	
1	Lime	212	
11	Shale	223	
1	Lime	224	
9	Shale	233	
5	Lime	238	
37	Shale	275	
10	Lime	285	
1	Shale	286	
2	Lime	288	
6	Shale	294	
36	Lime	330	
11	Shale	341	
19	Lime	360	Light oil show
5	Shale	365	_
8	Lime	373	
1	Shale	374	
7	Lime	381	Base of the Kansas City / Hertha
23	Shale	404	<i>-</i> .
9	Broken Sand	413	70% grey sand, $30%$ shale, occasional light bleed, some gas

## Hart #IW-5

9	Broken Sand	422	90% shale, 10% laminated grey sand, minimal oil show, no gas		
90	Shale	512	, 0		
1	Sand	513	Grey, no show, no odor		
2	Shale	515	·		
7	Broken Sand	522	15% grey sand, 85% shale, gassy		
3	Broken Sand	525	40% brown sand, 60% shale, good bleed		
26	Shale	551			
8	Lime	559			
8	Shale	567			
2	Lime	569			
15	Shale	584			
1	Coal	585			
8	Shale	593			
4	Lime	597			
16	Shale	613			
3	Lime	616	Brown, no show		
30	Shale	646			
4	Lime	650			
16	Shale	666			
2	Silty Shale	668			
2	<b>Broken Sand</b>	670	75% brown sand, 25% shale, good bleed, gassy		
1	<b>Broken Sand</b>	671	90% brown sand, 10% shale, good bleed		
1	Limey Sand	672	50% lime, 50% brown sand, ok bleed		
1	Broken Sand	673	50% shale, 50% brown sand, ok bleed		
7	Oil Sand	680	Brown, good bleed, few very thin shale laminations		
1	Broken Sand	681	75% brown sand, 25% shale, good bleed		
1	Broken Sand	682	25% brown sand, 75% shale, light bleed		
8	Silty Shale	690	_		
32	Shale	722			
1	Lime & Shells	723			
26	Shale	749	TD		

Drilled an 11" hole to 22.4' Drilled a 5 5/8" hole to 749'

07/01/15 set 22.4' of 7" surface casing, cemented with 9 sacks of cement.

07/02/15 chip sampled upper Squirrel zone.

07/02/15 set 734' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle. Baffle set at 707'.

Best perforation zone: 669'-681' (CCH).



