



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1094418
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: _____



1094418

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
--	---

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	09/11/2012
INVOICE NUMBER		
1718 - 90998745		

Pratt (620) 672-1201
 B VAL ENERGY
 I 200 W DOUGLAS AVE STE 520
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Nelson 3-24
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

RECEIVED

SEP 12 2012

9308-3

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40509722	27463		Net - 30 days	10/11/2012
<i>For Service Dates: 09/10/2012 to 09/10/2012</i>				
0040509722				
171806681A Cement-New Well Casing/Pi 09/10/2012				
<u>Cement 5 1/2" Longstring</u>				
		QTY	U of M	INVOICE AMOUNT
AA2 Cement		125.00	EA	1,593.79 T
60/40 POZ		50.00	EA	450.01 T
C-41P		30.00	EA	90.00 T
Salt		571.00	EA	214.13 T
C-44		118.00	EA	455.79 T
FLA-322		95.00	EA	534.39 T
Gilsonite		628.00	EA	315.58 T
Super Flush II		500.00	EA	573.77 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)		1.00	EA	300.01
"Cmt. Shoe Packer Type, 5 1/2" (Red)"		1.00	EA	2,775.08
"Turbolizer, 5 1/2" (Blue)"		5.00	EA	412.51
"5 1/2" Basket (Blue)"		1.00	EA	217.51
"Unit Mileage Chg (PU, cars one way)"		45.00	MI	143.44
Heavy Equipment Mileage		90.00	MI	472.51
"Proppant & Bulk Del. Chgs., per ton mil		362.00	EA	434.41
Blending & Mixing Service Charge		175.00	BAG	183.75
Depth Charge; 4001'-5000'		1.00	EA	1,890.05
Plug Container Util. Chg.		1.00	EA	187.50
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,375.48
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	308.60
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	11,684.08
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 06681 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-10-12 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: Val Energy		LEASE: Nelson		WELL NO: 324					
ADDRESS:		COUNTY: Barber		STATE: KS					
CITY: STATE:		SERVICE CREW: Orlando, McBrew - Pearson							
AUTHORIZED BY:		JOB TYPE: CNW - 5% L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	1						9-10-12	PM	12:00
27463	1							AM	3:00
19831-19863	1							AM	9:15
								AM	10:15
								AM	11:00
						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: Randy Smith
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AAA Cement	SK	125		2125.00
CP103	60/40 Poz	SK	50		600.00
CC105	C-4 HP Defoamer	LB	30		120.00
CC111	Salt	LB	571		285.50
CC115	C-44	LB	118		607.20
CC129	FLA-322	LB	95		712.50
CC201	Gilsonite	LB	628		420.70
CF607	Latch Down Plug + Baffle 5/2"	EA	1		400.00
CF1001	Cementing Stage Packer Type 5/2	EA	1		3700.00
CF1651	Turbolizer 5/2	EA	5		550.00
CF1901	Basket 5/2	EA	1		290.00
CC155	Superflush II	Gal	500		265.00
E100	Pickup Mileage	Mi	45		191.25
E101	Heavy Equipment Mileage	Mi	90		630.00
E113	Bulk Delivery	Ton	362		579.60
CE205	Depth Charge 4001-5000'	EA	1		2520.00
CE240	Blending + Mixing	SK	125		245.00
CE504	Plus Containers	EA	1		250.00
5003	Service Supervisor	EA	1		175.00

SUB TOTAL 11,375.48

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: <u>Steve Orlando</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Randy Smith</u>
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)	

FIELD SERVICE ORDER NO.

Customer <i>Val Energy</i>	Lease No.	Date <i>9-10-12</i>	
Lease <i>Nelson</i>	Well # <i>3-24</i>		
Field Order # <i>61001</i>	Station <i>Pratt</i>	Casing <i>5 1/2"</i>	Depth <i>4911</i>
Type Job <i>Crow-5 1/2 L.C.</i>		Formation	Legal Description <i>24-31-11</i>
		County <i>Barber</i>	State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2"</i>	<i>4 1/2"</i>		<i>1250</i>	<i>AA2 (cont)</i>	<i>1.30</i>		<i>5 Min.</i>	
Depth	Depth	From	To	Pre Pad	Max			
<i>4971</i>	<i>4971</i>		<i>5050</i>	<i>60/40/02</i>	<i>1.26</i>			
Volume	Volume	From	To	Pad	Min		<i>10 Min.</i>	
<i>112.5</i>								
Max Press	Max Press	From	To	Frac	Avg		<i>15 Min.</i>	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
				<i>118 1/4</i>				

Customer Representative <i>Dean</i>	Station Manager <i>Dean Scott</i>	Treater <i>Steve Oster</i>
Service Units <i>27223 27463 19831 19862</i>		
Driver Names <i>Aladdin Nelson</i>	<i>Pratt</i>	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>3:00 AM</i>					<i>On location - Safety meeting</i>
					<i>Run 1205 1/2" 15.5# casing</i>
					<i>parking space at bottom</i>
					<i>central well 1-3-5-7-10</i>
					<i>Basket # 1</i>
<i>8:30 AM</i>	<i>1500</i>		<i>1</i>	<i>1</i>	<i>Casing on bottom pump crew/rev</i>
<i>9:40</i>	<i>300</i>		<i>12</i>	<i>5</i>	<i>Super Shock II</i>
<i>9:47</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>H2O spacer</i>
<i>10:18</i>	<i>250</i>		<i>30</i>	<i>5</i>	<i>Mix 1250: AA2 (cont)</i>
					<i>Shut Down - Clear pump & line</i>
					<i>Release plug</i>
<i>9:55</i>	<i>0</i>		<i>4</i>	<i>6</i>	<i>Start 1125 Displacement</i>
<i>10:11</i>	<i>400</i>		<i>100</i>	<i>5</i>	<i>kill pressure</i>
<i>10:15</i>	<i>700</i>		<i>110</i>	<i>4</i>	<i>Slow Rate</i>
<i>10:15</i>	<i>1500</i>		<i>118</i>	<i>4</i>	<i>Plug Down - Hold</i>
			<i>6/1</i>	<i>2</i>	<i>plug BH + mix w/ 5050 60/40/02</i>
					<i>Job Complete</i>
					<i>Thank Steve</i>



