



KANSAS CORPORATION COMMISSION 1082532
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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 SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1082532

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	BOP West, LLC
Well Name	R. Redden 16-1
Doc ID	1082532

Tops

Name	Top	Datum
Heebner	1835	-521
Douglas	1862	-548
Brown Lime	1985	-671
Lansing	2044	-730
Stark	2296	-982
Hushpuckney	2329	-1015
BKC	2370	-1056
Marmaton	2382	-1068
Cherokee	2556	-1242
Mississippian	2669	-1355
RTD	2750	-1436

REPORT PREPARED BY FRANK S. MEEGER/GEOSCOUT

API # 15-169-20-338

COMPANY: **BOP West, LLC**
 LEASE: **R Redden #16-1**
 LOCATION: **1,780 FNL & 1,880 FWL**
 FIELD: **16-TWSP-16S-RE-1W**
 SEC: **16-TWSP-16S-RE-1W**
 COUNTY: **Saline** STATE: **Kansas**

CONTRACTOR: **C & G Drilling, RR #2**
 SP/D: **5-17-12** COMP: **5-29-12**
 SAMPLES SAVED FROM: **1200' TO RTD**

LOG: **DEPTH MEASURED FROM KB**
 DEPTH: **8.58' @ 218' W/L 0.8X**
 SUDSON: **5.127' @ 218' W/L 0.8X**
 ESTIMATED LOG: **CNL/CUI/HRCS/MLL**

FORMATION: **ELGOS** DAYUM

HEEBNER 1855 -221
 DOUGLAS 1861 -200
 LANSING 2042 -782
 SHARK 2296 -825
 HUSBUCKNEY 2327 -1015
 BROWN LIME 2381 -1088
 CHEROKEE 2554 -1842
 MISSISSIPPIAN 2788 -1899

REFERENCED WELLS
 7, 900 FSL & 2000 FFL 17-16S-1W, RANGE OH, Heebner #1

FRANK S. MEEGER
 LICENSED
 365
 GEOSCOUT

SHALE
 SANDSTONE
 LIMESTONE
 DOLOMITE
 HALITE
 ANHYDRITE/GYPSUM

Queen Hill 1738 -406

Heebner 1855 -521

Toronto 1851 -537

Douglas 1861 -547

1900

1950

Brown Lime 1984 -670

2000

Lansing 2042 -728

2050

2100

2150

2200

Muncie Creek 2208 -894

2250

2300

Stark 2296 -982

2350

Hushpuckney 2327 -1013

BKC 2369 -1055

Marmaton 2381 -1067

2400

2450

2500

2550

Cherokee 2554 -1240

2600

2650

Mississippian 2668 -1354

2700

2750

1314 KB

BOP West, LLC
 R Redden #16-1
 1,780 FNL & 1,880 FWL 16-16S-1W
 Saline County, Kansas

1700

1750

1800

1850

1900

1950

2000

2050

2100

2150

2200

2250

2300

2350

2400

2450

2500

2550

2600

2650

2700

2750

16' Throw

DRILLING TIME
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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	BOP WEST LLC	Job Number	M327
Well Name	R REDDEN #16-1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 2554-2680 MISSISSIPPI	Well Operator	BOP WEST LLC
Surface Location	SEC.16-16S-1W SALINE CO.KS.	Report Date	2012/05/21
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	FRANK MIZE
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 2554-2680 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/05/21	Start Test Time	13:52:00
Final Test Date	2012/05/21	Final Test Time	21:44:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

