

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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 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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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 #: _____

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.

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: _____

Title: _____ Date: _____

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Side Two

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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WELL COMPLETION (FORM ACO-1)

Instructions

General Instructions.

- Form must be typed.

ACO-1 Side One

Section 1: Operator/Well Information.

- License #.** Enter the operator's license number. To verify KCC operator license information, check the Commission's website at http://kcc.ks.gov/conservation/oil_license.cgi or contact the Conservation Division's Licensing Department at (316) 337-6200.
- Name.** Enter the operator's full name as it appears on the operator's license.
- Address.** Enter the operator's mailing address (street or PO Box).
- City/State/Zip.** Enter the operator's city, state, and zip code that corresponds with the operator's mailing address in "1c."
- Contact Person.** Enter the name of the individual who will be the operator's contact person for this Well Completion Form, should Conservation Division Staff need to contact the operator about the Form. The contact person may be the operator or the operator's agent.
- Phone.** Enter the phone number of the contact person listed in "1e" above.
- Contractor License #.** Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent. To verify KCC operator license information check the Commission's website at http://kcc.ks.gov/conservation/oil_license.cgi or contact the Conservation Division's Licensing Department at (316) 337-6200.
- Contractor Name.** Enter the name of the drilling contractor for the subject well as it appears on the drilling contractor's operator license. The drilling contractor may be the operator or the operator's agent.
- Wellsite Geologist.** Enter the name of the wellsite geologist witnessing the completion work.
- Purchaser.** Enter the name of the purchaser of the oil and/or gas produced from the subject well.
- Designate Type of Completion.** Mark the appropriate box to indicate if the subject well completion is a new well, re-entry, or workover. In addition, mark the appropriate box(es) to indicate the type of completion. Multiple boxes may be checked, if more than one applies.
- Old Well Information (Only for workover/re-entry).**
 - Operator.** Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
 - Well Name.** the name under which the subject well was last operated.
 - Original Completion Date.** Enter the date on which the subject well was originally completed.
 - Original Total Depth.** Enter the original total depth of the subject well.
 - Deepening, Re-perforate, Convert to Enhanced Recovery/Saltwater Disposal/Gas Storage.** Mark the appropriate box(es) to indicate whether, through workover/re-entry operations, the operator has deepened, re-perforated, and/or converted the subject wellbore to an enhanced recovery or saltwater disposal well. Multiple boxes may be marked, if more than one applies. For each box that is marked, enter the corresponding permit number to the right of the box.
- Spud Date or Recompletion Date.** For new wells, enter the date on which the well was spud. For workovers and re-entries, enter the date on which current recompletion operations were commenced.
- Date Reached TD.** Enter the date on which the operator reached total depth.
- Completion Date or Recompletion Date.** For new wells, enter the date on which the new well was completed. For workovers and re-entries, enter the date on which recompletion operations were finished.
- API No.** Enter the API Number for the subject well. This number is subject to change upon review by Conservation Division Staff.

Production Staff will contact the operator if major changes are made to the subject well's API Number.

- Spot Location.** Enter the geographic location of the subject well by $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$, Section, Township, and Range. Mark the appropriate box to indicate if the range is east or west of the Sixth Principal Meridian.
- Footage Location from Section Lines.**
 - Enter the number of feet the subject well is located from the South or North section line and circle from which section line the measurement was taken.
 - Enter the number of feet the subject well is located from the East or West section line and circle from which section line the measurement was taken.
- Footages Calculated From Nearest Outside Section Corner.** Mark the appropriate box indicating the outside section corner nearest the location of the subject well.
- County.** Enter the county in which the subject well is located.
- Lease Name/Well Number.** Enter the name of the lease and the well number.
- Field Name.** List the name of the field in which the well is located. Field names are available on the KGS web site, <http://www.kgs.ku.edu/Magellan/Field/index.html>, or the Independent Oil & Gas Service's website, <http://www.iogsi.com>.
- Producing Formation.** Enter the name of the geologic formation from which the well is producing.
- Elevation.**
 - Ground.** Enter the elevation in feet above sea level for the subject well's location.
 - Kelly Bushing.** Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.
- Total Depth.** Enter the total depth of the subject well.
- Plug Back Total Depth.** Enter the total depth of the plug back in the subject well.
 - Amount of Surface Pipe Set and Cemented.** Enter the depth to which surface pipe is set and cemented in the subject well.
 - Multiple Stage Cementing Collar Used.**
 - Mark the appropriate box to indicate if the operator used a multiple stage cementing collar to complete/recomplete the subject well.
 - If multiple stage cementing collar was used, fill in the blank with the depth at which the multiple stage cementing collar was set.
 - Alternate II Completion.** If the subject well is an Alternate II Completion, enter the depth to which cement was circulated and the number of sacks of cement used.

Section 2: Drilling Fluid Management Plan.

