



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 ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ 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 ENHR ☐ Conv. to SWD
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

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☐ Geologist Report Received☐ UIC DistributionALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

1248513

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Rose Trust D 1
Doc ID	1248513

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	264	common	180	
Production	8.625	5.5	15.5	4428	common	230	

Black Tea Oil

Rose Trust D1

RTD 4430

LTD Cased Hole 4398

5 ½ Set @ 4428 230 sks

8 5/8 Set @ 264' 180 sks

Port Collar @ 2129' 550 sks, 1 inch 200 sks

Perfs

FT Scott 4164-73 200 gal

Pawnee 4126-32 150 gal

Altamont 4100-10 200 gal

Marmaton 4054-70 150 gal

L 3957-61 1500 gal

Summary of Changes

Lease Name and Number: Rose Trust D 1

API/Permit #: 15-109-21364-00-00

Doc ID: 1248513

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	26
Approved Date	12/11/2014	04/27/2015
CasingSettingDepthPD F_1	250	264
CasingSettingDepthPD F_2	4500	4428
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From	2100	2129
If Alternate II Completion - Sacks of Cement	450	750
Kelly Bushing Elevation	2680	2685
Method Of Completion - Commingled	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Multiple Stage Cementing Collar Depth	2100	2129
Perf_Record_1		See Attached Report
Plug Back Total Depth	4500	4398
Producing Formation	Kansas City/Johnson	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=12	../../../../kcc/detail/operatorEditDetail.cfm?docID=12
TopsDatum1	34899 -1307	48513 -1479
TopsDatum2		-1441
TopsDatum3		-1415
TopsDatum4		-1369
TopsDatum5		-1272
TopsDepth1	3980	4164
TopsDepth2		4126
TopsDepth3		4100

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth4		4054
TopsDepth5		3957
TopsName1	Kansas City	Ft Scott
TopsName2		Pawnee
TopsName3		Altamont
TopsName4		Marmaton
TopsName5		L
Total Depth	4500	4430

Summary of Attachments

Lease Name and Number: Rose Trust D 1

API: 15-109-21364-00-00

Doc ID: 1248513

Correction Number: 1

Attachment Name

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1234899

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

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:

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Spud Date or
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Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

_____ Feet from ☐ North / ☐ South Line of Section

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☐ NE ☐ NW ☐ SE ☐ SW

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(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

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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

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Rose Trust D 1
Doc ID	1234899

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	16	250	common	180	
Production	8.625	5.5	20	4500	common	230	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 682

Cell 785-324-1041

Date <u>11-4-14</u>	Sec.	Twp.	Range	County <u>logan</u>	State <u>KS</u>	On Location	Finish <u>4:15 AM</u>
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Location <u>Oakley, 22 S, W12</u>			
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Lease <u>Rose Trust</u>	Well No. <u>D-1</u>	Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor <u>landmark 3</u>		
Type Job <u>Surface</u>		
Hole Size <u>12 1/4</u>	T.D. <u>265</u>	Charge To <u>Black Tea Oil</u>
Csg. <u>8 5/8</u>	Depth <u>265</u>	Street
Tbg. Size	Depth	City State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <u>20</u>	Cement Amount Ordered <u>170 sx com, 3% cc, 2% gel</u>
Meas Line	Displace <u>15 1/2 bbl</u>	

EQUIPMENT

Pumptrk <u>17</u>	No.	Cementer Helper <u>Lonniew</u>	Common <u>170</u>
Bulktrk <u>13</u>	No.	Driver Driver <u>Doug</u>	Poz. Mix
Bulktrk <u>Ph</u>	No.	Driver Driver <u>Travis</u>	Gel. <u>3</u>
			Calcium <u>6</u>

JOB SERVICES & REMARKS

Remarks: <u>Cement did circulate</u>	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling <u>179</u>
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge <u>Surface</u>
	Mileage <u>25</u>

