



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1313516  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- 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: \_\_\_\_\_

1313516

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	WAILES FARMS, INC. 1-16
Doc ID	1313516

Tops

Name	Top	Datum
ANHYDRITE	3136	+284
BASE ANHYDRITE	3176	+244
STOTLER	3991	-571
HEEBNER	4250	-830
LANSING	4300	-880
BASE KANSAS CITY	4562	-1142
PAWNEE	4684	-1264
FORT SCOTT	4744	-1324
CHEROKEE	4771	-1351
MISSISSIPPI	4975	-1555





# KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-584-9709 \* WICHITA, KS

## GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY L. D. DRILLING, INC.

LEASE #1-16 WAILES FARMS INC.

FIELD WILDCAT

LOCATION 663' FNL & 2121' FEL

SFC 16 TWP 5s RGE 37w

COUNTY CHEYENNE STATE KANSAS

CONTRACTOR L. D. DRILLING, INC.

SPUD 5-25-16 COMP 6-16-16

RTD 5057 LTD 5042

MUD LUP 3567 TYPE MUD CHEMICAL

ELEVATIONS  
 KB 3420  
 DF  
 GL 3415  
 Measurements Are All From 3420 KB  
 CASING  
 SURFACE 8 5/8" @ 421'  
 PRODUCTION 5 1/2" @  
 ELECTRICAL SURVEYS  
 DUAL IND, DENS-N, MICRO

SAMPLES SAVED FROM 3800 TO 5057

DRILLING TIME KEPT FROM 3700 TO 5057

SAMPLES EXAMINED FROM 3800 TO 5057

GEOLOGICAL SUPERVISION FROM 3900 TO 5057

GEOLOGIST ON WELL KIM B. SHOEMAKER

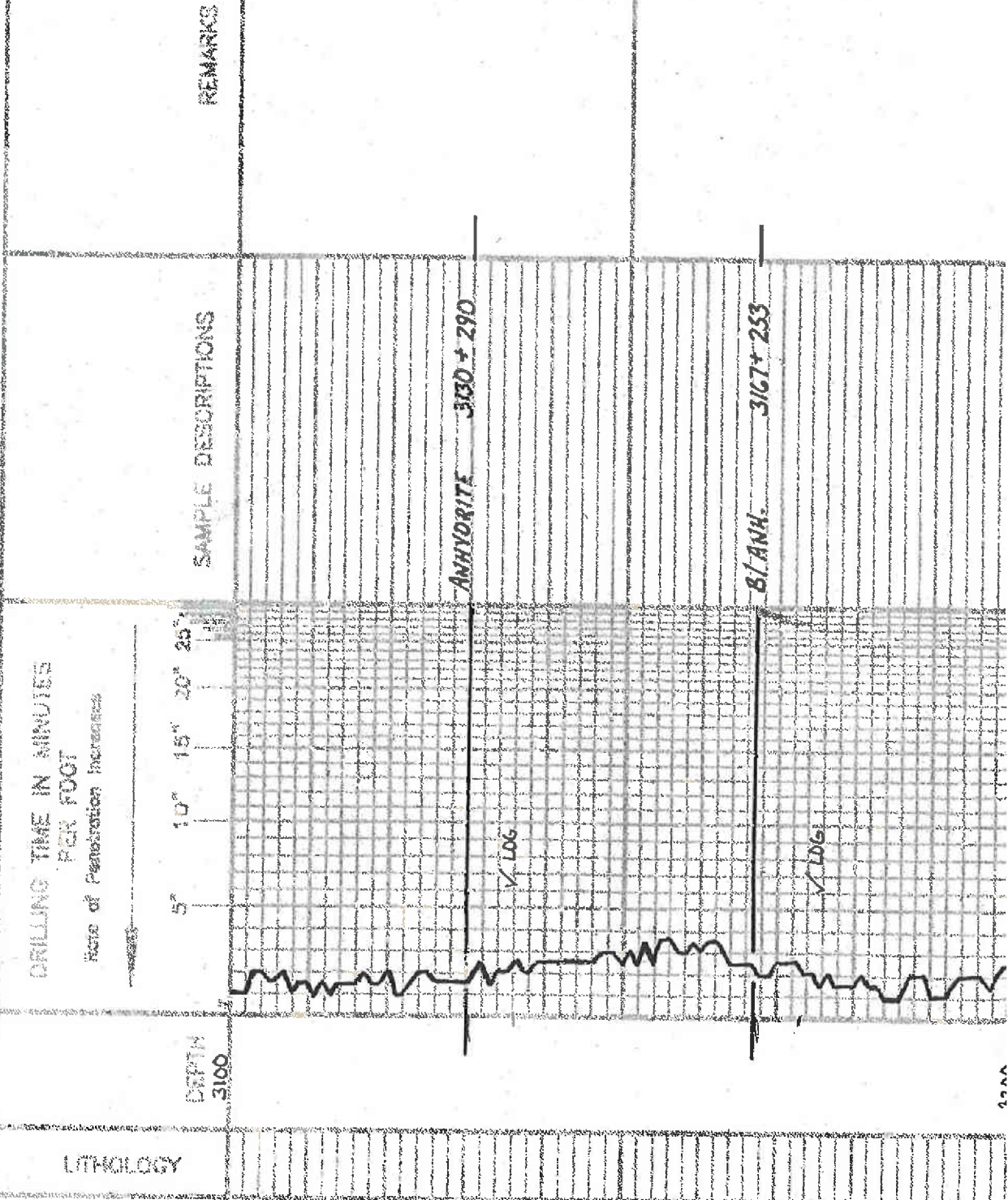
FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	3136+284	3130+290
B/ANH.	376+244	3167+253
STOTLER	3991-577	3974-554
HEEBNER	4250-830	4252-832
LANSING	4300-880	4301-881
B/KC	4562-1142	4558-1133
PAWNEE	4684-1264	4680-1260
FORT SCOTT	4744-1324	4730-1310
CHEROKEE	4771-1351	4756-1336
MISSISSIPPI	4975-1555	4963-1543



