

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4058
Name: American Warrior, Inc.
Address: PO Box 399
City/State/Zip: Garden City, KS 67846
Purchaser: NCRA
Operator Contact Person: Scott Corsair
Phone: (785) 398-2270
Contractor: Name: Petromark Drilling, LLC
License: 33323
Wellsite Geologist: Scott Corsair

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

11/4/2005 11/11/2005 2/1/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24411-0000
County: Ness CO.
SE _____ Sec. 8 Twp. 16 S. R. 21 East West
1530 feet from (S) N (circle one) Line of Section
860 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: CW Lamer Well #: 1
Field Name: Bright NW

Producing Formation: Cherokee
Elevation: Ground: 2383' Kelly Bushing: 2389'
Total Depth: 4386' Plug Back Total Depth: 4332'
Amount of Surface Pipe Set and Cemented at 237 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1705 Feet
If Alternate II completion, cement circulated from 1705
feet depth to surface w/ 200 sx cmt.

Drilling Fluid Management Plan *As per II with*
(Data must be collected from the Reserve Pit) *12-7-07*
Chloride content: 44500 ppm Fluid volume: 825 bbls
Dewatering method used: evaporation

Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: Petroleum Engineer Date: 03/10/2006
Subscribed and sworn to before me this 10th day of March,
19 2006.
Notary Public: Bernice Moore
Date Commission Expires: 2/7/10

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



RECEIVED
JUL 26 2003
KCC WICHITA

Operator Name: American Warrior, Inc. Lease Name: CW Lamer Well #: 1
 Sec. 8 Twp. 16 S. R. 22 East West County: Ness CO.

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Dual Induction, Neutron/Density, Micro & Sonic	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1688'</td> <td>+701</td> </tr> <tr> <td>Heebner</td> <td>3766</td> <td>-1377</td> </tr> <tr> <td>Lansing</td> <td>3806</td> <td>-1471</td> </tr> <tr> <td>Ft. Scott</td> <td>4240</td> <td>-1851</td> </tr> <tr> <td>Cherokee</td> <td>4248</td> <td>-1859</td> </tr> <tr> <td>Mississippian</td> <td>4318</td> <td>-1929</td> </tr> <tr> <td>TD</td> <td>4386</td> <td>-1997</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	1688'	+701	Heebner	3766	-1377	Lansing	3806	-1471	Ft. Scott	4240	-1851	Cherokee	4248	-1859	Mississippian	4318	-1929	TD	4386	-1997
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CASING RECORD <input checked="" 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
Surface	12 1/4"	8 5/8"	23	237'	common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4380'	EA-2	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1705'-surf.	SMD	200	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4257-4262'		

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>4244'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>02/10/06</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. <u>15</u>	Gas Mcf	Water Bbls. <u>0</u>	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 4257-4262'

ALLIED CEMENTING CO., INC. 22588

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: New City

DATE <u>11-5-05</u>	SEC. <u>8</u>	TWP. <u>16</u>	RANGE <u>21</u>	CALLED OUT <u>1:00AM</u>	ON LOCATION <u>3:30AM</u>	JOB START <u>4:45AM</u>	JOB FINISH <u>5:15AM</u>
LEASE <u>CW Lower</u>		WELL # <u>1</u>	LOCATION <u>Brownwood 4 1/2 E, 2 1/2 N, W/S</u>			COUNTY <u>New</u>	STATE <u>K</u>
OLD OR NEW (Circle one)							

CONTRACTOR Patromenda #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 237'

CASING SIZE 8 5/8" DEPTH 237'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 14 1/4 bbls

OWNER Same

CEMENT

AMOUNT ORDERED 160 cu Common

3% cc 2% gel

COMMON	<u>160 cu</u>	@	<u>8.70</u>	<u>1392.00</u>
POZMIX		@		
GEL	<u>3 cu</u>	@	<u>14.00</u>	<u>42.00</u>
CHLORIDE	<u>5 cu</u>	@	<u>38.00</u>	<u>190.00</u>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER Tom D