X Signature <u>Marin Maldonado</u>	Tax
	Discount
	Total Charge

FIELD RECEIPT NO. 1001116496



CUSTOMER		BLACK TEA OIL LLC		CREDIT APPROVAL NO.	PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
MAIL INVOICE TO		STREET OR BOX NUMBER 1011 CENTENNIAL BOULEVARD, SUITE B			CITY HAYS		STATE Kansas		ZIP CODE 67601	
DATE WORK COMPLETED	MO. 11	DAY 09	YEAR 2014	BHI REPRESENTATIVE Barry K Barkley	WELL API NO: 15109213640000	WELL TYPE: New Well				
DISTRICT PP, PERRYTON					JOB DEPTH(ft) 4,426	WELL CLASS: Oil				
WELL NAME AND NUMBER Rose Trust D #1					TD WELL DEPTH(ft) 4,431	GAS USED ON JOB: No Gas				
WELL LOCATION:	LEGAL DESCRIPTION 30-14S-32W		COUNTY/PARISH Logan		STATE Kansas	JOB TYPE CODE: Long String				
PRODUCT CODE	DESCRIPTION				UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT
100022	Class H Cement				sacks	140	40.100	5,614.00	45%	3,087.70
100275	Sodium Metasilicate				lbs	97	4.100	397.70	45%	218.74
100295	Cello Flake				lbs	55	5.100	280.50	45%	154.28
100404	Sodium Chloride				lbs	332	0.520	172.64	45%	94.95
488019	FP-6L				gals	2	104.250	208.50	45%	114.68
488073	FL-62				lbs	97	21.550	2,090.35	45%	1,149.69
499634	Kol-Seal, 50 lb bag				lbs	880	1.250	1,100.00	45%	605.00
499680	Static Free				lbs	2	40.700	81.40	45%	44.77
499702	ClayCare, Clay Treat-2C, 260 gl tote				gals	5	147.000	735.00	45%	404.25
L425411-00	Lafarge Red Rock Poz				sack	110	16.400	1,804.00	45%	992.20
SUB-TOTAL FOR Product Material								12,484.09	45.00%	6,866.26
A152	Personnel Per Diem Chrg - Cement Svc				ea	1	210.000	210.00	0%	210.00
M100	Bulk Materials Blending Charge				cu ft	280	5.450	1,526.00	45%	839.30
SUB-TOTAL FOR Service Charges								1,736.00	39.56%	1,049.30
ARRIVE LOCATION:	MO. 11	DAY 09	YEAR 2014	TIME 13:00	SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.					
CUSTOMER REP. James					SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.					
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS					CUSTOMER AUTHORIZED AGENT					
					X BHI APPROVED 					

