



KANSAS CORPORATION COMMISSION 1051522  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- 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

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: \_\_\_\_\_



1051522

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	01/10/2011
<b>INVOICE NUMBER</b>		
<b>1718 - 90496369</b>		

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

J LEASE NAME Faucett Cohoe 3-30  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi <sup>8 5/8</sup> 3-30  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40271354	27463	9208	Net - 30 days	02/09/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 01/06/2011 to 01/06/2011</b>				
0040271354				
171802670A Cement-New Well Casing/Pi 01/06/2011 8 5/8" Surface Pipe				
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
Supervisor	1.00	HR	122.50	122.50
Plug Container Utilization Charge	1.00	EA	175.00	175.00

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







# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>VAL ENERGY, INC.</b>	Lease No.	Date <b>1-6-2011</b>
Lease <b>FAUCETT CONHOE</b>	Well # <b>3-30 TD</b>	
Field Order # <b>2410</b>	Station <b>PRATT, KS.</b>	Casing <b>8 5/8</b>
Type Job <b>CNW - 8 5/8" S.P.</b>	Depth <b>210'</b>	County <b>BARBER</b>
	Formation	State <b>KS.</b>
		Legal Description <b>30-33-10</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>8 5/8</b>	Tubing Size	Shots/Ft	<b>CMT -</b>	Acid <b>190SK 60/40 P02</b>	RATE	PRESS	ISIP	
Depth <b>205'</b>	Depth	From	To	Pre Pad <b>@ 1.21 COF</b>	Max		5 Min.	
Volume <b>13.88</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>500</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>120'</b>	Packer Depth	From	To	Flush <b>11.7 BBL</b>	Gas Volume		Total Load	

Customer Representative <b>RANDY MARTIN</b>	Station Manager <b>D. SCOTT</b>	Treater <b>K. LESLEY</b>
Service Units <b>19870 27463 19832 19862</b>		
Driver Names <b>LESLEY VEATCH WISER</b>		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
5:30PM					ON LOCATION - SAFETY MEETING
6:00PM					RUN 5 JTS. 8 5/8" x 24# CSG.
7:16PM					CSG. ON BOTTOM
7:15PM					HOOK UP TO CSG. - BREAK CIRC. W/ RIG
7:30PM					SWITCH OVER TO PUMP TRUCK
7:35PM	150		5	5	H2O AHEAD
7:43PM	100		41	5	MIX 190 SK 60/40 P02 @ 14.8# / GAL
7:45PM					SHUT DOWN - RELEASE PLUG
7:46PM	∅		∅	5	START DISPLACEMENT
8:00PM	300		11.7	3	PLUG DOWN - CLOSE IN
					CIRCULATION THRU JOB
					CIRCULATED 10 BBL TO PIT
					JOB COMPLETE,
					THANKS - KEEVEN



PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	01/13/2011
INVOICE NUMBER		
1718 - 90499606		

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

J LEASE NAME Faucett Cohoe 3-30  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS 5 1/2  
 I JOB DESCRIPTION Cement-New Well Casing/Pi 3-30  
 T  
 E JOB CONTACT

RECEIVED  
 JAN 14 2011

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40273016	27463	9308	Net - 30 days	02/12/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 01/11/2011 to 01/11/2011</b>				
0040273016				
171803454A Cement-New Well Casing/Pi 01/11/2011 5 1/2" Longstring				
AA2 Cement	100.00	EA	11.90	1,190.05 T
60/40 POZ	50.00	EA	8.40	420.02 T
De-foamer (Powder)	24.00	EA	2.80	67.20 T
Salt (Fine)	455.00	EA	0.35	159.26 T
Gas-Blok	94.00	EA	3.61	338.88 T
FLA-322	76.00	EA	5.25	399.02 T
Gilsonite	500.00	EA	0.47	234.51 T
Top Rubber Cement Plug 5 1/2"	1.00	EA	73.50	73.50
Guide Shoe-Regular 5 1/2" (Blue)	1.00	EA	175.01	175.01
Flapper Type Insert Float Valves 5 1/2"	1.00	EA	150.51	150.51
Turbolizer 5 1/2" (Blue)	5.00	EA	77.00	385.01
5 1/2" Basket (Blue)	1.00	EA	203.01	203.01
Super Flush II	500.00	EA	1.07	535.52 T
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	2.98	133.88
Heavy Equipment Mileage	90.00	MI	4.90	441.02
Proppant and Bulk Delivery Charges	308.00	MI	1.12	344.97
Depth Charge; 4001-5000'	1.00	HR	1,764.05	1,764.05
Blending & Mixing Service Charge	150.00	MI	0.98	147.01
Plug Container Utilization Charge	1.00	EA	175.01	175.01
Supervisor	1.00	HR	122.50	122.50

