

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1081770

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

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: _____

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

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center; font-size: small;"> Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>		<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	CIRCLE INDUSTRIES 4-32
Doc ID	1081770

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	8.675	24	222	60/40	190	
PRODUC TION	7.675	5.5	15.5	4754	AA2	125	



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 130909

Invoice Date: Apr 20, 2012

Page: 1

Bill To:

Val Energy, Inc.
200 W. Douglas
STE #520
Wichita, KS 67202

RECEIVED

APR 28 2012



Customer ID	Well Name / or Customer P.O.	Payment Terms	
Val	Circle Indust. 4-32	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Apr 20, 2012	5/20/12

Quantity	Item	Description	Unit Price	Amount
111.00	MAT	Class A Common	16.25	1,803.75
74.00	MAT	Pozmix	8.50	629.00
3.00	MAT	Gel	21.25	63.75
6.00	MAT	Chloride	58.20	349.20
194.00	SER	Handling	2.25	436.50
20.00	SER	Ton Miles	21.34	426.80
1.00	SER	Surface	1,125.00	1,125.00
20.00	SER	Heavy Vehicle Mileage	7.00	140.00
1.00	SER	Manifold Swedge Rental	200.00	200.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
1.00	EQP	8 5/8 Wooden Plug	92.00	92.00
1.00	EQUIP OPER	Jason Thimesch		
1.00	EQUIP OPER	Brett Goins		
1.00	OPER ASSIST	Troy Lenz		

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

\$ 1069.20

ONLY IF PAID ON OR BEFORE

May 15, 2012

Subtotal	5,346.00
Sales Tax	214.45
Total Invoice Amount	5,560.45
Payment/Credit Applied	
TOTAL	5,560.45

-1069.20

\$4,491.25

ALLIED OIL & GAS SERVICES, LLC 054093

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge KS

DATE <u>04/18/2012</u>	SEC. <u>32</u>	TWP. <u>33s</u>	RANGE <u>10w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Circle</u> <u>Induct</u>	WELL # <u>4-32</u>	LOCATION <u>Gerlane, East to Lone tree,</u>				COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)		<u>North 3/4, East into</u>					

CONTRACTOR Val #2

OWNER Val Energy

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 227

CASING SIZE 8 5/8 DEPTH 227

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 13 1/2

EQUIPMENT

PUMP TRUCK CEMENTER Jason Himerch

360/265 HELPER Brett Gains

BULK TRUCK

364 DRIVER Troy Lenz

BULK TRUCK

DRIVER

REMARKS:

Did Circ Cement

CEMENT

AMOUNT ORDERED 185 sk 60:40:3% cct
2% Gel

COMMON Class A 111 sk @ 16.25 1803.75

POZMIX 74 sk @ 8.50 629

GEL 3 sk @ 21.25 63.75

CHLORIDE 6 sk @ 58.20 349.20

ASC

@

@

@

@

@

@

@

@

@

HANDLING 144 @ 2.25 436.50

MILEAGE 144 X 2.0 X .11 426.80

TOTAL 3709

SERVICE

DEPTH OF JOB 227

PUMP TRUCK CHARGE 1,125

EXTRA FOOTAGE @

MILEAGE 2.0 @ 7.00 140

MANIFOLD / Surveys @ 2 200

LV 2.0 @ 400 80

@

TOTAL 1545

CHARGE TO: Val Energy

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Wooden Plug 1 @ 92 92

@

@

@

@

TOTAL 92

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)

TOTAL CHARGES 5346

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME Rick Smith

SIGNATURE Rick Smith



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 04/26/2012
INVOICE NUMBER 1718 - 90889751		

Pratt (620) 672-1201 J LEASE NAME Circle Industries 4-32
 B VAL ENERGY O LOCATION
 I 200 W DOUGLAS AVE STE 1200 B COUNTY Barber
 L WICHITA STATE KS
 L KS US 67202 T JOB DESCRIPTION Cement-New Well Casing/Pi
 T O ATTN: ACCOUNTS PAYABLE E JOB CONTACT

RECEIVED

APR 28 2012

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40456732	19843			Net - 30 days	05/26/2012
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 04/24/2012 to 04/24/2012</i>					
0040456732					
171806257A Cement-New Well Casing/Pi 04/24/2012					
Cement 5 1/2" Longstring					
AA2 Cement		125.00	EA	14.45	1,806.31 T
60/40 POZ		50.00	EA	10.20	510.02 T
C-41P		30.00	EA	3.40	102.00 T
Salt		571.00	EA	0.43	242.68 T
C-44		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
Super Flush II		500.00	EA	1.30	650.27 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
"Turbolizer, 5 1/2" (Blue)"		5.00	EA	93.50	467.52
"5 1/2" Basket (Blue)"		1.00	EA	246.51	246.51
Flapper type Insert Float Valve 5 1/2" BI		1.00	EA	182.76	182.76
"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
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 06257 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>4-24-2012</u> 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 <u>VAL ENERGY, INC.</u>		LEASE <u>CIRCLE INDUSTRIES</u> WELL NO. <u>4-32</u>	
ADDRESS _____		COUNTY <u>BARBER</u> STATE <u>KS.</u>	
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MARQUEZ, LAURENCE</u>	
AUTHORIZED BY _____		JOB TYPE: <u>CNL - 5 1/2" L.S.</u>	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	ARR PM	TIME
<u>37586</u>	<u>2</u>						<u>4-23-12</u>		<u>6:00</u>
<u>19889-19843</u>	<u>2</u>					ARRIVED AT JOB			<u>11:00</u>
<u>19832-21010</u>	<u>2</u>					START OPERATION	<u>4-24-12</u>	<u>AM</u>	<u>4:30</u>
						FINISH OPERATION		<u>AM</u>	<u>6:30</u>
						RELEASED		<u>AM</u>	<u>7:00</u>
						MILES FROM STATION TO WELL			<u>45</u>

