

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) (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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DRILL STEM TEST REPORT

Prepared For: **Castle Resources INC**

PO Box 583
Russell, KS 67665

ATTN: Jerry Green

Beesley #1

32-14S.-28W. Gove,KS

Start Date: 2023.12.01 @ 20:30:00

End Date: 2023.12.02 @ 04:15:00

Job Ticket #: 70039 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2023.12.05 @ 09:41:10



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castle Resources INC

32-14S.-28W. Gove,KS

PO Box 583
Russell, KS 67665

Beesley #1

Job Ticket: 70039

DST#: 1

ATTN: Jerry Green

Test Start: 2023.12.01 @ 20:30:00

GENERAL INFORMATION:

Formation: **LKLC " C "**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:46:50

Time Test Ended: 04:15:00

Test Type: Conventional Straddle (Initial)

Tester: Martine Salinas

Unit No: 82

Interval: 3750.00 ft (KB) To 3775.00 ft (KB) (TVD)

Reference Elevations: 2575.00 ft (KB)

Total Depth: 4052.00 ft (KB) (TVD)

2570.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

Serial #: 8734 Outside

Press@RunDepth: 347.08 psig @ 3751.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2023.12.01

End Date: 2023.12.02

Last Calib.: 2023.12.02

Start Time: 20:30:01

End Time: 04:15:00

Time On Btm: 2023.12.01 @ 22:46:40

Time Off Btm: 2023.12.02 @ 00:52:39

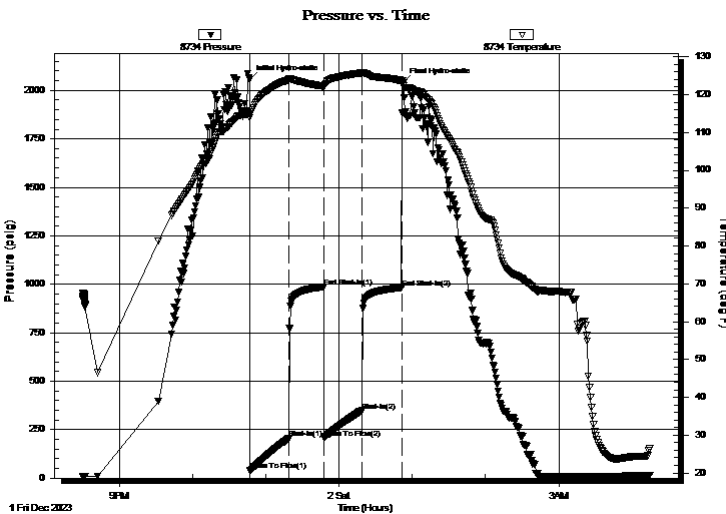
TEST COMMENT: 30-IF-B.O.B (11 inches) @ 8 mins (Blow built to 32")

30-ISI-No return

30-FF-B.O.B @ 13 mins (Blow built to 26")

30-FSI-No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2056.16	114.91	Initial Hydro-static
1	40.17	114.01	Open To Flow (1)
33	204.94	123.96	Shut-In(1)
61	986.68	122.27	End Shut-In(1)
61	208.07	121.91	Open To Flow (2)
92	347.08	125.74	Shut-In(2)
125	982.08	123.77	End Shut-In(2)
126	2040.66	122.48	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
430.00	SW w/Oil Scum 2%M, 98%W	6.03
255.00	HMCW 30%M, 70 %W	3.58

Gas Rates

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



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Castle Resources INC
 PO Box 583
 Russell, KS 67665
 ATTN: Jerry Green

32-14S.-28W. Gove,KS

Beesley #1

Job Ticket: 70039

DST#: 1

Test Start: 2023.12.01 @ 20:30:00

GENERAL INFORMATION:

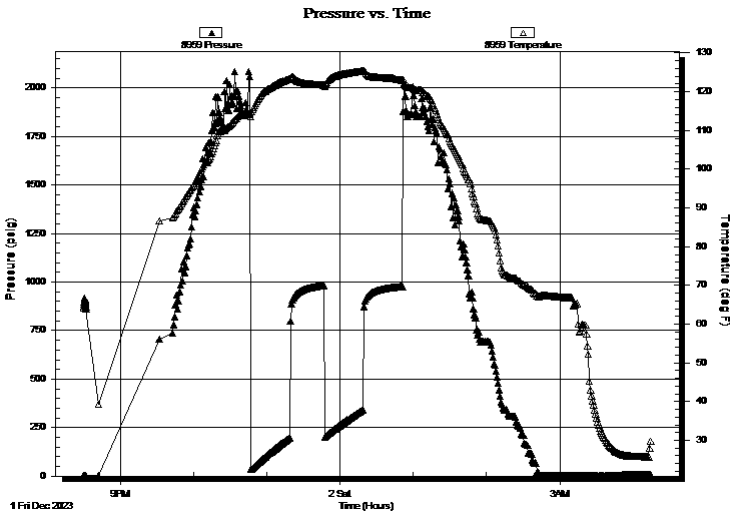
Formation: **LKLC " C "**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 22:46:50
 Time Test Ended: 04:15:00
Interval: 3750.00 ft (KB) To 3775.00 ft (KB) (TVD)
 Total Depth: 4052.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Straddle (Initial)
 Tester: Martine Salinas
 Unit No: 82
 Reference Elevations: 2575.00 ft (KB)
 2570.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8959 **Inside**

Press@RunDepth: psig @ 3751.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2023.12.01 End Date: 2023.12.02 Last Calib.: 2023.12.02
 Start Time: 20:30:01 End Time: 04:15:00 Time On Btm:
 Time Off Btm:

TEST COMMENT: 30-IF-B.O.B (11 inches) @ 8 mins (Blow built to 32")
 30-ISI-No return
 30-FF-B.O.B @ 13 mins (Blow built to 26")
 30-FSI-No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
430.00	SW w/Oil Scum 2%M, 98%W	6.03
255.00	HMCW 30%M, 70 %W	3.58

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Castle Resources INC

32-14S.-28W. Gove, KS

PO Box 583
Russell, KS 67665

Beesley #1

Job Ticket: 70039

DST#: 1

ATTN: Jerry Green

Test Start: 2023.12.01 @ 20:30:00

GENERAL INFORMATION:

Formation: **LKLC " C "**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:46:50

Time Test Ended: 04:15:00

Test Type: Conventional Straddle (Initial)

Tester: Martine Salinas

Unit No: 82

Interval: **3750.00 ft (KB) To 3775.00 ft (KB) (TVD)**

Reference Elevations: 2575.00 ft (KB)

Total Depth: 4052.00 ft (KB) (TVD)

2570.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

Serial #: 8520 Below (Straddle)

Press@RunDepth: psig @ 3777.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2023.12.01 End Date: 2023.12.02

Last Calib.: 2023.12.02

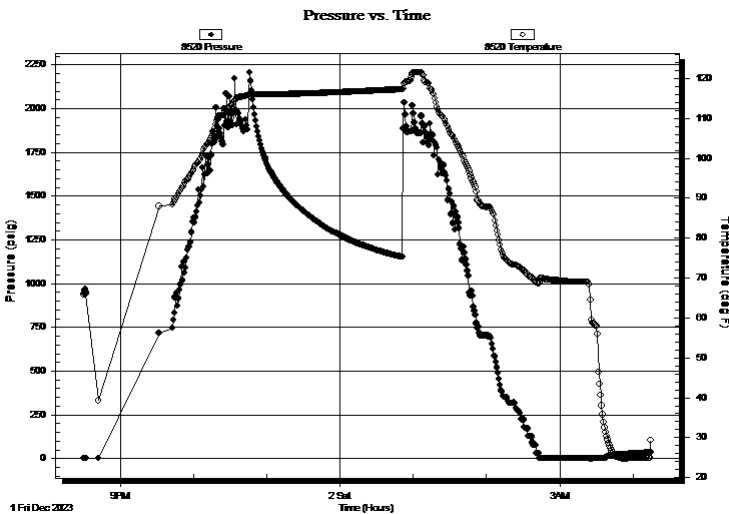
Start Time: 20:30:01 End Time: 04:15:00

Time On Btm:

Time Off Btm:

TEST COMMENT: 30-IF-B.O.B (11 inches) @ 8 mins (Blow built to 32")
30-ISI-No return
30-FF-B.O.B @ 13 mins (Blow built to 26")
30-FSI-No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
430.00	SW w/Oil Scum 2%M, 98%W	6.03
255.00	HMCW 30%M, 70 %W	3.58

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Castle Resources INC

32-14S.-28W. Gove,KS

PO Box 583
Russell, KS 67665

Beesley #1

Job Ticket: 70039

DST#: 1

ATTN: Jerry Green

Test Start: 2023.12.01 @ 20:30:00

Tool Information

Drill Pipe:	Length: 3742.00 ft	Diameter: 3.80 inches	Volume: 52.49 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 58000.00 lb
			<u>Total Volume: 52.49 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	26.00 ft			String Weight: Initial 50000.00 lb
Depth to Top Packer:	3750.00 ft			Final 52000.00 lb
Depth to Bottom Packer:	3771.00 ft			
Interval between Packers:	21.00 ft			
Tool Length:	337.00 ft			
Number of Packers:	3	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3717.00	
Shut In Tool	5.00			3722.00	
Hydraulic tool	5.00	1113		3727.00	
Jars	5.00	01-07		3732.00	
EM Tool	5.00			3737.00	
Safety Joint	3.00	-001		3740.00	
Packer	5.00			3745.00	34.00 Bottom Of Top Packer
Packer	5.00			3750.00	
Stubb	1.00			3751.00	
Recorder	0.00	8959	Inside	3751.00	
Recorder	0.00	8734	Outside	3751.00	
Perforations	19.00			3770.00	
Blank Off Sub	1.00			3771.00	21.00 Tool Interval
Packer	5.00			3776.00	
Packer - Shale	0.00			3776.00	
Stubb	1.00			3777.00	
Recorder	0.00	8520	Below	3777.00	
Perforations	17.00			3794.00	
Change Over Sub	1.00			3795.00	
Drill Pipe	252.00			4047.00	
Change Over Sub	1.00			4048.00	
Bullnose	5.00			4053.00	282.00 Bottom Packers & Anchor

Total Tool Length: 337.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Castle Resources INC

32-14S.-28W. Gove,KS

PO Box 583
Russell, KS 67665

Beesley #1

Job Ticket: 70039

DST#: 1

ATTN: Jerry Green

Test Start: 2023.12.01 @ 20:30:00

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:

27000 ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
430.00	SW w /Oil Scum 2%M, 98%W	6.032
255.00	HMCW 30%M, 70 %W	3.577

Total Length: 685.00 ft Total Volume: 9.609 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