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,459.94
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	244.15
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	7,704.09
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





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

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

FIELD SERVICE TICKET

1718 03454 A

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

DATE OF JOB 1-11-11 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 Faucett-Cohoe		WELL NO. 3-30						
ADDRESS		COUNTY Barber		STATE KS						
CITY		STATE		SERVICE CREW Orlando, Lesky, Hunter						
AUTHORIZED BY		JOB TYPE: CNU-5 1/2 L.S.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27283	1						1-11-11			5:30
27463	1									7:30
19832-19862	1									10:00
										1:00
										2:00
						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: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA2 Cement	SK	100		1700 00
CP103	60/40 Puz	SK	50		600 00
CC105	NoFoamer	Lb	24		96 00
CC111	Salt	Lb	455		227 50
CC115	Gas Blok	Lb	94		484 10
CC129	FLA-320	Lb	76		570 00
CC201	Gilsmite	Lb	500		335 00
CF103	Top Rubber Plug	ea	1		105 00
CF251	Guidesho	ea	1		250 00
CFH51	Flapper Type Insert Float	ea	1		215 00
CF1651	Turbolizers	ea	5		550 00
CF1901	Basket	ea	1		290 00
CC155	Superplug II	Gal	500		765 00
E100	Pickup Mileage	Mi	45		191 25
E101	Heavy Equipment Mileage	Mi	90		630 00
E113	Bulk Delivery	Tm	308		493 20
CE205	Depth Charge	ea	1		2520 00
CE240	Cement Service Charge	SK	150		210 00
CE504	Plug Container	ea	1		250 00
S003	Service Supervisor	ea	1		125 00
SUB TOTAL					12500
DLS					7458 97
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE  
Steve Orlando

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer VAL ENERGY, INC.	Lease No.	Date 1-11-11	
Lease FAUCETT POHDE	Well # 3-30		
Field Order # 3454	Station PRATT, Ks.	Casing 3 1/2	Depth 4740'
Type Job CNW-5 1/2" I.S.	Formation	County BARBER	State Ks.
		Legal Description 30-33-10	

