



**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1051364

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	NORTH MADDIX 1-3
Doc ID	1051364

All Electric Logs Run

MICRO
DUAL SPACED NEUTRON
ACRL
TRIPLE COMBO



PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	12/17/2010
<b>INVOICE NUMBER</b>		
<b>1718 - 90480793</b>		

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

**RECEIVED**

DEC 20 2010

J LEASE NAME North Maddix 1-3  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS *8 5/8 Surface*  
 I JOB DESCRIPTION Cement-New Well Casing/Pi 1-3  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40264297	20920	<i>9208</i>	Net - 30 days	01/16/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 12/16/2010 to 12/16/2010</i>				
0040264297				
171803100A Cement-New Well Casing/Pi 12/16/2010				
8 5/8" Surface				
60/40 POZ	190.00	EA	8.40	1,596.00 T
Cello-flake	48.00	EA	2.59	124.32 T
Calcium Chloride	492.00	EA	0.74	361.62 T
Wooden Cement Plug 8 5/8"	1.00	EA	112.00	112.00
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	2.98	133.88
Heavy Equipment Mileage	90.00	MI	4.90	441.00
Proppant and Bulk Delivery Charges	369.00	MI	1.12	413.28
Depth Charge; 0-500'	1.00	HR	700.00	700.00
Blending & Mixing Service Charge	190.00	MI	0.98	186.20
Plug Container Utilization Charge	1.00	EA	175.00	175.00
Supervisor	1.00	HR	122.50	122.50

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>4,365.80</b>
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	<b>TAX</b>	<b>151.98</b>
PO BOX 841903	PO BOX 10460	<b>INVOICE TOTAL</b>	<b>4,517.78</b>
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



Customer <b>VAL-ENERGY</b>	Lease No.	Date <b>12-16-10</b>
Lease <b>NORTH MAONIX</b>	Well # <b>1-3</b>	
Field Order # <b>3100</b>	Station <b>PRATT KS</b>	Casing <b>8 5/8</b>
		Depth <b>207'</b>
Type Job <b>CNW 8 5/8 Surface</b>	Formation	County <b>BARBER</b>
		State <b>KS</b>
		Legal Description <b>3-31-13</b>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<b>8 5/8</b>				Pre Pad	Max		5 Min.
Depth <b>207</b>	Depth	From	To	Pad	Min		10 Min.
Volume <b>12</b>	Volume	From	To	Frac	Avg		15 Min.
Max Press <b>300</b>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection <b>P.C.</b>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth <b>192</b>	Packer Depth	From	To				

Customer Representative	Station Manager <b>DAVE SCOTT</b>	Treater <b>Robert Sullivan</b>
Service Units <b>19867 83708 20920 19826 19860</b>		
Driver Names <b>Sullivan Nelson</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>1645</b>					ON for Safety meeting
					Ran 5 STS #24 8 5/8 ESP
<b>1950</b>					CASING ON BOTTOM
<b>2000</b>					Hook Break circ.
<b>2010</b>	<b>150</b>		<b>3</b>	<b>3</b>	St Spacer
<b>2015</b>			<b>41</b>	<b>5</b>	mix cement 190 sk 60% 20% 20% 3% cc
<b>2023</b>				<b>4</b>	shut down cement mixed Release Plug
<b>2030</b>			<b>12</b>		St. Disp.
					plug down
					circulated 8 BA cement to bit
					30B Complete
					Thank you

Pratt

(620) 672-1201

B VAL ENERGY  
 I 200 W DOUGLAS AVE STE 520  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN:

J  
O  
B  
S  
I  
T  
E

LEASE NAME  
 LOCATION  
 COUNTY  
 STATE  
 JOB DESCRIPTION  
 JOB CONTACT

North Maddix 1-3

Barber

KS

Cement-New Well Casing/Pi 1-3

RECEIVED

DEC 29 2010

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40267281	20920	9308	Net - 30 days	01/27/2011	
<p><b>For Service Dates: 12/23/2010 to 12/23/2010</b></p> <p>0040267281</p> <p>171802754A Cement-New Well Casing/Pi 12/23/2010                      5 1/2" Longstring</p>		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
AA2 Cement		125.00	EA	11.39	1,423.80 T
60/40 POZ		50.00	EA	8.04	402.01 T
De-foamer (Powder)		30.00	EA	2.68	80.40 T
Salt (Fine)		571.00	EA	0.34	191.29 T
Gas-Blok		118.00	EA	3.45	407.17 T
FLA-322		95.00	EA	5.03	477.39 T
Gilsonite		625.00	EA	0.45	280.57 T
Top Rubber Cement Plug 5 1/2"		1.00	EA	70.35	70.35
Guide Shoe-Regular 5 1/2" (Blue)		1.00	EA	167.51	167.51
Flapper Type Insert Float Valves 5 1/2"		1.00	EA	144.05	144.05
Turbolizer 5 1/2" (Blue)		5.00	EA	73.70	368.51
5 1/2" Basket (Blue)		1.00	EA	194.31	194.31
Super Flush II		500.00	EA	1.03	512.57 T
Unit Mileage Charge-Pickups, Vans & Cars		45.00	HR	2.85	128.14
Heavy Equipment Mileage		90.00	MI	4.69	422.11
Proppant and Bulk Delivery Charges		362.00	MI	1.07	388.08
Depth Charge; 4001-5000'		1.00	HR	1,688.47	1,688.47
Blending & Mixing Service Charge		175.00	MI	0.94	164.16
Plug Container Utilization Charge		1.00	EA	167.51	167.51
Supervisor		1.00	HR	117.25	117.25
PLEASE REMIT TO:		SEND OTHER CORRESPONDENCE TO:		SUB TOTAL	7,795.65
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		TAX	275.59
PO BOX 841903		PO BOX 10460		INVOICE TOTAL	8,071.24
DALLAS, TX 75284-1903		MIDLAND, TX 79702			

