



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1091939  
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: \_\_\_\_\_

1091939

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 <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  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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BLASDEL A 3
Doc ID	1091939

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
MICROLOG
DIRECTIONAL LOG
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BLASDEL A 3
Doc ID	1091939

Tops

Name	Top	Datum
HEEBNER	3963	
TORONTO	3877	
LANSING	3899	
KANSAS CITY	4764	
PAWNEE	4890	
CHEROKEE	4940	
ATOKA	5160	
MORROW	5230	
CHESTER	5381	
ST. GENEVIEVE	5448	





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

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 02881 A

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

DATE OF JOB	4-29-12	DISTRICT	Liberal #1717	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	Oxy USA	LEASE	Blasdel "A"	WELL NO.											3
ADDRESS		COUNTY	Haskell	STATE											KS
CITY		STATE		SERVICE CREW											Kirby, Ruben, Victor, Ramon
AUTHORIZED BY	Tyce Davis	JRB		JOB TYPE:											8 3/8 Surface 2-42
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	4-29-12	AM	1800	PM					
21755	10	38111	10	30463	10	ARRIVED AT JOB		AM	2000	PM					
		19919	10	37724	10	START OPERATION		AM	0245	PM					
				30464	10	FINISH OPERATION		AM	0415	PM					
				37547	10	RELEASED		AM	0500	PM					
						MILES FROM STATION TO WELL									

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
CL101	ACon	SK	335	13 95	4673 25
CL110	Premium Plus	SK	245	12 23	2996 35
CC109	Calcium Chloride	lb	1567	79	1237 93
CC102	Celloflake	lb	145	2 78	403 10
CC130	C-51	lb	63	18 75	1181 25
CF253	Guide Shoe-Regular	EA	1		285 00
CF4405	Flapper Type Insert Float	EA	1		371 25
CF4556	Centralizers	EA	15	108 75	1631 25
CF105	Cement Basket, Canvas	EA	1		787 50
CF4109	Top Rubber Cement Plug	EA	1		168 75
CE4109	Stop Collar	EA	1		75 00
E101	Heavy Equipment Mileage	MT	90	5 25	472 50
CE240	Blending & Mixing Service Charge	SK	580	1 05	609 0
E113	Bulk delivery Charge	TM	819	1 20	982 80
CE202	Depth Charge 1001-2000	Hrs	1		1125 00
CE504	Plug Container Utilization Charge	Job	1		187 50
E100	Unit Mileage Charge - Pickup	MT	30	3 19	95 70
S003	Service Supervisor	EA	1		131 25

CHEMICAL / ACID DATA:			

AP LOCATION/DEPT. 020177 SUB TOTAL 17,414.38  
 LEASE/WELL/FAC Blasdel A3  
 MAXIMO MATERIALS %TAX ON \$  
 TASK 402 ELEMENT 3023 TOTAL  
 PROJECT # 11459159 CAPEX / OPEX - Circle one  
 SPO / BPA UNSUPPORTED

SERVICE REPRESENTATIVE *[Signature]*  
 FIELD SERVICE ORDER NO. \_\_\_\_\_

PRINTED NAME *Deak Ager*  
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY *[Signature]*  
 #171702881A  
 4/30/12  
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



