

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9594

Name: Tom R Greer dba Greer Oil Company

Address 1: P.O. BOX 2444

Address 2: 724 MONUMENT RD

City: PONCA CITY State: OK Zip: 74602 +

Contact Person: TOM R GREER

Phone: (580) 762-6355

CONTRACTOR: License # 32701

Name: C & G DRILLING CO.

Wellsite Geologist: N/A

Purchaser: N/A

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD SIOW

Gas D&A ENHR SIGW

OG GSW Temp. Abd.

CM (Coal Bed Methane)

Cathodic Other (Corr., 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 ENHR Conv. to SWD

Plug Back Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: D-30709

ENHR Permit #: _____

GSW Permit #: _____

08/24/2010 08/27/2010 09/03/2010H

Spud Date or Date Reached TD Completion Date or

Recompletion Date Recompletion Date

API No. 15 - 015-23874-0000

Spot Description: NW NW SE SE

NW NW SE SE Sec. 25 Twp. 29 S. R. 5 East West

1,103 Feet from North / South Line of Section

1,188 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: 37.49368, Long: 96.83002

(e.g. 30.0000)

(e.g. -111.0000)

Datum: NAD27 NAD83 WGS84

County: BUTLER

Lease Name: NORTH BROWN Well #: G-1

Field Name: FOX BUSH

Producing Formation: N/A

Elevation: Ground: 1282 Kelly Bushing: 1289

Total Vertical Depth: 2225 Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at: 307 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: N/A Feet

If Alternate II completion, cement circulated from: N/A

feet depth to: _____ w/ _____ sx cm.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 8800 ppm Fluid volume: 130 bbls

Dewatering method used: MIXED WITH GRAVEL PUT ON ROADBED

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

INSTRUCTIONS: The original 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. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: [Signature]

Title: CO-OWNER Date: JUNE 18, 2014

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: Tom R Greer dba Greer Oil Company Lease Name: NORTH BROWN Well #: G-1
 Sec. 25 Twp. 29 S. R. 5 East West County: BUTLER

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 List All E. Logs Run: | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name: GAMMA RAY NEUTRON Top: 1700' Datum: 1282 EL |
|--|---|

| 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 PIPE | 12-1/4 | 8-5/8 | 26 | 307 | TYPE A | 165 | 5% KOL SEAL |
| PRODUCTION | 7-7/8 | 4-1/2 | 11.7 | 2231 | 2% CACL | 250 | 5% KOL SEAL |
| | | | | | | | |

| 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 | | | | |

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

| 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 PER FOOT | 2154 TO 2160 | 250 GAL. 20 % ACID | 2154 |
| | | | |
| | | | |
| | | | |

| | | |
|--|--|--|
| TUBING RECORD: Size: <u>2-3/8</u> Set At: <u>2126</u> Packer At: <u>2129</u> | | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR: <u>11-04-2010</u> | Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <u>VACUUM</u> | |
| Estimated Production Per 24 Hours | Oil Bbls. <u> </u> Gas Mcf <u> </u> Water Bbls. <u>SALT 125</u> | Gas-Oil Ratio <u>N/A</u> Gravity <u>N/A</u> |

| | | |
|---|--|------------------------------------|
| 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: <u>N/A</u> |
|---|--|------------------------------------|

North Brown Unit G-1 SWD
Contractor C & G Drlg. CO.

Monday Aug. 23, 2010

Fixed Second gate for Rig access. Rig Arrived at 11:00 AM. Pits and Reserve already dug and available. Water pump set at creek for drilling fluid.

Tuesday Aug. 24, 2010

Drilling Surface hole to 312 feet to run 8-5/8 and cement. Surface pipe and Drilling mud arrived at 1:00 PM. Hole "sticky" at 160 so gelled up. Called Consolodated to cement surface pipe. Had to work drill pipe 1-1/2 Hour at 216 feet. Mixed more mud.

