

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs 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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INVOICE

DATE	INVOICE #
11/30/2016	6619

BILL TO
DESTINY PETROLEUM LLC 21 WATERWAY, SUITE 300 THE WOODLANDS, TX 77380

REMIT TO
EDGE SERVICES INC PO BOX 609 WOODWARD, OK 73802

COUNTY	Start Date	Work Order	Rig Number	LEASE NAME	Terms
SUMNER, KS	11/30/2016	4664	DAN D	JAYHAWK SL 2-32	Due on rec...

Description
DRILLED 40' OF 30" CONDUCTOR HOLE DRILLED 6' OF 76" HOLE FURNISHED AND SET 6' X 6' TINHORN CELLAR FURNISHED 40' OF 20" CONDUCTOR PIPE FURNISHED WELDER AND MATERIALS FURNISHED 4 YARDS OF 10 SACK GROUT FOR CONDUCTOR HOLE FURNISHED 2 YARDS OF 10 SACK GROUT FOR MOUSE HOLE DRILL MOUSE HOLE FURNISHED 50' OF 16" CONDUCTOR PIPE TOTAL BID \$10,000 SDL RECEIVED 12-13-16 APPROVED PB DUE 90 DAYS CODE: 9207

Sales Tax (7.0%)	\$116.34
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TOTAL	\$10,116.34
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Phone: 580-254-3216
 Fax: 580-254-3279
 P. O. Box 609
 Woodward, OK 73802

4664

WORK ORDER #

		STARTING DATE: <u>11-30-16</u>
RIG #:	<u>DAN D</u>	ORDER BY:
COMPANY NAME:	<u>DESTINY PETRO</u>	PHONE #:
LEASE NAME:	<u>Jayhawk SL 2-32</u>	COUNTY:
LEGAL DESCRIPTION:		<u>SUMNER, KS.</u>
		EDGE RIG: <u>602</u>

DIRECTIONS: MILAN KS - 2 1/2 S ON MILAN RD, TO W 45th ST, 1/2 E, N INTO.

Face Rig	N	E	S	W	Pipe	Fuel - Rig:
Rat Hole					Note	Fuel - Vehicle:
Mouse Hole <u>80'</u>					Cement	Credit Card Expenses:
Conductor <u>20"</u>					Mud Truck	
Cellar <u>6x6</u>					Pump Truck	
Tin Horn <input checked="" type="checkbox"/>					Welding	

- Drilled 40' of 30" Conductor Hole.
- Drilled 6' of 76" Hole & Set 6 x 6 Tinhorn Cellar
- Furnished Backhoe _____
- Furnished 40' of 20" Conductor Pipe _____
- Furnished Shucks _____ Rat _____ Mouse _____
- Furnished Mud, Water, And Transport Truck
- Furnished Welder And Materials
- Furnished Grout
- Furnished Grout Pump
- Drilled Rat Hole
- Drilled Mouse Hole
- Furnish 50' of 16" Conductor Pipe for Mousehole
- Furnish _____ x _____ Plate for Well Cover

TOTAL BID \$10,000

STATE SALES TAX _____ %

COUNTY SALES TAX _____ %

INSURANCE SURCHARGE _____

FUEL SURCHARGE _____

TOTAL INVOICE _____



New Day Set-Up

Well Name: Jayhawk 3203 #2-32

Date: 12/17/2016, Report #: 1.0, DFS: 0.67

Job Type: Drilling - original

Click on the 'New' button to start a new daily report.

Report Start Date 12/16/2016 14:00	Report End Date 12/17/2016 06:00
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Operations at Report Time Nipple up	Operations Next Report Period Nipple up
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Operations Summary
Drilling f/ 40' to 275'