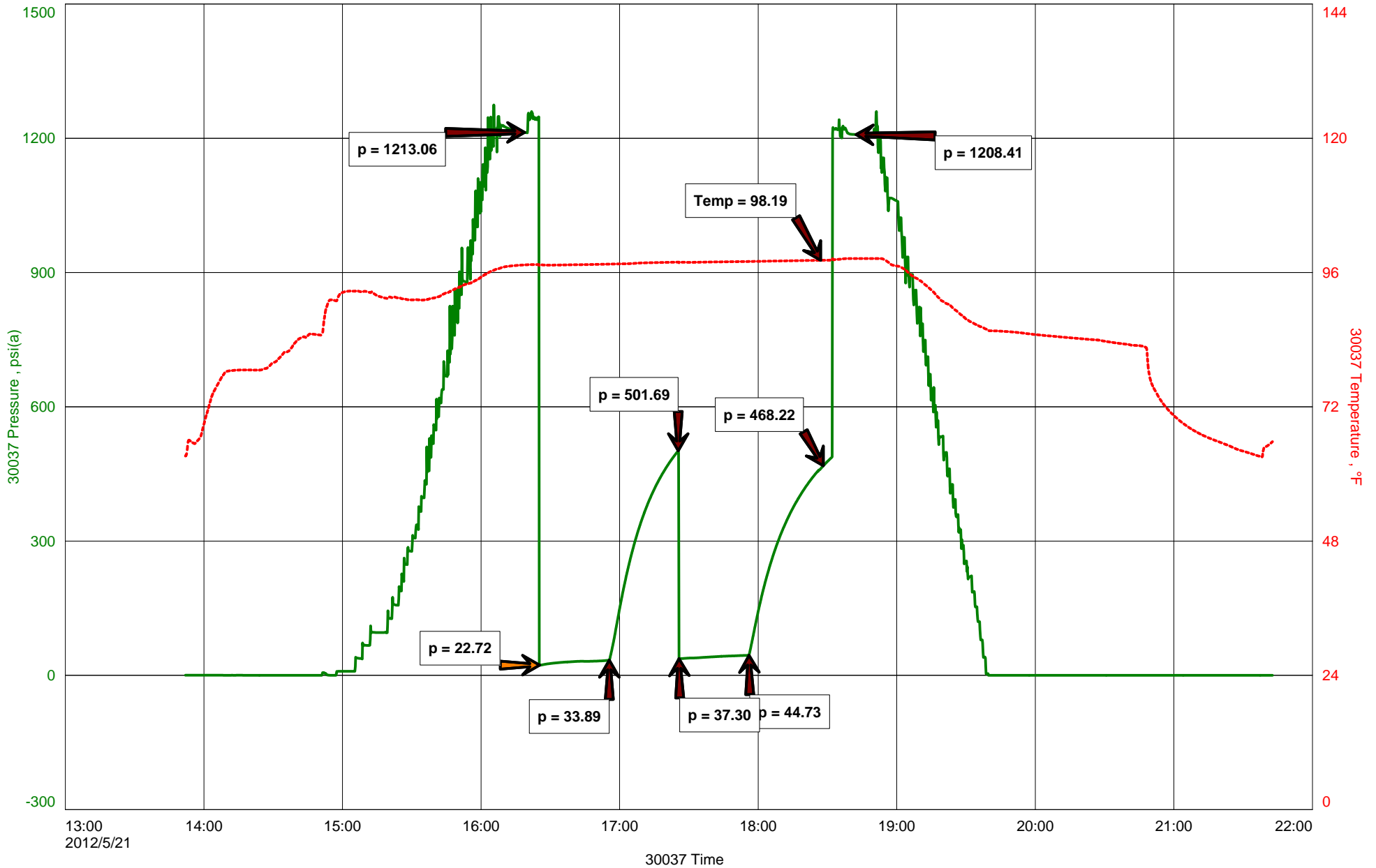
Remarks RECOVERED:
65' DM 100% MUD
65' TOTAL FLUID

TOOL SAMPLE: 100% DM W/ A THICK SCUM OF OIL

BOP WEST LLC
DST#1 2554-2680 MISSISSIPPI
Start Test Date: 2012/05/21
Final Test Date: 2012/05/21

R REDDEN #16-1
Formation: DST#1 2554-2680 MISSISSIPPI
Pool: WILDCAT
Job Number: M327

R REDDEN #16-1





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: _____

TIME ON: _____
 TIME OFF: _____

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
 Initial Hydrostatic Pressure..... (A) _____ P.S.I.
 Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
 Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	BOP WEST LLC	Job Number	M328
Well Name	R REDDEN #16-1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 2680-2688 MISSISSIPPI	Well Operator	BOP WEST LLC
Surface Location	SEC.16-16S-1W SALINE CO.KS.	Report Date	2012/05/22
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	FRANK MIZE
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 2680-2688 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/05/22	Start Test Time	03:10:00
Final Test Date	2012/05/22	Final Test Time	11:45:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