224 HELPER Jim W

BULK TRUCK

342 DRIVER Terry L

BULK TRUCK

DRIVER

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HANDLING	<u>165 cu</u>	@	<u>1.60</u>	<u>268.80</u>
MILEAGE	<u>165 mi 27 cc</u>			<u>272.16</u>
TOTAL				<u>2164.96</u>

REMARKS:

Ran 237' of 8 5/8" cas. Broke circulation

Mixed 160 cu Common 3% cc 2% gel

Released plug. Replaced with fresh #30

Cement and circulate

CHARGE TO: American Warrior

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>237'</u>				
PUMP TRUCK CHARGE				<u>670.00</u>
EXTRA FOOTAGE	@			
MILEAGE <u>27</u>	@	<u>5.00</u>		<u>135.00</u>
MANIFOLD	@			
TOTAL				<u>805.00</u>

PLUG & FLOAT EQUIPMENT

<u>1-8 5/8 wooden</u>	@	<u>55.00</u>	<u>55.00</u>	
	@			
	@			
	@			
	@			
TOTAL				<u>55.00</u>

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Donald Morgan

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____



CHARGE TO: *American Warrior Inc*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET NO: *9552*

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>Hayes, Ks</i> 2. <i>Ness City, Ks</i>	WELL/PROJECT NO. <i>#1</i>	LEASE <i>Ac Whaner</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>Ks</i>	CITY	DATE <i>11-12-05</i>	OWNER <i>Sumner</i>
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Petermark D. J.</i>	RIG NAME/NO.	SHIPPED VIA <i>ET</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>connect longstring</i>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE #103	30	mi		4.00	120.00
578		1			Pump Charge longstring	1	ea	4387	1250.00	1250.00
281		1			Mud Flush	500	gal		75	375.00
221		1			KCL liquid	2	gal		25.00	50.00
407		1			Insert Float Shoe w/kill	1	ea	5'	250.00	250.00
402		1			Centralizers	8	ea	" "	60.00	480.00
403		1			Baskets	2	ea	" "	225.00	450.00
406		1			LD Plug & Baffle	1	ea	" "	210.00	210.00
404		1			Port Collar	1	ea	" "	2000.00	2000.00
419		1			Rotating head	1	ea	" "	250.00	250.00

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED: *11-12-05* TIME SIGNED: *1815* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>5435.00</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Page 2	<i>2300.55</i>
WE UNDERSTOOD AND MET YOUR NEEDS?				<i>J</i>	<i>7735.55</i>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 9553

CUSTOMER *American Warrior Inc* WELL *of customer* DATE *11-2-05* PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY	UM				
325		2				Standard Cement	850	sk			9 ⁰⁰	1350 ⁰⁰
284		2				Cal seal	7	sk	5	%	30 ⁰⁰	210 ⁰⁰
283		2				Salt	750	sk	10	%	20	1500 ⁰⁰
286		2				Halad-1	70	sk	05	%	6 ⁰⁰	420 ⁰⁰
276		2				Floccle	37	sk	4	%	11 ⁰⁰	410 ⁷⁰
581		2				SERVICE CHARGE					1 ⁰⁰	165 ⁰⁰
583		2				MILEAGE CHARGE					1 ⁰⁰	234 ⁰⁰
						TOTAL WEIGHT	150	sk				
						LOADED MILES	30					
						CUBIC FEET						
						TON MILES			234	85		

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CONTINUATION TOTAL 2300⁵⁵

JOB LOG

SWIFT Services, Inc.

