



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1095158
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: _____



1095158

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	PHILLIP 3-26
Doc ID	1095158

All Electric Logs Run

CPDCN Micro Log
AI Shallow Focused Elect. Log
Micro. Log
Sector Bond Log

Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	PHILLIP 3-26
Doc ID	1095158

Tops

Name	Top	Datum
Stone Corral	2341	+526
Bs. Stone Corral	2367	+501
Heebner	3884	-1016
Lansing	3926	-1059
Muncie Creek	4081	-1013
Stark	4164	-1297
Marmaton	4262	-1395
Little Osage	4388	-1521
Mississippian	4545	-1678
LTD	4628	

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M360
Well Name	PHILLIP #3-26	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3997-4014 L/KC"E"	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-13S-31W GOVE CO.KS.	Report Date	2012/07/29
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

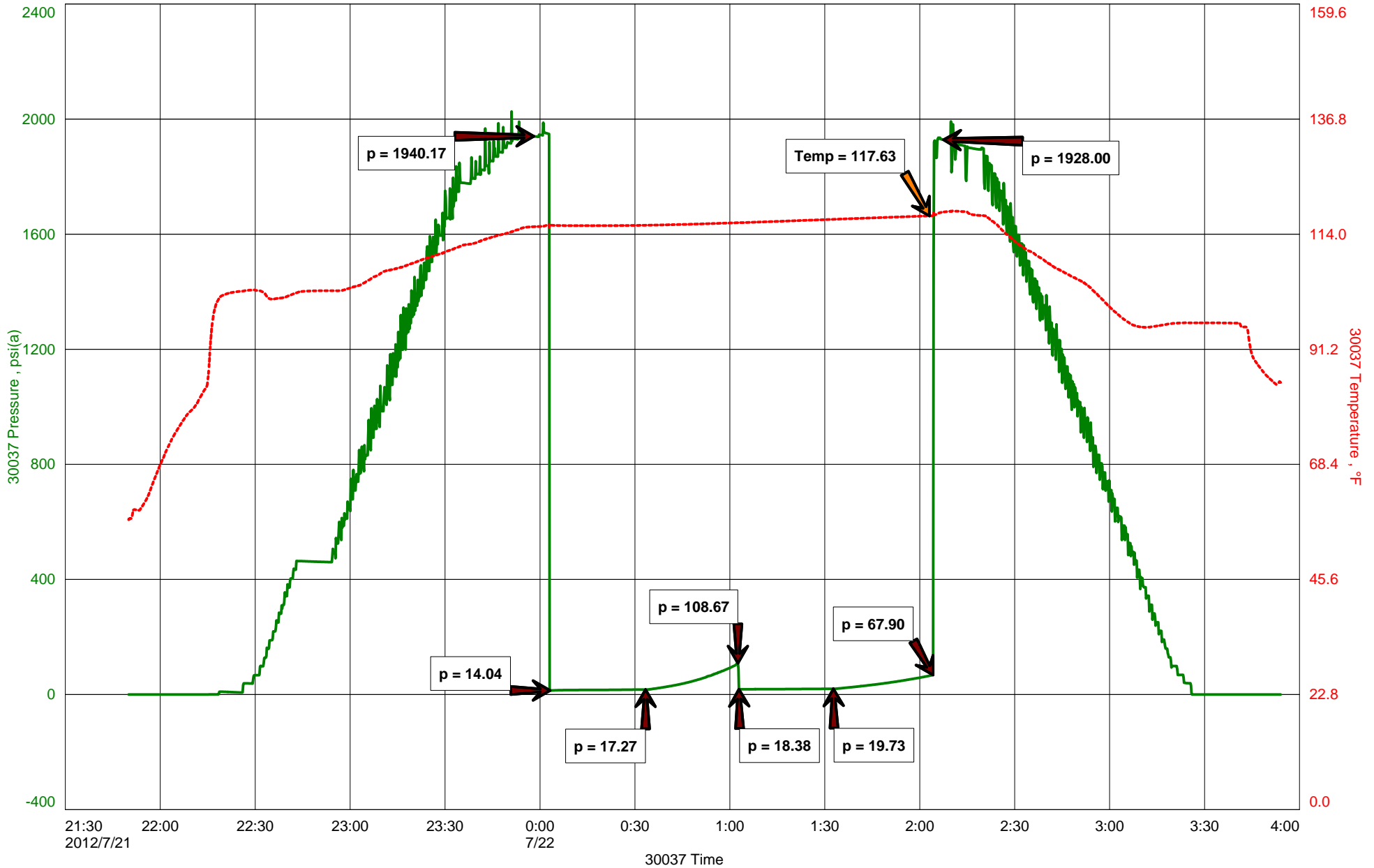
Test Type	CONVENTIONAL		
Formation	DST#1 3997-4014 L/KC"E"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/28	Start Test Time	21:50:00
Final Test Date	2012/07/29	Final Test Time	03:55:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
5' DM 100% MUD W/ A THICK SCUM OF OIL, GASSY ODOR
5' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ SOME SPOTS OF OIL