15' CO 100% OIL
242' SOCMW 5% OIL, 77% WTR, 18% MUD
257' TOTAL FLUID

CHLOR: 25,000 PPM
PH:7.0
RW: .22 @ 92 DEG

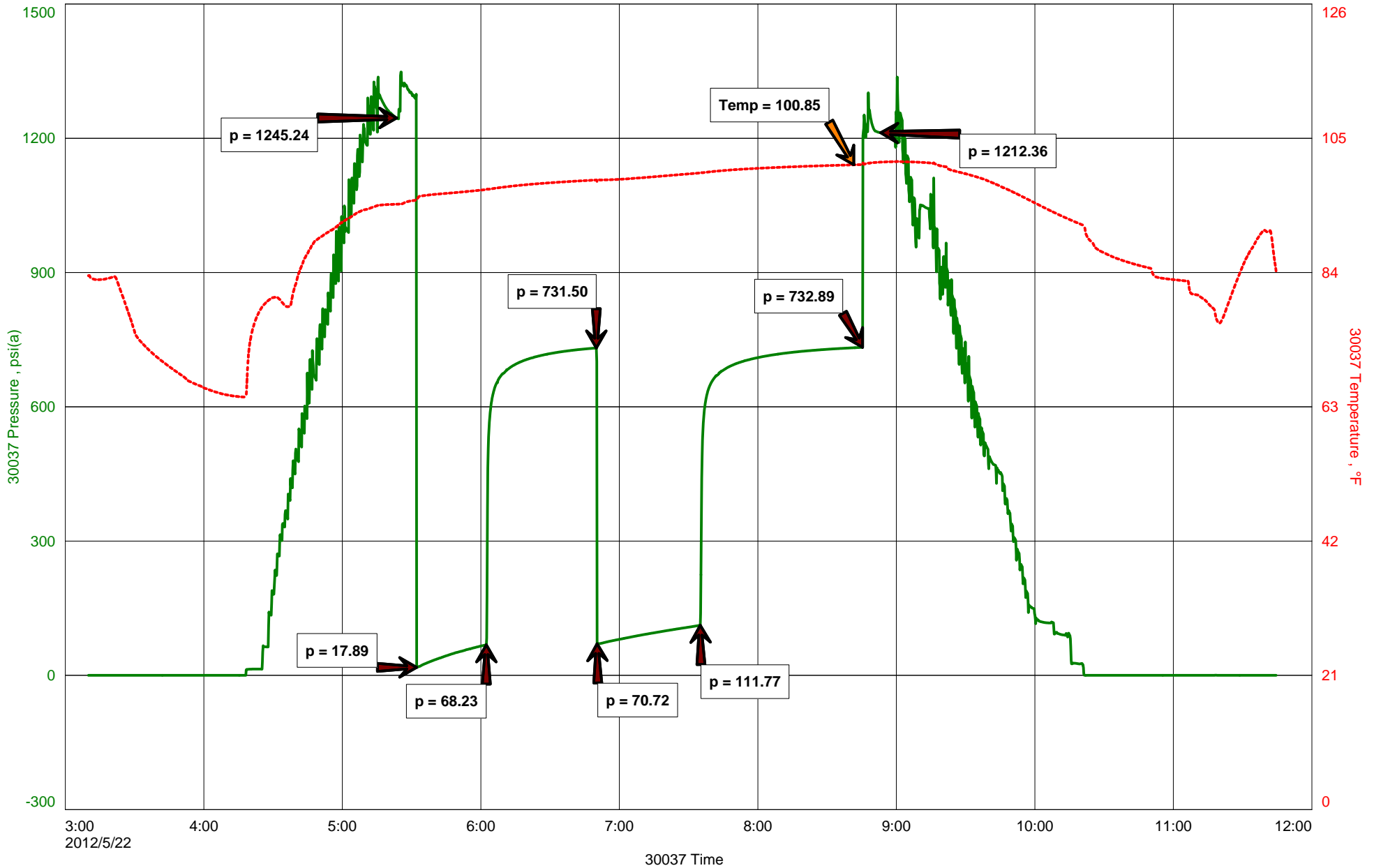
GRAVITY: 24.0 @ 60

TOOL SAMPLE: 2% GAS, 45% OIL, 23% WTR, 30% MUD

BOP WEST LLC
DST#2 2680-2688 MISSISSIPPI
Start Test Date: 2012/05/22
Final Test Date: 2012/05/22

R REDDEN #16-1
Formation: DST#2 2680-2688 MISSISSIPPI
Pool: WILDCAT
Job Number: M328

R REDDEN #16-1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36431
LOCATION Eureka KS
FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT

CEMENT API # N/A

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-18-12	1754	R Reddon 16-1	16	16S	1W	Saline
CUSTOMER <u>Bop West LLC</u>			C46			
MAILING ADDRESS <u>P.O. Box 129</u>			DRL6			
CITY <u>Wooster</u>	STATE <u>OH</u>	ZIP CODE <u>44691</u>	TRUCK #	DRIVER	TRUCK #	DRIVER
			520	John S.		
			515	Calin H.		