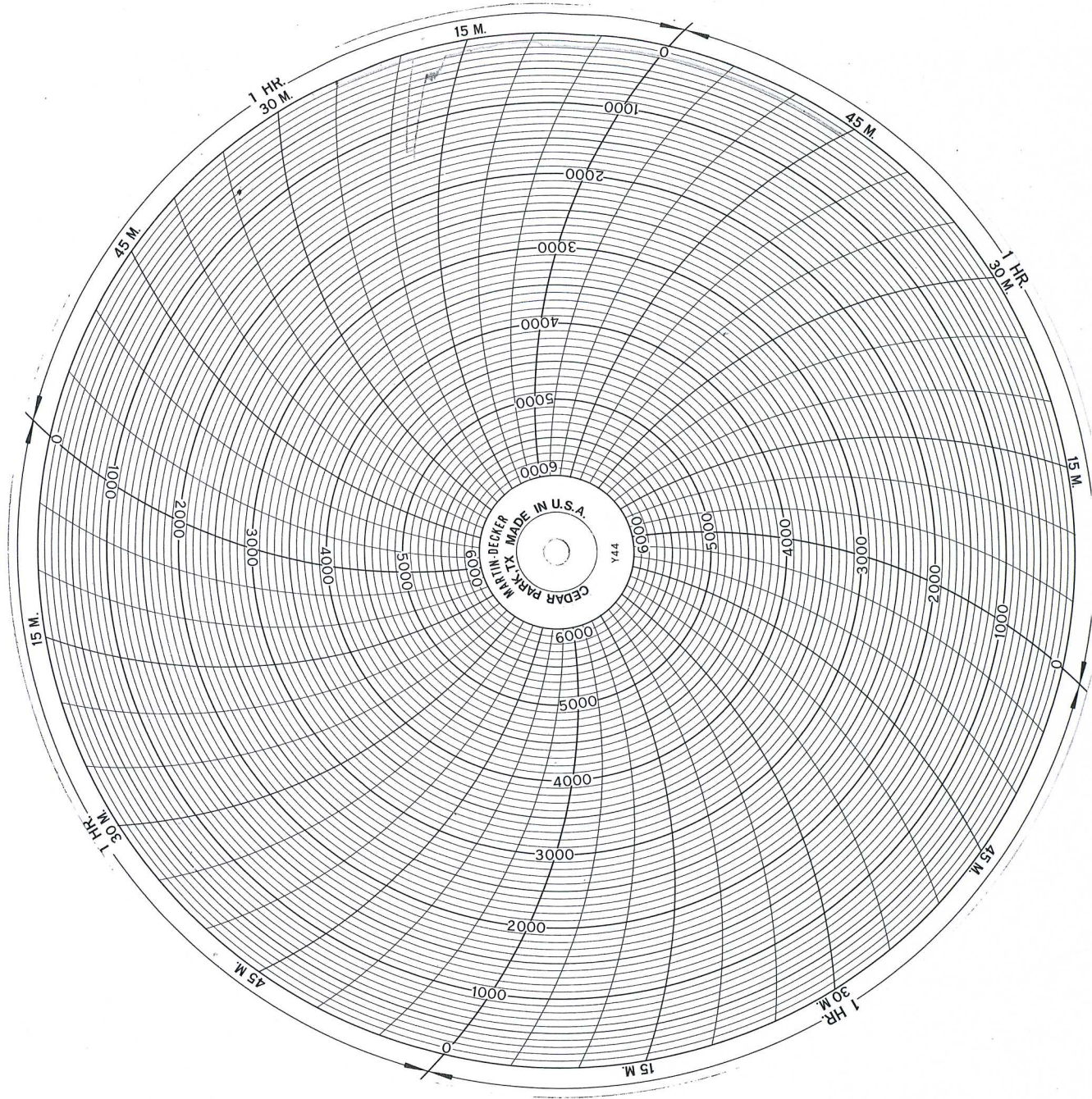
PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft	CMT -	-Acid- 100SK AA2	RATE	PRESS	ISIP	
Depth 4740'	Depth	From	To	Pre Pad 7 @ 1.36 CUFT	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well-Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4104'	Packer Depth	From	To	Flush 112 BBL	Gas Volume		Total Load	

Customer Representative RUSSELL MYERS	Station Manager D. SCOTT	Treater S. ORLANDO
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Service Units	27283	27463	19832	19862					
Driver Names	ORLANDO	LESLEY	HUNTER						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30 AM					ON LOCATION - SAFETY MEETING
					RUN CSG. 5 1/2" X 15.5"
					CENT. - 1, 3, 6, 9, 12 BASKET #4
					CSG. ON BOTTOM
					HOOKUP TO CSG. - BREAK CIRC. W/RIG
10:30			12	4	SUPERFLUSH II
11:00			5	4	H2O SPACER
11:40			24	4	MIX 100SK AA2 @ 15.3#/GAL
					SHUT DOWN - CLEAR PUMP & LINE
					DROP PLUG
10:00			0	5	START DISPLACEMENT
11:00			70	5	LIFT PRESSURE
11:15			90	4	SLOW RATE
1:20			112	3	PLUG DOWN - HELD
					(CIRCULATION) THRU JOBS
1:00					JOBS COMPLETE
					THANKS - STEVE ORLANDO
			10		PLUG R.H.
1:46			4		PLUG M.H.





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 08, 2011

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

Re: ACO1  
API 15-007-23637-00-00  
FAUCETT COHOE 3-30  
NW/4 Sec.30-33S-10W  
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