**BASIC**<sup>TM</sup>  
ENERGY SERVICES  
Liberal, Kansas

### Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>4-29-12</i>	
Lease <i>Blasdel "A"</i>		Well # <i>3</i>		Service Receipt	
Casing <i>8 3/4</i>	Depth <i>1825</i>	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>8 3/4 Surface</i>		Formation		Legal Description <i>4-30-33</i>	
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size <i>8 3/4 24"</i>	Tubing Size		<b>Shots/Ft</b>		Lead <i>335 sk ACon</i> <i>3% CC, 1/4# Poly</i> <i>.2% DCA-1</i>
Depth <i>1825 ft</i>	Depth	From	To		
Volume <i>113.3 BBL</i>	Volume	From	To		Tail in <i>245 sk Prem</i> <i>Plus - 2% CC,</i> <i>1/4# Poly</i>
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth <i>1778 ft</i>	Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2000</i>					<i>On Location - Spot + Rig up</i>
<i>0030</i>					<i>Casing on Bottom - Break Circ.</i>
<i>0245</i>					<i>Safety Meeting</i>
<i>0250</i>	<i>2000</i>				<i>Pressure test</i>
<i>0252</i>	<i>400</i>		<i>143</i>	<i>5</i>	<i>Mix 335 sk ACon @ 12.1 PPG</i>
<i>0308</i>	<i>400</i>		<i>58</i>	<i>5</i>	<i>Mix 245 sk Prem Plus @ 14.8 PPG</i>
<i>0326</i>					<i>Shut down - Drop top Plug</i>
<i>0332</i>	<i>800</i>		<i>0</i>	<i>5</i>	<i>Displace w/ 113 BBL fresh water</i>
<i>0403</i>	<i>900</i>		<i>103</i>	<i>2</i>	<i>Slow Rate</i>
<i>0408</i>	<i>1000</i>		<i>113</i>		<i>Shut down - Plug Didn't land</i>
<i>0409</i>	<i>1000</i>		<i>6</i>	<i>1</i>	<i>Pump 1 BBL</i>
<i>0410</i>			<i>1</i>		<i>Shut down -</i>
<i>0411</i>			<i>-2.5</i>		<i>Release Pressure - Floater Didn't hold</i>
<i>0412</i>	<i>800</i>		<i>0</i>	<i>1</i>	<i>Pump 1.5 BBL</i>
<i>0413</i>	<i>800</i>		<i>1.5</i>		<i>Shut down - Shut in Well</i>
					<i>Circ. Cement to the pit</i>
<i>50</i>					
Service Units	<i>21755</i>	<i>3811/19919</i>	<i>30463/37724</i>	<i>30464/37547</i>	
Driver Names	<i>Kirby</i>	<i>Ruben</i>	<i>Victor</i>	<i>Ramon</i>	

*Jerry Bennett*  
Station Manager

*Kirby Harper*  
Cementer

Customer Representative

Taylor Printing, Inc.





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

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 02871 A

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

DATE OF JOB: <u>5/6/12</u>	DISTRICT: <u>1717</u>	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>Oxy USA</u>	LEASE: <u>Blasdel A-3</u>	WELL NO.:					
ADDRESS:	COUNTY: <u>Haskell</u>	STATE: <u>Ks</u>					
CITY:	STATE:	SERVICE CREW: <u>Royce, Ramon</u>					
AUTHORIZED BY: <u>Tyce</u>	JOB TYPE: <u>5 1/2 L.S. 242</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE
<u>19588</u>	<u>9</u>						<u>10:49 AM</u>
<u>3792337926</u>	<u>9</u>					ARRIVED AT JOB	<u>2:30 PM</u>
<u>3046337924</u>	<u>9</u>					START OPERATION	<u>8:35 AM</u>
						FINISH OPERATION	<u>10:37 AM</u>
						RELEASED	<u>11:30 AM</u>
						MILES FROM STATION TO WELL	<u>35</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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 POZ	SK	325	8 25	2681 25
CC113	Gypsum	lb	1365	56	764 40
CC111	Sulf	lb	1994	38	757 72
CC103	C-15	lb	164	9 38	1538 32
CC105	C-41 P	lb	69	3 00	207 00
CC201	Gilsonite	lb	1625	50	812 50
CF251	Guide Shoe 5 1/2	EA	1		187 50
CF1451	Float Valve	EA	1		161 25
CF4452	Centralizer	EA	20	56 25	1125 00
CF103	Top Plug	EA	1		78 75
CF4105	Stop Collar	EA	1		43 00
CC155	Super Flush 11	gal	500	1 15	575 00
E101	Heavy Equip Mileage	Mi	70	5 25	367 50
CE240	Blending & Mixing Charge	SK	325	1 05	341 25
E113	Bulk Delivery	TM	477.75	1 20	573 30
CE206	Depth Charge 5001 to 6000'	4hr	1		2160 00
CE504	Plug Container	Sub	1		187 50
E100	Pickup Mileage	Mi	35	3 19	111 65
5003	Service Superflush	EA	1		131 25

