



Confidentiality Requested:

Yes No

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 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

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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Summary of Changes

Lease Name and Number: Krebs S 4

API/Permit #: 15-109-21279-00-00

Doc ID: 1249595

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	263
Approved Date	08/05/2014	04/14/2015
CasingNumbSacksUsedPDF_2		230
CasingPurposeOfStringPDF_1	SURFACE	Surface
CasingPurposeOfStringPDF_2		Production
CasingSettingDepthPDF_2		4502
CasingSizeCasingSetPDF_2		5.5
CasingSizeHoleDrilledPDF_2		8.625
CasingTypeOfCementPDF_2		common
CasingWeightPDF_1	16	23

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingWeightPDF_2		15.5
Multiple Stage Cementing Collar Depth	2100	2146
Producing Formation	NONE	Dry
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 16629	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 49595
TopsDatum1		0
Total Depth	4500	4506



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216629
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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CONSOLIDATED
Oil Well Services, LLC

268045

TICKET NUMBER 46855
LOCATION Oakley KS
FOREMAN Jerry Y

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

FIELD TICKET & TREATMENT REPORT

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-3-14	5007	Krebs "S" #4	26	14S	32W	Logan
CUSTOMER			Oakley South 20 th E into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	Jeremy R		
STATE			529-TR	Doc K		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 266 CASING SIZE & WEIGHT 8 7/8 24#
 CASING DEPTH 263 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on landmark. ran 5 break circulation with 180 lbs mix 180 lbs com class A cement with 3% CC/2% gel wish expand displace with 15% bbl H₂O & shut in. circulated approx 5 bbl to pit

Cement did circulate

*Thank you
Jerry & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150 ⁰⁰	1150 ⁰⁰
5406	25	MILEAGE	5 ²⁵	131 ²⁵
5407	85	ton mileage delivery (min)	43 ⁰⁰	430 ⁰⁰
11045	180	com class A cement	18 ⁵⁵	3339 ⁰⁰
1102	508	calcium chloride	94	477 ⁵²
1186	338	gel	27	91 ²⁶
			Subtotal	5619 ²⁵
			less 10% disc	561 ⁹⁰
			Subtotal	5057 ¹³
			SALES TAX	269.05
			ESTIMATED TOTAL	5326.18

completed

Ravin 3737

AUTHORIZATION *J. J. Berke* TITLE _____ DATE _____

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.

ALLIED OIL & GAS SERVICES, LLC 063488

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Oakley KS

DATE <u>5-11-14</u>	SEC. <u>26</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>2:00a.m.</u>	JOB START <u>6:00a.m.</u>	JOB FINISH <u>7:00a.m.</u>
LEASE <u>Krebs</u>	WELL# <u>S-4</u>	LOCATION <u>Oakley KS 21 S, E,</u>			COUNTY <u>Linn</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>S, E into</u>			

CONTRACTOR Landmark 5
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4506'
 CASING SIZE 5 7/8 DEPTH 4500'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Port Collar DEPTH 2146'
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 17.26
 CEMENT LEFT IN CSG. 17.26
 PERFS.
 DISPLACEMENT 106.74 bbl water
 EQUIPMENT

OWNER Sale
 CEMENT AMOUNT ORDERED 230 sks MSC
10' to salt 5" gal, 2 1/2 gal
 COMMON @
 POZMIX @
 GEL 4 sks @ 23.40 93.60
 CHLORIDE @
 ASC 230 sks @ 20.90 4807.00
Gilsonite 1150# @ .98 1127.00
2 1/2" 24 sks @ 26.35 632.40
WFR-TT 12 bbl @ 58.70 704.40
KCL 1 gal @ 35.00 35.00
 @
Material total 7399.00
 @
 @
 HANDLING 321.36-ft @ 2.48 796.97
 MILEAGE 17.85 hrs @ 20 mi/hr 357.00

PUMP TRUCK CEMENTER Toni Begier
 # 431 HELPER Tyler Flapsc
 BULK TRUCK # 891/308 DRIVER Juan 1 (TWS)
 BULK TRUCK # DRIVER

REMARKS:

Run Pipe / Float equip, break circ.
Drop ball, ball went through shoe @ 2000'
circ 1 hr, mix 12 bbl super filler,
mix 30 sks in P.H. mix 200 sks
down casing, wash up into pit, reduce
plug. Displace w/ water, plug did
land @ 1500' w/ 1000' @ 11:47
Float did hold

SERVICE

DEPTH OF JOB 4502
 PUMP TRUCK CHARGE 27165.175
 EXTRA FOOTAGE @
 MILEAGE 17.85 @ 20 357.00
 MANIFOLD Head @ 17.00
1111 @ 4.40 488.40

CHARGE TO: Black Tea
 STREET
 CITY STATE ZIP

(931.98/25%)
 TOTAL 4659.92

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.