REMARKS  
 5-25-16 SPUD  
 DOWN STORMY PASSING AWAY OF LD DAVIS 5-27-16  
 API: 15-023-21450  
 6-8 @ 1120'  
 6-9 @ 220'  
 6-10 @ 3195'  
 6-11 @ 3790'  
 6-12 @ 5315'  
 6-13 @ 4500'  
 6-14 @ 4709'  
 6-15 @ 4830'  
 6-16 @ 5057'

### LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Coal
- Limestone
- Coal/Lime
- Chert
- Dolomite



LITHOLOGY

SAMPLE DESCRIPTIONS

REMARKS



















MISSISSIPPI 7163-1590  
Shelby Co. Poplar, Miss.

15. mt. Foss. Caliche

Red. Fr. Bush Sw.

Del. Fr. Wash. Yell. Foss.

Del. Gr. De. y. Earth. Chert. etc.

Del. Sl. y. Wash. Sh. Clay.

4. mt.

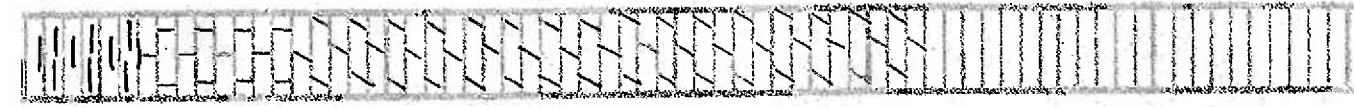
Del. Red. y. Wash. Sil. Foss. w. DE. y. Sh. B.