PHILLIP #3-26





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M361
Well Name	PHILLIP #3-26	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4052-4138 L/KC"G,H&I"	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-13S-31W GOVE CO.KS.	Report Date	2012/07/30
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4052-4138 L/KC"G,H&I"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/29	Start Test Time	21:05:00
Final Test Date	2012/07/30	Final Test Time	04:20:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

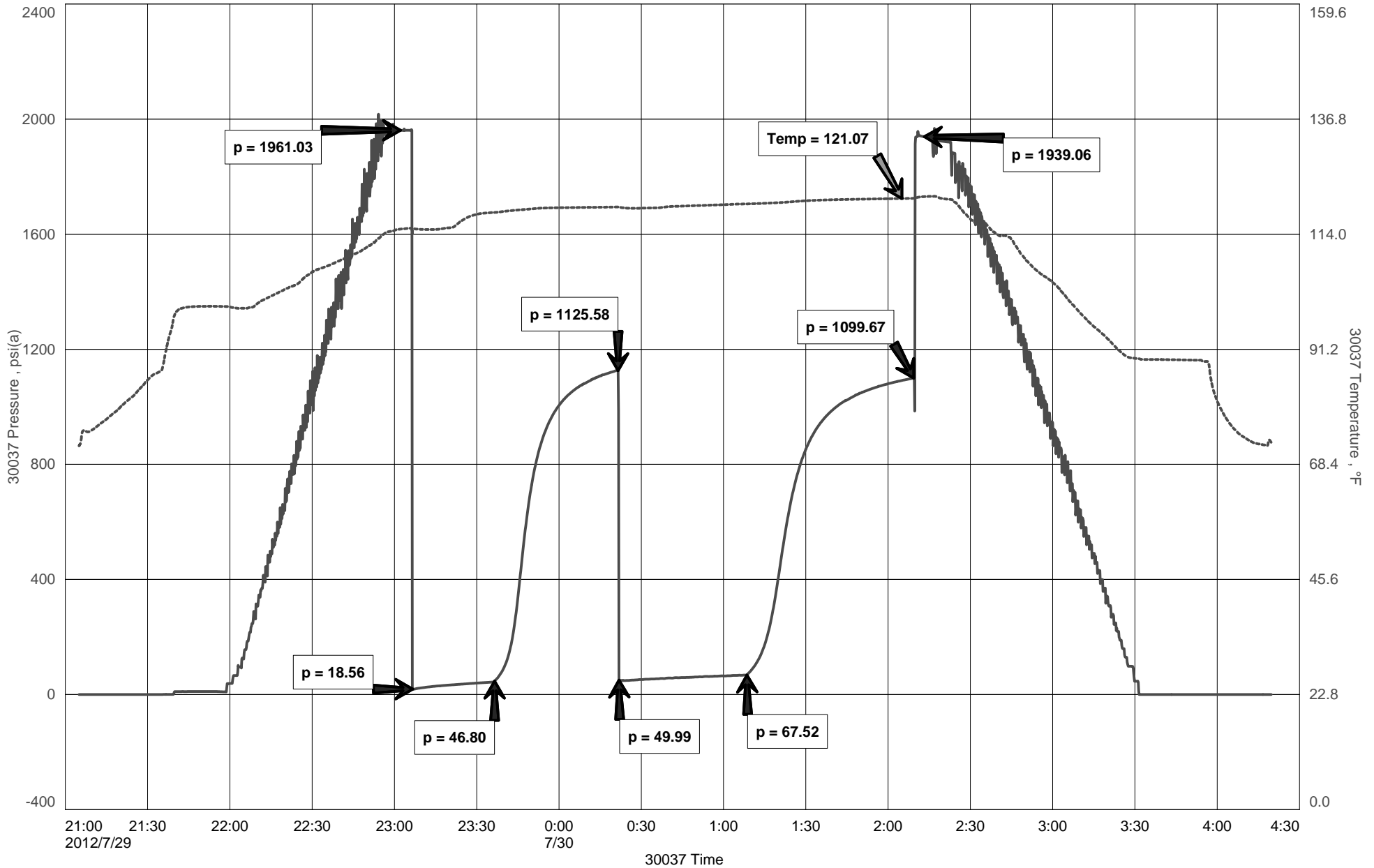
Test Results

Remarks **RECOVERED:**

105' GSOCM 2% GAS, 1% OIL, 97% MUD
105' TOTAL FLUID

TOOL SAMPLE: 3% GAS, 5% OIL, 92% MUD

PHILLIP #3-26





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M362
Well Name	PHILLIP #3-26	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4136-4157 L/KC"J" STRADDLE	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-13S-31W GOVE CO.KS.	Report Date	2012/07/30
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

