

**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

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 SWGPS 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 DistributionALT 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: <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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 5
Doc ID	1200066

All Electric Logs Run

REPEAT SECTION
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 5
Doc ID	1200066

Tops

Name	Top	Datum
HEEBNER	3770	
TORONTO	3786	
LANSING	3848	
KANSAS CITY	4164	
MARMATON	4304	
PAWNEE	4380	
CHEROKEE	4430	
ATOKA	4554	
MORROW	4636	
ST GENEVIEVE	4742	
ST LOUIS	4820	

Summary of Changes

Lease Name and Number: GARDEN CITY V 5

API/Permit #: 15-055-22251-00-00

Doc ID: 1200066

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/27/2014	04/16/2014
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=27&t	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=27&t
Perf_Depth_4		4733, 4615, & 4148
Perf_Record_4		CIBP @4733, 4615, & 4148
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1191305	../kcc/detail/operatorEditDetail.cfm?docID=1200066



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1191305
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.

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 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
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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				

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)</i> <i>(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	OXY USA Inc.
Well Name	GARDEN CITY V 5
Doc ID	1191305

All Electric Logs Run

REPEAT SECTION
MICROLOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG
ARRAY COMPENSATED TRUE RESISTIVITY LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 5
Doc ID	1191305

Tops

Name	Top	Datum
HEEBNER	3770	
TORONTO	3786	
LANSING	3848	
KANSAS CITY	4164	
MARMATON	4304	
PAWNEE	4380	
CHEROKEE	4430	
ATOKA	4554	
MORROW	4636	
ST GENEVIEVE	4742	
ST LOUIS	4820	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	GARDEN CITY V 5
Doc ID	1191305

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4823-4833 ST LOUIS	1500 GAL 15% HCL FLUSH 20 BBL 4%KCL	4823-4833
4	4665-46666,4672- 4673, 4687-4688, 4705-4706 MORROW	70 Q N2 FOAM KCL WATER 40,222 # 20/40 WHITE SAND	4665-4706
4	4198-4204 KANSAS CITY	1200 GAL 15% HCL FLUSH 20 BBL 4%KCL	4198-4204

ALLIED OIL & GAS SERVICES, LLC 052116

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal 21

DATE <u>11-19-13</u>	SEC. <u>27</u>	TWP. <u>23S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
<u>Garden City</u> LEASE	WELL # <u>V-5</u>		LOCATION <u>50+</u>	COUNTY <u>Finnery</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Artec #507

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 3/4 24" DEPTH 1672.02

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 41.25

CEMENT LEFT IN CSG. 2-6

PERFS.

DISPLACEMENT 10413BL

OWNER

CEMENT

AMOUNT ORDERED 350 sk AMD-390CC, 1/4" FloSeal
245 sk Class C-270CC, 1/4" FloSeal

EQUIPMENT

PUMP TRUCK CEMENTER Kirby H

549-550 HELPER Heriberto V

BULK TRUCK

456-251 DRIVER Ricardo E

BULK TRUCK

562-528 DRIVER Alex Corona

COMMON <u>PeanPlus</u>	<u>245 sk @ 24.40</u>	<u>5978.00</u>
POZMIX	@	
GEL	@	
CHLORIDE	<u>18 sk @ 64.00</u>	<u>1,152.00</u>
ASE AMD	<u>350 sk @ 31.00</u>	<u>10,850.00</u>
FloSeal	<u>149 LB @ 2.97</u>	<u>442.53</u>
SA-51	<u>66 LB @ 17.55</u>	<u>1,158.30</u>
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>648 ft³ @ 2.48</u>	<u>1,607.04</u>
MILEAGE	<u>1472.70 - 7m @ 2.60</u>	<u>3,829.05</u>
TOTAL		<u>25,016.90</u>

REMARKS:

AP LOCATION/DEPT. Libcap D02EINON D02E

LEASE/WELL/FAC Garden City V-5

MAXIMO / WGM #

TASK 0102 ELEMENT 3023

PROJECT # 1173453 CAPEX / OPEX Circle one

SPO / BPA UNSUPPORTED Circle Doc Type

PRINTED NAME Graham Flagg

SIGNATURE: [Signature]
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>2213.75</u>
EXTRA FOOTAGE	@	
MILEAGE <u>Heavy</u>	<u>50MI @ 7.70</u>	<u>385.00</u>
MANIFOLD	<u>1 Day @ 275.00</u>	<u>275.00</u>
<u>Light Mileage</u>	<u>50MI @ 4.40</u>	<u>220.00</u>
	@	