- Chloride Content.** Enter the chloride content in parts per million of reserve pit fluids.
- Fluid Volume.** Enter the volume in barrels of reserve pit fluids used.
- Dewatering Method Used.** Enter the dewatering method used at the subject well during drilling operations.
- Location of Fluid Disposal if Hauled Offsite.**
 - Operator Name.** Enter the name of the operator who disposed of the drilling fluids.
 - Lease Name.** Enter the name of the lease at which the drilling fluids were disposed.
 - License Number.** Enter the license number of the operator who disposed of the drilling fluids. To verify KCC operator license information check the Commission's website at http://kcc.ks.gov/conservation/oil_license.cgi or contact the Conservation Division's Licensing Department at (316) 337-6200.
 - Geographic Location.** Enter the geographic location of the lease on which drilling fluids were disposed by $\frac{1}{4}$, Section, Township, and Range. Mark the appropriate box to indicate if the Range is East or West of the Sixth Principal Meridian.

- 2d(5). **County.** Enter the county in which the fluid disposal is located.
- 2d(6). **Permit Number.** If the fluid will be hauled offsite and injected into an enhanced recovery or disposal well, enter the permit number under which the operator is authorized to conduct injection operations into the well.

Section 3: Verification.

- 3a. **Signature.** The operator or the operator's agent must sign the Well Completion Form to verify that, to the best of their knowledge, all statutory and regulatory requirements have been complied with, and the information on the form is complete and accurate.
- 3b. **Title.** The title, with respect to the operator, of the individual signing the form.
- 3c. **Date.** Enter the date on which the form is completed.

ACO -1 Side Two**Section 4: Operator and Well Information.**

- 4a. **Operator Name.** Enter the operator's full name as it appears on the operator's license.
- 4b. **Lease Name/Well Number.** Enter the lease name and well number for the subject well.
- 4c. **Geographic Location.** Enter the location of the subject well by Section, Township, and Range, and mark the appropriate box to indicate if the Range is East or West of the Sixth Principal Meridian.
- 4d. **County.** Enter the name of the county in which the subject well is located.

Section 5: Logs, Samples, and Test Reporting.

- 5a. **Drill Stem Tests.** Mark the appropriate box to indicate whether drill stem tests were taken. If drill stem tests were taken, additional sheets must be attached to the ACO-1.
- 5b. **Samples Sent to Geological Survey.** Mark the appropriate box to indicate if geologic samples were taken and sent to the Kansas Geologic Survey.
- 5c. **Cores Taken.** Mark the appropriate box to indicate if cores were taken.
- 5d. **Electric Log Run.** Mark the appropriate box to indicate if electric log(s) were run on the subject well.
- 5e. **Electric Log Submitted Electronically.** If electric logs were run on the subject well, indicate whether the electric logs were submitted to the KCC electronically.
- 5f. **List All Electric Logs Run.** If electric logs were run on the subject well, list all of the electric logs conducted.
- 5g. **Formation (Top), Depth, and Datum.** Mark the appropriate "Log" or "Sample" box, or both boxes, to indicate whether the formation information is derived from a driller's log or geologic samples. Enter the name of each producing or storage formation penetrated, the formation top, and the datum of the formation top. The formation datum is the distance from the formation top to the mean sea level. It may be a positive or a negative number.

Section 6: Casing Record.

- 6a. **New or Used.** Mark the appropriate box to indicate if the subject well's casing is new or had been previously used.
- 6b. **Casing Strings Used.** For each separate string of casing used, enter the following information for each string:
- 6b(1). **Purpose of String.** The purpose of the casing string.
- 6b(2). **Size Hole Drilled.** The size of hole drilled for the casing string.
- 6b(3). **Size Casing Set.** The outside diameter of the casing.
- 6b(4). **Weight.** The weight of the casing set, expressed in pounds per foot.
- 6b(5). **Setting Depth.** The depth to which the casing string is set.
- 6b(6). **Type of Cement.** The type of cement used to set the casing string.
- 6b(7). **# Sacks Used.** The number of sacks of cement used to set the casing string.
- 6b(8). **Type and Percent Additives.** The type and percent additives to the cement used to set the casing string.

Section 7: Additional Cementing/Squeeze Record.

- 7a. **Purpose.** Mark the appropriate blank to indicate the purpose of the additional cementing/squeeze. If more than one purpose applies, mark all that apply.
- 7b. **Depth Top Bottom.** Enter the depth of the additional cementing from top to bottom.
- 7c. **Type of Cement.** Enter the type of cement used for the additional cementing.
- 7d. **Number of Sacks Used.** Enter the number of sacks used for the additional cementing.
- 7e. **Type and Percent Additives.** Enter they type and percent of additives to the additional cementing.

Section 8: Perforation, Acid, Fracture, Shot, and Cement Squeeze Record.

For each set of perforations in the subject well, enter the following information.