Daily Contacts
Job Contact

Time Log

Start Time	End Time	Dur (hr)	Cum Dur (hr)	Code 1	Code 2	Unschd Typ	Com
14:00	17:00	3.00	3.00	2	DRILL ACTUAL		Drilling f/ 40' to 294', pumping vis sweeps. (Talked to BJ with KCC @ 2:00 pm 12-15-16 and informed about Spudding on 12-16-16)
17:00	18:00	1.00	4.00	5	COND MUD & CIRC		Circ hole clean, pumping vis pills.
18:00	19:30	1.50	5.50	6	TRIPS		TOH, l/d 6" dc's, no issues.
19:30	21:00	1.50	7.00	12	RUN CASING		Rig up csg. crew, Run 9 5/8 Casing to bottom w/ no issues. Set csg on bottom.
21:00	22:00	1.00	8.00	5	CIRC		Circ while rig up O-TEX.
22:00	22:30	0.50	8.50	12	RUN CASING & CEMENT		Pump 37 bbls cmt, displaced with 21 bbls fresh water leaving 30' cmt in csg. Had full returns through out job, circ 11 bbls cmt to surface.
22:30	02:00	3.50	12.00	13	WAIT ON CEMENT		Wait on cement
02:00	04:00	2.00	14.00	14	NIPPLE UP B.O.P		Weld on 11" x 9 5/8 3M Head and test to 1000 psi
04:00	06:00	2.00	16.00	14	NIPPLE UP B.O.P		Nipple up BOP



Crescent Daily Drilling Report

Report Start Date: 12/21/2016

Report #: 6.0, DFS: 5.67

Depth Progress: 0.00

Well Name: Jayhawk 3203 #2-32

API/UWI 002	Surface Legal Location Sec. 32- T32S- R3W	License # 35386	State/Province Kansas
Spud Date 12/16/2016 14:00	Rig Release Date	KB-Ground Distance (ft)	KB-Casing Flange Distance (ft)
Weather	Temperature (°F)	Road Condition	Hole Condition
Operations at Report Time N/D & Set Slips		Operations Next Report Period Drilling Lateral Section	
Operations Summary N/D, Set Slips, N/U & Tes			
Remarks 7" Casing on Bottom & Cemented			
Mud Checks			
Type Water Base	Time 06:00	Depth (ftKB) 4,326.0	Density (lb/gal) 9.20
Vis (s/qt) 50	PV Override (Pa-s) 11.0	YP OR (lb/100ft²) 23.000	
Gel (10s) (lb/100ft²) 19.000	Gel (10m) (lb/100ft²) 34.000	Gel (30m) (lb/100ft²)	Filtrate (mL/30min) 8.8
MBT (lb/bbl)	Percent Oil (%)	Percent Water (%)	Chlorides (mg/L) 33,000.000
			Calcium (mg/L)
			Potassium (mg/L)
			Electric Stab (V) 4.1

AFE Number 0002	AFE+Supp Amt (Cost) 1,611,600.00
Daily Field Est Total (Cost) 81,046.00	Cum To Date (Cost) 319,151.00
Daily Mud Field Est (Cost)	Cum Mud Field Est (Cost)
Start Depth (ftKB) 4,326.0	End Depth (ftKB) 4,326.0
Start Depth (TVD) (ftKB)	End Depth (TVD) (ftKB)
Target Formation Mississippian	Target Depth (ftKB) 6,478.0
Time Log Total Hours (hr) 24.50	Problem Time Hours (hr) 0.00
Percent Problem Time (%) 0.00	Cum Prob Time (%) 0.00
Days LTI (days)	Days RI (days)

