

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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Company: R. L. Investment, LLC

Lease: Pratt "A" #5-35

SEC: 35 TWN: 8S RNG: 29W
County: SHERIDAN
State: Kansas
Drilling Contractor: STP Drilling, LLC - Rig 1
Elevation: 2817 EGL
Field Name: Hoxie West
Pool: Infield
Job Number: 475
API #: 15-179-21471-00-00

Operation:
Uploading recovery & pressures

DATE
April
13
2021

DST #1 **Formation: Belmont & Howard** **Test Interval: 3547 - 3615'** **Total Depth: 3615'**
Time On: 16:35 04/13 Time Off: 23:48 04/13
Time On Bottom: 19:36 04/13 Time Off Bottom: 22:36 04/13

Electronic Volume Estimate:
193'

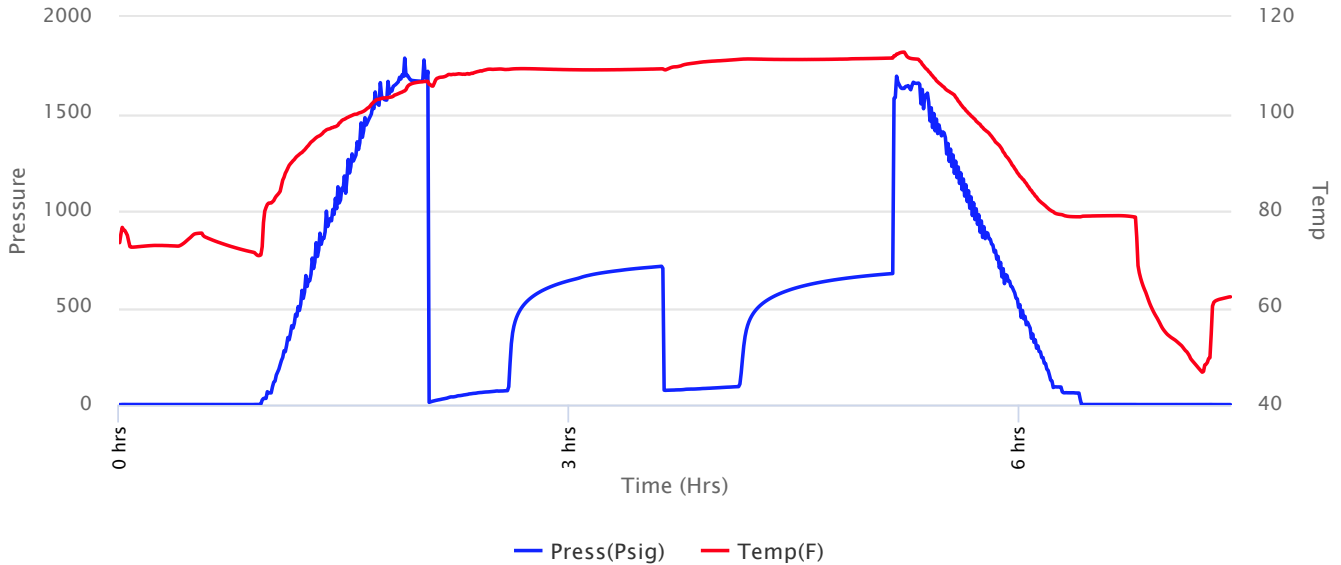
1st Open
Minutes: 30
Current Reading:
6.9" at 30 min
Max Reading: 6.9"

1st Close
Minutes: 60
Current Reading:
0" at 60 min
Max Reading: 0"

2nd Open
Minutes: 30
Current Reading:
5.5" at 30 min
Max Reading: 5.5"

2nd Close
Minutes: 60
Current Reading:
0" at 60 min
Max Reading: 0"

Inside Recorder





Company: R. L. Investment, LLC

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SEC: 35 TWN: 8S RNG: 29W
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State: Kansas
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Elevation: 2817 EGL
Field Name: Hoxie West
Pool: Infield
Job Number: 475
API #: 15-179-21471-00-00

Operation:
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DATE
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Time On Bottom: 19:36 04/13 Time Off Bottom: 22:36 04/13

