

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](mailto: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)*

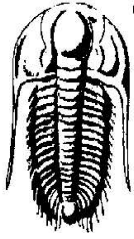
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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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**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Canyon Operating

**16 9s 25w Graham KS**

PO Box 1717  
 Loveland, CO  
 80537  
 ATTN: Clayton Ericson

**Simon 16-1**

Job Ticket: 66015      **DST#: 1**  
 Test Start: 2021.10.12 @ 11:24:02

## GENERAL INFORMATION:

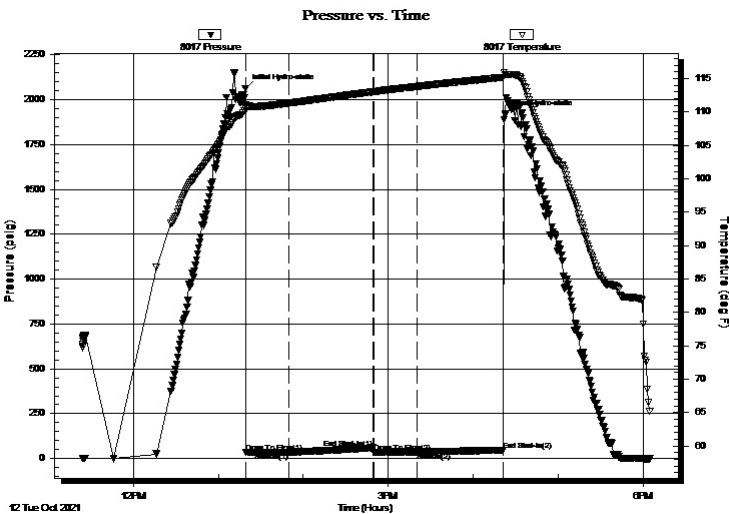
Formation: **Lansing H-J**  
 Deviated: No Whipstock:                      ft (KB)  
 Time Tool Opened: 13:19:31  
 Time Test Ended: 18:05:01  
 Interval: **4026.00 ft (KB) To 4070.00 ft (KB) (TVD)**  
 Total Depth: 4070.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole (Initial)  
 Tester: Paul/Corey  
 Unit No: 76  
 Reference Elevations: 2585.00 ft (KB)  
 2578.00 ft (CF)  
 KB to GR/CF: 7.00 ft

## Serial #: 8017      Outside

Press@RunDepth: 36.50 psig @ 4067.00 ft (KB)      Capacity: 8000.00 psig  
 Start Date: 2021.10.12      End Date: 2021.10.12      Last Calib.: 1899.12.30  
 Start Time: 11:24:03      End Time: 18:05:01      Time On Btm: 2021.10.12 @ 13:19:16  
 Time Off Btm: 2021.10.12 @ 16:22:31

TEST COMMENT: 30- IF weak blow built to .5"  
 60- no blow  
 30- no blow  
 60-no blow

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2061.04	111.09	Initial Hydro-static
1	35.59	110.41	Open To Flow (1)
31	35.25	111.32	Shut-In(1)
90	58.83	113.00	End Shut-In(1)
91	35.76	113.01	Open To Flow (2)
121	36.50	113.80	Shut-In(2)
183	47.31	115.18	End Shut-In(2)
184	1914.02	115.63	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
1.00	mud few oil spots in tool	0.00

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Canyon Operating

**16-9s-25w Graham,KS**

PO Box 1717  
Loveland, CO 80537

**Simon #16-1**

Job Ticket: 66016

**DST#: 2**

ATTN: Clayton Ericson

Test Start: 2021.10.13 @ 13:24:33

## GENERAL INFORMATION:

Formation: **LKC A-F**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:32:18

Time Test Ended: 21:41:18

Test Type: Conventional Straddle (Initial)

Tester: Paul/Corey

Unit No: 76

**Interval: 3871.00 ft (KB) To 3977.00 ft (KB) (TVD)**

Reference Elevations: 2585.00 ft (KB)