Time Log

Start Time	End Time	Dur (hr)	Cum Dur (hr)	Code 2	Com
06:00	06:30	0.50	0.50	COND MUD & CIRC	Cir. hole clean
06:30	09:00	2.50	3.00	TRIPS	T.O.H. to lay skyline dir. tools down
09:00	10:30	1.50	4.50	TRIPS	Lay down dir. tools
10:30	14:00	3.50	8.00	TRIPS	T.I.H. For wiper trip
14:00	17:00	3.00	11.00	COND MUD & CIRC	cir. condition mud
17:00	19:30	2.50	13.50	TRIPS	TOH to Run Casing
19:30	21:00	1.50	15.00	RUN CASING & CEMENT	PJSM, R/U Casing Crew & L/D Machine
21:00	01:00	4.00	19.00	RUN CASING & CEMENT	PJSM, Make Up Shoe, 1 Shoe jt, Float & Run Total of 98 jts of 7",26#, J-55 LT&C
01:00	02:30	1.50	20.50	COND MUD & CIRC	Circulate, R/D Casing Crew & L/D Machine
02:30	04:30	2.00	22.50	RUN CASING & CEMENT	PJSM, R/U O-Tex Cementers, Test lines to 3500 psi, 20 bbl Water Spacer, Pump 220 sx Lead Cement, 50:50 Poz Premium, 2% Gel, 0.3% C-15, 0.25# Celo-Flake, 0.25# Fiber X, 14.1 ppg, yield:1.27. Displace W/ 164 bbl, Final lift 550 psi, Test Floats w/ 500 over, Floats Held and Recived 1 bbl Back, Full Returns Throughout the job, R/D Cementers
04:30	06:30	2.00	24.50	NIPPLE UP B.O.P	Nipple Down BOP's

Daily Contacts

Job Contact	Mobile
Emil Fahrig/Felix Ortiz Jr	830-534-8495

Rigs

Contractor Dan-D	Rig Number 19
Rig Supervisor 918-448-0887	Phone Mobile 432-202-5660

Mud Pumps

# <Pump Number?>	<Make?>	<Mode
Pump Rating (hp)	Rod Diameter (in)	Stroke (in)
Liner Size (in)	Vol/Stk OR (bbl/stk)	
P (psi)	Strokes (sp...)	Q Flow (gpm)
		Eff (%)

Mud Additive Amounts

Des	Field Est (Cost/unit)	Consumed

Survey Data

MD (ftKB)	Incl (°)	Azm (°)	TVD (ftKB)

Last Casing String

Casing Description Intermediate	Run Date 12/21/2016	Set Depth... 4,327.0
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Safety Incidents

Time	Category	Type	SubTyp	Cause	Lost time?	Severity

Drill Strings

BHA #4, Slick

BHA # 4	Bit Run R.R.	Drill Bit 8 3/4in, U516M, 28939	IADC Bit Dull -----	TFA (incl Noz) (in²) 0.98
Nozzles (1/32") 16/16/16/16/16	String Length (ft) 1,536.32	String Wt (1000lbf) 42	BHA ROP (ft/...)	

Drill String Components

Item Des	Jts	OD (in)	ID (in)	Len (ft)	Top Thread
Bit Sub	1	4 1/2	2.750	2.58	
XO Sub	1	4 1/2	2.750	2.00	
HWDP	50	4	2.750	1,530.74	

Drilling Parameters

Wellbore Original Hole	Start Depth (ftKB) 4,326.0	End Depth (ftKB) 4,326.0	Cum Depth (ft)	Drilling Time (hr)	Cum Drill Time (hr)	Int ROP (ft/hr)	Flow Rate (gpm)
WOB (1000lbf)	RPM (rpm)	SPP (psi)	Drill Str Wt (100...)	PU Str Wt (1000...)	SO Str Wt (1000...)	Drilling Torque	Off Btm Tq

Hydraulic Calculations

Bit Hydraulic Power (hp)	HP/Area (hp/in²)	Bit Jet Velocity (ft/s)	Bit Pressure Drop (psi)	% P @ bit (%)
Max Casing AV (ft/min)	Max Open Hole AV (ft/min)	Min Casing AV (ft/min)	Min Open Hole AV (ft/min)	ECD End (lb/gal)

JOB SUMMARY			PROJECT NUMBER SOK 5818	TICKET DATE 12/22/16
COUNTY Sumner	State Kansas	COMPANY Destiny Petroleum	CUSTOMER REP 0	
LEASE NAME Jayhawk 3203 SL	Well No. 2-32	JOB TYPE Intermediate	EMPLOYEE NAME Kyle Laskowitz	

0.00					
0.00					
0.00					
0.00					

Form. Name _____ Type: _____
Packer Type _____ Set At **0**
Bottom Hole Temp. **125°** Pressure _____
Retainer Depth _____ Total Depth **4326**

Date	Called Out	On Location	Job Started	Job Completed
	12/21/2016	12/22/2016	12/22/2016	12/22/2016
Time	10:00 pm	1:10 am	2:40 am	4:30 am