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 219' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 219 K.B. DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 14.5-15# SLURRY VOL 30 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT --- DISPLACEMENT PSI --- MIX PSI --- RATE 58 bpm

REMARKS: Safety meeting rig up to 8 5/8" casing, Break circulation with 5 Bbl water, mixed 140 SKS Class "A" cement with 3% calcium 2% gel, & 1/4# Flocele/sk @ 14.5-15#/gal. Displace with 12 1/2 Bbl water & shut well in. Good circulation @ all times, 8 Bbl slurry to pit. Job complete.

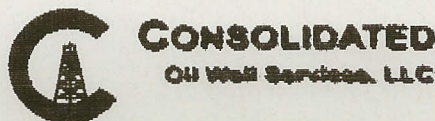
"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	825.00	825.00
5406	100	MILEAGE	4.00	400.00
1104S	140 SKS	Class "A" cement	14.95	2093.00
1102	395 #	Calcium @ 3%	.74	292.30
1118B	264 #	Gel @ 2%	.21	55.44
1107	35 #	Flocele @ 1/4#/sk	2.35	82.25
5407A	6.92 Tons	Ton-mileage bulk Truck	1.34	927.28
			Sub Total	4675.27
			7.3% SALES TAX	184.18
			ESTIMATED TOTAL	4859.45

Brvin 3737

AUTHORIZATION Duke Carter 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



TICKET NUMBER 34682

LOCATION EUREKA

FOREMAN KEVIN MCCOY

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-169-20358

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-23-12	1754	R. Redden 16-1	16	16S	1W	SALINE
CUSTOMER			C & G DR19. Rig 2			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
BOP West LLC			445	ALLEN B.		
P.O. Box 129			479	MERIC R.		
CITY	STATE	ZIP CODE				
Wooster	OH	44691				

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2750 CASING SIZE & WEIGHT 5 1/2 14" NEW
 CASING DEPTH 2745 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6" SLURRY VOL 31 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 11.07
 DISPLACEMENT 66.7 BBL DISPLACEMENT PSI 500 PSI 1000 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 Casing. Break Circulation w/ 5 BBL fresh water. Pump 15 BBL Metasilicate pre-flush 5 BBL water spacer. Mixed 100 SKS Thick Set Cement w/ 5" KOL-SEAL /SK @ 13.6" /gal yield 1.75 = 31 BBL slurry. Shut down. Wash out Pump & Lines. Release Latch down Plug. Displace Plug to seat w/ 66.7 BBL water. Final Pumping Pressure 500 PSI. Bump Plug to 1000 PSI. Wait 2 mins. Release Pressure. Float & Plug Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

Note: Plug RAT Hole w/ 15 SKS
 Plug Mouse Hole w/ 10 SKS

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	100	MILEAGE	4.00	400.00
1126 A	100 SKS	THICK SET Cement	19.20	1920.00
1110 A	500 "	KOL-SEAL 5" /SK	.46	230.00
1126 A	25 SKS	THICK SET Cement (15SKS RAT Hole, 10SKS MH)	19.20	480.00
1111 A	100 "	Metasilicate Pre-Flush	2.00	200.00
5407	6.87 TONS	100 miles BULK Delv.	1.34	920.58
4454	1	5 1/2 LATCH down Plug	254.00	254.00
4203	1	5 1/2 Guide Shoe	160.00	160.00
4130	4	5 1/2 x 7 7/8 CENTRALIZERS	48.00	192.00
4228 B	1	5 1/2 AFUL INSERT FLOAT VALVE	172.00	172.00
			Sub Total	5958.58
		THANK YOU	SALES TAX 7.3%	263.38
			ESTIMATED TOTAL	6221.96

Kevin 3737

AUTHORIZATION

Gary L. Reed

TITLE

X

DATE

acknowledge that the payment terms, unless specifically appended 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 rendered.