Recovered

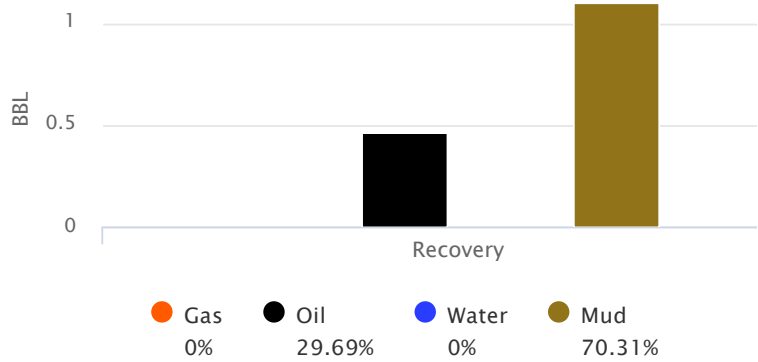
Foot	BBLs	Description of Fluid	Gas %	Oil %	Water %	Mud %
2	0.02846	O	0	100	0	0
125	1.2421216	HOCM	0	33	0	67
60	0.2952	SLOCM	0	9	0	91

Total Recovered: 187 ft
Total Barrels Recovered: 1.5657816

Reversed Out
NO

Initial Hydrostatic Pressure	1682	PSI
Initial Flow	12 to 73	PSI
Initial Closed in Pressure	714	PSI
Final Flow Pressure	75 to 94	PSI
Final Closed in Pressure	677	PSI
Final Hydrostatic Pressure	1664	PSI
Temperature	112	°F
Pressure Change Initial Close / Final Close	5.3	%

Recovery at a glance



GIP cubic foot volume: 0



**Company: R. L. Investment,
LLC**

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Rig 1
Elevation: 2817 EGL
Field Name: Hoxie West
Pool: Infield
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BUCKET MEASUREMENT:

1st Open: 1/4" blow building to 6 1/2"
1st Close: No BB
2nd Open: Surface blow building to 5 1/4"
2nd Close: No BB

REMARKS:

Tool Sample: 0% Gas 9% Oil 0% Water 91% Mud



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Elevation: 2817 EGL
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Down Hole Makeup

Heads Up: 17 FT	Packer 1: 3542.3 FT
Drill Pipe: 3414.09 FT <i>ID-3 1/2</i>	Packer 2: 3547.3 FT
Weight Pipe: 0 FT <i>ID-2 7/8</i>	Top Recorder: 3531.72 FT
Collars: 117.64 FT <i>ID-2 1/4</i>	Bottom Recorder: 3585 FT
Test Tool: 33.57 FT <i>ID-3 1/2-FH</i> <i>Jars</i> <i>Safety Joint</i>	Well Bore Size: 7 7/8
Total Anchor: 67.7	Surface Choke: 1"
Anchor Makeup	Bottom Choke: 5/8"
Packer Sub: 1 FT	
Perforations: (top): 2 FT <i>4 1/2-FH</i>	
Change Over: 1 FT	
Drill Pipe: (in anchor): 31.70 FT <i>ID-3 1/2</i>	
Change Over: 1 FT	
Perforations: (below): 31 FT <i>4 1/2-FH</i>	



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Mud Properties

Mud Type: Chemical **Weight:** 8.7 **Viscosity:** 61 **Filtrate:** 6.8 **Chlorides:** 1,200 ppm



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Gas Volume Report

1st Open			
Time	Orifice	PSI	MCF/D

2nd Open			
Time	Orifice	PSI	MCF/D



Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Pratt A #5-35
Well Id:
Location: SW NW SE NW Sec 35 T8S R29W
License Number: 15-179-21471
Spud Date: 4/9/2021
Surface Coordinates: 1700' FNL & 1605' FWL

Region: Sheridan County, KS
Drilling Completed: 4/19/2021

Bottom Hole Surface casing- 8 5/8" @ 262'
Coordinates: Production casing- 5 1/2" @ 4200'
Ground Elevation (ft): 2817 K. B. Elevation (ft): 2824
Logged Interval (ft): 3500 To: TD Total Depth (ft): 4406
Formation:
Type of Drilling Fluid: Chemical Mud

Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: RL Investment, LLC
Address: 2777 US Hwy 24
Hill City, KS 67642

GEOLOGIST

Name: Clayton Erickson
Company: Erickson Wellsite Geology
Address: 402 Palmer Street
P.O. Box 284
Loomis, NE 68958

DSTs

DST #1 3547-3615 30-60-30-60; Hydro: 1682-1664 IFP: 12-73 ISIP: 714 FFP: 75-94 FSIP: 677; Rec: 2' oil 125' 33%w 67%w 60' 9%w 91%w; BHT: 112F; IF: 6.9" ISI; dead FF: 5.5" FSI: dead

DST #2 3646-3730 30-60-15-45; Hydro: 1748-1748 IFP: 114-595 ISIP: 1134 FFP: 608-746 FSIP: 1127; Rec: 75' mud 875' 3%w 64%w 33%w 315' 4%w 92%w 4%w 315' 99%w 1%w; BHT: 125F; RW: 23@65F Chl: 40,000ppm; IF: BOB 2min ISI: dead FF: BOB 2 1/2min FSI: dead

