



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1104698
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
-----------------------------------	-----------------	---

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: _____



1104698

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: <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 <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Edison Operating Company LLC
Well Name	Armbrister 1-1
Doc ID	1104698

All Electric Logs Run

Dual Induction
Compensated Density
Sonic
Micro

ALLIED OIL & GAS SERVICES, LLC 053744

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend KS

DATE <u>9-29-12</u>	SEC. <u>1</u>	TWP. <u>13S</u>	RANGE <u>21W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30pm</u>	JOB FINISH <u>11:00pm</u>
LEASE <u>Armbuster</u>	WELL# <u>1-1</u>	LOCATION <u>Ellis 3west 1 1/4 north</u>			COUNTY <u>Trego</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>Estimate</u>		2-01 6.8	

CONTRACTOR Mallard OWNER _____

TYPE OF JOB Surface

HOLE SIZE 12 1/2 T.D. 260 CEMENT

CASING SIZE 8 3/4 DEPTH 260 AMOUNT ORDERED 150SK class A + 3%cc + 2% 6cl

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____ COMMON 150 @ 17.90 2,685.00

MEAS. LINE _____ SHOE JOINT _____ POZMIX _____ @ _____

CEMENT LEFT IN CSG. 15 GEL 3 @ 23.40 70.20

PERFS. _____ CHLORIDE 5 @ 64.00 320.00

DISPLACEMENT 15.50 BBLs ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Wayne Davis

366 HELPER Joshua Isaac

BULK TRUCK _____ @ _____

482 DRIVER Kevin Weighous

BULK TRUCK _____ @ _____

_____ DRIVER _____ @ _____

HANDLING 162 @ 2.48 401.26

MILEAGE 7.4 x 20x 2.60 384.80

TOTAL 3,861.26

REMARKS:

Pipe on Bottom Break circulation
with 11/2 mud
Run 3 BBLs water ahead
Mix 150SK class A + 3%cc + 2% 6cl
Displace 15.50 BBLs fresh water
Cement + Circulate
Shut in

SERVICE

DEPTH OF JOB 260

PUMP TRUCK CHARGE 1512.32

EXTRA FOOTAGE @ _____

MILEAGE Hum 20 @ 7.20 154.00

MANIFOLD _____ @ _____

Hum 20 @ 4.40 88.00

TOTAL 1,754.35

CHARGE TO: Edison operating

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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.

PRINTED NAME Sustyn McDinckly

SIGNATURE [Signature]

SALES TAX (If Any) 209.11

TOTAL CHARGES 5,616.01

DISCOUNT 258 1,404.02 IF PAID IN 30 DAYS

4,212.00



Energy services, L.P.

TREATMENT REPORT

1st

Customer: Edison Oper. Co. LLC
 Lease No.:
 Lease: Ambrister
 Well #: 1-1
 Date: 10-6-12
 Field Order #: 06590A
 Station: Pratt
 Casing: 5 1/2"
 Depth: 3899
 County: Trego
 State: KS
 Type Job: 5 1/2" 2-Stage L.S.
 Formation: cww TD 3900'
 Legal Description: 1-13-21

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2"				12-BBI super Flush				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
3899				100SKs AA2 @ 15.5 #				
Volume	Volume	From	To	Pad	Min		10 Min.	
42 1/2								
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
1500 #								
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
PL								
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
3885				Disp H ² O mud.				

Customer Representative: (306) Kasper Lawton
 Station Manager: SCOH
 Treater: Allen