TOTAL 3093.75

PLUG & FLOAT EQUIPMENT

<u>Top Plug</u>	<u>1 EA @ 131.04</u>	<u>131.04</u>
<u>Guide Shoe</u>	<u>1 EA @ 460.98</u>	<u>460.98</u>
<u>AFU Insert</u>	<u>1 EA @ 446.94</u>	<u>446.94</u>
<u>Centralizers</u>	<u>14 EA @ 74.89</u>	<u>1048.32</u>
<u>Stop Collar</u>	<u>1 EA @ 56.15</u>	<u>56.15</u>
TOTAL		<u>2143.44</u>

SALES TAX (If Any) _____

TOTAL CHARGES 30254.09

DISCOUNT _____ IF PAID IN 30 DAYS
Net 18,454.91

CHARGE TO: OKY USA

STREET _____

CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE _____

ALLIED OIL & GAS SERVICES, LLC KB 052030

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal (21)

DATE <u>11-23-13</u>	SEC <u>27</u>	TWP <u>28S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION <u>9:00 pm</u>	JOB START <u>11:00 pm</u>	JOB FINISH <u>12:00 am</u>
LEASE <u>Garden City</u>	WELL # <u>V 5</u>	LOCATION <u>Vec- Holcomb</u>	COUNTY <u>Finney</u>	STATE <u>KS</u>			

CONTRACTOR Aztec 507

TYPE OF JOB Production

HOLE SIZE 7 1/8 T.D. 5090'

CASING SIZE 5 1/8 DEPTH 5074'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 4160'

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 116.7 bbls

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED 280 SK 2% gel 0.2% CD-31

0.5% FL-160 5% gyp-scal 10% salt

1/4 fl-scal #5 KOL-scal

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

<u>50/50 Class # 280 SK</u>	@ <u>16.85</u>	<u>4718.00</u>
<u>salt 17 SK</u>	@ <u>26.35</u>	<u>447.95</u>
<u>gyp scal 12 SK</u>	@ <u>37.60</u>	<u>451.20</u>
<u>Gilsonite 1400 #</u>	@ <u>0.98</u>	<u>1372.00</u>
<u>fl scal 70 #</u>	@ <u>2.97</u>	<u>207.90</u>
<u>FL-160 118 #</u>	@ <u>18.90</u>	<u>2230.20</u>
<u>CD-31 47 #</u>	@ <u>10.30</u>	<u>484.10</u>
<u>Super flush 12 bbl</u>	@ <u>58.70</u>	<u>704.40</u>
HANDLING <u>3.61</u>	@ <u>2.48</u>	<u>895.88</u>
MILEAGE <u>713</u>	@ <u>2.60</u>	<u>1853.80</u>
		TOTAL <u>13364.85</u>

REMARKS:

AP LOCATION/DEPT. Libecap D02 NON D02

LEASE/WELL/FAC. Garden City V-5

MAXIMO/WSM #

TASK 0102 ELEMENT 3023

PROJECT # 1173453 CAPEX/OPEX - Circle one

SPO/BPA UNSUPPORTED

PRINTED NAME JARED LEWTON

SIGNATURE: Jared Lewton
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB <u>5001 - 6000</u>		
PUMP TRUCK CHARGE <u>3079.85</u>		
EXTRA FOOTAGE @		
MILEAGE <u>50</u> @ <u>7.70</u>		<u>385.00</u>
MANIFOLD <u>1</u> @		<u>275.00</u>
<u>Light Vehicle</u> @ <u>4.40</u>		<u>220.00</u>
		TOTAL <u>3979.85</u>

CHARGE TO: Oxy USA

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

<u>guide shoe 1</u>	@	<u>280.80</u>
<u>AFU Float Valve 1</u>	@	<u>334.62</u>
<u>Centralizer 20</u>	@ <u>57.33</u>	<u>1146.60</u>
<u>Stop Collar 1</u>	@	<u>49.14</u>
<u>Plug 1</u>	@	<u>85.41</u>
<u>Tread lock 12</u>	@ <u>83.07</u>	<u>996.84</u>
		TOTAL <u>2093.41</u>

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)

TOTAL CHARGES 20,237.49

DISCOUNT 12,547.24 IF PAID IN 30 DAYS

PRINTED NAME JARED LEWTON

SIGNATURE Jared Lewton