✓ LOG

5000

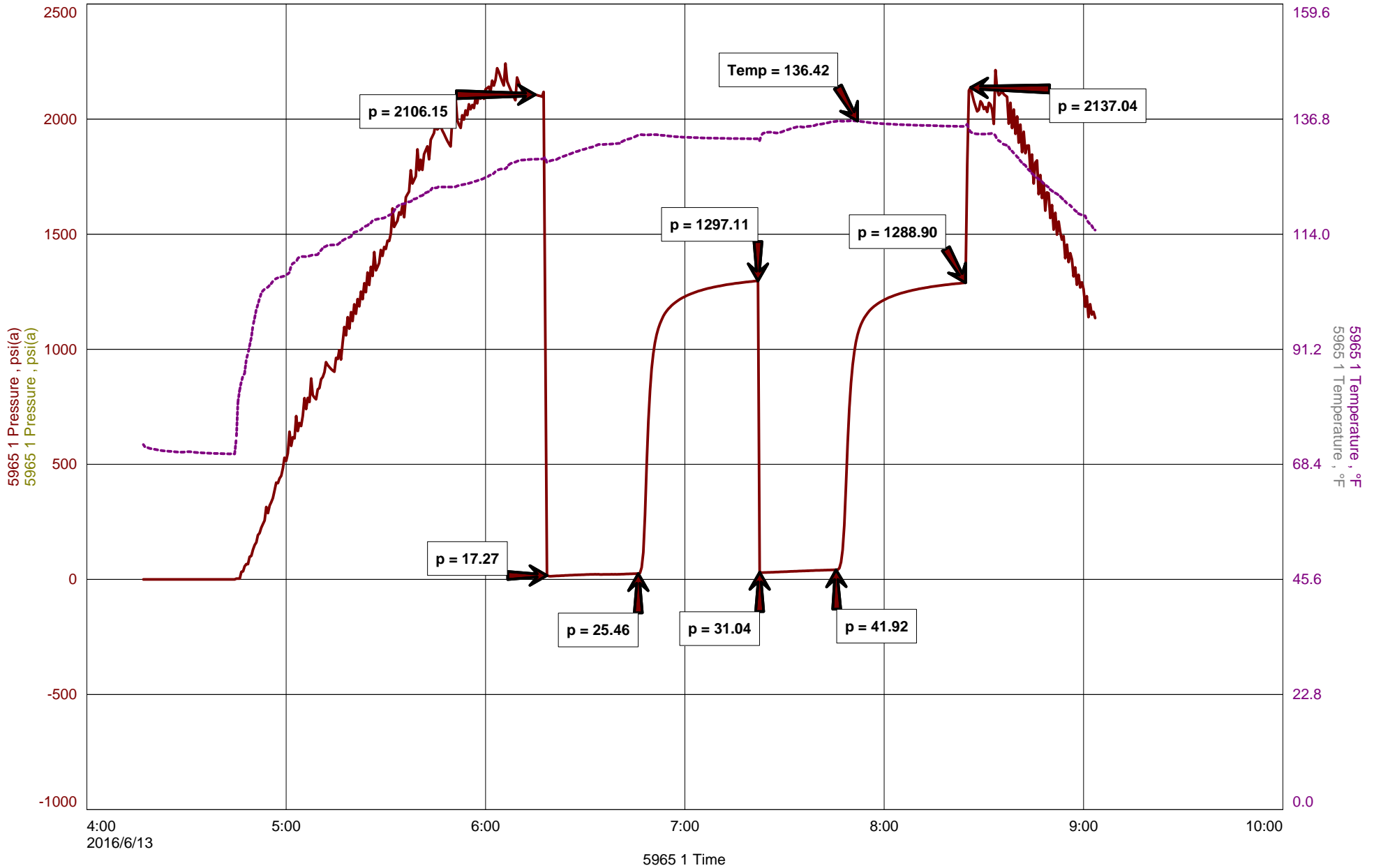
RTD: 5057-1637

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# Wailes Farms 1-16 DST 1







# Diamond Testing General Report

**Wilbur Steinbeck**  
**TESTER**  
**CELL: 620-282-1573**

## General Information

<b>Company Name</b>	LD Drilling	<b>Kim Shoemaker</b>	<b>Job Number</b>	W227
<b>Contact</b>		<b>Wailes Farms 1-16 DST 1</b>	<b>Representative</b>	Wilbur Steinbeck
<b>Well Name</b>		<b>DST 1 LKC J 4414-4500</b>	<b>Well Operator</b>	LD 1
<b>Unique Well ID</b>		<b>16-5s-37w Cheyenne/Kansas</b>	<b>Report Date</b>	2016/06/13
<b>Surface Location</b>		<b>Wildcat</b>	<b>Prepared By</b>	Wilbur Steinbeck
<b>Field</b>			<b>Qualified By</b>	Kim Shoemaker

## Test Information

<b>Test Type</b>	Conventional		
<b>Formation</b>	LKC J		
<b>Well Fluid Type</b>	01 Oil		
<b>Test Purpose (AEUB)</b>	Initial Test		
<b>Start Test Date</b>	2016/06/13	<b>Start Test Time</b>	04:17:00
<b>Final Test Date</b>	2016/06/13	<b>Final Test Time</b>	10:26:00