Service Units	28443	33708	20920	19826	19860	70959	19918				
Driver Names	Allen	Eric	Wright	Mike	Lawrence	Dale	Phye				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Bottom Stage Service Log
11:00 AM					on loc. Discuss safety, setup plan job
2:10					Rig Laying Down Drill Pipe
					START 5 1/2" casing 15.5 #
					S.J 14' w/ float shoe + L.D.
					Baffle in collar. Basket # 59
					cent 1-2-3-4-5-6-7-57-59
					DV on #58 @ 1541.79'
3:50					TAG TD, Pick APPROX 1' air w/ rig
	200 #		12	5	Pump 12-BBI Super Flush
4:30			5	3	Pump 5-BBI H ² O spacer
			24		Mix + Pump 100SKs AA2 cent @ 15.5 #
				6	wash Pump + live After mixing cent
	500 #				Drop L.D. Plug start Disp
5:20	1500 #		92 1/2	4	CAUGHT LIFT PST
					Plug down
					Release PST To Truck
	700 #		7		Drop DV opening Dart Plug RAT
			5		open DV Hole w/ 30SKs 60/40
5:15					Plug mouse. Hole 20SKs 60/40
					Rig. cir. Through DV @ 1541.79'

cont.



energy services, L.P.

TREATMENT REPORT

Top Stage

Customer EDISON Oper. Co. LLC	Lease No.	Date 10-6-12
Lease Armbriester	Well # 1-1	
Field Order # 126590A	Station Pratt	Casing 5/2"
Type Job 5 1/2 2-Stage CWW	Depth 1541.79	County Trego
	Formation	State KS
		Legal Description 1-13-21

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5/2"	Tubing Size	Shots/Ft 250		Acid 250 SKS A-COW @ 12#	RATE	PRESS	ISIP	
Depth 1541.79	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 36 1/2	Volume	From	To	Pad	Min		10 Min.	
Max Press 1200	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 1541.79	Packer Depth	From	To	Flush DISP H2O	Gas Volume		Total Load	

Customer Representative Bob Kasper	Station Manager LAVON scotty	Treater Allen
Service Units 28443 33708 20920 70959 19918		
Driver Names Allen Eric wright Dale Phye		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
900	200 ^u			5	Top Stage Start mix 250SKS A-COW @ 12#
			110		Finish mix cmt wash out Pump + Line
					Drop DV closing Plug
	300 ⁺			4 1/2	START DISP.
945	2200		36 1/2		Plug down Release PSI TO TRUCK OK
					wash up Equip.
					Rack up Equip.
1100					Job complete
					cement CIR TO Pit

Allen Eric
Dale



DRILL STEM TEST REPORT

Prepared For: **Edison Operating Co. LLC**

1223 N. Rock Road
Building 1-100
Wichita, KS. 67206

ATTN: Adam Kennedy

Armbrister #1-1

1-13s-21w-Trego

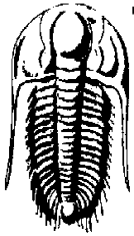
Start Date: 2012.10.03 @ 17:17:49

End Date: 2012.10.04 @ 01:09:19

Job Ticket #: 48703 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.10.04 @ 01:28:31



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Edison Operating Co. LLC

1-13s-21w-Trego

1223 N. Rock Road
 Building 1-100
 Wichita, KS. 67206
 ATTN: Adam Kennedy

Armbrister #1-1

Job Ticket: 48703

DST#: 1

Test Start: 2012.10.03 @ 17:17:49

GENERAL INFORMATION:

Formation: **LKC-A-B**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 20:05:19

Time Test Ended: 01:09:19

Test Type: Conventional Bottom Hole (Initial)

Tester: Jason McLemore

Unit No: 54

Interval: 3468.00 ft (KB) To 3501.00 ft (KB) (TVD)

Total Depth: 3501.00 ft (KB) (TVD)

Hole Diameter: 7.80 inches Hole Condition: Good

Reference Elevations: 2185.00 ft (KB)

2180.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8366

Inside

Press@RunDepth: 211.06 psig @ 3470.00 ft (KB)

Start Date: 2012.10.03

End Date:

2012.10.04

Start Time: 17:17:51

End Time:

01:09:19

Capacity: 8000.00 psig

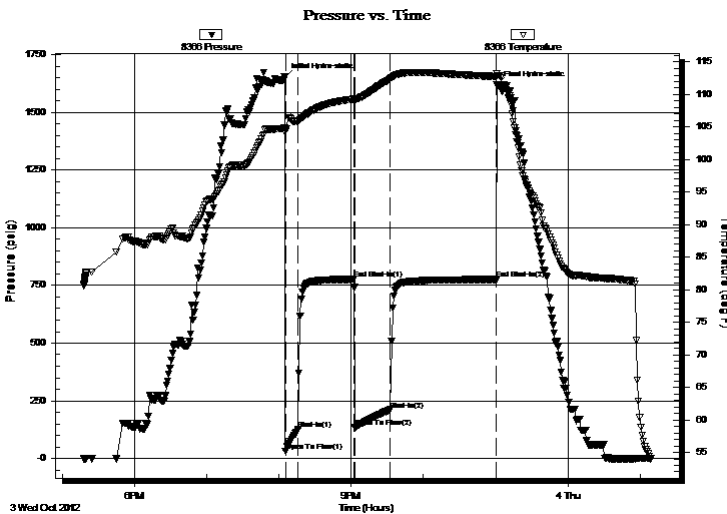
Last Calib.: 2012.10.04

Time On Btm: 2012.10.03 @ 20:04:49

Time Off Btm: 2012.10.03 @ 23:00:49

TEST COMMENT: IFP-Good Blow , Built to 9"
 ISI-Surface Blow back For 5 Min.
 FFP-Good Blow , BOB in 20Min.
 FSI-Blow back Built to 3"

PRESSURE SUMMARY



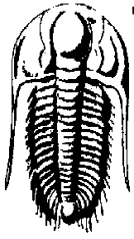
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1651.95	104.91	Initial Hydro-static
1	32.76	104.29	Open To Flow (1)
12	125.68	105.87	Shut-In(1)
58	776.75	109.29	End Shut-In(1)
58	134.62	109.08	Open To Flow (2)
88	211.06	112.36	Shut-In(2)
176	775.88	112.77	End Shut-In(2)
176	1617.94	113.18	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
390.00	Muddy Water-80%W-20%M	3.28
30.00	Free Oil	0.42
0.00	240' Gas In Pipe	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating Co. LLC

1-13s-21w-Trego

1223 N. Rock Road
Building 1-100
Wichita, KS. 67206
ATTN: Adam Kennedy

Armbrister #1-1

Job Ticket: 48703

DST#: 1

Test Start: 2012.10.03 @ 17:17:49

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 10.00 lb/gal
Viscosity: 28.00 sec/qt
Water Loss: cm³
Resistivity: ohm.m
Salinity: 74000.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 36 deg API
Water Salinity: 30000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
390.00	Muddy Water-80%W-20%M	3.284
30.00	Free Oil	0.421
0.00	240' Gas In Pipe	0.000

Total Length: 420.00 ft Total Volume: 3.705 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8366