Total Depth: 4165.00 ft (KB) (TVD)

2578.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

**Serial #: 8650 Outside**

Press@RunDepth: 106.93 psig @ 3872.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.10.13

End Date: 2021.10.13

Last Calib.: 2021.10.13

Start Time: 13:24:34

End Time: 21:41:18

Time On Btm: 2021.10.13 @ 15:32:03

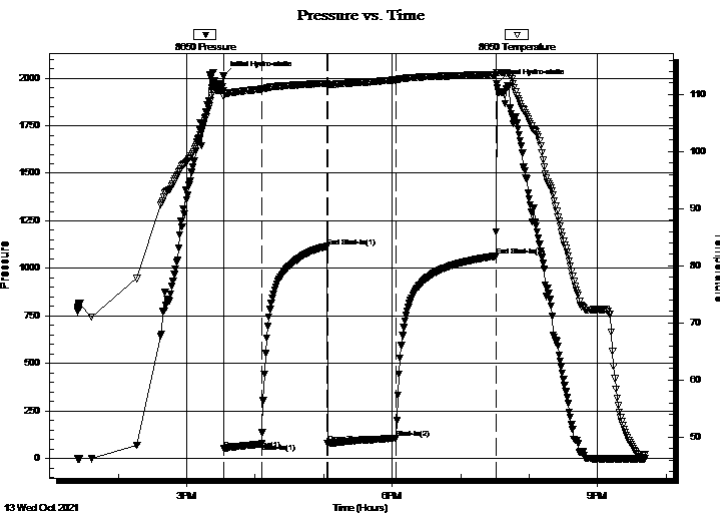
Time Off Btm: 2021.10.13 @ 19:31:33

TEST COMMENT: 30 IF - Weak blow built to 1/2"

60 ISI - No blow back

30 FF - No blow

60 FSI - No blow back



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2011.39	110.69	Initial Hydro-static
1	50.84	109.60	Open To Flow (1)
34	77.28	110.90	Shut-In(1)
91	1114.69	111.95	End Shut-In(1)
92	77.72	111.48	Open To Flow (2)
152	106.93	112.52	Shut-In(2)
239	1064.49	113.51	End Shut-In(2)
240	1973.05	113.77	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
80.00	mud w ith few oil specks in tool	0.39

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)







**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Canyon Operating

**16-9s-25w Graham,KS**

PO Box 1717  
Loveland, CO 80537

**Simon #16-1**

Job Ticket: 66016

**DST#: 2**

ATTN: Clayton Ericson

Test Start: 2021.10.13 @ 13:24:33

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: sec/qt

Cushion Volume:

bbbl

Water Loss: in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
80.00	mud w ith few oil specks in tool	0.393

Total Length: 80.00 ft      Total Volume: 0.393 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

