CORRECTION #2

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 November 2016 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.:
Name:		Spot Description:
Address 1:		SecTwpS. R East West
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	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.xxxxxx)
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		Elevation: Ground: Kelly Bushing:
Gas GSW		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: Origina		· ·
Deepening Re-perf. Conv. to	<u>.</u>	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to	GSW Conv. to Producer	(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:
GOVV Fellill #		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 Drill Stem Tests Received						
Geologist Report / Mud Logs Received						
UIC Distribution						
ALT I II III Approved by: Date:						

Operator Name:				Lease Nan	ne:			Well #:	
Sec Twp	S. R	East	West	County:					
INSTRUCTIONS: Show open and closed, flowin and flow rates if gas to signal Radioactivity Log,	g and shut-in press surface test, along	ures, whet with final c	her shut-in pre hart(s). Attach	essure reached n extra sheet if	d static more s	level, hydrostat space is needed	ic pressures, bo I.	ottom hole tempe	erature, fluid recovery,
files must be submitted	in LAS version 2.0	or newer A	ND an image	file (TIFF or PI	DF).				
Drill Stem Tests Taken (Attach Additional Sh	eets)	Ye	s No		Lo		n (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Ye	s 🗌 No		Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / Mud L List All E. Logs Run:	.ogs	☐ Ye ☐ Ye ☐ Ye	s No						
			CACING	DECORD [	New	/ Dlland			
		Repo		RECORD conductor, surfac	Nev ce, inter	<ul> <li>Used</li> <li>mediate, production</li> </ul>	on, etc.		
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL		/ SQUE	EEZE RECORD			
Purpose:  Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type of Cement # Sacks Used Type and Percent Additives							
Plug Off Zone									
Did you perform a hydra     Does the volume of the     Was the hydraulic fractu	total base fluid of the l	nydraulic fra	cturing treatmen		•	Yes S? Yes	No (If No, s	kip questions 2 an kip question 3) Il out Page Three o	,
Date of first Production/Inj Injection:	ection or Resumed Pro	oduction/	Producing Meta	hod:  Pumping		Gas Lift O	ther (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate		ols.	Gas-Oil Ratio	Gravity
DISPOSITION			_	METHOD OF CO				PRODUCTIC Top	N INTERVAL: Bottom
Vented Sold	Used on Lease		pen Hole		Dually ( Submit )		nmingled mit ACO-4)	·	
	foration Perfora Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze ad of Material Used)	Record
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	CRAIG 13-5
Doc ID	1279071

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	11	7	17	40	Portland	8	None
Production	5.875	2.875	6.5	759	50/50 Pozblend	122	2%Gel,5% Salt

### **Summary of Changes**

Lease Name and Number: CRAIG 13-5

API/Permit #: 15-045-22270-00-00

Doc ID: 1279071

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/20/2015	01/20/2016
Date of First or Resumed Production or	10/13/2015	
SWD or Enhr Method Of Completion - Other	No	Yes
Method Of Completion - Other Detail		T/A 01/04/2016
Producing Method Pumping	Yes	No
Production - Barrels Oil	2	
Production - Barrels of Water	2	
Production - MCF Gas	0	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12
Temporarily Abandoned	68171 No	79071 Yes

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

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					
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.xxxxxx)					
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84					
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
	Field Name:					
	Producing Formation:					
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Elevation: Ground: Kelly Bushing:					
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:					
☐ OG ☐ GSW ☐ Temp. Abd. ☐ 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:					
	feet depth to:w/sx cmt.					
Well Name:	sx cm.					
Original Comp. Date: Original Total Depth:						
_ Deepening       _ Re-perf.       _ Conv. to ENHR       _ Conv. to SWD         _ Plug Back       _ Conv. to GSW       _ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)					
Trug Back Only, to down to Houde						
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls					
Dual Completion Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
ENHR	Operator Name:					
GSW Permit #:	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. R. East West					

#### **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:					



Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1267575

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 🗌 East 🗌 Wes					
Address 2:			Feet from North / South Line of Section					
City: Sta	ate: Zi	p:+	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.xxxxxx)					
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84					
Purchaser:			County:					
Designate Type of Completion:			Lease Name: Well #:					
New Well Re-l	Entry	Workover	Field Name:					
	_	SIOW	Producing Formation:					
☐ Oil ☐ WSW	SWD		Elevation: Ground: Kelly Bushing:					
☐ Gas ☐ D&A	Gas D&A ENHR OG GSW		Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Fe					
Cathodic Other (Core,	Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No					
If Workover/Re-entry: Old Well Info			If yes, show depth set:Fe					
Operator:			If Alternate II completion, cement circulated from:					
Well Name:			feet depth to:w/sx cn					
Original Comp. Date:			, , , , , , , , , , , , , , , , , , ,					
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan					
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)					
Comming to d	De week #		Chloride content: ppm Fluid volume: bb					
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:					
SWD			Location of fluid disposal if hauled offsite:					
☐ ENHR			Location of haid disposal in hadred offsite.					
☐ GSW			Operator Name:					
_			Lease Name: License #:					
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec.         TwpS.         R East _ We					
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 Approved by: Date:					