DST #3 3797-3837 15-61-15-45; Hydro: 1869-1852 IFP: 198-472 ISIP: 1182 FFP: 500-713 FSIP: 1169; Rec: 365' 4%w 64%w 32%w 1125' 5%w 87%w 8%w; BHT: 128F; RW: 26@60F Chl: 39,000ppm; IF: BOB 1 1/2min ISI: surface FF: BOB 1 1/2min FSI: dead

DST #4 3837-3870 30-60-30-60; Hydro: 1875-1866 IFP: 23-164 ISIP: 1221 FFP: 170-264 FSIP: 1218; Rec: 475'g 155' 100%w 125' 22%w 51%w 27%w 310' 5%w 90%w 5%w; BHT: 128F Grav: 33.3@60F; RW: 23@60F Chl: 36,000ppm; IF: BOB 6 1/2min ISI: 7" FF: BOB 12min FSI: 5 1/4"

DST #5 3905-3957 30-60-30-60; Hydro: 1909-1904 IFP: 16-177 ISIP: 1155 FFP: 182-289 FSIP: 1133; Rec: 100' 9%w 45%w 46%w 250' 5%w 58.5%w 41%w 245' 95%w 5%w; BHT: 128F RW: 31@56F Chl: 31,000ppm; IF: BOB 11min ISI: dead FF: BOB 15min FSI: dead

DST #6 4034-4066 30-60-30-60; Hydro: 1959-1956 IFP: 10-24 ISIP: 44 FFP: 24-26 FSIP: 33; Rec: 40' mud; BHT: 119F; IF: 1" ISI: dead FF: dead FSI: dead

DST #7 4086-4112 30-60-30-60; Hydro: 2049-2043 IFP: 36-206 ISIP: 206 FFP: 204-204 FSIP: 206; Rec: 2' oil 215' 3%w 59%w 38%w 185' 1%w 93%w 6%w; BHT: 132F; RW: 26@57F Chl: 33,000ppm; IF: BOB 5 1/2min ISI: dead FF: 14" FSI: dead

DST #8 4292-4377 30-60-15-45; Hydro: 2157-2156 IFP: 12-13 ISIP: 36 FF: 12-13 FSIP: 24; Rec: 5'm; BHT: 119F; IF: 1/4" ISI: dead FF: dead FSI: dead

COMMENTS

It was decided to run casing in order to make an injection well

FORMATION TOPS

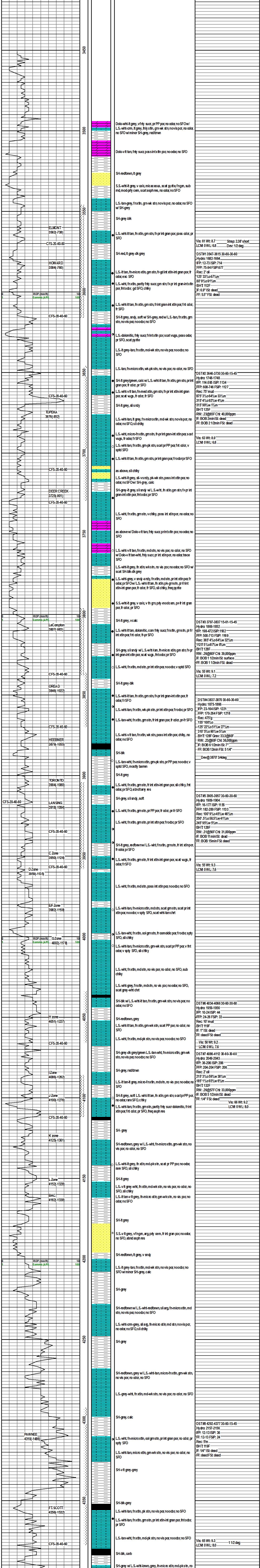
Log Tops	Sample tops
Anhydrite 2432(+386)	2435(+389)
Base Anhy 2468(+356)	2472(+352)
ELMONT 3564(-740)	3562(-738)
HOWARD 3588(-764)	3584(-760)
TOPEKA 3672(-848)	3676(-852)
HEEBNER 3880(-1056)	3879(-1055)
TORONTO 3904(-1080)	3904(-1080)
LANSING 3918(-1094)	3918(-1094)
BKC 4163(-1339)	4162(-1328)
PAWNEE 4310(-1486)	4310(-1486)
Ft. Scott 4357(-1533)	4356(-1532)
TD 4406(-1582)	4406(-1582)

ROCK TYPES

Anhy	Clyst	Gyp	Mrlst	Shgy
Bent	Carb. shale	Igne	Salt	Silst
Brec	Arkose	Lmst	Shale	Ss
Cht	Dol	Meta	Shcol	Till

