



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1079628  
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 # \_\_\_\_\_

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
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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

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 Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1079628

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 <i>(Attach Additional Sheets)</i>	<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 <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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	04/05/2012
INVOICE NUMBER		
1718 - 90873257		

Pratt (620) 672-1201  
 B VAL ENERGY  
 I 200 W DOUGLAS AVE STE 320  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Central Maddix Trust 1-10  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

**RECEIVED**

APR 06 2012

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40448681	20920	9308	Net - 30 days	05/05/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 04/01/2012 to 04/01/2012</i>				
0040448681				
171805825A Cement-New Well Casing/Pi 04/01/2012				
Cement 5 1/2" Longstring <i>Casing 1-10</i>				
AA2 Cement	125.00	EA	14.45	1,806.31 T
60/40 POZ	50.00	EA	10.20	510.02 T
De-foamer (Powdered)	30.00	EA	3.40	102.00 T
Salt	571.00	EA	0.43	242.68 T
Gas-Blok	118.00	EA	4.38	516.56 T
FLA-322	95.00	EA	6.38	605.65 T
Gilsonite	625.00	EA	0.57	355.95 T
"Top Rubber Cmt Plug, 5 1/2""	1.00	EA	89.25	89.25
"Guide Shoe - Regular. 5 1/2"" (Blue)"	1.00	EA	212.51	212.51
Flapper Type Insert Float Valves, 5 1/2"	1.00	EA	182.76	182.76
"Turbolizer, 5 1/2"" (Blue)"	5.00	EA	93.50	467.52
"5 1/2"" Basket (Blue)"	1.00	EA	246.51	246.51
Super Flush II	500.00	EA	1.30	650.27 T
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.61	162.57
Heavy Equipment Mileage	90.00	MI	5.95	535.52
"Proppant & Bulk Del. Chgs., per ton mil	362.00	EA	1.36	492.34
Depth Charge; 4001'-5000'	1.00	EA	2,142.06	2,142.06
Blending & Mixing Service Charge	175.00	BAG	1.19	208.26
Plug Container Util. Chg.	1.00	EA	212.51	212.51
"Service Supervisor, first 8 hrs on loc.	1.00	EA	148.76	148.76

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,890.01
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	349.63
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	10,239.64
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET

1718 05825 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 4-1-12	DISTRICT Pratt	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER Vgl Energy	LEASE central madia Trust						WELL NO. 1-10		
ADDRESS	COUNTY Barber						STATE KS		
CITY	STATE	SERVICE CREW melson Phye Sullivan							
AUTHORIZED BY	JOB TYPE: cenw 5/2 LS								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33702 20924	40	mi					331	PM	9:04
19960 19918	40	mi					4-1	AM	12:30
37900							4-1	AM	6:55
							4-1	AM	6:30
							4-1	AM	7:15
						MILES FROM STATION TO WELL			45

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Jason Howard  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
EP 105	AA2 cement	SK	125		2,125.00	
CP 103	60/40 POZ	SK	50		600.00	
CL 105	De-foamer	lb	30		120.00	
CL 111	SALT	lb	571		285.50	
CL 115	Gas-BLOK	lb	118		607.00	
CL 129	FLA-322	lb	95		712.50	
CL 201	Gilsonite	lb	625		419.75	
CF 103	TOP Rubber Plug	eg	1		105.00	
CF 251	Guide shoe	eg	1		250.00	
CF 1451	Flapper insert	eg	1		215.00	
CF 1651	Turbolizer	eg	5		590.00	
CF 1901	Baskets	eg	1		290.00	
CL 155	super Flush II	gal	500		765.00	
E 100	Pickup miLeage	mi	45		191.25	
E 101	Heavy miLeage	mi	90		630.00	
E 113	Bulk Delivery	TM	362		579.60	
LE 205	Depth charge	4bs	1		2,520.00	
CF 240	mixing charge	SK	175		245.00	
CF 504	PLUG Container	JOB	1		250.00	
S 003	Service supervisor	eg	1		175.00	
					SUB TOTAL	9,890.01
					ALS	
CHEMICAL / ACID DATA:		SERVICE & EQUIPMENT		%TAX ON \$		
		MATERIALS		%TAX ON \$		
					TOTAL	