34812 mm

TICKET NUMBER 49707

LOCATION OH aug KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

## FIELD TICKET & TREATMENT REPORT

Sub Total 1376 - 189 22 711 20  Less 49 % - 689 22 711 20  SALES TAX 56.96  ESTIMATED TOTAL 201998	620-431-9210	or 800-467-8676	3		CEMEN	T			
CUSTONER ANT OIL CO.  MALLING ADDRESS P. O. BOX DSS CITY Paola  KS 46071  JOB TYPE FORGETYM HOLE BIZE ASSING DEPTH 72 HOLE BIZE CASSING DEPTH 72 HOLE BIZE ASSING DEPTH 72 HOLE BIZE CASSING DEPTH 72 HOLE CASSING DEP	DATE	CUSTOMER#	WE	L NAME & NUME	ER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTONER  CUSTONER  AT 10:1 Co.  MAULING ADDRESS  P.O. Box 250  CITY  Paola  KS 6607  Paul  DRILL PIPE  MOLE DEPTH  TY12  CASING DEPTH  TY12  CASING DEPTH  TY12  CASING DEPTH  TY12  CASING DEPTH  TY14  CASING DEPTH  TY15  CASING DEPTH  TY15  CASING DEPTH  TY15  CASING DEPTH  TY16  CASING DEPTH  TY16  CASING DEPTH  TY17  TY17  CASING DEPTH  TY17  CASING DEPTH  TY17  CASING DEPTH  TY17  CASING DEPTH  TY17  TY17  CASING DEPTH  TY17  CASING DEPTH  TY17  TY17  CASING DEPTH  TY17  TY		3635	Hart	# Iw.5		5	17	22	mı
MALLIN ADDRESS P. O. Box JSO CITY Paola STATE ZIP CODE CITY PAOL KS 6607  HOLE SIZE HOLE DEPTH 747 CASING SIZE A WEIGHT 27 EUE  JOB TYPE LEAGUESTY HOLE SIZE HOLE DEPTH 747 CASING SIZE A WEIGHT 27 EUE  SURRY WEIGHT SLURRY VO.  WATER GAINA DEPTH 727 CASING SIZE A WEIGHT 27 F EUE  SURRY WEIGHT SLURRY VO.  WATER GAINA CEMENT FOR MAY POST AND MICH PROPERTY OF THE MAY POST AND MICH POST AND MI	11	1 24 0							
P.O. Box 250 CITY Paola STATE ZIPCODE 495 HAV Box Box CITY Paola KS 16071  JOS TYPE LARGES AND HOLE BIZE HOLE DEPTH 777 CASING SIZE A WEIGHT 278 EUS CASING DEPTH 7840  JOS TYPE LARGES AND HOLE BIZE HOLE DEPTH 777 CASING SIZE A WEIGHT 278 EUS CASING DEPTH 7840  JOS TYPE LARGES AND MILE BIZE HOLE DEPTH 777 CASING SIZE A WEIGHT 278 EUS CASING DEPTH 7840  JOS TYPE LARGES AND MILE BIZE HOLE DEPTH 777 CASING SIZE A WEIGHT 278 EUS CASING DEPTH 7840  JOS TYPE LARGES AND MILE BIZE HOLE DEPTH 777 CASING SIZE A WEIGHT 278 EUS CASING TO THE MIX SIZE AND MIX	MAILING ADDRESS							TRUCK#	DRIVER
CITY Paola ISTATE RIPCODE ASSET RUBBY ASSET BY AND PROPERTY PAOLE SEE HOLE DEPTH 797 CASING SIZE A WEIGHT 274 EUE  CASING DEPTH 2840 DEPLACE YOU.  SLURRY WEIGHT.  SLURRY VOL.  WATER GRIPK.  SLURRY WEIGHT.  SLURRY VOL.  WATER GRIPK.  CEMENT LETT IN CASING SIZE A WEIGHT 274 PLug  SLURRY WEIGHT.  SLURRY VOL.  WATER GRIPK.  CEMENT LETT IN CASING 377 Y PLug  SUBPLACEMENT Y.II BACIDSPHACEMENT PSI  MIX PAUL TO THE AND POLY SEE ASSET AND POLY CASE  FLUS L. MIN Y PLUG TO SEE AS BLOOK TA COMMENT 276 Y PLUG  FLUS L. MIN Y PLUG TO SEE AS BLOOK TA COMMENT 276 Y PLUG  PLUG SEE ALSO TO SEE A BLOOK TA COMMENT TO THE SEE ASSET AND POLY SEE A BLOOK TO SEE A BLO	_	_	<b>-</b> -				T A . A		<b></b>
Paola KS 66971  JOB TYPE LANGESTAY HOLE BEE HOLE DEPTH 747: CASING SIZE & WEIGHT 24 EUS  JOB TYPE LANGESTAY HOLE BIZE HOLE DEPTH 747: CASING SIZE & WEIGHT 24 EUS  SURRY WEIGHT SURRY VOL WATER GAINS  SURRY WEIGHT SURRY VOL WATER GAINS  SURRY WEIGHT SURRY VOL WATER GAINS  SURRY WIGHT SURRY VOL WATER GAINS  REMARKS: He Id Safety MALLY MC. Establish pump rax. Mix p Pump rock for for following for following for following for following fo		Bex 25		IZID CODE			7		
JOB TYPE LOSG SYND HOLE SIZE HOLE DEPTH 747 CASING SIZE & WEIGHT 276 EUS CASING DEPTH 7249 DRILL PIPE BATFLE & TUBING 707 OTHER OTHER SURRY WEIGHT SURRY WILL WATER GAIVE CEMENT LET IT ASSIGN 2774 Plum COST CASING 5774 Plum COST CASING 5774 Plum COST CASING 774 Plum COST CASING 774 Plum COST CASING 774 Plum COST CASING 5774 Plum CASING 5774 Plum COST CASING 5774 Plum CASING 5774 Plum COST CASING 5774 Plum C	Δ.			1 .					<u> </u>
CASING DEPTH 7344 DRILL PIPE BATTIE X TUBING TO 707'  SUURRY VOI.  SUURRY VOI.  WATER GUIDAN  CEMENT LEFT IN CASING 27' Y Plus  DISPLACEMENT Y. II BACOBSPLACEMENT PSI  MIX PSI  REMARKS: No Id Sofe I MUX MC. Establish pump vax. Mix P Pump 100th Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 276 Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 276 Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 276 Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 276 Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 276 Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 276 Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 276 Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 276 Call  FLUSH. Mix x Plump 90th Sts. Jos Bland IA Communt 558 660 20  CEO 450 I PUMP CHARGE 495 143 20  CEO 50 I PUMP CHARGE 50 I PUMP CHARGE 50  CEO 50 I PUMP CHARGE 50 I PUMP CHARGE 50  CEO 50 I PUMP CHARGE 50 I PUMP CHARGE 50  CEO 50 I PUMP CHARGE 50 I PUMP CHARGE 50  CEO 50 I PUMP CHARGE 50 I PUMP CHARGE 50  CEO 50 I PUMP CHARGE 50 I PUMP CHARGE 50  CEO 50 I PUMP CHARGE 50 I PUMP CHARGE 50  CEO 50 I PUMP CHARGE						****		76	<u> </u>