KOLAR Document ID: 1267575

#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives	
Perforate Protect Ca Plug Back	Top	Bottom	Type of Cement		# Sacks Oseu		Type and Felcent Additives			
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping  Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	CRAIG 13-5
Doc ID	1267575

### Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	690-700		

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	CRAIG 13-5
Doc ID	1267575

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11	7	17	40	Portland	8	None
Production	5.875	2.875	6.5	759	50/50 Pozblend	122	2%Gel,5% Salt



### Operator:

Grand Mesa Operating Co. Wichita, KS

### Craig #13-5

Douglas Co., KS 23-14S-20E API: 045-22270

Spud Date: Surface Bit: 7/2/2015 11.0" **Surface Casing:** 7.0" **Drill Bit:** 5.875" **Surface Length:** Longstring: 40.0' 759.40' **Surface Cement:** Baffle: 749.40' 8 sx Longstring: 2 7/8 EUE - new Longstring Date: 7/14/2015

### **Driller's Log**

Top	<b>Bottom</b>	<b>Formation</b>	Comments
0	8	Soil & clay	
8	13	Shale	
13	16	Gravel & sar	nd
16	58	Shale	
58	84	Lime	
84	91	Shale	
91	97	Lime	
97	105	Shale	
105	130	Lime	
130	153	Shale	
153	170	Lime	
170	178	Sandy shale	•
178	240	Shale	
240	264	Lime	
264	275	Shale	
275	289	Lime	
289	321	Shale	
321	336	Lime	
336	344	Shale	
344	400	Lime	
400	405	Shale	
405	418	Lime	
418	559	Shale	Big Shale
559	563	Lime	

## Craig #13-5

			Douglas Co., KS
563	568	Shale	,
568	580	Lime	
580	587	Shale	
587	593	Lime	
593	609	Shale	
609	613	Lime	
613	632	Shale	
632	642	Lime	
642	650	Shale	
650	653	Lime	
653	682	Shale	
682	700	Sand	See below
700	770	Shale	
770		TD	

	Coring	
Run	Footage	Rec.
1	682-702	15'
2		
3		

### **Sand Detail**

682-684	Sandy shale
684-687	Sandy shale w/spotty oil bleed
687-691	Sand & sandy shale, no oil show
691-697	Sand, laminated, light bleed, slow to bleed back, very shaly