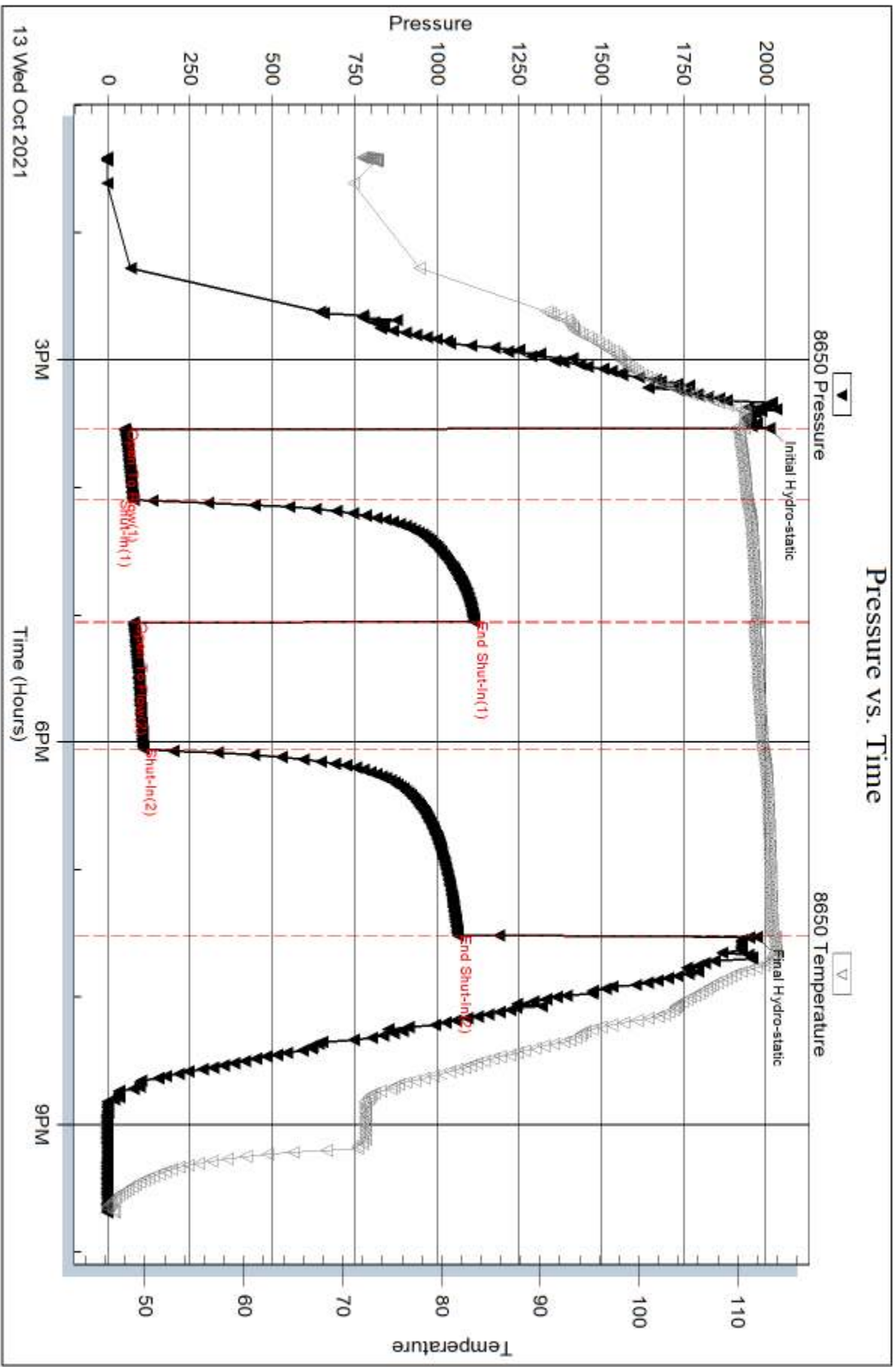
Serial #:

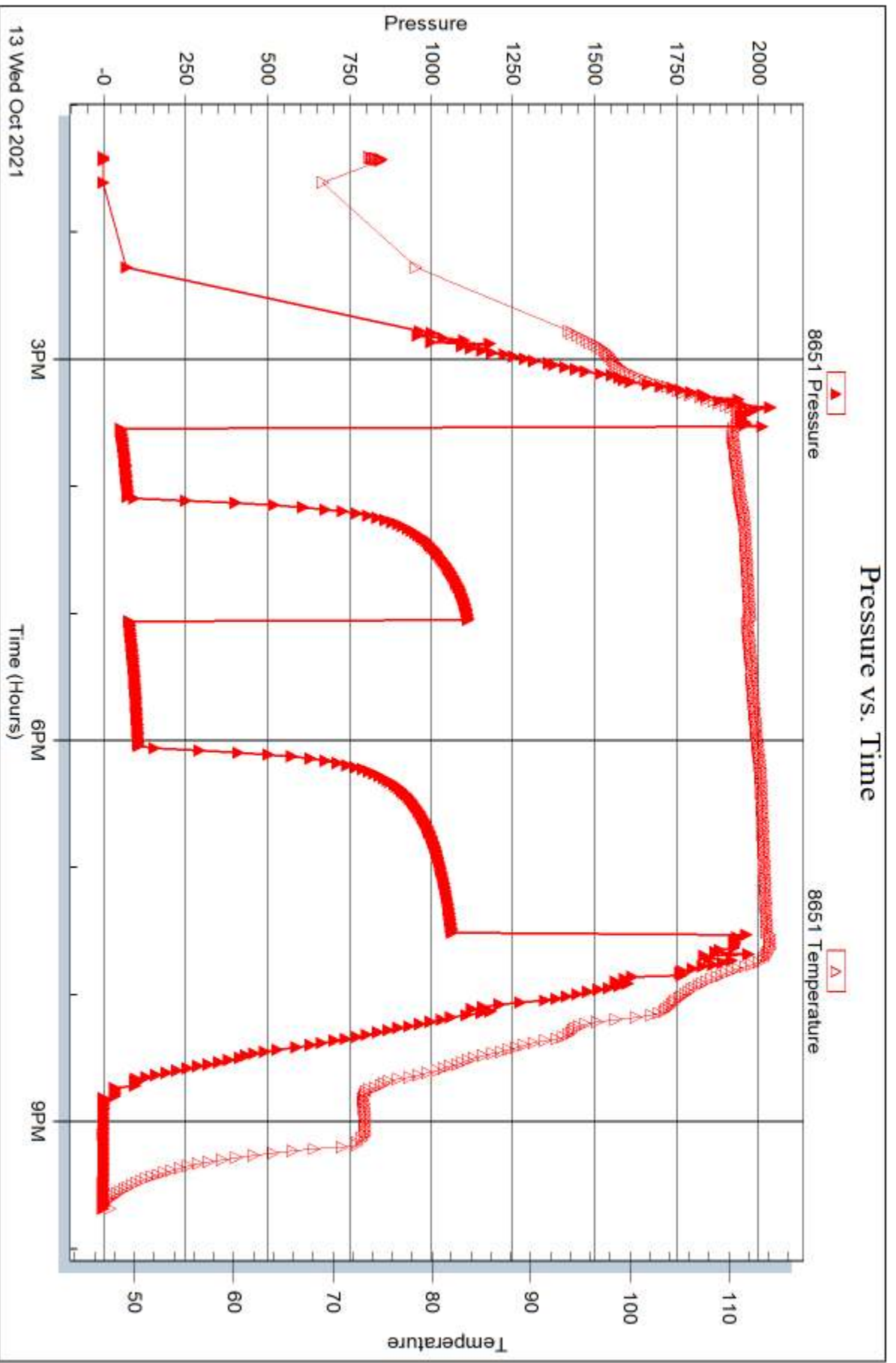
Laboratory Name:

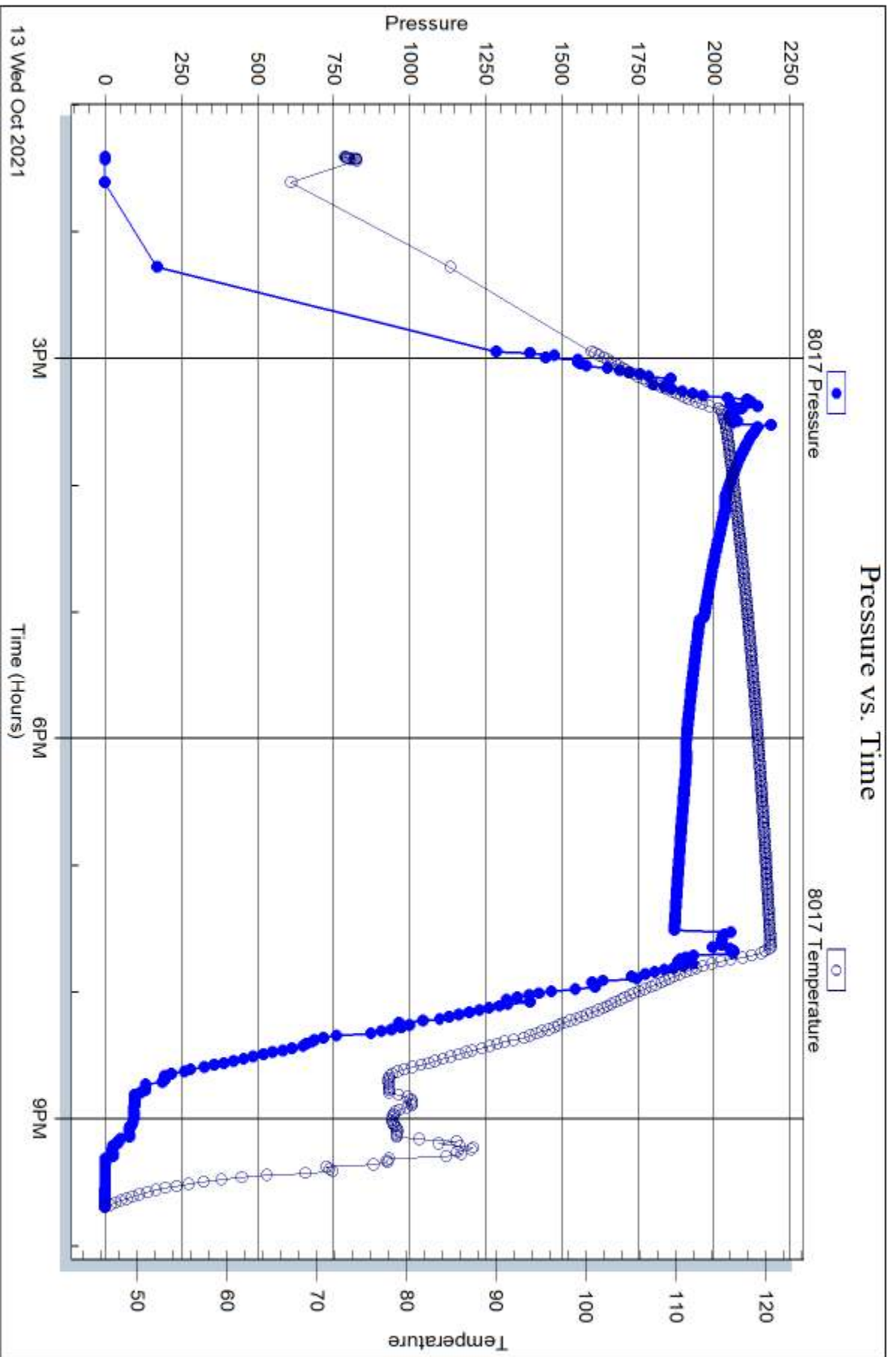
Laboratory Location:

Recovery Comments:











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

Well Name: Simon #16-1  
 API: 15-065-24200  
 Location: SE NE NW Sec 16 T9S R25W  
 License Number: 35571  
 Spud Date: 10/7/2021  
 Surface Coordinates: 1050' FNL & 2150' FWL  
 Region: Graham County, KS  
 Drilling Completed: 10/13/2021  
 Bottom Hole Coordinates: Surface casing- 8 5/8 @ 214'  
 Production casing-  
 Ground Elevation (ft): 2578  
 Logged Interval (ft): 3500 To: TD  
 K.B. Elevation (ft): 2585  
 Total Depth (ft): 4165  
 Formation:  
 Type of Drilling Fluid: Chemical Mud

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

OPERATOR

Company: Canyon Operating LLC  
 Address: 5228 Lonetree Dr  
 Loveland, CO 80537

GEOLOGIST

Name: Clayton Erickson  
 Company: Erickson Wellsite Geology  
 Address: 402 Palmer Street  
 P.O. Box 294  
 Loomis, NE 68958