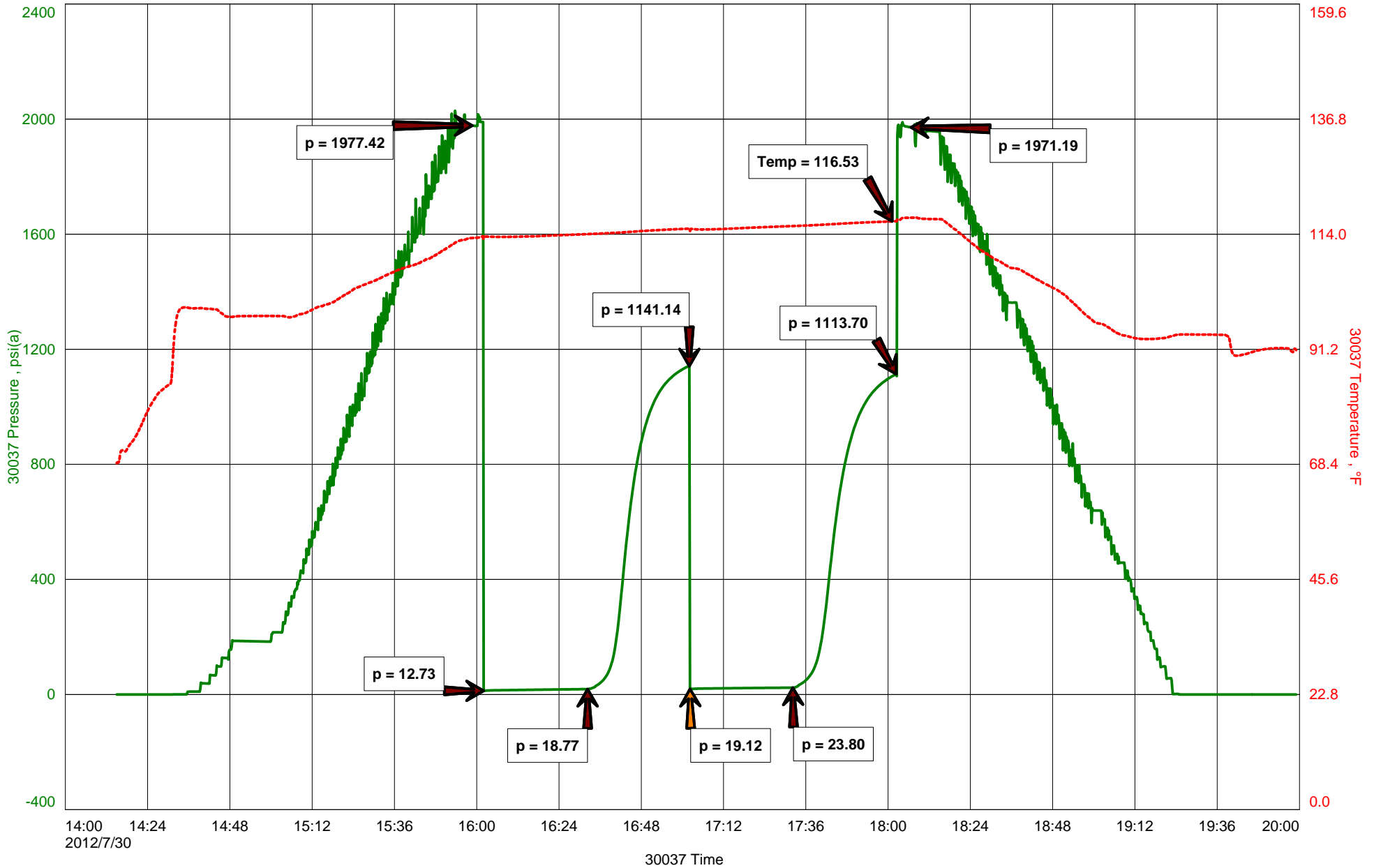
Test Type	CONVENTIONAL		
Formation	DST#3 4136-4157 L/KC"J" STRADDLE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/30	Start Test Time	14:15:00
Final Test Date	2012/07/30	Final Test Time	20:00:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
5' DM 100% MUD W/A FEW SPOTS OF OIL
5' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ SOME OIL SPOTS