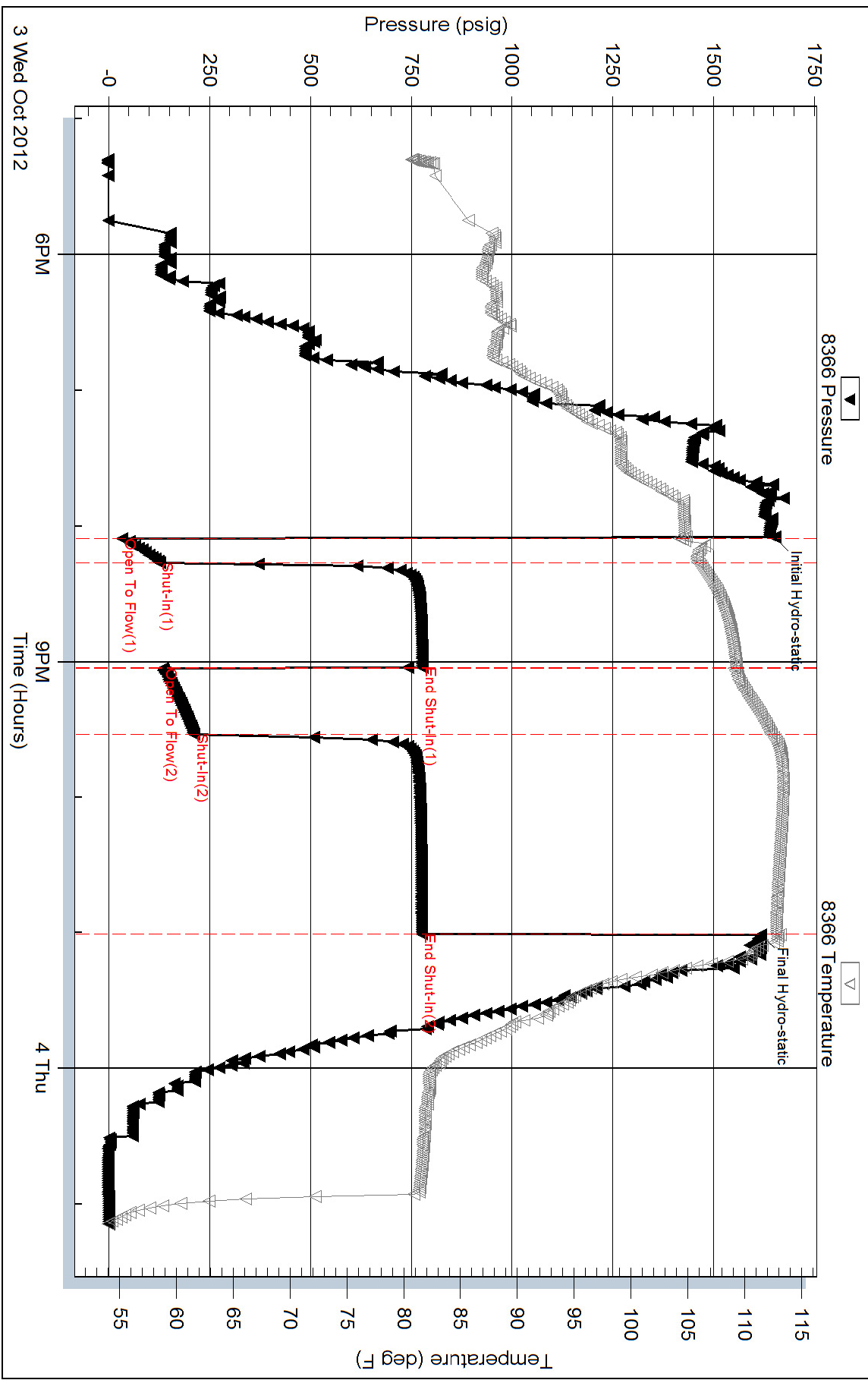
Inside

Edison Operating Co. LLC

Armbrister #1-1

DST Test Number: 1

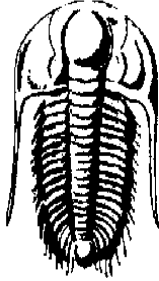
Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 48703

Printed: 2012.10.04 @ 01:28:32



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

Prepared For: **Edison Operating Co. LLC**

1223 N. Rock Road
Building 1-100
Wichita, KS. 67206

ATTN: Adam Kennedy

Armbrister #1-1

1-13s-21w-Trego

Start Date: 2012.10.05 @ 06:00:00

End Date: 2012.10.05 @ 13:36:15

Job Ticket #: 51005 DST #: 2

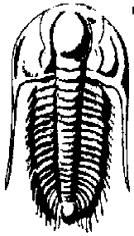
Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.10.05 @ 14:00:38

Edison Operating Co. LLC
1-13s-21w-Trego
Armbrister #1-1
DST # 2
Arbuckle
2012.10.05



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Edison Operating Co. LLC

1-13s-21w-Trego

1223 N. Rock Road
 Building 1-100
 Wichita, KS. 67206
 ATTN: Adam Kennedy

Armbrister #1-1

Job Ticket: 51005

DST#: 2

Test Start: 2012.10.05 @ 06:00:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 08:39:00