SLURRY WEIGHT  SLURRY WEIGHT  SLURRY WEIGHT  SLURRY WEIGHT  SURRY WEIGHT  RATE 48PM  RATE 48PM  RATE 48PM  FUND 100 CAL  FLUSL MILY Y PUMP 100 CAL  RESERVE TO SUR FLUSLY MILY Y PUMP 100 CAL  FLUSL MILY Y PUMP 100 CAL  FLUSL MILY Y PUMP 100 CAL  RESERVE TO SUR FLUSLY MILY Y PUMP 100 CAL  FLUSL MILY MILY Y PUMP 100 CAL  FLUSL MILY MILY MILY MILY MILY MILY MILY MIL	<b>J</b>						CASING SIZE & V		FOF
DISPLACEMENT Y. II BOLDISPLACEMENT PSI MIX PSI  REMARKS: He Id Safe L. MILL NO. ESTABLIS H. DUMP TOX. WIX P. PUMP TOOM CAL  FLUS L. MIX Y. PUMP 700 SKS Polland TA Comman 776 CAL X. W.  FLUS L. MIX Y. PUMP 700 SKS POLLAND TO SERVICE FLUS L. MUMP T. PUMP TO SERVICE YOUR TOWNS L. L. PUMP TOWNS L.									4.51
REMARKS: Held Safety must me. Establish pump 102. Might from 100 Gal  Flush. Mix x Rung 700 SKS 102 Bland IA Commit 276 Gal 16th  Flush. Seal/SK. Comment to Surface Flush pump t mass clean.  Desplace 21th bor also to Battle to Costy. Pressure to 800 MG.  Release pressure to SM Atlant Valva. Shur in Casity.  If B Enemy  Account Code Quantity or units Description of services of Product Unit price Total  CE0450 I Pump Charge 495 1335  CE0950 I Pump Charge 495 1335  CE0071 Minimum Tom Miles Dalisary 558 665  SED Total 24536  CC5840 90583 Pos Bland IA Comment 12152  CC5840 90585 Resident Gal 7532  CC5840 90585 Resident Gal 7532  CC5840 1256 25th Resident Gal 7532  CC5840 90585 Pos Bland IA Comment 12152  CC5840 1376 1 28th Resident Gal 7532  CC5840 1376 1 28th Resident Gal 7532  CC5840 1376 1 28th Resident Gal 7532  CC5840 1565 25th Resident Gal 7532  CC5840 2565 25th Resident Gal 7532  CC5840 2565 25th Resident Gal 7532  CC5840 2565 25th Resident Gal 7532  CC5840 2567 2567 2567 2567 2567 2567 2567 2567			_		=	k			A Jaior
Flush Mix Hang 90 Sts to Bland IA Comest 276 Cal 1/2"  Plush Sealsk. Comest to Surface Flush gamp t mes clean.  Deplace 25" Rubber Aluc to Battle M Casing. Pressure to 800" PSI,  Release pressure to Six Floox Value. Shut In Casing.  ACCOUNT CODE  CEOUSD I PUMP CHARGE 193" 1500"  CEOUSD I PUMP CHARGE 193" 1500"  CEOO2 200 MILEAGE 193" 1500"  DEOBS:3 1/2 h. 80 BBL Vac. Truckl 175 1500"  Leos 1976 12012 12510  CC 5840 9058 Po Bland IA Comest 12510  CC 5879 45" Phane Sol 1075  Less 4976 12012 72510  Less 4976 1376 7170  Less 4970 6870  Plane Sol 1075  Less 4970 1376 7170  SALESTAX 56.98  BATHARTED TOTAL 201996		- HI BBC			·				<del>-</del>
Phone Sol/sk. Comest to Surface Flush pump + Imes clock.  Inspect 25" Rubber also to Battle in Casing. Pressure to 800 PG/.  Release pressure to set of load Value. Short in Casing.  It B Enemy  ACCOUNT QUANTITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL  CODE QUANTITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL  CEC450 I PUMP CHARGE 495 /520 PC CEO02 Romm MILEAGE 495 /520 PC CEO03 PC ROMM FOR MILEAGE 495 /520 PC CEO03 PC POSS POSS POSS POSS POSS POSS POSS P		old Safe		My Es			· M^x ~ Y		
Description of Services or Product  Account Code Quantity or Units Description of Services or Product Unit price Total  CE 0450 1 PUMP CHARGE 495 /520 E  CE 0450 2 Romin MILEAGE 495 /520 E  CE 0571 Minimum Ton Miles Delivery 558 660 B  NEO 853 1/2 h. 80 BBL Vac Truckl 675 /500 E  Less 49% - 12012 /251 B  CC 5840 90 585 Resident Gel 1215 E  CC 5870 90 581 E  CC 5870 90 5	flush.	Mixx					Comers		<u>/</u>
Kelease pressure to sex reflect value. Shut he casing.  If B Enemy  Account code Quantity of units Description of services of product Unit price Total CE 0450  I PUMP CHARGE 495 1520 CE 0002 20 min MILEAGE 495 143 CE 0250 CE 0002 20 min MILEAGE 495 143 CE 0250 CE 0002 20 min MILEAGE 495 155 660 CE 0002 20 MILEAGE 495 152 CE 0002 20 MILEAGE 495 120 CE 0002 20 MILEAGE 2	Pkroup.	Soul/sky			1 49 ce	Flush per	mp + live	s clean.	# 401
14 B   F. M. EMP	<u> </u>	ce 2/2"	41660				-c. Press	ure to 8	700 T/S/
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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.