PHILLIP #3-26





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

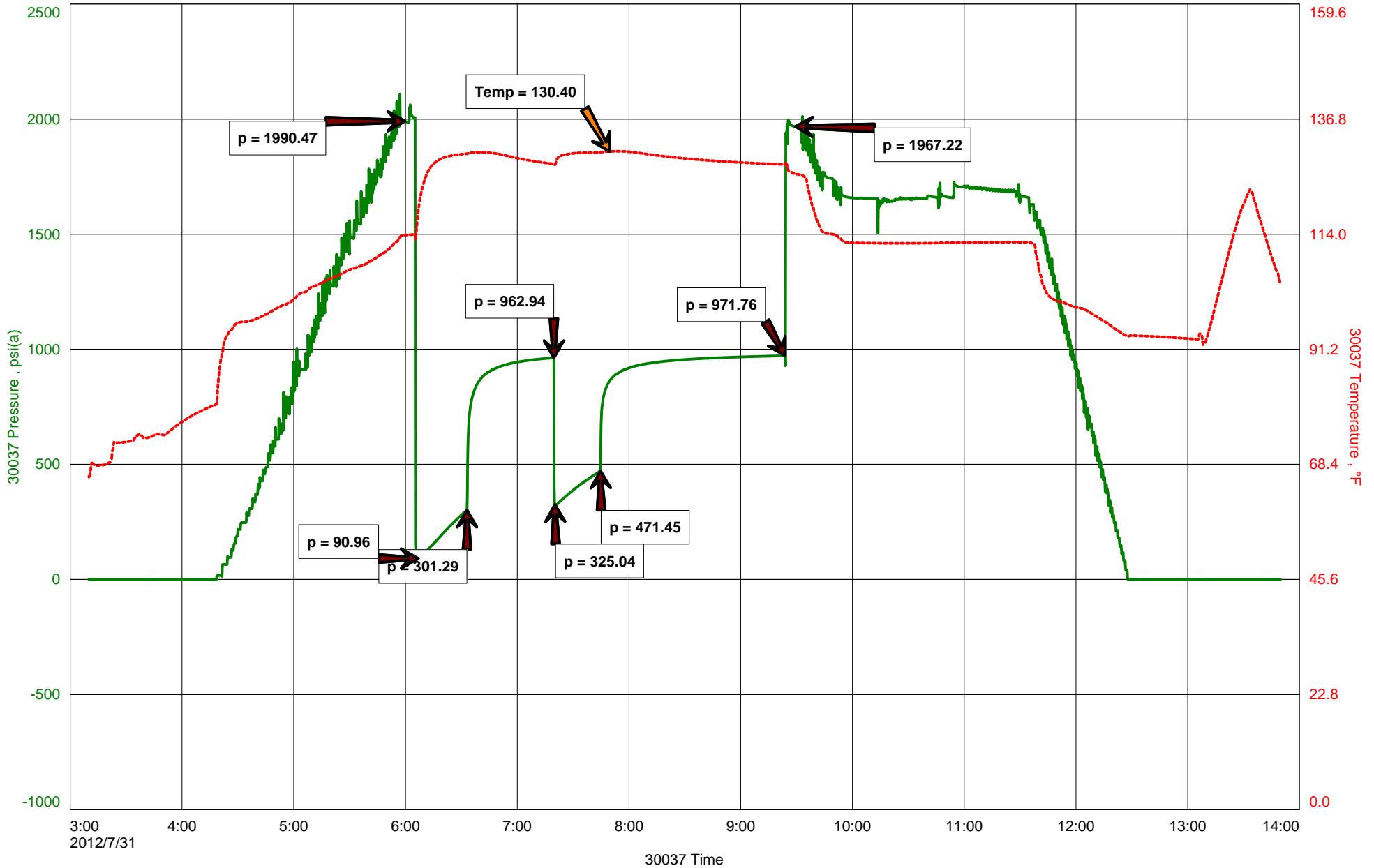
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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PHILLIP #3-26



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M363
Well Name	PHILLIP #3-26	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4167-4186 L/KC"K"	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-13S-31W GOVE CO.KS.	Report Date	2012/07/31
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4167-4186 L/KC"K"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/31	Start Test Time	03:10:00
Final Test Date	2012/07/31	Final Test Time	13:50:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

1533' GIP
1050' GO 30% GAS 70% OIL
1406' LOST DOWN HOLE
30' GHOCWM 12% GAS, 30% OIL, 15% WTR, 43% MUD
121' OSMW 2% OIL, 73% WTR, 25% MUD
4140' TOTAL FLUID

CHLOR: 30,000 PPM
PH:9..0
RW: .15 @ 110 DEG

GRAVITY:39 @ 60

TOOL SAMPLE: 50% GAS, 50% OIL



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size **6 3/4** in. Packer depth _____ ft. Size **6 3/4** in.
Packer Depth _____ ft. Size **6 3/4** in. Packer depth _____ ft. Size **6 3/4** in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. **2 1/4** in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. **2 7/8** in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. **3 1/2** in.
Jars: Make **STERLING** Serial Number _____ Test Tool Length _____ ft. Tool Size **3 1/2-IF** in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size **4 1/2-FH** in.
Main Hole Size **7 7/8** Tool Joint Size **4 1/2** in. Surface Choke Size **1** in. Bottom Choke Size **5/8** in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M364
Well Name	PHILLIP #3-26	Representative	MIKE COCHRAN
Unique Well ID	DST#5 4389-4415 LOWER FT.SCOTT	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-13S-31W GOVE CO.KS.	Report Date	2012/08/02
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#5 4389-4415 LOWER FT.SCOTT		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/01	Start Test Time	18:05:00
Final Test Date	2012/08/02	Final Test Time	04:30:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