OTHER SYMBOLS

Oil Show	Spotted	Dead	Interval
Even	Ques	Dst	



RANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0301
 LOCATION Here, KS
 FOREMAN M. L. Shead

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
7/20/21		Path A 5	35	8S	27W	Sherman			
CUSTOMER <u>RL Treatments</u>		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS		<u>101</u>		<u>Shead</u>					
CITY		<u>102</u>		<u>M. L. S</u>					
STATE									
ZIP CODE									
JOB TYPE	<u>2 stage</u>	HOLE SIZE	<u>7 7/8"</u>	HOLE DEPTH	<u>4400'</u>	CASING SIZE & WEIGHT	<u>5.5" 15.5"</u>		
CASING DEPTH	<u>4251'</u>	DRILL PIPE		TUBING		OTHER	<u>DU @ 2474' sat</u>		
SLURRY WEIGHT	<u>14.7/11.7</u>	SLURRY VOL	<u>15/22</u>	WATER gal/sk		CEMENT LEFT in CASING	<u>40'</u>		
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE			

REMARKS: Safety meeting + hrs upon STP drilling Run in 102 Suts Baskets on
Suts 3, 12, 43 centralize on suts, 4, 5, 6, 7, 8, 9, 10, 11, 12, 43, 44 circulate cas.
Per 1 hrs. Pump 500 gal mud flush 90 bbls UCL mix 50% @ 13" drilled in with
125% over @ 147' shutdown clear pump lines ~~check~~ release plug displacement
50 bbls water + 50% mud plus land 900' left land 1500' release opening start
operation with 800' circulate 3 hrs mix 50% gal mud plus 500 gal @ 40' @ 13"
1/4" No shutdown clear pump lines released plug displacement 59% bbls
water with 750' left plus land and shut @ 1500'
Cement did circulate 30 bbls to pit
305x RH

Thanks M. L. Shead & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT
<u>RC03</u>	<u>1</u>	<u>PUMP CHARGE</u>
<u>M001</u>	<u>10</u>	<u>MILEAGE</u>
<u>M003</u>	<u>35.29 TONS</u>	<u>Ton Mitosodeflex</u>
<u>CB</u>	<u>550 SX</u>	<u>water & 85% 7/8" P</u>
<u>(B030)</u>	<u>175 SX</u>	<u>DU 5" Vols</u>
<u>(P013)</u>	<u>1000 gal</u>	<u>Mud Flush</u>
<u>(P014)</u>	<u>2 gal</u>	<u>ALL</u>
<u>FE013</u>	<u>11</u>	<u>Centralize 5.5"</u>
<u>FE027</u>	<u>3</u>	<u>5.5" Baskets</u>
<u>FE033</u>	<u>1</u>	<u>5.5" AFU Guide Shoe</u>
<u>FE052</u>	<u>1</u>	<u>5.5" Flex Latchdown Plug</u>
<u>FE090</u>	<u>1</u>	<u>5.5" DU tool weather band</u>
<u>FE094</u>	<u>40</u>	<u>5.5" reciprocating scratchers</u>
		<u>less</u>

AUTHORIZATION [Signature] TITLE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the office, and conditions of service on the back of this form are in effect for services identified on this form.

FRANKS Oilfield Service

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 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0297

LOCATION Healy US

FOREMAN Milos Sliva

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>4/10/21</u>		<u>Pratt A 5-35</u>	<u>35</u>	<u>8S</u>	<u>27W</u>	<u>Sheridan</u>

CUSTOMER
R L Investments

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>101</u>	<u>Milos</u>		
<u>102</u>	<u>Sacht</u>		

JOB TYPE Surf on HOLE SIZE 12.25' HOLE DEPTH 262' CASING SIZE & WEIGHT 85#

CASING DEPTH 262' DRILL PIPE TUBING OTHER

SLURRY WEIGHT 14.7 SLURRY VOL 1.4 WATER gal/sk CEMENT LEFT in CASING 20'

DISPLACEMENT 15 bbls DISPLACEMENT PSI MIX PSI RATE

REMARKS: Safety meetings & Rig up on STP platform. Circulate cement
Mix 1805x Class A 38cc 28cc/d
Cement did circulate 4 bbls to pit

thanks Milos & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT
<u>R002</u>	<u>1</u>	<u>PUMP CHARGE</u>
<u>M001</u>	<u>12</u>	<u>MILEAGE</u>
<u>M305</u>	<u>8.91 TONS</u>	<u>Ten mileage delivery</u>
<u>CB009</u>	<u>1805x</u>	<u>Class A 38cc 28cc/d</u>

18553080

AUTHORIZATION [Signature] TITLE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer office, and conditions of service on the back of this form are in effect for services identified on this form.