Time Test Ended: 13:36:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Cody Bloedorn

Unit No: 54

Interval: 3770.00 ft (KB) To 3819.00 ft (KB) (TVD)

Total Depth: 3819.00 ft (KB) (TVD)

Hole Diameter: 7.80 inches Hole Condition: Fair

Reference Elevations: 2185.00 ft (KB)

2180.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8789 Outside

Press@RunDepth: 100.21 psig @ 3808.00 ft (KB)

Start Date: 2012.10.05

End Date: 2012.10.05

Start Time: 06:00:02

End Time: 13:36:15

Capacity: 8000.00 psig

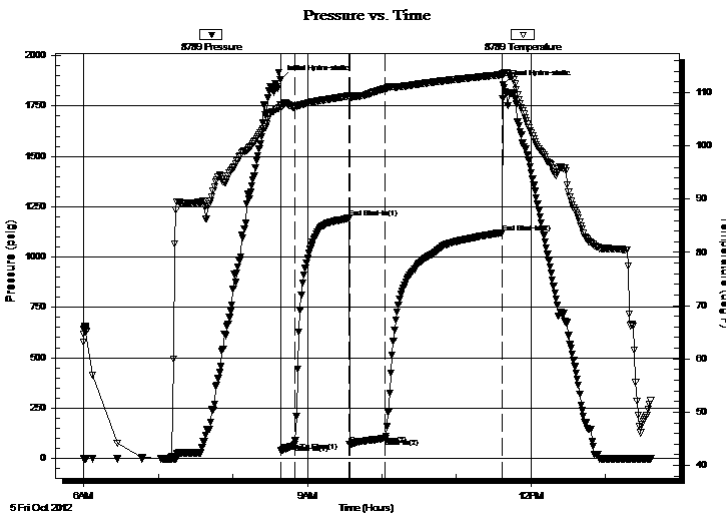
Last Calib.: 2012.10.05

Time On Btm: 2012.10.05 @ 08:38:45

Time Off Btm: 2012.10.05 @ 11:37:45

TEST COMMENT: 10 - IF- 4" blow .
 45 - IS- Surface blow , died in 7 Minutes.
 30 - FF- 2" blow .
 90 - FS- No blow back.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1882.81	107.78	Initial Hydro-static
1	37.16	107.17	Open To Flow (1)
12	70.81	107.29	Shut-In(1)
55	1193.00	109.37	End Shut-In(1)
56	69.26	108.91	Open To Flow (2)
84	100.21	110.77	Shut-In(2)
178	1120.81	113.38	End Shut-In(2)
179	1856.73	113.64	Final Hydro-static

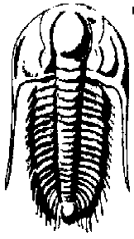
Recovery

Length (ft)	Description	Volume (bbl)
124.00	OCM, 20%O, 80%M	0.61
60.00	GMO, 5%M, 10%G, 85%O	0.30
0.00	124' of G.I.P.	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Edison Operating Co. LLC

1-13s-21w-Trego

1223 N. Rock Road
Building 1-100
Wichita, KS. 67206
ATTN: Adam Kennedy

Armbrister #1-1

Job Ticket: 51005

DST#: 2

Test Start: 2012.10.05 @ 06:00:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 55.00 sec/qt
Water Loss: 7.60 cm³
Resistivity: ohm.m
Salinity: 2600.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
124.00	OCM, 20%O, 80%M	0.610
60.00	GMO, 5%M, 10%G, 85%O	0.295
0.00	124' of G.I.P.	0.000