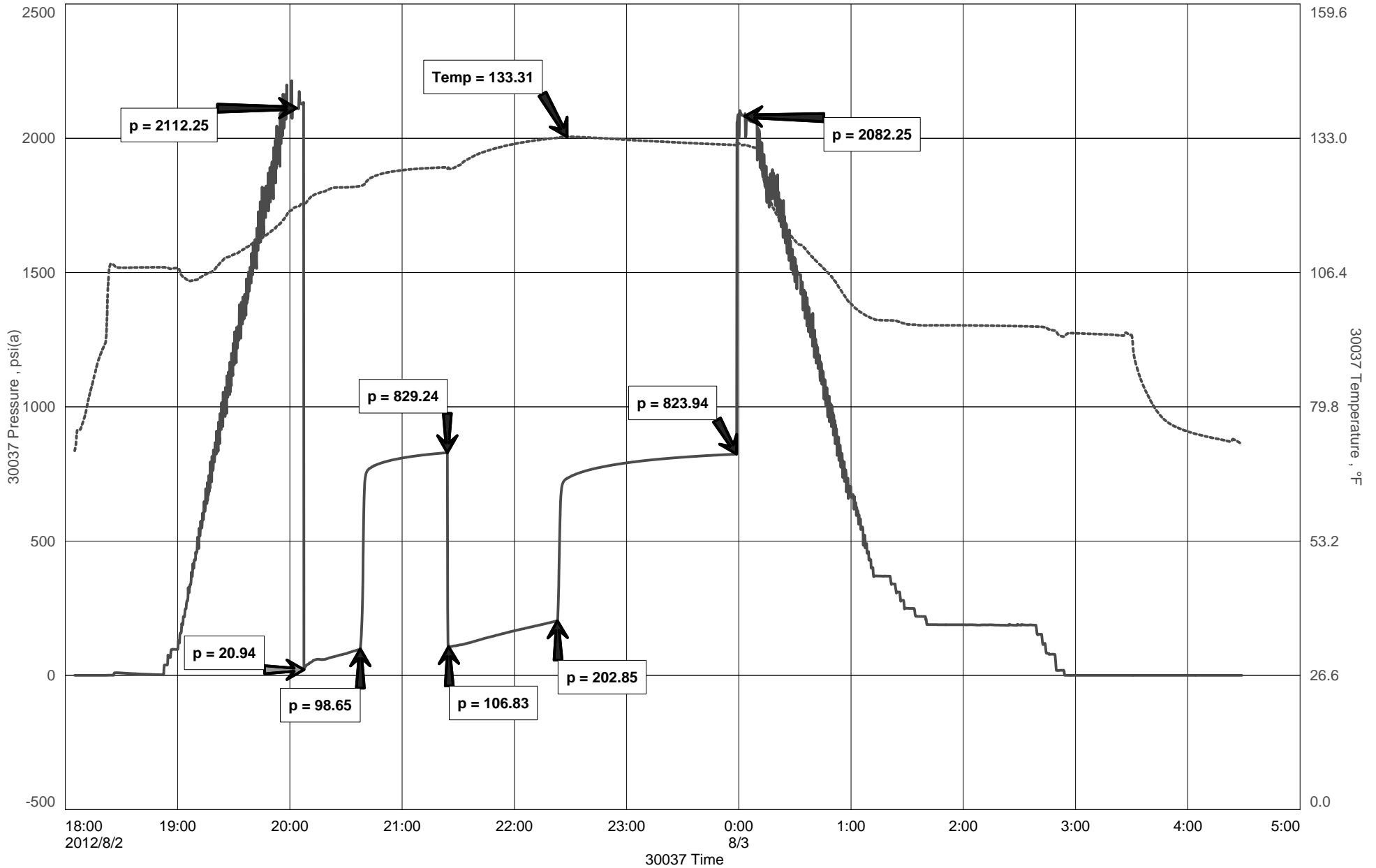
Test Results

Remarks RECOVERED:
2535' GIP
341' CO 100% OIL
184' GASSY EMULSIFIED OILY MUD 10% GAS 90% EMULSIFIED OILY MUD
525' TOTAL FLUID

GRAVITY: 33.2 @ 60

TOOL SAMPLE: 2% GAS, 46% OIL, 52% MUD

PHILLIP #3-26





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	GRAND MESA OPERATING COMPANY	Job Number	M365
Well Name	PHILLIP #3-26	Representative	MIKE COCHRAN
Unique Well ID	DST#6 4567-4630 MISSISSIPPI	Well Operator	GRAND MESA OPERATING COMPANY
Surface Location	SEC.26-13S-31W GOVE CO.KS.	Report Date	2012/08/03
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	BOB SCHREIBER
		Test Unit	NO. 1