- 8a. **Shots per foot.** Enter the number of perforations per foot.
- 8b. **Perforation Record - Bridge Plugs Set/Type and Specific Footage of Each Interval Perforated.** Enter the type of bridge plugs, the depth at which the bridge plugs are set at each perforation interval, and the depth of each interval perforated.
- 8c. **Acid, Fracture, Shot, Cement Squeeze Record.** Enter the amount and kind of material used for any acid, fracture, or shot treatment, and any cement squeeze at each perforation interval.
- 8d. **Depth.** Enter the depth of the acid, fracture, shot, or cement squeeze at each perforation interval.

Section 9: Miscellaneous.

- 9a. **Tubing Record.**
- 9a(1). **Size.** Enter the size of tubing set in the subject well.
- 9a(2). **Set at.** Enter the depth at which the tubing is set in the subject well.
- 9a(3). **Packer at.** Enter the depth at which the tubing packer is set in the subject well.
- 9b. **Liner Run.** Mark the appropriate box to indicate if a liner is in the subject well.
- 9c. **Date of First or Resumed Production, SWD, or ENHR.** For newly completed wells, enter the date of first production, saltwater disposal, or enhanced recovery operations. For workovers or re-entries, enter the date of resumed production, saltwater disposal, or enhanced recovery operations.
- 9d. **Producing Method.** Mark the appropriate box to indicate by which method the subject well is producing: flowing, pumping, gas lift, or other. If the "other" box is marked, write in a brief explanation of the producing method.
- 9e. **Estimated Production Per 24 Hours.** Enter the following information regarding the estimated production from the subject well over a 24-hour period:
- 9e(1). **Oil Bbls.** Enter the estimated number of barrels oil produced from the subject well in a 24-hour period.
- 9e(2). **Gas Mcf.** Enter the estimated amount of gas produced from the subject well in a 24-hour period, expressed in thousands of cubic feet.
- 9e(3). **Water Bbls.** Enter the estimated number of barrels water produced from the subject well in a 24-hour period.
- 9e(4). **Gas-Oil Ratio.** Enter the gas-oil ratio for production from the subject well.
- 9e(5). **Gravity.** The API gravity (density) of produced oil, measured in degrees.
- 9e(6). **Disposition of Gas.** Mark the appropriate box to indicate the disposition of any gas produced from the subject well as vented, sold, or used on lease. If the gas is vented, you must submit an ACO-18 with the ACO-1.
- 9e(7). **Method of Completion; Production Interval.** Mark the appropriate box to indicate if the production interval in the subject well is open hole, perforated, dually completed, commingled, or other. If the "other" box is marked, specify the method of completion in the blank provided. If the subject well is producing from commingled zones, you must file an ACO-4 form. If the subject well is dually completed, you must file an ACO-5 form.
- 9e(8). **Production Interval.** Enter the footages where the wellbore is perforated.

Section 10: Information to attach to the ACO-1 for Mississippi horizontal wellbores.

1. Attach a directional survey indicating the final path of the horizontal wellbore.
2. Attach a plat map depicting the well as it is drilled.
 - a. For horizontal wellbores completed open hole, the plat must depict the surface location, the point at which the wellbore encounters the producing formation (depth and distance from the nearest lease or unit boundary line), any isolation packers and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
 - b. For cased horizontal wellbores, attach a plat that shows the well as it is drilled, including the surface location, the point the wellbore enters the producing formation (depth and distance from the nearest lease or unit boundary line), the location of the first perforation (depth and distance from the nearest lease or unit boundary line), the location of the last perforation (depth and distance from the nearest lease or unit boundary line), and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
3. All operators must certify that the information contained on the plat depicting the well as drilled is accurate. Furthermore, all operators must retain the well's completion information depicting how the wellbore was perforated for the life of the well and make it available upon Commission request.

Operator Name: 4a Lease Name: 4b Well #: 4b

Sec. 4c Twp. 4c S. R. 4c East West County: 4d

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken 5a <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
Samples Sent to Geological Survey 5b <input type="checkbox"/> Yes <input type="checkbox"/> No	5g
Cores Taken 5c <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric Log Run 5d <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric Log Submitted Electronically 5e <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>	
List All E. Logs Run: 5f	

6a 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
6b(1)	6b(2)	6b(3)	6b(4)	6b(5)	6b(6)	6b(7)	6b(8)

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: 7a	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	7b	7c	7d	7e

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
8a	8b	8c	8d

TUBING RECORD:	Size: 9a(1)	Set At: 9a(2)	Packer At: 9a(3)	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No 9b
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Date of First, Resumed Production, SWD or ENHR. 9c	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) 9d
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Estimated Production Per 24 Hours	Oil Bbls. 9e(1)	Gas Mcf 9e(2)	Water Bbls. 9e(3)	Gas-Oil Ratio 9e(4)	Gravity 9e(5)
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9e(6) DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	9e(7) 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> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 9e(8) _____ _____
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