					TICKET NUM LOCATION_ FOREMAN_	Hawa, KS	725
Pis Box 884, C 641-741-9210	hamute, KS 6672 or 800-467-8676	o F	IELD TICKET & TR		PORT		
DATE	CUSTOMER#	W	ELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNT
7/14/15	3370	Crain	#13-5	SW23	14	20	DG
A PAGE A	11.	,			Novable West		
MANUAL AND PR	Mesa		<del></del>	TRUCK#	DRIVER	TRUCK#	DRIVER
1700 1	1.1.1.1.	DL	DI 1 100	T-23	Casten	Jeth	Hally
CITY A	weekon	STATE /	ZIP OFF	407	Keilar	1	#
land d		KS	- I	503	Arl McD	4	
Widnes		139	57/4"	369	Mit Hea	07/	
24 1	Ja. 17 -	IOLE SIZE_	HOLE DI	1 1/1	CASING SIZE &	WEIGHT - 7/8	BE
Casing Depth		RILL PIPE_	стивию	tentile - 75		OTHER	
SLURRY WEIGH	17-11-11-11-11	LURRY VO	WATER	gal/sk	CEMENT SEFT I	CASING /	
ISPLACEMEN	14.34 HJS 1	ISPLACEM	ENT PSI MIX PSI		RATE 4 GOU	1	
REMARKS: Le	de caled is	o oka-	11/01	aslation my	val + au	. ad 2001	4 60
1.16. 001			1 L	as as as a second	ACT OF THE	1000 000	F 60
TO COLUMN	A SPIL AND	esh w	mer miles to	evuaced I de	7 366 282	o rozhan	come
11/2/01	gel, Sin D	ett, t	the Calson of	r St. colone	ut to sun	are Hust	ed
DULLAD C	el puma	ed 2%	11 rebloom alun	to battle us	1434 1	le knoch u	inter.
pre une	1 to poor		related loress	ice short in	Gestion .		
				1101 11	CALLY.		
35 4 W 25 Van						A-A	
4-1	0 - 30 -		A LANGE I			15	
			N			15	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1		17	
ACCOUNT			DECODIETIO			7/7	
	QUANITY O	UNITS	DESCRIPTIO	N of SERVICES or PR	CODUCT	UNIT PRICE	TOTAL
ACCOUNT		UNITS	DESCRIPTIO	N of SERVICES of PR	ODUCT	UNIT PRICE	TOTAL
ACCOUNT CODE CEOYSO		T UNITS	PUMP CHARGE		ODUCT	UNIT PRICE	TOTAL
ACCOUNT CODE (EOYS)		UNITS	PUMP CHARGE		ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EO450 (EO002	QUANITY O		PUMP CHARGE		ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EO450 (EO002			PUMP CHARGE		ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EO450 (EO002	QUANITY O		PUMP CHARGE		ODUCT	UNIT PRICE	TOTAL
ACCOUNT CODE (E0450	QUANITY O		PUMP CHARGE		ODUCT	UNIT PRICE	TOTAL
ACCOUNT CODE (EO450 (EO002	QUANITY O		PUMP CHARGE		ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE CEOYSO EOOO2 CEOYU	QUANITY O		PUMP CHARGE MILEAGE For wileage An Ukr		CODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EO/SO (EO/SO (EO/SO) (EO/SO) (EO/SO) (EO/SO) (EO/SO) (EO/SO)	QUANITY of 2 hrs	ks	PUMP CHARGE MILEAGE HOW WILEAGE AN UKC		CODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EO/SO (EO/SO (EO/S) (EO/S)	QUANITY O	ks	PUMP CHARGE MILEAGE HOW WILEAGE AN UKC		ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE CEOUSO CEO	25 mg 2 hrs	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE  EOVS O  EOVS O  EOVS O  CC 5840  CC 5840	25 mg 2 hrs 2 hrs 405 d 256 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EOVS) (EOO) (EOVS) (EOVS) (EOVS) (CS84) (CS84) (CS84) (CS84) (CS84) (CS84) (CS84) (CS84)	25 mg 2 hrs	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	CODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EOVS) (EOO) 2 (ECT-4) WED833	25 mg 2 hrs 2 hrs 405 d 256 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	CODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (CS846) (CS846) (CS846) (CS846)	25 mg 2 hrs 2 hrs 405 d 256 d	ks	PUMP CHARGE MILEAGE HOW WILEAGE AN UKC	nd	CODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (CS846) (CS846) (CS846) (CS846)	25 mg 2 hrs 2 hrs 405 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	ODUCT	UNIT PRICE	TOTAL
ACCOUNT CODE (EO450 (EO002	25 mg 2 hrs 2 hrs 405 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	CODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (CS846) (CS846) (CS846) (CS846)	25 mg 2 hrs 2 hrs 405 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	CODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (EOVS) (CS846) (CS846) (CS846) (CS846)	25 mg 2 hrs 2 hrs 405 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	CODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (E0450 (E0450 (E0002 (E744) (E0002 (E744) (C5945 (C5324) (C6577	25 mg 2 hrs 2 hrs 405 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (E0450 (E0450 (E0002 (E744) (E0002 (E744) (C5945 (C5324) (C6577	25 mg 2 hrs 2 hrs 405 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	ODUCT	UNIT PRICE	TOTAL
ACCOUNT GODE (EOVS) (EOO) 2 (ECT-4) WED833	25 mg 2 hrs 2 hrs 405 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	ODUCT		TOTAL
ACCOUNT GODE (EOVS) (EOO) (EOVS) (EOVS) (EOVS) (CS84) (CS84) (CS84) (CS84) (CS84) (CS84) (CS84) (CS84)	25 mg 2 hrs 2 hrs 405 d	ks	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	CODUCT	SALES TAX	TOTAL
ACCOUNT GODE  EOVS O  EOOO 2  EOVS O  EOOO 2  EOVS O  C 5945  C 5945  C 5945  C 5945  C 5945  MARIE STATE  WIN 8797	25 mg 2 hrs 2 hrs 405 d	ks E	PUMP CHARGE MILEAGE HOW Wileage CO LAC	nd	CODUCT		TOTAL