Test Information

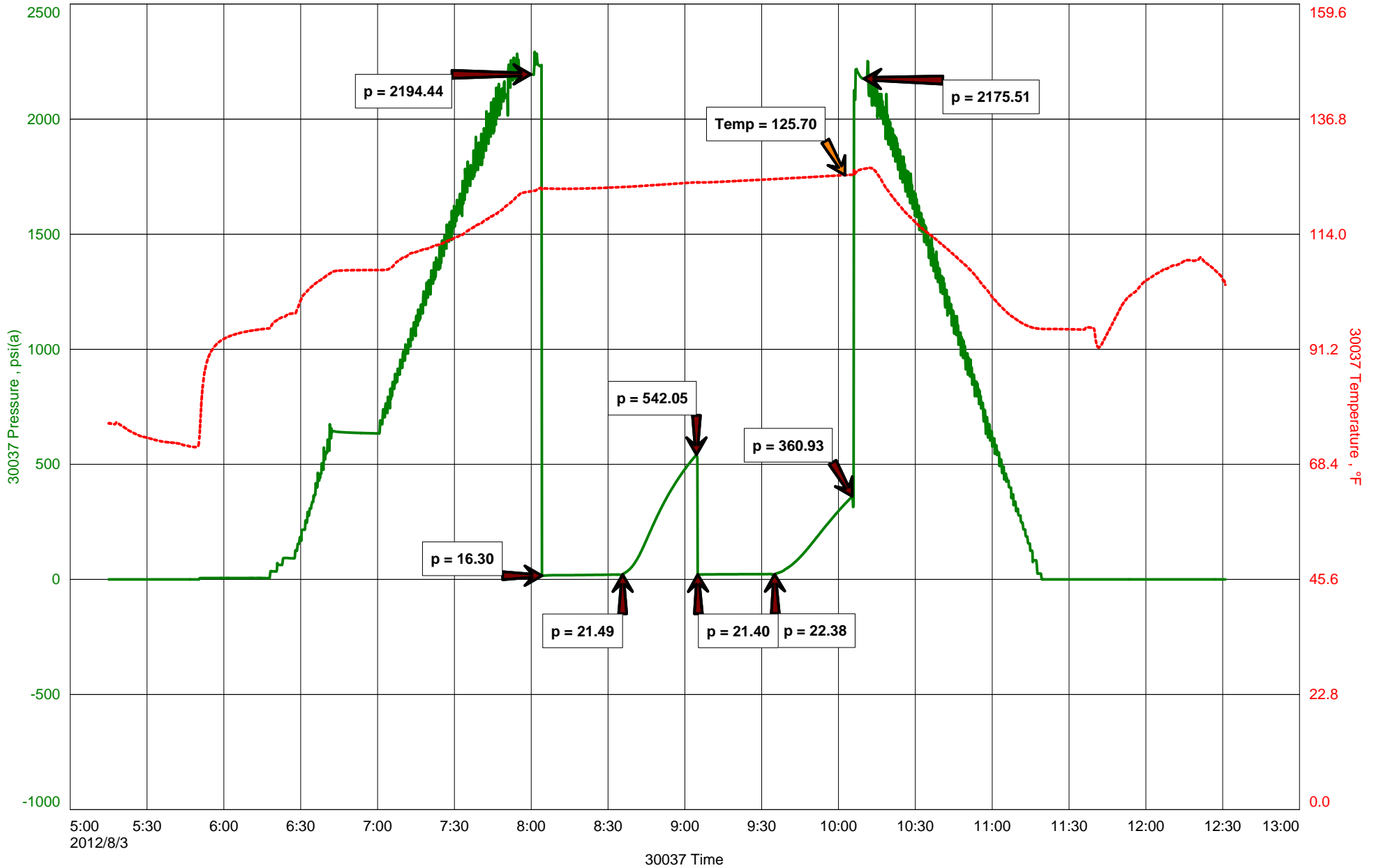
Test Type	CONVENTIONAL		
Formation	DST#6 4567-4630 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/03	Start Test Time	05:15:00
Final Test Date	2012/08/03	Final Test Time	12:31:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
5' DM 100% MUD
5' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ SOME OIL SPOTS & A SLIGHT ODOR

PHILLIP #3-26





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Phillip # 3-26
Location: 1271' N.L., 1845' W.L., 26-13S-31W, Scott County, Kansas
License Number: API: 15-063-22023
Spud Date: 7-24-12
Surface Coordinates: Lat: 38.8992508 Long: -100.7354153
Bottom Hole Coordinates: Vertical hole

Ground Elevation (ft): 2862' K.B. Elevation (ft): 2867'
Logged Interval (ft): 3600' To: RTD Total Depth (ft): 4630'
Formation: Mississippian at RTD
Type of Drilling Fluid: Chemical

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

GEOLOGIST

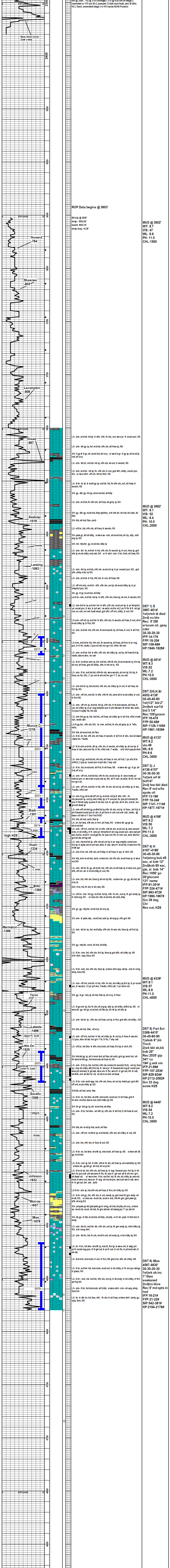
Name: Bob Schreiber
Company: Independent
Address: 268 NE 220 Rd
Holsington, KS 67544

COMMENTS

Contractor: Murfin Drilling Company Rig #24
Pusher: Tony Martin
Surface Casing: 8 5/8" set @ 211'
Production Casing: 5 1/2" set at 4626'
Mud by: MudCo
DST's by: Diamond Testing
Logs by: Weatherford (DL, CN-CD, ML)
RTD=4630'
LTD=4628'