DATE OF JOB <b>12-23-10</b> DISTRICT <b>PRA TT, KS</b>		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 <b>VAL-ENERGY</b>		LEASE <b>NORTH MADDOX 1-3</b> WELL NO.							
ADDRESS		COUNTY <b>BARBER</b> STATE <b>KS</b>							
CITY STATE		SERVICE CREW <b>Sullivan, Nelson, Magland</b>							
AUTHORIZED BY		JOB TYPE: <b>CNW 5 1/2 Compstng</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <b>12-22-10</b>	DATE	AM	TIME
<b>3708-20920</b>	<b>4 1/2</b>	<b>min</b>				ARRIVED AT JOB <b>12-23-10</b>		AM	<b>0130</b>
<b>9826-18860</b>	<b>45</b>	<b>min</b>				START OPERATION		AM	<b>0605</b>
<b>19867</b>						FINISH OPERATION		AM	<b>0645</b>
						RELEASED		AM	<b>0730</b>
						MILES FROM STATION TO WELL			<b>45</b>

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)

TEMP/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA 2 cmt	SK	125		2,125 00
CP 103	60/40 Por 2 cmt	SK	50		600 00
CC 105	Defoamer	lb	30		120 00
CC 111	Salt	lb	571		285 50
CC 115	9AS-Blok	lb	118		607 70
CC 129	FLH-322	lb	95		712 50
CC 201	gilsomite	lb	625		418 75
CF 103	TOP Ribbon Plug 5 1/2	9A	1		105 00
CF 251	guide shoe	9A	1		250 00
CF 1451	flapper insert float	9A	1		215 00
CF 1651	Turbolizer	9A	5		550 00
CF 1901	BASKET	9A	1		250 00
CC 155	Super Flush	9AL	500		765 00
P 100	Rocky mixed	mi	45		191 25
P 101	Heavy sand mixed	mi	90		630 00
P 113	Bulk Delong	Tm	362		579 60
CE 205	Depth charge 4001-5000	9A	1		2,520 00
CE 240	Bleeding-mixer	SK	175		245 00
CE 504	plug container bucket	9A	1		250 00
500 3	Solium Super	9A	1		775 00
SUB TOTAL					

CHEMICAL / ACID DATA:			

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

Thank you  
KC 7,295 65

SERVICE REPRESENTATIVE <b>Robert Sullivan</b>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.



