

Reversed Out: Time Started: _____ Time Finished: _____ Pump Pressure _____ P.S.I.G. _____

Remarks: _____

WELL IDENTIFICATION

To: JOHNSTON: You are hereby requested to perform or attempt to perform the following service(s) or furnish the following equipment, on a rental or purchase basis, as indicated: OPERATOR'S TUBS TO RENT

Well Owner: Hoffman & Company Field: Harris County, Texas State: TX
Well & No. 3444 Location: 123
Tested Interval: 11-12 Ft. To 11 Ft. Test No. _____

Said well has been drilled to _____ ft. and is in good condition.
The undersigned, hereinafter referred to as customer, agrees to pay you for the above specified service(s) or equipment (leased or purchased), and any additional (vice(s) or equipment requested, at Johnston's office in Houston, Harris County, Texas, in accordance with the provisions of your current applicable price schedule. In consideration of the prices as are set out in your current applicable price schedule, we choose to be bound by the terms and conditions set out on the reverse side hereof, including the assumption by us of the liabilities and responsibilities contained in the hold harmless and exculpatory clauses, rather than enter into a different contract and furnish you insurance against the liabilities and responsibilities herein assumed by us.
If signed by an agent on behalf of customer, said agent represents that he has full authority from his principal to execute same, in the absence of authority, the signer agrees that he shall be obligated hereunder as Customer.

M.F.E. SAMPLER DATA

Customer's Name Hoffman & Company Address 3444
Invoice Mailing Address 1234 Dallas Texas
X By [Signature] (SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE)

Sampler Drained: <input checked="" type="checkbox"/> on location <input type="checkbox"/> service center <input type="checkbox"/> other	Address
Recovery	Resistivity Chl. Content
0 Cu. Ft. Gas	Recovered Water @ of F PPM
0 C.C. Oil	Recovered Mud @ of F PPM
0 C.C. Water	Rec. Mud Filtrate @ of F PPM
500 C.C. Mud	Pit Mud @ 92°F
Gravity .API of F	Pit Mud Filtrate 11 @ 92°F 1940 PPM
Gas/Oil Ratio	Cu. Ft./Bbl.
Sampler Pressure	P.S.I.G. at Surface

I certify that the above ordered services and/or equipment have been performed or furnished.

By R. L. Adams Johnston District 1403

Test Accepted as ☒ Successful ☐ Unsuccessful
X By [Signature] (Signature of Customer or His Authorized Representative) Date 8-22-70

(Please Print the Above Signature)

Customer Purchase Order No. 22233

(TITLE AND ADDRESS IF EXECUTED BY CUSTOMER'S REPRESENTATIVE)

INSTRUMENT DATA

Instrument No.	7440	7446		
Capacity (P.S.I.G.)	4122	2000		
Depth	44510	44535		
Inside-outside	44	44		
Clock Cap. Hr.	44	44		
Temperature °F.	144			
1. Hyd. P.S.I.G.	5243			
1. Flow P.S.I.G.	1233			
1. S.I. P.S.I.G.	1253	1243		
2nd Flow P.S.I.G.				
2nd S.I. P.S.I.G.				
F. Flow P.S.I.G.	720			
F. S.I. P.S.I.G.	1451			
F. Hyd. P.S.I.G.	1451			

Extra Technical Reports		On Location		Date	Time
Marine Operations: Inland <input type="checkbox"/> Offshore <input type="checkbox"/>		Started Operations			
Tool Rental Time _____ Hours		Ceased Operations			
Operator's Time _____ Hours		Off Location			
Mileage _____ Miles					
Special Data Analysis <input type="checkbox"/> Breakdown <input type="checkbox"/>					
Make of Gun Used: Jet _____					
No. of Shots _____					
Intervals Perforated _____					
Bullet _____					

*All prices estimated and subject to correction.