Wednesday Aug 25, 2010

Cut off 10 Ft of surface pipe to come out correct footage RIH. Called cementers at 1:30 AM ready to cement surface. Cemented Surface Pipe and left for Ponca.

Thursday Aug 26, 2010

Tool Pusher called and advised to mud-up at 1900. Lost fluid at 1810. Mixed Cotton Seed Hulls and regained circulation. 4-1/2 Inch 10.5 Lb/Ft delivered racked out ready to RIH.(2231 ft.) Ran 2 Baskets and 2 centralizers on 4-1/2 Inch Casing string. Drilled 5 Ft. more to 2225 ran casing, circulated cement to surface at 11:45 PM.

Friday Aug. 27, 2010

Rigged Down and moved off location.

Monday Aug. 30, 2010

Ran Gamma Ray Neutron. Cement located at 2162 was 63 off bottom of casing. Shot Lansing Zone at 2154 to 2160 with 4 perfs per foot. Moved in tubing string of new 2/38 Inch Seal Tite Tubing. Called in Hadacall Work over Rig to run tubing and packer and acidize perforated zone.

Friday Sept 3, 2010

Ran tubing and new Baker AD-1 Packer to 2130. Pumped in 250 Gallons of 20% Mud Acid. Pumped in with 40 Bbls. Water. Broke Down less than 100 PSI, went on Vacuum. Arrange for MIT by the KCC. Successful Test Sept 1, 2010 p



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28436
LOCATION El Dorado #80
FOREMAN Wadey Stearns

PO Box 884, Chanute, KS 66720
10-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|--------------------|-----------------------------------|----------|-------|--------|
| 8-27-10 | 3022 | North Reunion #1 | 25 | 29S | 5E | Butler |
| CUSTOMER <u>GREER OIL CO</u> | | | TRUCK # | | | |
| MAILING ADDRESS <u>P.O. Box 2444</u> | | | DRIVER | | | |
| CITY <u>PONCHA CITY</u> | | | TRUCK # | | | |
| STATE <u>OK</u> | | | DRIVER | | | |
| ZIP CODE <u>74602</u> | | | TRUCK # | | | |
| JOB TYPE <u>PROD B</u> | | | HOLE SIZE <u>7 7/8</u> | | | |
| CASING DEPTH <u>2230</u> | | | HOLE DEPTH <u>2232</u> | | | |
| SLURRY WEIGHT | | | CASING SIZE & WEIGHT <u>4 1/2</u> | | | |
| DISPLACEMENT <u>35.43</u> | | | DRILL PIPE | | | |
| DISPLACEMENT PSI <u>800</u> | | | TUBING | | | |
| REMARKS: | | | OTHER | | | |
| <p><u>3 1/2" Mudding - Ripped up to 1/2" Csg. Pipe,</u> <u>circulation. Mixed 250 sks A + 8% 20 + 5% Kol Seal 1/2 lb</u> <u>Blue Make + 25 lb CPL-110 + 2% CACL-2 - TAPED with 110 sks</u> <u>Thick Set + 5% Kol Seal - Released plug - Replaced 3 1/2" bbls</u> <u>to land plug, landed plug at 1300 lbs. - Released pressure</u> <u>and floathead.</u> <u>Circulated Cement to Surface</u></p> | | | | | | |

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|-----------------|-------------------|------------------------------------|------------|----------|
| 5401 | 1 | PUMP CHARGE | 925.00 | 925.00 |
| 5406 | 27 | MILEAGE | 3.65 | 98.55 |
| 1126 A | 110 | sks Thick Set | 17.00 | 1870.00 |
| 1104B | 250 | sks Class A | 13.50 | 3375.00 |
| 1118 B | 2000 | lbs Gel | .20 | 400.00 |
| 1110 A | 1400 | lbs Kol Seal | .42 | 588.00 |
| 1102 | 400 | lbs CACL-2 | .75 | 300.00 |
| 1107 | 125 | lbs Poly-MAKE | 2.10 | 262.50 |
| 1135 | 100 | lbs CPL-110 | 7.50 | 750.00 |
| 5407 | 2 | Bulk Mudding | 315.00 | 630.00 |
| 4453 | 1 | 4 1/2" Latchdown Plug | 321.00 | 321.00 |
| 4161 | 1 | 4 1/2" AFU Float Shoe | 273.00 | 273.00 |
| 4103 | 2 | 4 1/2" Cement Buckets | 208.00 | 416.00 |
| 4129 | 2 | 4 1/2" Cement Baskets | 40.00 | 80.00 |
| Subtotal | | | | 10189.05 |
| SALES TAX | | | | |
| ESTIMATED TOTAL | | | | |