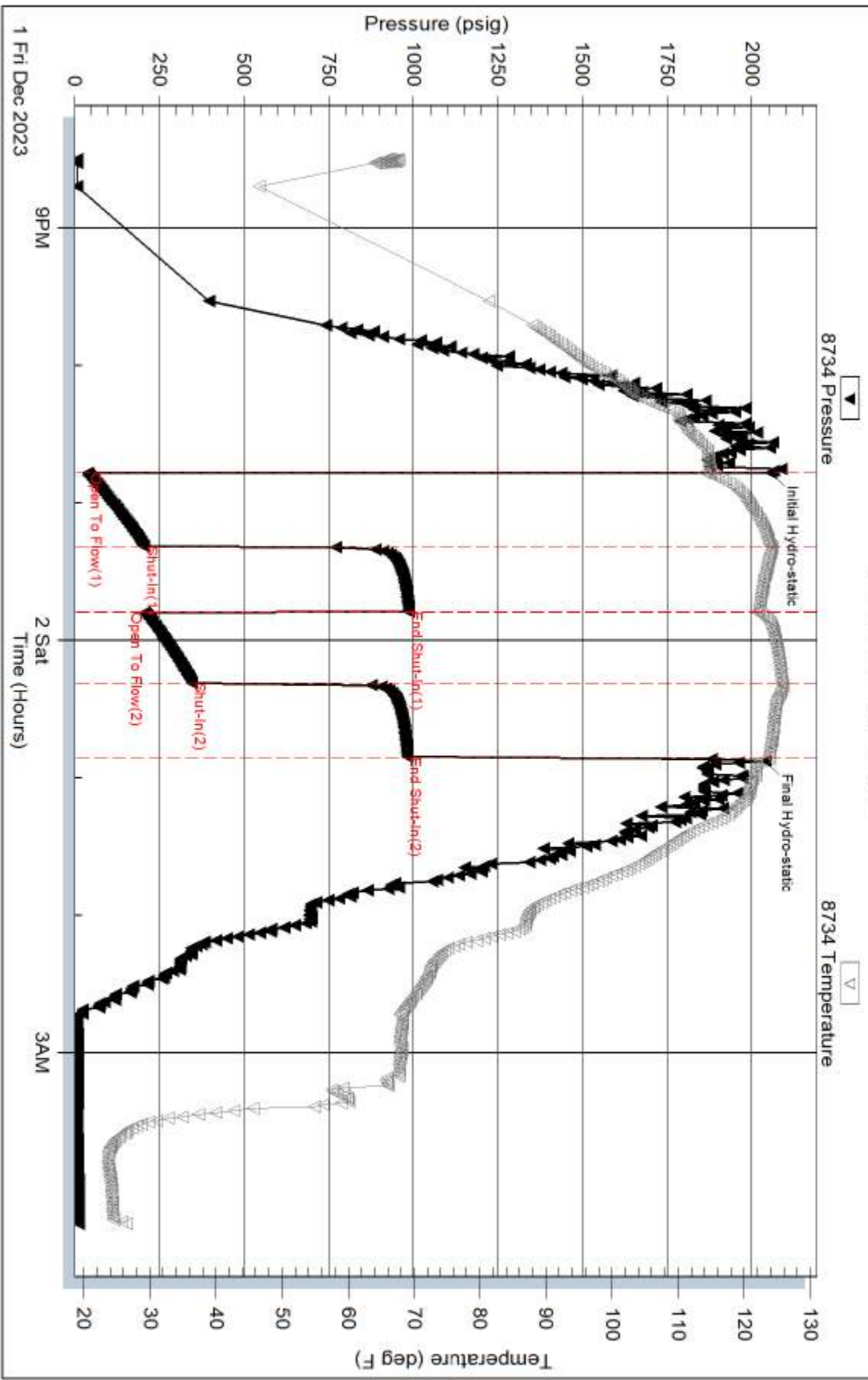
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW = .412 @ 45 degs = 27,000 PPM