FIELD RECEIPT NO. 10011116496



CUSTOMER		BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER					
MAIL INVOICE TO		STREET OR BOX NUMBER 1011 CENTENNIAL BOULEVARD, SUITE B				CITY HAYS		STATE Kansas		ZIP CODE 67601					
DATE WORK COMPLETED		MO. DAY YEAR 11 09 2014		BHI REPRESENTATIVE Barry K Barkley		WELL API NO: 15109213640000		WELL TYPE: New Well							
DISTRICT PP, PERRYTON						JOB DEPTH (ft) 4,426		WELL CLASS: Oil							
WELL NAME AND NUMBER Rose Trust D #1						TD WELL DEPTH (ft) 4,431		GAS USED ON JOB: No Gas							
WELL LOCATION :		LEGAL DESCRIPTION 30-14S-32W		COUNTY/PARISH Logan		STATE Kansas		JOB TYPE CODE: Long String							
PRODUCT CODE		DESCRIPTION		UNIT OF MEASURE		QUANTITY		LIST PRICE UNIT		GROSS AMOUNT		% DISC.		NET AMOUNT	
F061A		Cement Pumping, 4001 - 5000 ft		6hrs		1		6,450.000		6,450.00		45%		3,547.50	
F090		Fuel per pump charge - cement		pump/hr		6		70.250		421.50		0%		421.50	
J050		Cement Head		job		1		830.000		830.00		45%		456.50	
J225		Data Acquisition, Cement, Standard		job		1		2,130.000		2,130.00		45%		1,171.50	
J390		Mileage, Heavy Vehicle		miles		205		11.850		2,429.25		45%		1,336.09	
J391		Mileage, Auto, Pick-Up or Treating Van		miles		400		6.700		2,680.00		45%		1,474.00	
		SUB-TOTAL FOR Equipment								14,940.75		43.73%		8,407.09	
J401		Bulk Delivery, Dry Products		ton-mi		2275		3.940		8,963.50		45%		4,929.93	
		SUB-TOTAL FOR Freight/Delivery Charges								8,963.50		45.00%		4,929.93	
		FIELD ESTIMATE								38,124.34		44.25%		21,252.58	
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488073		FL-62		lbs		97				1,149.69	
499634		Kol-Seal, 50 lb bag		lbs		880				605.00	
499680		Static Free		lbs		2				44.77	
499702		ClayCare, Clay Treat-2C, 260 gl tote		gals		5				404.25	
L425411-00		Lafarge Red Rock Poz		sack		110				992.20	
		SUB-TOTAL FOR Product Material								6,866.26	
A152		Personnel Per Diem Chrg - Cement Svc		ea		1				210.00	
M100		Bulk Materials Blending Charge		cu ft		280				839.30	
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F090	Fuel per pump charge - cement			pump/hr	6				421.50
J050	Cement Head			job	1				456.50
J225	Data Acquisition, Cement, Standard			job	1				1,171.50
J390	Mileage, Heavy Vehicle			miles	400				2,607.00
J391	Mileage, Auto, Pick-Up or Treating Van			miles	400				1,474.00
SUB-TOTAL FOR Equipment									
J401	Bulk Delivery, Dry Products			ton-mi	2275				4,929.93
SUB-TOTAL FOR Freight/Delivery Charges									
FIELD ESTIMATE									
SUB-TOTAL								22,523.49	
ARRIVE LOCATION :		MO. 11	DAY 09	YEAR 2014	TIME 13:00	SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.			
CUSTOMER REP.					SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.				
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT			BHI APPROVED		CUSTOMER AUTHORIZED AGENT		
					X		X		
					X		X		

Operator Name: BLACK TEA OIL LLC
Well Name: Rose Trust D #1
Job Description: 5-1/2" x 7-7/8 OH - 4600' MD
Date: November 7, 2014



Job ID: 10011116496 Estimate No: 101021426

JOB SUMMARY/SERVICE ORDER

Depth (TVD)	4,600 ft
Depth (MD)	4,600 ft
Hole Size	7.875 in
Casing Size	5 1/2 in, 15.5 lbs/ft
Pump Via	5 1/2" O.D. (4.950" I.D) 15.5 #
Total Mix Water	771 gals
Scavenger Slurry	
Scavenger	27 bbls
Density	11.0 ppg
Yield	3.03 cf/sack
Cement Slurry	
Arkoma Lite w/ Adds	41 bbls
Density	14.3 ppg
Yield	1.36 cf/sack
Displacement	
Displacement Fluid	109 bbls
Density	9.0 ppg
Cement Slurry	
Fill in for Rat hole	6 bbls
Density	16.4 ppg
Yield	1.06 cf/sack
Estimated Price	\$25,574.70

Summary of Changes Agreed to on Location (to be initialed by Customer):

TERMS: IN THE ABSENCE OF A MASTER SERVICE AGREEMENT BETWEEN BAKER HUGHES AND CUSTOMER, THE BAKER HUGHES WORLDWIDE TERMS AND CONDITIONS ATTACHED HERETO SHALL GOVERN THE PRODUCTS AND SERVICES PROVIDED HEREUNDER. THE TERMS AND CONDITIONS CONTAIN INDEMNITIES, WAIVERS OF WARRANTIES AND LIMITATIONS ON REMEDIES AND SHOULD BE CAREFULLY REVIEWED BY CUSTOMER.

SERVICE ORDER: I authorize work to begin as described above and in accordance with the attached Baker Hughes Worldwide Terms and Conditions. I represent that I have authority to accept and sign this Service Order:

Customer Authorized Representative

Date: 11-9-14