Tools and Accessories		
Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Va	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing		26#	7"		Surface	4,326
Liner						5,000
Liner						
Tubing			0			
Drill Pipe						
Open Hole			8 3/4"		Surface	4,326
Perforations						Shots/Ft.
Perforations						
Perforations						


Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	Mudwash BBL.		25 8.40
Spacer type	BBL.		
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	In	
NE Agent	Gal.	In	
Fluid Loss	Gal/Lb	In	
Gelling Agent	Gal/Lb	In	
Fric. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	
Perpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/22	3.5	12/22	1.5	Intermediate
Total	3.5	Total	1.5	

MAX	5,000 PSI	AVG	220
Average Rates in BPM			
MAX	8 BPM	AVG	5
Cement Left in Pipe			
Feet	50	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	220	50/50 POZ PREMIUM	2% Gel - 0.3% C-15 - 1/4 pps Celloflake - 1/4 pps Fiber X	5.75	1.27	14.15
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary					
Preflush Breakdown	Type: _____	MAXIMUM	5,000 PSI	Preflush: BBI	20.00
	Lost Returns-N	Actual TOC	NO/FULL	Load & Bkdn: Gal - BBI	N/A
	Bump Plug PSI:		1,000	Excess /Return BBI	N/A
Average ISIP	5 Min.		15 Min	Calc. TOC:	2,339'
				Final Circ. PSI:	550
				Cement Slurry BBI	49.8
				Total Volume BBI	233.76
				Type: Fresh Water	
				Pad:Bbl -Gal	N/A
				Calc.Disp Bbl	164
				Actual Disp.	164.00
				Disp:Bbl	

CUSTOMER REPRESENTATIVE _____

SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 5808	TICKET DATE 12/16/16
COUNTY Sumner	State Kansas	COMPANY Destiny Petroleum	CUSTOMER REP 0	
LEASE NAME Jayhawk 3203 SL	Well No. 2-32	JOB TYPE Surface	EMPLOYEE NAME Charles Spracklen	

EMP NAME	Charlie Spracklen	0					
	Daniel Wells						
	Larry Pickard						
	0.00						

Form. Name _____ Type: _____
Packer Type _____ Set At **0**
Bottom Hole Temp. **80** Pressure _____
Retainer Depth _____ Total Depth **294**

Date	Called Out	On Location	Job Started	Job Completed
	12/16/2016	12/16/2016	12/16/2016	12/16/2016
Time	1730	2000	2015	2230

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data		New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing			36#	9 5/8"		Surface	294	1,500
Liner								
Liner								
Tubing				0				
Drill Pipe								
Open Hole				12 1/4"		Surface	300	Shots/Ft.
Perforations								
Perforations								
Perforations								

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water BBL.		10 8.33
Spacer type	BBL.		
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	In	
NE Agent	Gal.	In	
Fluid Loss	Gal/Lb	In	
Gelling Agent	Gal/Lb	In	
Fric. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/16		12/16		Surface
Total	0.0	Total	0.0	

Pressures		
MAX	1,500 PSI	AVG. 75
Average Rates in BPM		
MAX	5	AVG 4
Cement Left in Pipe		
Feet	30	Reason SHOE JOINT

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	155	Tex Lite Premium Plus 65	2% Calcium Chloride - 1/2pps Cello-Flake	6.37	1.35	14.80
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary			
Preflush Breakdown	Type: MAXIMUM	Preflush: 20.00	Type: Fresh Water
	Lost Returns-N: NO/FULL	Load & Bkdn: N/A	Pad:Bbl -Gal: N/A
	Actual TOC: SURFACE	Excess /Return BBI: 11	Calc. Disp Bbl: 21
Average	Bump Plug PSI: _____	Calc. TOC: SURFACE	Actual Disp. 21.00
ISIP	5 Min. 10 Min. 15 Min.	Final Circ. PSI: 95	Disp:Bbl _____
		Cement Slurry: BBI: 37.0	
		Total Volume BBI: 78.00	

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____