Pressure vs. Time



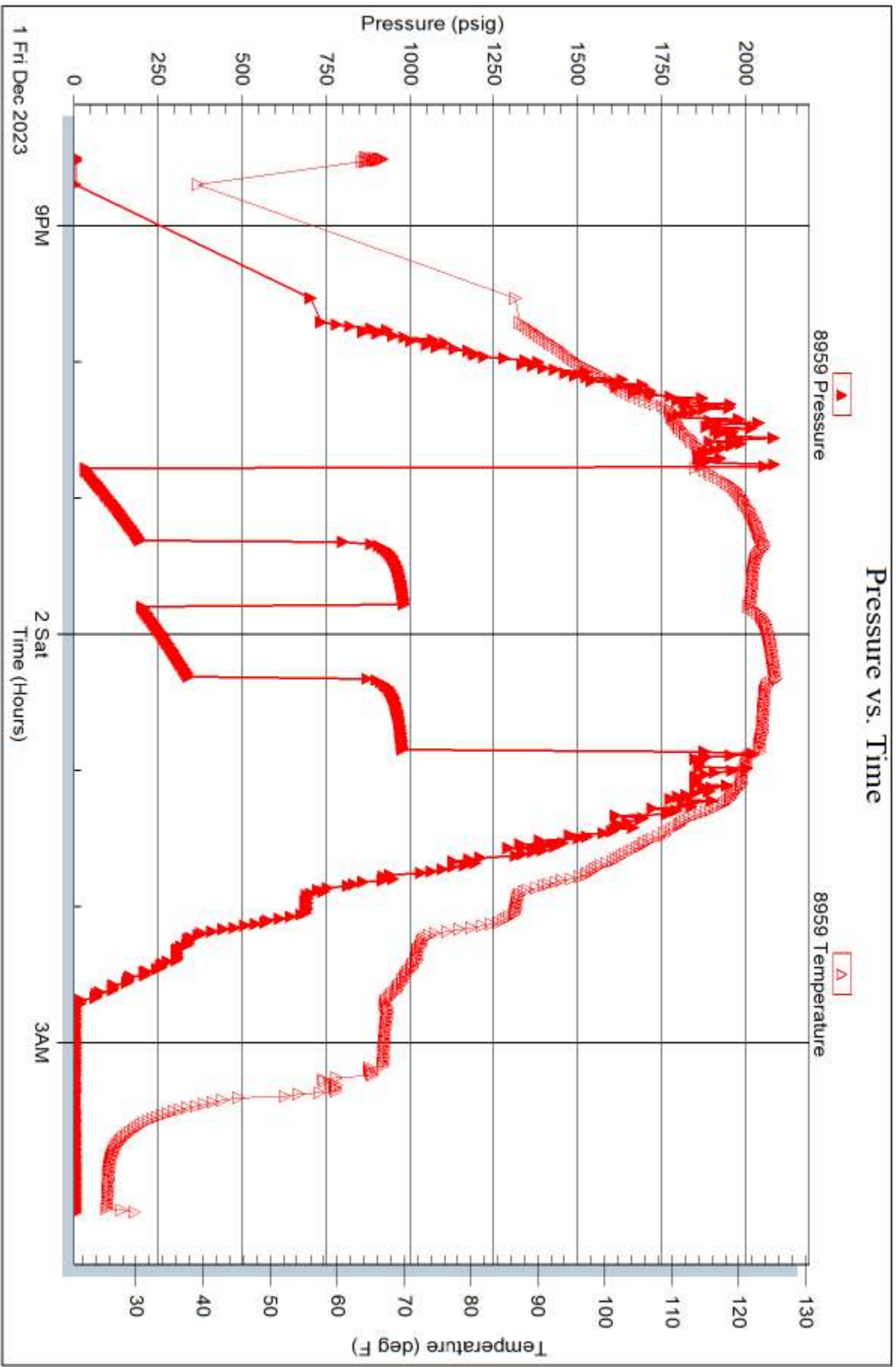
Serial #: 8959

Inside

Castle Resources INC

Beesley #1

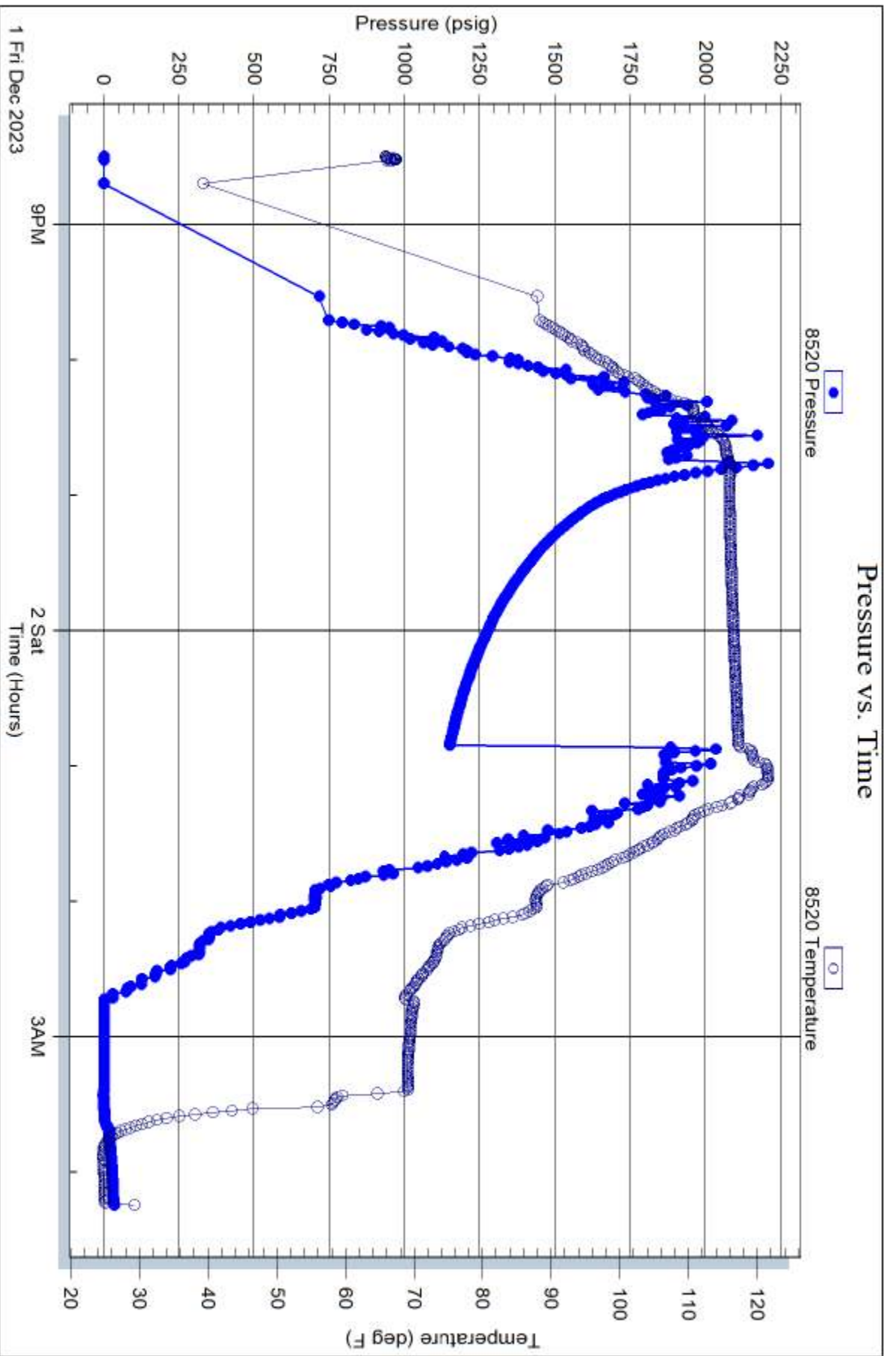
DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 70039

Printed: 2023.12.05 @ 09:41:11





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 70039

Well Name & No. Bresley #1 Test No. 1 Date 12-1-23
 Company Castle Resources INC Elevation 2575 KB 2570 GL
 Address P.O. Box 583 Russell, KS. 67665
 Co. Rep / Geo Jerry Green. Rig White Knight
 Location: Sec. 32 Twp 14S. Rge. 28W. Co. Greve State KS.

Interval Tested 3750-3775. Zone Tested LKC "C"
 Anchor Length 25' Anchor 277' T. pipe. Drill Pipe Run 3740. Mud Wt. 9.4
 Top Packer Depth 3745-3750 Drill Collars Run — Vis 55
 Bottom Packer Depth ~~3745~~ 3775 (Shale) Wt. Pipe Run — WL 11.6
 Total Depth 4052 Chlorides 6500 ppm System LCM 1#

Blow Description IF - B.O.B (11 inches) @ 8 mins (blow built to 32")
ISI - No return.
FF - B.O.B @ 13 mins (blow built to 26")
FSZ - No return.

