



17509 Rd. 14
Fort Morgan, CO 80701

Office (970) 867-2730
Fax (970) 867-8374

CHARGE TO <i>MAGPIS Operating</i>			
INVOICE ADDRESS			
CITY	STATE	ZIP	DATE <i>05/1</i>
WELL NAME/No. <i>FLD44421</i>			
COUNTY <i>Lincoln</i>			STATE <i>CO</i>

LEGAL DESCRIPTION <i>S35 T5N 68W</i>	FIELD <i>Louisiana</i>
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SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE _____ DATE _____ TIME _____ A.M. P.M.

SERVICE	QUANTITY	UNIT PRICE	AMOUNT		PERFORATION RECORD	
					DEPTH	NO. OF SHOTS
<i>Set 4 1/2" CIRP @ 7349'</i>						
<i>10,000 PSI Plug</i>						
<i>25K's CEMENT</i>			<i>1200</i>	<i>-</i>		
<i>Perf 3/8 Slick Gun</i>						
<i>7130-40 4SP</i>						
<i>40 holes</i>	<i>min</i>		<i>1100</i>	<i>-</i>		
<i>Gun body</i>	<i>1</i>		<i>300</i>	<i>-</i>		
<i>Discount</i>			<i>2600</i>	<i>-</i>		
			<i>2600</i>	<i>-</i>		
I certify that the above ordered services, equipment, materials and products have been received. SIGNATURE OF CUSTOMER _____ DATE _____	SUBTOTAL				PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT	
	TAX					
	ESTIMATED TOTAL \$		<i>2340</i>	<i>-</i>		

UNIT NUMBER <i>201</i>		UNIT NUMBER	
CREW NAMES	EMPLOYEE NO.	CREW NAMES	EMPLOYEE NO.
ENGR.		ENGR.	
OPER.		OPER.	
OPER.		OPER.	