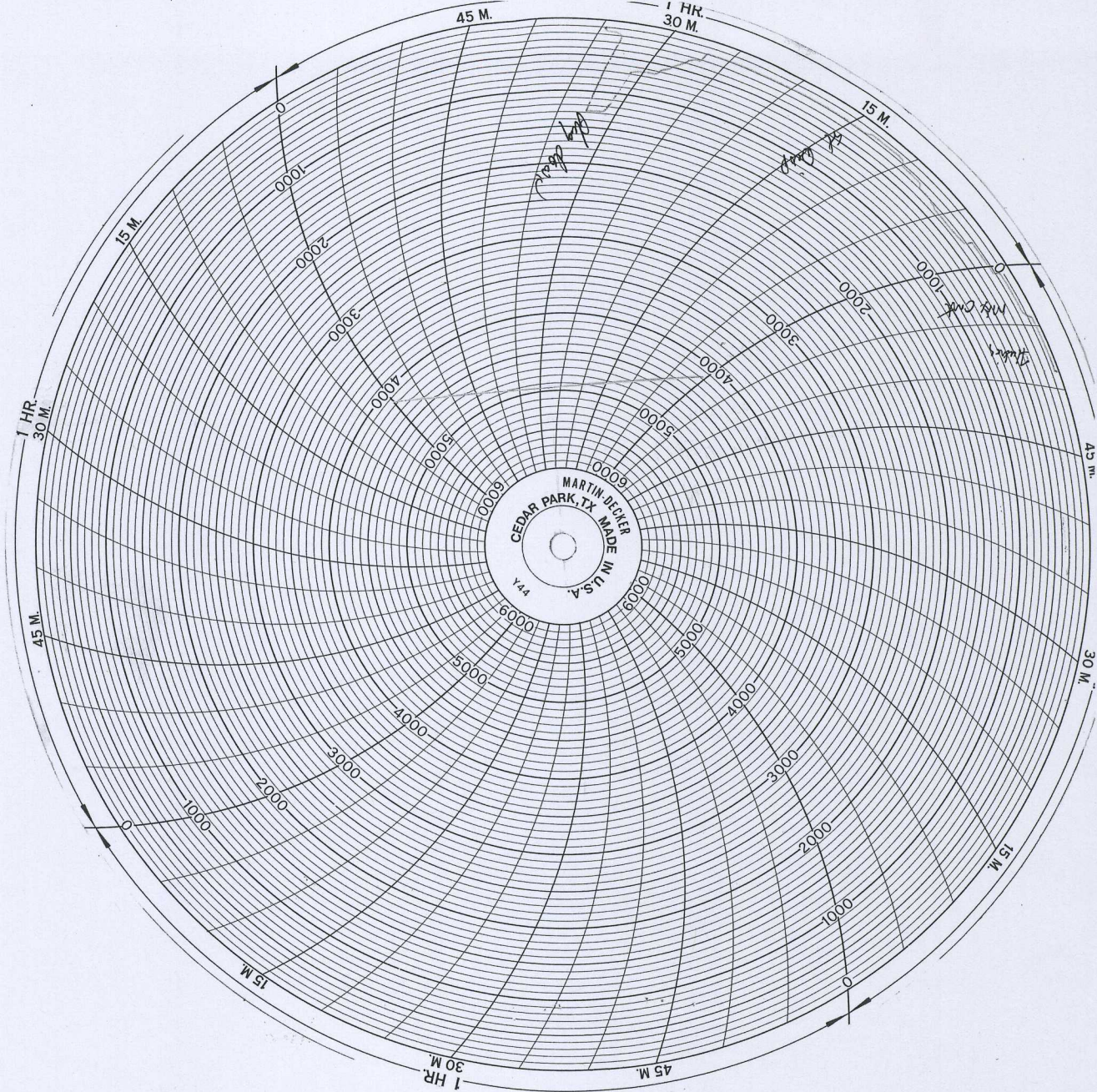
Customer <b>VAL-ENERGY</b>	Lease No.	Date <b>12-23-10</b>	
Lease <b>NORTH MADDIX</b>	Well # <b>1-2</b>		
Field Order # <b>3754</b>	Station <b>PRATT KS</b>	Casing <b>5 1/2</b>	Depth <b>4447'</b>
Type Job <b>CNW 5 1/2 Loopstair</b>	Formation	County <b>BARBER</b>	State <b>KS</b>
		Legal Description <b>3-31-13</b>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<b>5 1/2</b>							
Depth <b>4447</b>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <b>105</b>	Volume	From	To	Pad	Min		10 Min.
Max Press <b>1,200</b>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <b>P.C</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <b>4412</b>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <b>DAVE SCOTT</b>	Treater <b>Robert Johnson</b>
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Service Units	<b>19867</b>	<b>33705</b>	<b>20920</b>	<b>19826</b>	<b>19860</b>				
Driver Names	<b>Sullivan</b>	<b>Melton</b>		<b>Megraw</b>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>0130</b>					<b>ON LOC. Safety meeting</b>
					<b>RUN 111 JTS 5 1/2 #15.5 CSG</b>
					<b>CONT. 1, 3, 5, 7, 10 BASID #4</b>
<b>0510</b>					<b>CASING ON BOTTOM</b>
<b>0520</b>					<b>HOOK RIG TO CIRC</b>
<b>0605</b>	<b>200</b>		<b>12</b>	<b>4</b>	<b>1st Super Flush</b>
			<b>5</b>		<b>1st SPACER</b>
				<b>5.5</b>	<b>MIX CMT 125 SK ALL-2 CMT</b>
			<b>30</b>		<b>CMT MIXED IN SHUT DOWN WASH LINES/PLUG</b>
					<b>Release Plug</b>
<b>0625</b>				<b>6</b>	<b>1st Disp</b>
	<b>300</b>		<b>83</b>		<b>1st PSI</b>
	<b>400</b>			<b>4</b>	<b>SLOW RATE</b>
<b>0645</b>	<b>1400</b>		<b>105</b>		<b>PLUG DOWN</b>
			<b>6</b>		<b>PLUG R.H w/ 30 SK</b>
			<b>4</b>		<b>PLUG M.H w/ 20 SK</b>
					<b>SOB COMPLETE</b>
					<b>Thank you</b>



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/>

Thomas E. Wright, Chairman  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 01, 2011

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

Re: ACO1  
API 15-007-23630-00-00  
NORTH MADDIX 1-3  
NE/4 Sec.03-31S-13W  
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,  
K TODD ALLAM