## Test Recovery

Recovery  
70' MCW 15%M 85%W  
70' Total Fluid

Tool Sample=MCW 10%M 90%W





**DIAMOND TESTING**  
 P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
 (800) 542-7313

TIME ON: 4:17  
 TIME OFF: 10:26

**DRILL-STEM TEST TICKET**  
 FILE: Wailes Farms 1-16 DST 1

Company LD Drilling Lease & Well No. Wailes Farms 1-16  
 Contractor LD Charge to LD  
 Elevation 3420 KB Formation LKC J Effective Pay \_\_\_\_\_ Ft. Ticket No. W227  
 Date 6-13-16 Sec. 16 Twp. 5 S Range 37 W County \_\_\_\_\_ State KANSAS  
 Test Approved By Kim Shoemaker Diamond Representative Wilbur Steinbeck

Formation Test No. 1 Interval Tested from 4414 ft. to 4500 ft. Total Depth 4500 ft.  
 Packer Depth 4409 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Packer Depth 4414 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.

Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) 4400 ft. Recorder Number 5965 Cap. 5000 P.S.I.  
 Bottom Recorder Depth (Outside) 4415 ft. Recorder Number 5587 Cap. 5,000 P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type Chem Viscosity 60 Drill Collar Length 0 ft. I.D. 2 1/4 in.  
 Weight 9.4 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.  
 Chlorides 2000 P.P.M. Drill Pipe Length 4381 ft. I.D. 3 1/2 in.  
 Jars: Make STERLING Serial Number 7 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? No Reversed Out No Anchor Length 86 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: Built to 3/4" No Return  
 2nd Open: Surface Blow No Return

Recovered 70 ft. of MCW 15%M 85%W  
 Recovered 70 ft. of Total Fluid  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Recovered _____ ft. of _____	130 Miles RT	Price Job
Recovered _____ ft. of _____		Other Charges
Remarks: <u>Tool Sample=MCW 10%M 90%W</u>		Insurance
<u>RW=36000</u>		Total

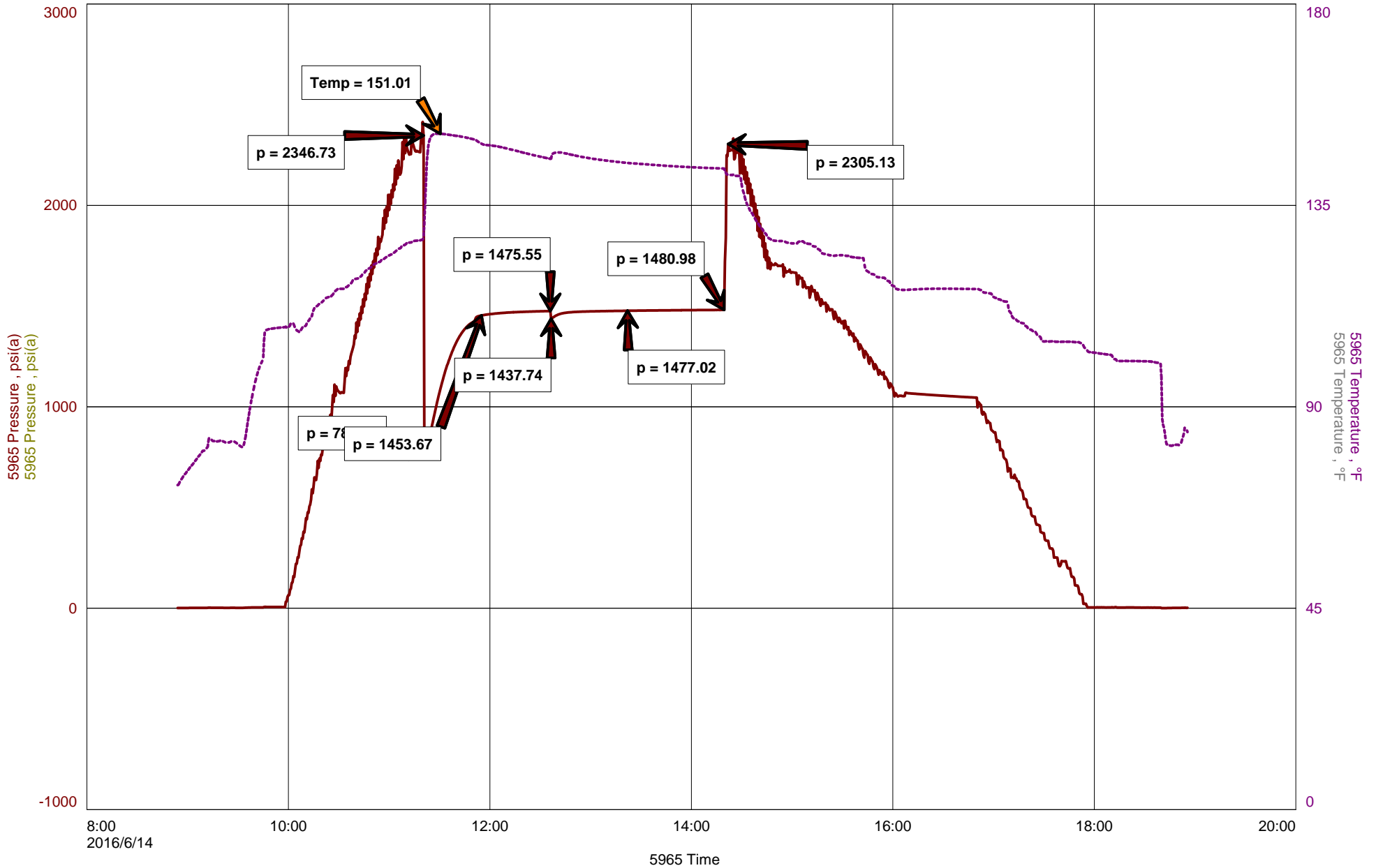
Time Set Packer(s) 6:35 A.M. P.M. Time Started Off Bottom 8:35 A.M. P.M. Maximum Temperature 136