AP LOCATION/DEPT. Lib cap D02  NON D02  SUB TOTAL

LEASE/WELL/FAC Blasdel A-3

MAXIMO / WSM # \_\_\_\_\_ SERVICE & EQUIPMENT %TAX ON \$ \_\_\_\_\_

TASK D1 MATERIALS ELEMENT %TAX ON \$ 3023

PROJECT # 1145959 CAPEX / OPEX - Circle one TOTAL

SPO / BPA \_\_\_\_\_ UNSUPPORTED

PRINTED NAME Jarol T New

SIGNATURE: [Signature]

13461 64

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]

FIELD SERVICE ORDER NO. 5-6-12-13456 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)



**Cement Report**

Customer <i>Oxy Unit</i>	Lease No.	Date <i>5/6/12</i>
Lease <i>Blasdel</i>	Well # <i>A 3</i>	Service Receipt
Casing <i>5 1/2</i>	Depth <i>5617.07</i>	County <i>Haskell</i> State <i>KS</i>
Job Type <i>L.S.</i>	Formation	Legal Description <i>4-30-33</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>5 1/2</i>	Tubing Size	Shots/Ft		Lead <i>325 SX 50K</i>
Depth <i>5617.07</i>	Depth	From	To	<i>PCE @ 13.5 #</i>
Volume <i>129.29</i>	Volume	From	To	<i>1.584 7.3696</i>
Max Press <i>2500</i>	Max Press	From	To	Tail in
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>14:30</i>					<i>On Loc, spot trucks, R.O., Safety out</i>
<i>20:35</i>	<i>3000</i>				<i>Psi test</i>
<i>20:38</i>	<i>280</i>		<i>5</i>	<i>4</i>	<i>H2O spacer</i>
<i>20:40</i>	<i>280</i>		<i>12</i>	<i>4</i>	<i>super flush</i>
<i>20:44</i>	<i>290</i>		<i>5</i>	<i>4</i>	<i>H2O</i>
<i>20:49</i>					<i>Plug R &amp; M.</i>
<i>21:01</i>	<i>580</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 13.5 #</i>
<i>21:18</i>	<i>0</i>		<i>74</i>		<i>Finished Mixing</i>
<i>21:22</i>					<i>Washup P+L</i>
<i>21:31</i>	<i>0</i>		<i>0</i>	<i>5</i>	<i>start Disp.</i>
<i>21:55</i>	<i>1050 #</i>		<i>129</i>	<i>2</i>	<i>Slow Rate</i>
<i>22:00</i>	<i>1690</i>		<i>129</i>		<i>Plug Down</i>
<i>22:05</i>	<i>0</i>				<i>Rel. Psi, float held</i>
<i>22:09</i>	<i>2600</i>				<i>Test Csg.</i>
<i>22:37</i>	<i>0</i>				<i>Rel. Psi</i>
					<i>Job Complete.</i>

Service Units	<i>19866</i>	<i>372233726</i>	<i>304638724</i>
Driver Names	<i>Citinz</i>	<i>R. Olds</i>	<i>R. Yodura</i>

*George*  
Customer Representative

*Jerry Bennett*  
Station Manager

*Chad Hirtz*  
Cementer



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  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 27, 2012

LAURA BETH HICKERT  
OXY USA Inc.  
5 E GREENWAY PLZ  
PO BOX 27570  
HOUSTON, TX 77227-7570

Re: ACO1  
API 15-081-21969-00-00  
BLASDEL A 3  
NW/4 Sec.04-30S-33W  
Haskell 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,  
LAURA BETH HICKERT