

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

W. C. IMBT

3. ADDRESS OF OPERATOR

210 West 38th Street, Farmington, New Mexico - 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

165' FWL & 1155' FWL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

7-1/2 miles east of Shiprock, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

990'

16. NO. OF ACRES IN LEASE

4800

19. PROPOSED DEPTH

780'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

Both

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

5096' Gr.

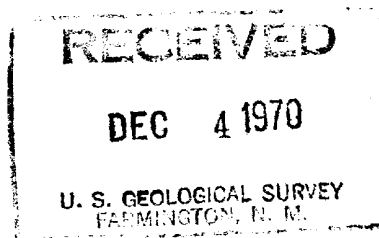
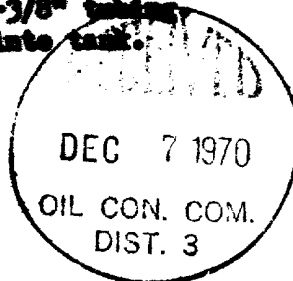
22. APPROX. DATE WORK WILL START*

December 5, 1970

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
9"	7"	20#	50'	8 sacks
5-5/8"	4-1/2"	9.5#	775'	45 sacks

1. Will drill surface hole with cable tools.
2. Set 7" casing through surface sand and boulders.
3. Cement with 8 sacks.
4. Drill out below surface pipe with rotary.
5. Cement 4-1/2" production string on top Dakota.
6. Drill pay with air - run 2-3/8" tubing.
7. Complete open hole - turn into tank.



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. ORIGINAL SIGNED BY

W.C. IMBT

Operator

December 4, 1970

SIGNED

TITLE

DATE

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OK

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

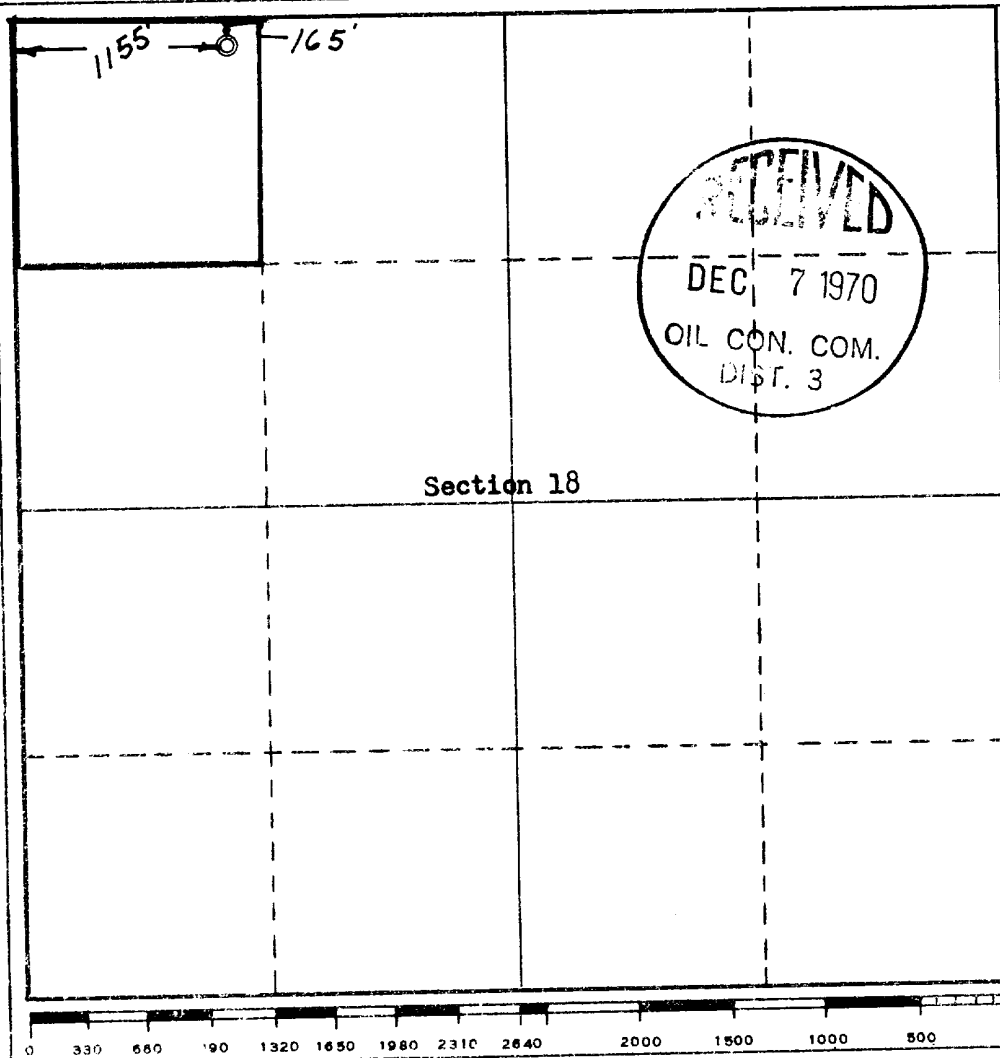
Operator W. C. Imbt		Lease Navajo 18 A		Well No. 1
Unit Letter D	Section 18	Township 29 North	Range 16 West	County San Juan
Actual Footage Location of Well: 165 feet from the North line and 1155 feet from the West line				
Ground Level Elev. 5096	Producing Formation Dakota	Pool Hogback	Dedicated Acreage 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY

Name

W. C. IMBT

Position

Company

Date

12-2-70

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

November 30, 1970

Registered Professional Engineer and Land Surveyor

Certificate No.

3084

TABULATION OF DEVIATION TEST
W. C. IMBT

<u>DEPTH</u>	<u>DEVIATION</u>
777'	1-1/2°

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulations detail the deviation test taken on W. C. IMBT'S Navajo 18-A Well No. 1, located 165' FNL & 1155' FWL Section 18, T-29-N, R-16-W, San Juan County, New Mexico.



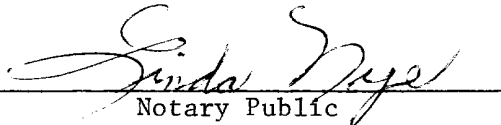
W. C. Imbt

Operator

THE STATE OF NEW MEXICO)
) SS
COUNTY OF SAN JUAN)

BEFORE ME, the undersigned authority, on this day personally appeared W. C. IMBT, known to me to be Operator and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN, TO before me, a Notary Public in and for said County and State this 8th day of February, 1971.


Notary Public

My Commission Expires:

Aug 21, 1974



Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either ~~as shown~~ below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; and or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR W. C. IMBT							
3. ADDRESS OF OPERATOR 210 West 38th Street, Farmington, New Mexico - 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements)* At surface 165' FWL & 1155' FWL At top prod. interval reported below At total depth							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED 1-17-71				16. DATE T.D. REACHED 1-26-71		17. DATE COMPL. (Ready to prod.) 2-6-71	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5096' Gr.				19. ELEV. CASINGHEAD 5096'			
20. TOTAL DEPTH, MD & TVD 777'		21. PLUG, BACK T.D., MD & TVD -		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 644-777'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* Dakota 775-777'						25. WAS DIRECTIONAL SURVEY MADE Yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
7"		20#		64'		9-5/8"	
4-1/2"		9.5#		764'		6-1/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SCREEN (MD)	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2-3/8"		758'					
31. PERFORATION RECORD (Interval, size and number)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
				FEB 9 1971			
33.* PRODUCTION							
DATE FIRST PRODUCTION 2-6-71		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flow				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 2-7-71		HOURS TESTED 24		CHOKE SIZE 40#		PROD'N. FOR TEST PERIOD 79	
FLOW, TUBING PRESS. 40#		CASING PRESSURE 55#		CALCULATED 24-HOUR RATE 79		OIL—BBL. TSTM	
						GAS—MCF. 0	
						WATER—BBL. 0	
						OIL GRAVITY-API (CORR.) 62°	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY							
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED W. C. IMBT		TITLE Operator				DATE 2-9-71	

*(See Instructions and Spaces for Additional Data on Reverse Side)

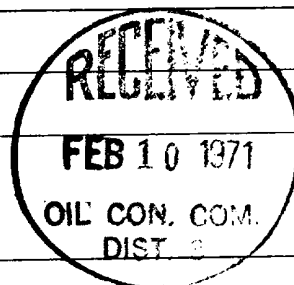
NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.T.