Rec	Feet of	%gas	%oil	%water	%mud
<u>430</u>	<u>Sw w/oil scum.</u>		<u>980</u>	<u>0.2</u>	
<u>255</u>	<u>HMCW</u>		<u>70</u>	<u>30</u>	

Rec Total 685 BHT 123 Gravity — API RW 412 @ 45.0 °F Chlorides 27,000 ppm

Initial Hydrostatic 2056 Test 1800 Ruined Shale Packer
 Initial Flow 40 to 205 Jars 300 Ruined Packer
 Initial Shut-In 987 Circ Sub Hotel
 Final Flow 208 to 347 Hourly Standby EM Tool Successful
 Final Shut-In 982 Mileage 109RT 189 Accessibility
 Final Hydrostatic 2041 Sampler Gas Sample
 T-On Location 19:30 Straddle 800 Sub Total 0
 Initial Flow 30 T-Started 20:30 Shale Packer 250 Total 3339
 Initial Shut-In 30 T-Open 22:47 Extra Packer Tool Loaded 12-2 @ 04:45
 Final Flow 30 T-Pulled 00:47 Extra Recorder MP/DST Disc't
 Final Shut-In 30 T-Out 04:15 Day Standby

Comments _____

Approved By _____ Our Representative [Signature]

Trilobite Testing Inc. shall not be liable for damage of any kind of 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 statements or opinion concerning the results 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.

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 1132

LOCATION Florie

FOREMAN Preston

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-28-23		Bensky # 1	32	14	28	Osage

CUSTOMER
Cottle Resources, Inc.

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Preston		
202	CONNOR D		

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 221' CASING SIZE & WEIGHT 8 3/4"

CASING DEPTH 221' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, Rig up on White Knight, mix 150 sacks common 3% CC 2% gel
Displace w/ 13 Bbls of H₂O.

circulated cement top bit.

Theo Lyp
P + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PUMP		PUMP CHARGE	\$1150.00	\$1150.00
M001	45	MILEAGE	\$4.00	\$180.00
M003	7.39 tons	ton mileage delivery minimum	\$100.00	\$739.00
CR004	150 sacks	common 3% C.C. 2% gel	\$25.00	\$3750.00
			sub total	\$5867.50
			less 5% disc	\$293.38
			sub total	\$5,574.12
			SALES TAX	308.87
			ESTIMATED TOTAL	5882.99

AUTHORIZATION _____ 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.

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 1136

LOCATION Hoxie

FOREMAN Jack Tail

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-2-23	9860	Bessley #1	32	14	28	Gove
CUSTOMER		Castle Resources, Inc				
MAILING ADDRESS		PO Box 583				
CITY	STATE	ZIP CODE				
Russell	Ks	67665				

TRUCK #	DRIVER	TRUCK #	DRIVER
103	CK		
26			

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Had a safety meeting & set up on White Knight. Plugged as ordered.
 1) 200' 50 sk
 2) 1050' 100 sk
 3) 275' 50 sk
 4) 40' 10 sk in casing 30 in RH
 Total 240 sk

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC005	1	PUMP CHARGE <u>PTA</u>	\$1500.00	\$1500.00
M001	45	MILEAGE	\$4.50	\$202.50
M002	10.68		\$720.90	\$7720.90
CB010	290 sk	60/40 4% gall 1/4 # floccul	\$17.35	\$4,114.00
CF005	100 lbs	salt	\$9.50	\$950.00
FS005	1	8 3/4" Wooden	\$115.00	\$115.00
			sub total	\$4,892.40
			less 5% discn	\$344.42
			sub total	\$4,547.98
			SALES TAX	353.60
			ESTIMATED TOTAL	6901.38

AUTHORIZATION Zin Chi 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.