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

DATE

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 9594
Name: Tom Greer dba Greer Oil Company
Address 1: P.O. Box 2444
Address 2: _____
City: Ponca City State: Ok Zip: 74602 + _____
Contact Person: Tom Greer
Phone: (580) 762-6355 Fax: (580) 762-9169
Email Address: tmoe@cableone.net

Well Location:
_____ Sec. 25 Twp. 29 S. R. 5 East West
County: Butler
Lease Name: North Brown Well #: G-1

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Steve Hamlin
Address 1: 23754 S.W. Pickrell Rd
Address 2: _____
City: Douglas State: Ks. Zip: 67039 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: Aug. 17, 2010 Signature of Operator or Agent:  Title: Owner

Dyna-Log

INCORPORATED

Complete Cased Hole Services
EL DORADO, KS

RADIOACTIVITY LOG

| | | |
|--|--|-----------------------------|
| Company TOM GREER Well NORTH BROWN UNIT G-1 Field FOX-BUSH Country U.S.A. State/Prv KANSAS | Company TOM GREER Well NORTH BROWN UNIT # G-1 Field FOX-BUSH Country U.S.A. State/Prv KANSAS | |
| | Location SE-SE-NW-NW SEC. 25 TWP. 29s RGE. 5 E BUTLER COUNTY | Other Services PERFORATE |
| | Permanent Datum GROUND LEVEL Elevation Log Measured From KELLY BUSHING 8' A.G.L. Drilling Measured From KELLY BUSHING | Elevation G. L. K. B. |

| | |
|------------------------|----------|
| Date | 8-30-10 |
| Run Number | ONE |
| Depth Driller | 2235 |
| Depth Logger | 2170 |
| Bottom Logged Interval | 2168 |
| Top Log Interval | 1700 |
| Open Hole Size | |
| Type Fluid | |
| Density / Viscosity | |
| Max. Well Deviation | |
| Estimated Cement Top | |
| Time Well Ready | |
| Time Logger on Bottom | |
| Equipment Number | 103 |
| Location | ELDORADO |
| Recorded By | SULLIVAN |
| Witnessed By | T. GREER |

| Borehole Record | | | | Tubing Record | | | |
|-----------------|-----|------|----|---------------|--------|------|----|
| Run Number | Bit | From | To | Size | Weight | From | To |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Casing Record | SIZE | WEIGHT | FROM | TO |
|-------------------|-------|--------|------|------|
| Surface String | | | | |
| Prot. String | | | | |
| Production String | 4 1/2 | 10.5 | 0 | 2234 |
| Liner | | | | |
| | | | | |
| | | | | |

1101FSL 11711FL
New Well Application

-076.8000-
37.49369

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
Flood
Tertiary

Date injection started _____
API #15 - 015 - 23874-00-00

DOCKET # D-30, 70

1/2 SE, Sec 25, T 29S, R 5 E
1103 Feet from South Section Line
488 Feet from East Section Line

Lease North Brown Well # 6-1
County Butler

Operator: Tom Green / Green Oil Company Operator License # 9594
Name & Address P.O. Box 2444 Contact Person Tom Green
Price City, OK 74602 Phone 580-762-6355