Total Length: 184.00 ft Total Volume: 0.905 bbl

Num Fluid Samples: 0

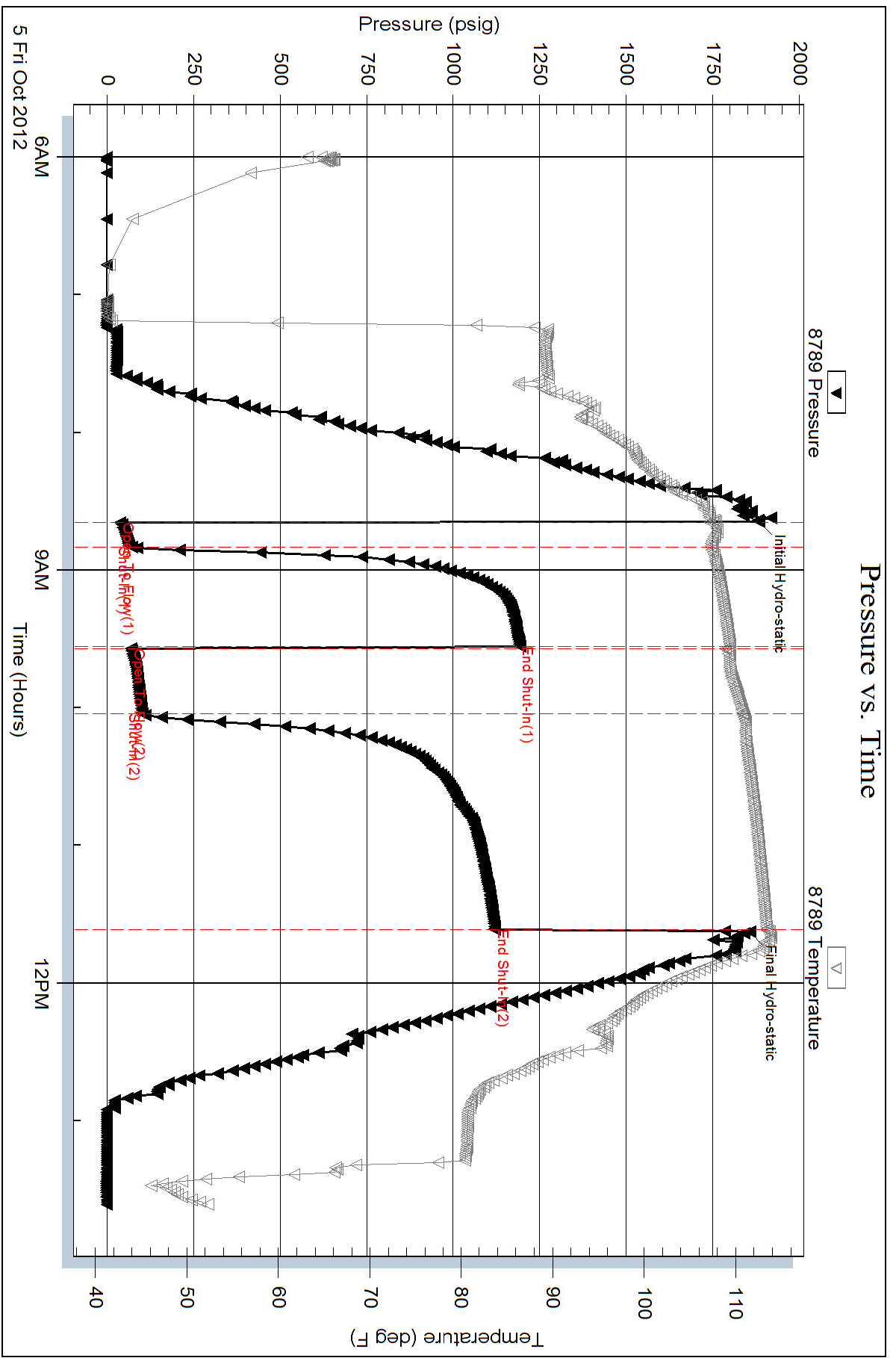
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



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

January 03, 2013

David Withrow
Edison Operating Company LLC
9427 E. Cross Creek
WICHITA, KS 67206

Re: ACO1
API 15-195-22779-00-00
Armbrister 1-1
NW/4 Sec.01-13S-21W
Trego 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,
David Withrow