VAL Copy

PAGE 1 of 1	CUST NO 1409	INVOICE DATE 09/05/2012
INVOICE NUMBER 1718 - 90995690		

Pratt (620) 672-1201
 B VAL ENERGY
 I 200 W DOUGLAS AVE STE 520
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Nelson 3-24
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

RECEIVED

JOB # 40507499	EQUIPMENT # 19843	PURCHASE ORDER NO. <i>9208</i> SEP 08 2012	TERMS Net - 30 days	DUE DATE 10/05/2012
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	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/01/2012 to 09/01/2012</i>				
0040507499				
171806872A Cement-New Well Casing/Pi 09/01/2012				
<u>Cement 8 5/8" Surface</u>				
60/40 POZ	190.00	EA	9.00	1,710.00 T
Celloflake	48.00	EA	2.78	133.20 T
Calcium Chloride	492.00	EA	0.79	387.45 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	120.00	120.00
"8 5/8"" Basket (Blue)"	1.00	EA	236.25	236.25
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.19	143.44
Heavy Equipment Mileage	90.00	MI	5.25	472.50
"Proppant & Bulk Del. Chgs., per ton mil	369.00	EA	1.20	442.80
Depth Charge; 0-500'	1.00	EA	750.00	750.00
Blending & Mixing Service Charge	190.00	BAG	1.05	199.50
Plug Container Util. Chg.	1.00	EA	187.50	187.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,913.89
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	162.84
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	5,076.73
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 06872 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-1-2012	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 VAL ENERGY		LEASE NELSON				WELL NO. 3-24			
ADDRESS		COUNTY BARBER				STATE KS.			
CITY		STATE							
AUTHORIZED BY		SERVICE CREW LESLEY, MARQUEZ, PIERSON							
		JOB TYPE: CNW - 8 5/8" S.P.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	4						9-1-12	PM	5:00
19889-19843	4							PM	7:00
19831-19862	4							PM	7:30
								PM	11:00
								PM	11:30
									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: Randy Smith
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 POZ	SK	190		3280.00
CC 102	CELLFLAKE	lb	48		177.60
CC 109	CALCIUM CHLORIDE	lb	492		516.00
CF 153	WOODEN CMT. PLUG, 8 5/8"	EA	1		160.00
CF 1903	BASKET, 8 5/8"	EA	1		315.00
E 100	PICKUP MILEAGE	MI	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	90		630.00
E 113	BULK DELIVERY CHARGE	TM	369		590.40
CE 200	DEPTH CHARGE, 0-500'	HR	1-4		1,000.00
CE 240	BLENDED SERVICE CHARGE	SK	190		266.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL 4,913.89
DLS

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

Customer VAL ENERGY	Lease No. 3-24	Date 9-1-2012
Lease NELSON	Well # 3-24	
Field Order # 00612	Station PRATT, KS.	Casing 8 5/8"
Type Job CNW - 8 5/8" S.P.	Formation 715-700'	Legal Description 24-34-11
	Depth	County BARBER
		State KS.

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8" x 24"	Tubing Size	Shots/Ft CMT-	Acid- 190SK 60/40 P02	RATE	PRESS	ISIP		
Depth 224.03'	Depth	From	To	Pre Pad @ 1.21 CVFT³	Max	5 Min.		
Volume	Volume	From	To	Pad	Min	10 Min.		
Max Press 200	Max Press	From	To	Frac	Avg	15 Min.		
Well Connection P.C.	Annulus Vol.	From	To		HHP Used	Annulus Pressure		
Plug Depth 204'	Packer Depth	From	To	Flush 13 BBL	Gas Volume	Total Load		

Customer Representative RANDY SMITH	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37526 19889 19843 19831 19862		
Driver Names LESLEY MARBLEZ - PIERSON -		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30 AM					ON LOCATION - SAFETY MEETING
8:30 AM					RUN 5 JTS. 8 5/8" x 24" CSG.
9					BASK - BOTTOM OF 1ST JT.
10:15 AM					CSG. ON BOTTOM
10:20 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
10:45 AM	200		5	6	H ₂ O AHEAD
10:46 AM	100		41	6	MIX 190 SKS. 60/40 P02 @ 14.8 PPG
10:52 AM					RELEASE PLUG
10:57 AM	0		0	5	START DISPLACEMENT
10:59 AM	125		10	3	SLOW RATE
11:00 AM	150		13	3	PLUG @ DESIRED DEPTH
					CIRC. THRU JOB
					CIRC. 10 BBL TO PIT
					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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 03, 2012

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

Re: ACO1
API 15-007-23930-00-00
NELSON 3-24
SW/4 Sec.24-34S-11W
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