SERVICE REPRESENTATIVE: Robert [Signature]  
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Jason Howard  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET  
1718 05325 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB		DISTRICT		NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER				LEASE				WELL NO. 11		
ADDRESS				COUNTY			STATE			
CITY		STATE		SERVICE CREW						
AUTHORIZED BY				JOB TYPE:						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	AM PM	TIME
						ARRIVED AT JOB			AM PM	
						START OPERATION			AM PM	
						FINISH OPERATION			AM PM	
						RELEASED			AM PM	
						MILES FROM STATION TO WELL		4		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
1	...	...	125	...	15625.00
2	...	...	...	...	...
3	...	...	10	...	1200.00
4	...	...	10	...	345.00
5	...	...	10	...	607.20
6	...	...	10	...	712.50
7	...	...	10	...	419.75
8	...	...	1	...	100.00
9	...	...	1	...	250.00
10	...	...	1	...	215.00
11	...	...	5	...	250.00
12	...	...	1	...	290.00
13	...	...	...	...	765.00
14	...	...	...	...	191.00
15	...	...	...	...	600.00
16	...	...	...	...	577.00
17	...	...	...	...	2520.00
18	...	...	...	...	245.00
19	...	...	...	...	...
SUB TOTAL					173.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_

Customer <i>Val Energy</i>	Lease No. <i>1-10</i>	Date <i>4-1-2012</i>	
Lease <i>Central Maddix Trust</i>	Well #		
Field Order # <i>5825</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>	Depth <i>4485</i>
		County <i>Barber</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 LS</i>	Formation <i>ANDERSON</i>	Legal Description <i>10-31-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>5 1/2</i>							
Depth <i>4485</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>106</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>1,500</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4464</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
Service Units <i>20920 19860 19918</i>	<i>57106</i>	
Driver Names <i>MELSON PHYE WILLIAMS</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:30</i>					<i>Safety meeting</i>
					<i>Turbolizer 4, 6, 8, 10, 12</i>
					<i>Basket 1</i>
					<i>Run 100 5.5 5 1/2 13.5 csg.</i>
<i>4:50</i>					<i>Csg on Bottom</i>
<i>5:10</i>					<i>Hook up cnc.</i>
<i>5:55</i>	<i>300</i>		<i>12</i>	<i>3.5</i>	<i>At Separator</i>
			<i>9</i>		<i>At spacer</i>
			<i>30</i>	<i>5</i>	<i>mix cont 125 st AA-2 cr @ 15.4 gpg</i>
					<i>cont mixed. shut down. wash, pump, line</i>
				<i>6</i>	<i>Release Plug at Disj w/ 1/4" 20</i>
	<i>350</i>		<i>81</i>		<i>lift PS,</i>
					<i>slowrate</i>
<i>6:30</i>	<i>1500</i>		<i>106</i>	<i>4</i>	<i>plug down. Hook up.</i>
			<i>7</i>		<i>plug R.H w/ 30 st</i>
			<i>4</i>		<i>plug with junk</i>
					<i>SOB- complete</i>

*Thank you*



# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 130695  
Invoice Date: Mar 27, 2012  
Page: 1

Voice: (817) 546-7282  
Fax: (817) 246-3361



<b>Bill To:</b>
Val Energy, Inc. 200 W. Douglas STE #520 Wichita, KS 67202

*9208*

**RECEIVED**  
APR 06 2012

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Val	Central Maddix 1-10	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Mar 27, 2012	4/26/12

Quantity	Item	Description	Unit Price	Amount
117.00	MAT	Class A Common	16.25	1,901.25
78.00	MAT	Pozmix	8.50	663.00
3.00	MAT	Gel	21.25	63.75
6.00	MAT	Chloride	58.20	349.20
204.00	SER	Handling	2.25	459.00
5.00	SER	Ton Miles	22.44	112.20
1.00	SER	Surface	1,125.00	1,125.00
5.00	SER	Heavy Vehicle Mileage	7.00	35.00
5.00	SER	Light Vehicle Mileage	4.00	20.00
1.00	CEMENTER	David Felio		
1.00	CEMENTER	Fred Woods		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	Derek Gibbons		
1.00	OPER ASSIST	Troy Lenz		

*Cement 8 5/8 1-10*

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ *945.68*

ONLY IF PAID ON OR BEFORE

**Apr 21, 2012**

Subtotal	4,728.40
Sales Tax	217.34
Total Invoice Amount	4,945.74
Payment/Credit Applied	
<b>TOTAL</b>	<b>4,945.74</b>

*- 945.68*

*\$4,000.06*





Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

April 26, 2012

TODD ALLAM  
Val Energy, Inc.  
200 W DOUGLAS AVE STE 520  
WICHITA, KS 67202-3005

Re: ACO1  
API 15-007-23851-00-00  
CENTRAL MADDIX TRUST 1-10  
NE/4 Sec.10-31S-13W  
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
TODD ALLAM