PLUG & FLOAT EQUIPMENT
Weatherford (5 1/2")
Port Collar @ 3590.00
Baskets 12 @ 375.00 4740.00
Turbolizers 8 @ 95.00 760.00
ARV/Float slips @ 845.00
Local down plug Assy @ 660.00
 (0%) TOTAL 10,295

PRINTED NAME
 SIGNATURE [Signature]

SALES TAX (If Any)
 TOTAL CHARGES 22,354.32
 DISCOUNT 2,411.86 (20%) IF PAID IN 30 DAYS
19,942.45 Net.

ALLIED OIL & GAS SERVICES, LLC 063413

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Oakley MS

DATE <u>5/16/14</u>	SEC. <u>26</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00pm</u>	JOB FINISH <u>7:00pm</u>
LEASE <u>Krebs</u> WELL # <u>4</u>		LOCATION <u>Oakley 215 E</u>			COUNTY <u>Logan</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>Ka M</u>	OWNER <u>Small</u>
TYPE OF JOB <u>PTA</u>	
HOLE SIZE _____ T.D. _____	CEMENT _____
CASING SIZE <u>5 1/2</u> DEPTH <u>4498</u>	AMOUNT ORDERED <u>325 SK 60/40 470 gel</u>
TUBING SIZE _____ DEPTH _____	<u>600 lb Halls On Side</u>
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>195</u> @ <u>17.90</u> <u>3490.50</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX <u>130</u> @ <u>9.35</u> <u>1215.50</u>
CEMENT LEFT IN CSG. _____	GEL <u>11</u> @ <u>23.40</u> <u>257.40</u>
PERFS. <u>4040-4372</u>	CHLORIDE _____ @ _____
DISPLACEMENT _____	ASC _____ @ _____

EQUIPMENT		
PUMP TRUCK CEMENTER <u>Alan Ryan</u>		<u>Halls 12 SK @ 35.00 420.00</u>
# <u>423-281</u> HELPER <u>Kevin Ryan</u>		<u>Material Total @ 5,583.40</u>
BULK TRUCK		<u>(1076.68/20%) @</u>
# <u>818</u> DRIVER <u>Brandon Wilkerson</u>		<u>Handling @ 2.48 951.41</u>
BULK TRUCK		<u>Mileage <u>2.00</u> Ton/mile <u>19.834</u> Ton <u>848.50</u></u>
# _____ DRIVER _____		<u>TOTAL _____</u>

REMARKS:
4350 Pump 40 ABC Mud 75 SK Cement w/ 200 lb Halls
Displace w/ H₂O Pull 7-2100 max 50 SK w/ 100 lb Halls Displace w/ H₂O
Pull to 1280' max 100 SK w/ 200 lb Halls Displace w/ H₂O
315 ft max 75 SK to 68.70 Surface
POOH Top off w/ (25 SK)
used 325 SK - 12 SK Halls
Thank You

SERVICE	
DEPTH OF JOB _____	<u>4350'</u>
PUMP TRUCK CHARGE _____	<u>1250.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>22</u> @ <u>7.20</u>	<u>169.40</u>
MANIFOLD _____ @ _____	
<u>late vehicle in</u> @ <u>4.40</u>	<u>96.80</u>
<u>Hourly Expense of setting @</u> <u>4.40</u>	<u>1760.00</u>
<u>(1015.22/20%)</u>	<u>TOTAL 5,076.11</u>

CHARGE TO: Black Tea
 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 sefe Lopez

PLUG & FLOAT EQUIPMENT	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
<u>(0%)</u>	<u>TOTAL _____</u>
SALES TAX (If Any) _____	
TOTAL CHARGES <u>10,459.51</u>	
DISCOUNT <u>2,091.90/20%</u>	<u>IF PAID IN 30 DAYS</u>
	<u>8,367.60 Net.</u>