DATE 11-12-05 PAGE NO. 7

CUSTOMER American Water Inc WELL NO. #1 LEASE CW Turner JOB TYPE cement logging TICKET NO. 9553

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1445							on loc set up Taks
								5 1/2" x 15.5" x 4387' x 42' 5J
								cont. 2, 3, 4, 5, 6, 63
								Baskets 6, 64
								P.C. Top of 64 @ 1669'
	1315							start F.E.
	1540							Break circ.
	1715	2	3					Plug RH 15 sks EA-2
	1722	4	0			200		start Prod flushes 500 gal Prod flush
	1730	5.5	32/0			250		start cement 135 sks EA 2
	1735		39					End Cement
								wash P&L
								Drop Plug
	1750		0			200		start Displacement
	1750					500		catch cement
	1855		164			1350		Load Plug
								Release Pressure
								Float hold

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Thank you
 Nick, Dan & Brett



CHARGE TO: <i>Amman, Warren</i>
ADDRESS
CITY, STATE, ZIP CODE

TICKET
No 8784

PAGE	OF
1	1

SERVICE LOCATIONS 1. <i>MANUS</i>	WELL/PROJECT NO. <i>21</i>	LEASE <i>C.W. Leimer</i>	COUNTY/PARISH <i>Neosho</i>	STATE <i>Mo</i>	CITY	DATE <i>1-22-05</i>	OWNER
2. <i>WICHITA</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>H-D Well Serv.</i>	SHIPPED VIA <i>5.7</i>	DELIVERED TO <i>4621/2 W. 1st St. P.O. Box 114</i>	ORDER NO.	
3.	WELL TYPE <i>D-1</i>	WELL CATEGORY <i>Develop</i>	JOB PURPOSE <i>Cont Prod Collr</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			MILEAGE <i>105</i>	<i>30</i>	<i>m.</i>			<i>4.00</i>	<i>120.00</i>
<i>578</i>		<i>1</i>			<i>Plug Service</i>	<i>1</i>	<i>CG</i>	<i>1700</i>	<i>FT</i>	<i>1250.00</i>	<i>1250.00</i>
<i>292</i>		<i>1</i>			<i>D.A.R.</i>	<i>1</i>	<i>CSL</i>			<i>20.00</i>	<i>20.00</i>
<i>330</i>		<i>2</i>			<i>ROAD CMT</i>	<i>145</i>	<i>SK</i>			<i>11.50</i>	<i>1667.50</i>
<i>51276</i>		<i>2</i>			<i>Block</i>	<i>50</i>	<i>LB</i>			<i>1.10</i>	<i>55.00</i>
<i>556</i>		<i>2</i>			<i>Service Chg CMT</i>	<i>200</i>	<i>SK</i>			<i>1.10</i>	<i>220.00</i>
<i>557</i>		<i>2</i>			<i>Drage</i>	<i>299.55</i>	<i>TL</i>			<i>1.00</i>	<i>299.55</i>

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED *11-22-05* TIME SIGNED *4:00*

A.M.
 P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>3632.05</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!



CHARGE TO: <i>Am... Woodson</i>
ADDRESS
CITY, STATE, ZIP CODE

TICKET

NO 8783

PAGE	OF
1	1

SERVICE LOCATIONS 1. <i>NESS CITY</i>	WELL/PROJECT NO. <i>#1</i>	LEASE <i>C.W. Leiner</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>KS</i>	CITY	DATE <i>11-22-05</i>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>HD Well Serv</i>	SHIPPED VIA <i>C-7</i>	DELIVERED TO <i>48 2 1/2 W.</i>	ORDER NO.	
3.	WELL TYPE <i>O.I</i>	WELL CATEGORY <i>Develop</i>	JOB PURPOSE <i>P.C. Tool</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>10-1</i>		<i>2</i>			MILEAGE						
					<i>Peak Caller tool Rental</i>	<i>1</i>	<i>cc</i>	<i>5/8</i>	<i>in</i>	<i>250</i>	<i>00</i>

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X *[Signature]*

DATE SIGNED *11-22-05* TIME SIGNED *1400*

A.M.
 P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
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WE UNDERSTOOD AND MET YOUR NEEDS?				TAX
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