DSTs

DST #1 4026-4070 30-60-30-60; Hydro: 2061-1914 IFF: 35-35 ISIP: 59 FFP: 36-36 FSIP: 47; Rec: 1' mud; BHT: 115F; IF: 1/2" ISI: dead FF: dead FSI: dead

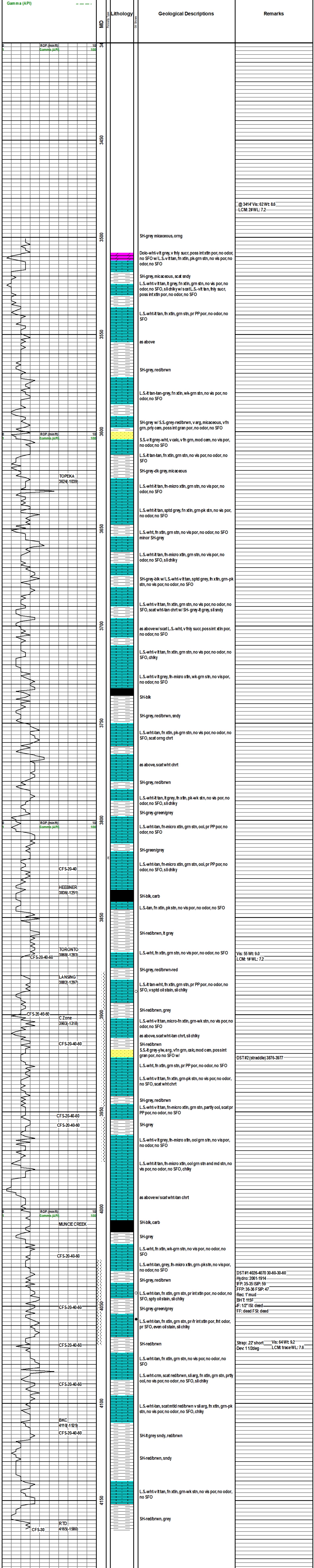
COMMENTS

FORMATION TOPS

Log Tops	Sample tops
Anhydrite 2258(+327)	
Base Anhy 2292(+293)	
TOPEKA 3628(-1043)	3624(-1039)
HEEBNER 3842(-1257)	3836(-1251)
LANSING 3886(-1301)	3882(-1297)
BKC 4112(-1227)	4110(-1525)
TD 4164(-1579)	4165(-1580)

ROCK TYPES			
Anhy	Clyst	Gyp	Mrfst
Bent	Carb. shale	Igne	Salt
Brec	Arkose	Lmst	Shale
Cht	Dol	Meta	Shcol
			Shgy
			Stst
			Ss
			Till

OTHER SYMBOLS			
Oil Show Even	Spotted Ques	Dead	Interval Dst



# FRANKS Oilfield Service, LLC

815 Main Street  
Victoria, KS 67671

Office (785) 639-3949  
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

## Invoice

Date	Invoice #
10/7/2021	0418

Please Pay from this Invoice.  
Remit Payment to:  
815 Main Street  
Victoria, KS 67671  
Billing Questions-Call Tianna at  
(785) 639-3949

Bill To
Canyon Opertaing, LLC P.O. Box 7117 Loveland, CO 80537-7117

County/State	Lease/Well#	Terms	Job Type
Graham Co., KS	Simon #16-1	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	35	6.50	227.50
Ton Mileage (min.)	1	600.00	600.00
60/40 3%cal 2% gel	160	18.25	2,920.00T
Discount		-1,224.38	-1,224.38

*Thank-you!*

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

**Subtotal** \$3,673.12

**Sales Tax (7.5%)** \$164.25

**Balance Due** \$3,837.37

*We appreciate your business and look forward to serving you again!*

# FRANKS 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 0418  
 LOCATION NOXICKS  
 FOREMAN Fernis Cardozo

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-21	35571	Simon #16-1	16	9S	25W	Graham
CUSTOMER Canyon Operating LLC			TRUCK #		DRIVER	
MAILING ADDRESS PO Box 7117			101		Fernis	
CITY Loveland					Tom W	
STATE CO						
ZIP CODE 80537						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 214 CASING SIZE & WEIGHT 8 5/8 23#  
 CASING DEPTH 204.5 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8 SLURRY VOL 1.39 WATER gal/sk 6.5 CEMENT LEFT in CASING 20 FT  
 DISPLACEMENT 12.3 DISPLACEMENT PSI 200 MIX PSI 120 RATE 5 Bpm