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
CP 105	AA-2 CEMENT	SK	125		2,125.00
CP 103	60/40 POZ	SK	50		600.00
CC 105	C-41P	lb	30		120.00
CC 111	SALT	lb	571		285.50
CC 115	C-44	lb	118		607.70
CC 129	FLA-322	lb	95		712.50
CC 201	GILSONITE	lb	625		418.75
CF 103	TOP RUBBER PLUG, 5 1/2"	EA	1		105.00
CF 251	REGULAR GUIDE SHALE, 5 1/2"	EA	1		250.00
CF 1451	FLAPPER TYPE INSERT FLOAT VALVE, 5 1/2"	EA	1		215.00
CF 11051	TURBOLIZER, 5 1/2"	EA	5		550.00
CF 1901	BASKET, 5 1/2"	EA	1		270.00
CC 155	SUPER FLOSH II	GAL	500		765.00
E 100	PICKUP MILEAGE	MI	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	90		630.00
E 113	BUCK DELIVERY CHARGE	TM	362		579.60
CE 205	DEPTH CHARGE, 4001'-5000'	HR	1-4		2,520.00
CE 240	BLENDING SERVICE CHARGE	SK	175		245.00
CE 504	PLUG CONTAINER CHARGE	LB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1	\$175.00	
SUB TOTAL					1,090.00
TOTAL					1,090.00

CHEMICAL / ACID DATA:	

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

SERVICE REPRESENTATIVE David Lesley

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



1718 0007 A

DATE TICKET NO.

DATE OF JOB		DISTRICT		NEW WELL <input 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.			
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									

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)

[illegible]

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
------------------------	---

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer VALENERGY INC.		Lease No.		Date 4-24-2012	
Lease CIRCLE INDUSTRIES		Well # 4-32			
Field Order # 06257	Station PRATT, KS.	Casing 5 1/2"	Depth	County BARBER	State KS
Type Job CNW - 5 1/2" L.S.			Formation TD - 4778'	Legal Description 32-33-10	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 x 15.5	Tubing Size	Shots/Ft	CNT -	Acid 1255K AA 2		RATE	PRESS	ISIP
Depth 2175.4	Depth	From	To	Pre Pad (201.36 cu ft)		Max		5 Min.
Volume 113 B34	Volume	From	To	Pad		Min 5.1 = 20.96'		10 Min.
Max Press 1500	Max Press	From	To	Frac		Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 1735.5	Packer Depth	From	To	Flush 112 B34		Gas Volume		Total Load

Customer Representative DUSTIN	Station Manager D. SCOTT	Treater K. LESLEY
---------------------------------------	---------------------------------	--------------------------

Service Units	37586	19889	19843	19832	21010						
Driver Names	LESLEY	MARQUEZ	—	LAURENCE	—						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00 PM	4-23-12				ON LOCATION - SAFETY MEETING
2:15 AM	4-24-12				RUN 113 JTS. 5 1/2" x 15.5" CSG.
5					TURBO - 1, 3, 5, 7, 10
4:30 AM					BASK - 6
4:45 AM					CSG. ON BOTTOM - DROP BALL
5:40 AM	250		12	6	HOO UP TO CSG. / BREAK CIRC. W/ RIG
5:42 AM	250		5	6	SUPER FLUSH TI
5:46 AM	200		30	6	HOO SPACER
5:50 AM					MIX 125 SKS. AA-2 @ 15.3 PPG
5:57 AM	0		0	7	CLEAR PUMP & LINE / DROP T.R. PLUG
6:08 AM	200		83	6	START DISPLACEMENT
6:12 AM	800		100	5	LIFT PRESSURE
6:15 AM	1500		112	4	SLOW RATE
					PLUG DOWN - HELD
					CIRC. THRU VOBS
			6, 4		PLUG R.H. & M.H. W/ 60/40 POZ
					JOB COMPLETE.
					THANKS -
					KEVEN LESLEY

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

May 24, 2012

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

Re: ACO1
API 15-007-23862-00-00
CIRCLE INDUSTRIES 4-32
SW/4 Sec.32-33S-10W
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