NO. OF COPIES RECEIVED	4
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TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRORATION OFFICE	

I. Operator
W. C. IMBT
Address
210 West 38th Street, Farmington, New Mexico - 87401
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner



II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 18-A	Well No. 1	Pool Name, Including Formation Hogback-Dakota	Kind of Lease Navajo Tribal State, Federal or Fee	Lease No. I-89-IND-58
Location Unit Letter D ; 165 Feet From The North Line and 1155 Feet From The West Line of Section 18 Township 29-North Range 16-West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 29N	Rge. 16W	Is gas actually connected? TSTM	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 1-17-71	Date Compl. Ready to Prod. 2-6-71		Total Depth 777'		P.B.T.D.			
Elevations (DF, FKB, RT, GR, etc.) 5096' Gr.	Name of Producing Formation Dakota		Top Oil/Gas Pay 775'		Tubing Depth 758'			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-5/8"	7"		64'		5 sacks			
6-1/4"	4-1/2"		764'		75 sacks			
	2-3/8"		758'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-6-71	Date of Test 2-7-71	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24 hrs.	Tubing Pressure 60#	Casing Pressure 55#	Choke Size
Actual Prod. During Test 79 BO	Oil-Bbls. 79	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

SIGNED BY
W. C. IMBT

(Signature)

Operator

(Title)

2-9-71

(Date)

OIL CONSERVATION COMMISSION

FEB 10 1971

APPROVED _____, 19

BY Original signed by Emery C. Arnold

SUPERVISOR DIST. #3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OCT 03 1985

I. Operator J.M. Richardson		OIL CON. DIV. DIST. 3
Address 342 White Oaks N.E. Albuquerque N.Mex. 87122		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Change in operator
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Old Operator W.C. Imbt 38th street Farmington

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 18-A	Well No. 1	Pool Name, including Formation Hogback - Dakota	Kind of Lease State, Federal or Fee Navajo	Lease No. 1-89-IND-58
Location				
Unit Letter <u>18-A1 D</u>	<u>1155</u> Feet From The <u>W</u> Line and <u>165</u> Feet From The <u>N</u>			
Line of Section <u>18</u>	Township <u>26N 29N</u>	Range <u>16W</u>	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston Texas 7701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Operator
(Title)
10/4/85
(Date)

OIL CONSERVATION DIVISION
OCT 03 1985
APPROVED [Signature], 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JAN 9 1990

OIL CON. DIV
DIST. 3

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tiffany Gas Co.	
Address P.O. Box 50, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Effective 1/1/90
<input type="checkbox"/> Recompletion	
<input checked="" type="checkbox"/> Change in Ownership	
<input checked="" type="checkbox"/> Change in Transporter oil	
<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner J. M. Richardson, P.O. Box 22010, Albuquerque, NM 87154

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 18-A	Well No. 1	Pool Name, including Formation Hogback-Dakota	Kind of Lease Indian	Lease No. I-89-IND-58
Location Unit Letter D : 165 Feet From The North Line and 1155 Feet From The West				
Line of Section 18 Township 29N Range 16W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Meridian Oil Trading	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 29N	Rge. 16W	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Sean L. Burn
(Signature)
Production Manager
(Title)
1/11/90
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 19 1990, 19
BY Original Signed by FRANK T CHAVEZ
SUPERVISOR DISTRICT
TITLE

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District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address TIFFANY GAS CO. PO Box 50 Farmington, NM 87499		OGRID Number '023094
API Number 30 - 0 45-20726	Pool Name Hogback Dakota	Reason for Filing Code CO
Property Code 011301	Property Name Navajo 18-A	Pool Code 32680
		Well Number 001

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
D	18	29N	16W		165	FNL	1155	FWL	San Juan

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
D	18	29N	16W						San Juan
Lee Code N	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
9018	Giant Refinery Co. 5764 Hwy 64 Farmington, NM 87402	2529910	0	
	87401			

IV. Produced Water

POD	POD ULSTR Location and Description
2529950	Injected on lease F-18-29N-16W

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Dist. #
				3
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Seg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name: Sean C. Burr

Title: Production Manager

Date: 9/1/95

Phone: (505) 325-1701

OIL CONSERVATION DIVISION

Approved by:

SUPERVISOR DISTRICT #3

Title:

Approval Date:

OCT 3 0 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date