REMARKS: Safety meeting Rig up on Canyon operating Simon #16-1  
PUMP Fresh water Spacer - 5 bbls  
mix 160<sup>sd</sup> 60/40 3% calcium 2% gel 1/4 pps Floseed @ 14.8 pph  
Displace cement to 193.5' with Fresh water leaving 20' shoe  
Rig down, Leave location  
Circulated lost to surface  
Thank you for your business from Fernis & Tom See you next time

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P0002	1	PUMP CHARGE	\$1150 <sup>00</sup>	\$1150 <sup>00</sup>
M001	35	MILEAGE	\$6 <sup>50</sup>	\$227 <sup>50</sup>
M002	7.2	Ton mileage delivery charge	\$600 <sup>00</sup>	\$600 <sup>00</sup>
CR014	160.52	60/40 3%cc 2% gel 1/4 #Flow	\$18 <sup>25</sup>	\$2920 <sup>00</sup>
			sub total	\$4897 <sup>50</sup>
			less 25% disc.	\$1224 <sup>38</sup>
			sub total	\$3673 <sup>12</sup>
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 10-7-21

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.

# FRANKS Oilfield Service, LLC

815 Main Street  
Victoria, KS 67671

Office (785) 639-3949  
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

## Invoice

Date	Invoice #
10/14/2021	0422

Please Pay from this Invoice.  
Remit Payment to:  
815 Main Street  
Victoria, KS 67671  
Billing Questions-Call Tianna at  
(785) 639-3949

Bill To
Canyon Opertaing, LLC P.O. Box 7117 Loveland, CO 80537-7117

County/State	Lease/Well#	Terms	Job Type
Graham County, KS	Simon #16-1	Net 30	Rotary Plug

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	32	6.50	208.00
Ton Mileage (min.)	1	600.00	600.00
60/40 4% gel 1/4# floseal	240	16.75	4,020.00T
Discount		-1,494.50	-1,494.50

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

**Subtotal** \$4,483.50

**Sales Tax (7.5%)** \$226.13

**Balance Due** \$4,709.63

*We appreciate your business and look forward to serving you again!*

# FRANKS 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 0422  
 LOCATION Hays  
 FOREMAN Tam Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-14-21	35571	Simon #16-1	16	9	25	Graham
CUSTOMER <u>Cannon Operating LLC</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 7117</u>			DRIVER		TRUCK #	
CITY <u>Lowland</u>			DRIVER		TRUCK #	
STATE <u>CO</u>			DRIVER		TRUCK #	
ZIP CODE <u>80537</u>			DRIVER		TRUCK #	

JOB TYPE rotary plug HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2" TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.7 SLURRY VOL 1.4 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting & rig up on 5TP. Plug as ordered.

1<sup>st</sup> 505x 2300'  
 2<sup>nd</sup> 1005x 1400'  
 3<sup>rd</sup> 505x 300'  
 4<sup>th</sup> 105x 40'  
 5<sup>th</sup> 305x RH  
2405x 60/40 420 1/4" #50 Thanks Tam & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL001	1	PUMP CHARGE	\$1150.00	\$1150.00
MO01	32	MILEAGE	\$208.00	\$208.00
MO02	10.48 tons	Ton mileage delivery	\$600.00	\$600.00
CB010	2405x	60/40 420 1/4" #50 seal	\$16.75	\$4020.00
			sub total	\$5978.00
			less 25% disc.	\$1494.50
			sub total	\$4483.50
			SALES TAX	226.13
			ESTIMATED TOTAL	4709.63

AUTHORIZATION Kevin 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.