FORMATION TOPS

FORMATION	SAMPLE TOPS		LOG TOPS	
	Depth	Datum	Depth	Datum
Stone Corral	2348'	+519	2346'	+521
B/Stone Corral	2368'	+499	2368'	+499
Heebner Shale	3886'	-1019	3884'	-1017
Lansing	3930'	-1063		
Muncie Creek Shale	4085'	-1218	4185'	-1215
Stark Shale	4168'	-1301	4164'	-1297
Hushpuckney Shale	4201'	-1334	4199'	-1332
Marmaton	4256'	-1389	4263'	-1396
Upper Fort Scott	4371'	-1501	4369'	-1502
Little Osage Shale	4392'	-1525	4388'	-1521
Excello Zone	4422'	-1546	4419'	-1552
Johnson Zone	4499'	-1632	4497'	-1630
Morrow	4524'	-1652	4524'	-1656
Mississippian	4546'	-1679	4545'	-1678
RTD	4630'	-1763		
LTD			4628'	-1761



RTD 4734', -1696
LTD 4735', -1697



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37044
LOCATION Oakley
FOREMAN Joe Blanchard

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-24-12	3372	Phillip 3-26	26	13	31	Gove
CUSTOMER Grand Mesa Operating Company			40 d surface			
MAILING ADDRESS			E RD 16			
CITY			35 TO P			
STATE			1 East			
ZIP CODE			1 South			
TRUCK #	DRIVER	TRUCK #	DRIVER			
463	Cory D					
566	Wes F					

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 211 CASING SIZE & WEIGHT 8 5/8 20#
 CASING DEPTH 211 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 15'
 DISPLACEMENT 12.16 DISPLACEMENT PSI _____ MIX PSI _____ RATE 56ppm
 REMARKS: 12.16

Safety Meeting Rig up on Murfin 24 Circ Casing on bottom. Mix 165 SKS
Com 3% cc 2% Gel Pumped 12.16 3.31 H2O shut in.

Cement did Circ
Approx 4 bbl To pit

Thanks
Jes crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 ^s	1	PUMP CHARGE	1086 ⁰⁰	1086 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
1104 ^s	165 SKS	CLASS A Cement	17 ⁶⁵	2912 ²⁵
1102	465#	Calcium Chloride	.89	413 ⁸⁵
1118b	310#	Gel	.25	77 ⁵⁰
5401	7.76	TON Milage delivery	167	410 ⁰⁰
Sub Total			4998 ⁶⁰	4998 ⁶⁰
less 10% discount			4498 ⁸⁶	4498 ⁸⁶
Sub Total			4498 ⁸⁶	4498 ⁸⁶
SALES TAX				246 ⁵⁹
ESTIMATED TOTAL				4745 ³³

EX Completed

Revin 3737 AUTHORIZATION Anthony Martin TITLE Pusher Rig #24 DATE 7-24-12

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

751501

ALLIED OIL & GAS SERVICES, LLC 056658

Federal Tax I.D.# 20-6975804

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

SERVICE POINT:

Oakley

DATE <u>8-3-12</u>	SEC <u>26</u>	TWP <u>13</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>8:45 AM</u>	JOB FINISH <u>6:30 PM</u>
LEASE <u>Phillips</u>	WELL # <u>3-26</u>	LOCATION <u>Oakley 115-SE-35-1E-1/4S</u>			COUNTY <u>Gove</u>	STATE <u>Ks.</u>	
OLD OR NEW (Circle one) <u>NEW</u>		E into					

CONTRACTOR Murfin #24

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 4630'

CASINO SIZE 5/8 DEPTH 4618'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DV Tool DEPTH 2380'

PREM. MAX MINIMUM

MEAS. LINE SHOE JOINT 10.97'

CEMENT LEFT IN CSG. 10.97'

PERFS.

DISPLACEMENT 109.64

OWNER Same

CEMENT

AMOUNT ORDERED ASC 10% silt 5" Gilsomite

2% Gel

475 SKS 3/4" Lite Type 2 1/4" Flo Seal

COMMON Lit type 2 475 @ \$14.50 6,887.50

POZMIX

OIL 3 SKS @ \$21.25 \$63.75

CHLORIDE

ASC 175 SKS @ \$19.00 \$3,325.00

Silt 18 SKS @ \$23.75 \$427.50

Gilsomite 875" @ \$0.88 \$778.75

Flo Seal 119" @ \$2.20 \$261.80

Superflush 500 gal @ \$1.27 \$635.00

HANDLING 764.12 @ \$2.10 \$1,604.64

MILBAGE 32.033 x 22x @ \$2.85 \$912.81

EQUIPMENT

PUMP TRUCK CEMENTER Terry Heinrich 1

1423-281 HELPER Darrett Racette 1

BULK TRUCK

1404 DRIVER Adam Holcomb 3

BULK TRUCK

1540-287 DRIVER DJ Gray 3

REMARKS:

Bottom stage

Pump spacer mix super flush mix 175 SKS cement

Displace with water mud level plug 1100' float did

Open DV Tool 100' Circulate 2 hrs

stage - Plug Mouse 15 SKS Plug Pebble 30 SKS

Mix 475 SKS Cement Displace with water

Level plug 23000' float did Hold

Cement Dil Circulate 30 bbl To 134'

Thank you.