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 200 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

| Size | Conductor | Surface | Production | Liner | Size | Tubing |
|-------------------|-------------|--------------|--------------|--------------------|--------------------|-----------------------|
| Set at | <u>5</u> | <u>8 3/4</u> | <u>4 1/2</u> | <u>5</u> | <u>2 3/8</u> | <u>2 3/8</u> |
| Cement Top | <u>5</u> | <u>312</u> | <u>2231</u> | <u>5</u> | Set at | <u>2126</u> |
| " Bottom | <u>5</u> | <u>0</u> | <u>0</u> | <u>5</u> | Type | <u>Joint Hole</u> |
| DV/Perf. | | <u>312</u> | <u>2231</u> | | | |
| Packer type | <u>AD-1</u> | | | | TD (and plus back) | <u>2236</u> ft. depth |
| Zone of injection | <u>2154</u> | ft. to ft. | <u>2160</u> | Perf. or open hole | <u>2126</u> | <u>Running</u> |

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 1:30 Min. 15 Min. 30 Min.

I Pressures: 312# 312# 312# Set up 1 System Pres. during test 0

L Set up 2 Annular Pres. during test 312#

D Set up 3 Fluid loss during test 0 bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with packer

Test Date 11-4-2010 Using Company Tools Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2126 feet

was the zone tested
Signature [Signature] Title _____

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Diane Krueger Title Pret Witness: Yes No _____

MARKS: Backside Pull w/ Treated Fluid, pressured w/ air

Origin. Conservation Div.; KURE/T; Dist. Office; 11

1101 FSL 1191 FEL

-096-8300/
37. 49369

New Well Application

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
Flood
Tertiary

Date injection started _____
API #15 - 015 - 23874-00-00

DOCKET # D-30709

5/2 SE, Sec 25, T 29 S, R 5 EA

1103 Feet from South Section Line
1188 Feet from East Section Line

Lease North Brown Well # B-1
County Butter

Operator: Tom Greer / Greer Oil Company Operator License # 9594
Name & Address P.O. Box 2444 Contact Person Tom Greer
 Ponca City, Oklahoma 74602 Phone 580-762-6355

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 200 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

| | Conductor | Surface | Production | Liner | Size | Tubing |
|-------------------|-------------|------------------------|---------------|----------|-----------------------|-------------------|
| Size | <u>5</u> | <u>8 3/4"</u> | <u>4 1/2"</u> | <u>5</u> | <u>2 3/4"</u> | <u>2 3/4"</u> |
| Set at | <u>5</u> | <u>312</u> | <u>2231</u> | <u>5</u> | <u>2126</u> | <u>2126</u> |
| Cement Top | <u>5</u> | <u>0</u> | <u>0</u> | <u>5</u> | Type | <u>Tool-joint</u> |
| " Bottom | <u>5</u> | <u>312</u> | <u>2231</u> | <u>5</u> | | |
| DV/Perf. | | | | | | |
| Packer type | <u>AD-1</u> | | | | | |
| Zone of injection | | <u>2154</u> ft. to ft. | <u>2160</u> | | <u>2236</u> ft. depth | |
| | | | | | | <u>LANZING</u> |

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

Time: Start 10:35 Min. 15 Min. 30 Min.

| Time | Pressure | Pressure | Pressure | Notes |
|------|------------|------------|----------|---|
| 1st | <u>305</u> | <u>275</u> | <u>—</u> | Set up 1 System Pres. during test <u>0</u> |
| 2nd | <u>315</u> | <u>290</u> | <u>—</u> | Set up 2 Annular Pres. during test <u>275-315</u> |
| 3rd | <u>—</u> | <u>—</u> | <u>—</u> | Set up 3 Fluid loss during test <u>0</u> bbls. |

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with packer

Test Date 11-1-2010 Using Company Tools Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2126 feet was the zone tested

Signature _____ Title _____

The results were Satisfactory _____, Marginal _____, Not Satisfactory

State Agent Dwaine Krueger Title Pret Witness: Yes No _____

MARKS: Backside Pull w/ fresh water pressured w/ air

Origin. Conservation Div.; KLRH/T; Dist. Office;