Initial Hydrostatic Pressure..... (A) 2106 P.S.I.  
 Initial Flow Period..... Minutes 30 (B) 17 P.S.I. to (C) 25 P.S.I.  
 Initial Closed In Period..... Minutes 30 (D) 1297 P.S.I.  
 Final Flow Period..... Minutes 30 (E) 31 P.S.I. to (F) 42 P.S.I.  
 Final Closed In Period..... Minutes 30 (G) 1289 P.S.I.  
 Final Hydrostatic Pressure..... (H) 2137 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.



# Wailes Farms 1-16 DST 2





# Diamond Testing General Report

**Wilbur Steinbeck**  
**TESTER**  
**CELL: 620-282-1573**

## General Information

<b>Company Name</b>	LD Drilling	<b>Kim Shoemaker</b>	<b>Job Number</b>	W228
<b>Contact</b>			<b>Representative</b>	Wilbur Steinbeck
<b>Well Name</b>	Wailes Farms 1-16 DST 1		<b>Well Operator</b>	LD 1
<b>Unique Well ID</b>	DST 2 Pawnee 4655-4709		<b>Report Date</b>	2016/06/14
<b>Surface Location</b>	16-5s-37w Cheyenne/Kansas		<b>Prepared By</b>	Wilbur Steinbeck
<b>Field</b>	Wildcat		<b>Qualified By</b>	Kim Shoemaker

## Test Information

<b>Test Type</b>	Conventional		
<b>Formation</b>	Pawnee		
<b>Well Fluid Type</b>	01 Oil		
<b>Test Purpose (AEUB)</b>	Initial Test		
<b>Start Test Date</b>	2016/06/14	<b>Start Test Time</b>	08:50:00
<b>Final Test Date</b>	2016/06/14	<b>Final Test Time</b>	18:54:00

## Test Recovery

Recovery  
 1323' MWGCO 10%M 15%W 25%G 50%O  
 2394' GMCW 5%G 5%M 90%W  
 3717' Total Fluid  
 250' GIP

Tool Sample=MCW 5%M 95%W

RW=39





**DIAMOND TESTING**  
 P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
 (800) 542-7313

TIME ON: 8:50  
 TIME OFF: 18:54

**DRILL-STEM TEST TICKET**  
 FILE: Wailes Farms 1-16 DST 2

Company LD Drilling Lease & Well No. Wailes Farms 1-16  
 Contractor LD Charge to LD  
 Elevation 3420 KB Formation Pawnee Effective Pay \_\_\_\_\_ Ft. Ticket No. W228  
 Date 6-14-16 Sec. 16 Twp. 5 S Range 37 W County \_\_\_\_\_ State KANSAS  
 Test Approved By Kim Shoemaker Diamond Representative Wilbur Steinbeck

Formation Test No. 2 Interval Tested from 4655 ft. to 4709 ft. Total Depth 4709 ft.  
 Packer Depth 4650 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Packer Depth 4655 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.

Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) 4641 ft. Recorder Number 5965 Cap. 5000 P.S.I.  
 Bottom Recorder Depth (Outside) 4656 ft. Recorder Number 5587 Cap. 5,000 P.S.I.  
 Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type Chem Viscosity 58 Drill Collar Length 0 ft. I.D. 2 1/4 in.  
 Weight 9.3 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.  
 Chlorides 2500 P.P.M. Drill Pipe Length 4622 ft. I.D. 3 1/2 in.  
 Jars: Make STERLING Serial Number 7 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? Yes Reversed Out No Anchor Length 54 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: BOB in 10 sec No Return  
 2nd Open: BOB in 34 sec BOB in 25 min

Recovered 1323 ft. of MWGCO 10%M 15%W 25%G 50%O  
 Recovered 2394 ft. of GMCW 5%G 5%M 90%W  
 Recovered 3717 ft. of Total Fluid  
 Recovered 250 ft. of GIP

Recovered _____ ft. of _____	130 Miles RT	Price Job
Recovered _____ ft. of _____		Other Charges
Remarks: <u>Tool Sample=MCW 5%M 95%W</u>		Insurance
<u>RW=39,000</u>		Total

Time Set Packer(s) 11:10 A.M. P.M. Time Started Off Bottom 14:10 A.M. P.M. Maximum Temperature 151  
 Initial Hydrostatic Pressure..... (A) 2347 P.S.I.  
 Initial Flow Period..... Minutes 30 (B) 785 P.S.I. to (C) 1454 P.S.I.  
 Initial Closed In Period..... Minutes 45 (D) 1476 P.S.I.  
 Final Flow Period..... Minutes 45 (E) 1438 P.S.I. to (F) 1477 P.S.I.  
 Final Closed In Period..... Minutes 60 (G) 1480 P.S.I.  
 Final Hydrostatic Pressure..... (H) 2305 P.S.I.

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Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

**Job Log**

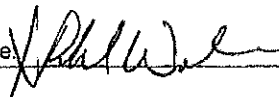
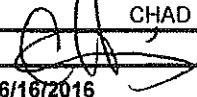
Customer:	LD DRILLING	Cement Pump No.:	38119-19570	Operator TRK No.:	78939
Address:		Ticket #:	1718-13663 L	Bulk TRK No.:	30464-37724
City, State, Zip:		Job Type:	5 1/2 LONGSTRING		
Service District:	LIBERAL	Well Type:	OIL		
Well Name and No.:	WAILES FARMS 1-16	Well Location:	16-5-37	County:	CHEYENNE
				State:	KS

Type of Cmt	Sacks	Additives	Truck Loaded On		
AA-2	150		30464-37724	Front	Back
60/40 POZ	30			Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
<b>Lead:</b>	14.8	1.54	6.58	231	Man Hours:	6
<b>Tail:</b>	14.4			30	# of Men on Job:	4

Time (am/pm)	(BPM)	Volume (BBLS)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
14:30							ON LOC, SAFTEY MTG, R.U.
17:50						3000	TEST LINES
5:52 PM	3	5				1250	START H2O SPACER SET PKR SHOE
5:54 PM	4	24				200	PUMP MUDFLUSH
5:59 PM	4	5				200	H2O SPACER
18:01	6					200	START MIXING @ 14.8#
18:14		41					SHUT DOWN DROP PLUG, WASHUP
6:16 PM	7					100	START DISP
18:32	4.3	105				400	SLOW RATE
18:36		115				600-1300	PLUG DOWN
18:43							PLUG RAT
18:45							WASHUP TO PIT
							JOB COMPLETE

Size Hole		Depth			TYPE	
Size & Wt. Csg.		Depth		New / Used	Packer	Depth
lbg.		Depth			Retainer	Depth
Top Plugs		Type			Perfs	CIBP

Customer Signature: 	Basic Representative:	CHAD HINZ
	Basic Signature:	
	Date of Service:	6/16/2016