Hold

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE \$2405.00

BXTRA FOOTAGE

MILBAGE 22 @ \$7.02 \$154.00

MANIFOLD Head \$200.00

LV mileage @ \$4.00 \$88.00

TOTAL \$2847.00

CHARGE TO: Grand mesa

TREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

5/8 Weatherford

1 AFU float shoe @ \$349.00

1 Latch Down Plug Assy. @ \$277.00

2 Baskets @ \$337.00 \$674.00

2 Centralizers @ \$49.00 \$98.00

1 DV Tool @ \$492.00

TOTAL \$6613.00

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) 1533.96

TOTAL CHARGES 25,163.15

DISCOUNT 20 5032.63 IF PAID IN 30 DAYS

PRINTED NAME

SIGNATURE John A. [Signature]

Pro-Stim Chemicals LLC

Date 8-23-12

Acidizing Report

Customer <u>Grand mesa</u>	Pro-Stim Chemical Yard <u>Dighton</u>	Pro-Stim Number <u>A4</u>
Well Name & Number <u>Phillip #3-26</u>	Field	Formation Spot <u>1 barrel</u>
County <u>Logan</u> State <u>KS</u>	BHT	YD
Well Type: <input checked="" type="checkbox"/> Completion <input type="checkbox"/> Recompletion <input type="checkbox"/> Workover <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Disposal <input type="checkbox"/> Perf <input type="checkbox"/> OH <input type="checkbox"/>	Interval <u>4499-4503</u>	
Job Pumped Via: <input checked="" type="checkbox"/> Tubing <input type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>	Plug Depth	Packer Depth <u>Treat 4450</u>
Casing Size: <u>5 1/2</u>	GRD	WT
Casing Vol.	Tbg Vol <u>27</u>	Ann Vol
Maximum Pressure	Tubing	Casing
Special Instructions:	<u>250 gals RWR-1 15%</u>	

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
1	Acid			1			
10	Acid	5		2	10		start to load
11	Acid	5		6	10		Acid gone
15	Flush	5		26.2	50		loaded well
16	Flush	0		26.2	300		
22	Flush	0		26.4	400		
27	Flush	0		26.4	500		max
43	Flush	.2		26.9	450		
49	Flush	.4		28	400		
53	Flush	.7		30	450		
57	Flush	.7		33	450		total load

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>27</u>	Acid <u>6</u>	Oil
Treating Prs	Max <u>500</u>	Final <u>450</u>	ISIP <u>300</u>	VAC <u>30 seconds</u>	15'SI
Customer Representative			Pro-Stim Supervisor	<u>Shannon M.</u>	

Pro-Stim Chemicals LLC

Date 8-28-12

Acidizing Report

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number <u>A4</u>	
Well Name & Number <u>Phillip #3-26</u>		Field		Formation Spot <u>1 barrel</u>	
County <u>Logan</u>	State <u>KS</u>	BHT	YD	Interval <u>4404-10</u>	
Well Type: Completion <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Workover <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Disposal <input type="checkbox"/> Perf <input type="checkbox"/> OH <input type="checkbox"/>					
Job Pumped Via: Tubing <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>				Plug Depth	
Casing Size: <u>5 1/2</u>		GRD	WT	Depth	Tubing Size: <u>2 7/8</u>
Casing Vol.		Tbg Vol	Ann Vol	OH Vol	Total Displacement
Maximum Pressure		Tubing	Casing	Proposed Pump Time	AOL Leave Loc

Packer Depth Free
4360

Spot 4420

Special Instructions: 1,000 RWB-1 15%
gals.

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
<u>1</u>	<u>Acid</u>	<u>Spot</u>		<u>1</u>			Prs Test to _____ psi
<u>13</u>	<u>Acid</u>	<u>5.0</u>		<u>5</u>	<u>20</u>		
<u>17</u>	<u>Acid</u>	<u>5.0</u>		<u>24</u>	<u>20</u>		<u>Acid gone</u>
<u>18</u>	<u>Flush</u>	<u>0</u>		<u>24.7</u>	<u>100</u>		<u>loaded</u>
<u>20</u>	<u>Flush</u>	<u>0</u>		<u>24.7</u>	<u>300</u>		<u>max pressure</u>
<u>29</u>	<u>Flush</u>	<u>.5</u>		<u>25.8</u>	<u>250</u>		
<u>31</u>	<u>Flush</u>	<u>1.0</u>		<u>27.2</u>	<u>200</u>		
<u>32</u>	<u>Flush</u>	<u>1.5</u>		<u>28.5</u>	<u>300</u>		
<u>33</u>	<u>Flush</u>	<u>1.5</u>		<u>30</u>	<u>200</u>		
<u>34</u>	<u>Flush</u>	<u>2.0</u>		<u>34</u>	<u>250</u>		
<u>45</u>	<u>Flush</u>	<u>2.0</u>		<u>49</u>	<u>250</u>		<u>Total load</u>

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected		H2O <u>25</u>	Acid <u>24</u>	Oil
Treating Prs	Max <u>300</u>	Final <u>250</u>	Avg.	ISIP <u>150</u>	<u>MAC 3</u>	10'SI 15'SI
Customer Representative				Pro-Stim Supervisor	<u>Shauna Mc</u>	

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

September 28, 2012

Ronald N. Sinclair
Grand Mesa Operating Company
1700 N WATERFRONT PKWY BLDG 600
WICHITA, KS 67206-5514

Re: ACO1
API 15-063-22023-00-00
PHILLIP 3-26
NW/4 Sec.26-13S-31W
Gove 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,
Ronald N. Sinclair