



**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: \_\_\_\_\_



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> <i>(Submit ACO-4)</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	CAROL MEYER 1-24
Doc ID	1051545

Tops

Name	Top	Datum
HEEBNER	3624	-2267
DOUGLAS	3655	-2298
STALNAKER	3942	-2585
LKC	4200	-2993
STARK	4350	-2993
SWOPE	4362	-3005
CHEROKEE	4578	-3221
MISSISSIPPI PORO	4670	-3313



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 02/15/2011
INVOICE NUMBER 1718 - 90523538		

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 Carol Meyer 1-24  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS 85/8  
 I JOB DESCRIPTION Cement-New Well Casing/Pi 1-24  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40284355	20920	9208	Net - 30 days	03/17/2011
<b>For Service Dates: 02/11/2011 to 02/11/2011</b>				
0040284355				
171803566A Cement-New Well Casing/Pi 02/11/2011 8 5/8" Surface				
60/40 POZ		190.00	EA	8.40
Cello-flake		48.00	EA	2.59
Calcium Chloride		492.00	EA	0.74
Wooden Cement Plug 8 5/8"		1.00	EA	112.00
Sugar		50.00	EA	1.40
Unit Mileage Charge-Pickups, Vans & Cars		45.00	HR	2.98
Heavy Equipment Mileage		90.00	MI	4.90
Proppant and Bulk Delivery Charges		369.00	MI	1.12
Depth Charge; 0-500'		1.00	HR	700.00
Blending & Mixing Service Charge		190.00	MI	0.98
Plug Container Utilization Charge		1.00	EA	175.00
Supervisor		1.00	HR	122.50

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,435.80
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	157.09
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	4,592.89
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 03566 A

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

DATE OF JOB: 02-11-11		DISTRICT: PRA TT Kc		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: CAROL MEYOR 1-24		WELL NO.:					
ADDRESS:		COUNTY: BARBER		STATE: Ks					
CITY:		STATE:		SERVICE CREW: Sullivan, Malson Phye					
AUTHORIZED BY:		JOB TYPE: CNW 85% Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33208-20920	35 mi						02-10-11	PM	2200
19960-19918	35 mi						02-11-11	AM	2400
19866								AM	0310
								PM	0345
								AM	0430
								PM	0430
									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: Jim Stevenson  
(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 cement	SK	190		2,280 00
CC 102	cellfak	lb	48		177 60
CC 109	calicum chloride	lb	492		516 60
CF 153	Wooden Plug 85%	CA	1		160 00
CC 131	Sugar	lb	50		100 00
P 100	pickup mix	mi	45		191 25
P 101	Heavy Port mix	mi	90		630 00
P 113	Bulk Delivery	TM	369		590 40
CF 200	Depth charge 0-500'	PA	1		1,000 00
CF 240	Blending - mixer	SK	190		266 00
CF 504	plug container/dental	PA	1		250 00
5003	Secured Surface	PA	1		175 00
SUB TOTAL					

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		4,435.80

Thank you  
Jim Stevenson

SERVICE REPRESENTATIVE: Robert Sullivan

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 <i>VAL-POPR94</i>		Lease No.		Date	
Lease <i>CAROL-MEYER</i>		Well # <i>1-24</i>		<i>02-11-11</i>	
Field Order # <i>346</i>	Station <i>PRATT KS</i>	Casing <i>8 5/8</i>	Depth <i>219'</i>	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>CW 8 5/8 Surface</i>			Formation	Legal Description <i>24-34-11</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>219</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>12 1/2</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>200</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>103</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
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Service Units <i>19866</i>	<i>33708</i>	<i>20920</i>	<i>19960</i>	<i>19918</i>				
Driver Names <i>Sullivan</i>	<i>Melton</i>	<i>Phyp</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2400</i>	<i>200</i>				<i>on loc Safety meeting</i>
					<i>Run 5 55 8 5/8 #24 cs9</i>
<i>0240</i>					<i>Casing on Bottom</i>
<i>0255</i>					<i>Hook Dip to circ</i>
<i>0310</i>	<i>300</i>		<i>3</i>	<i>4</i>	<i>At Spiran</i>
			<i>40</i>	<i>55</i>	<i>mix cont 190k 6 1/2 po 2</i>
					<i>shot down</i>
					<i>Release Plug</i>
				<i>4</i>	<i>At Dip</i>
<i>0345</i>	<i>200</i>		<i>12 1/2</i>		<i>plug down</i>
					<i>circ 9 BAL cont to Pit</i>
					<i>JOB Complete</i>
					<i>Thank you</i>



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 02/18/2011
INVOICE NUMBER 1718 - 90526483		

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 Carol-Meyer 1-24  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

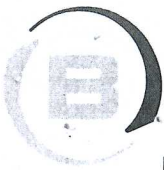
*5 1/2 Casing 1-24*

**RECEIVED**  
 FEB 22 2011

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40285946	20920	9308	Net - 30 days	03/20/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<b>For Service Dates: 02/17/2011 to 02/17/2011</b>				
0040285946				
171803569A Cement-New Well Casing/Pi 02/17/2011				
5 1/2" Longstring				
AA2 Cement	175.00	EA	12.24	2,142.00 T
60/40 POZ	50.00	EA	8.64	432.00 T
De-foamer (Powder)	42.00	EA	2.88	120.96 T
Salt (Fine)	798.00	EA	0.36	287.28 T
Gas-Blok	165.00	EA	3.71	611.82 T
FLA-322	132.00	EA	5.40	712.80 T
Gilsonite	875.00	EA	0.48	422.10 T
Top Rubber Cement Plug 5 1/2"	1.00	EA	75.60	75.60
Guide Shoe-Regular 5 1/2" (Blue)	1.00	EA	180.00	180.00
Flapper Type Insert Float Valves 5 1/2"	1.00	EA	154.80	154.80
Turbolizer 5 1/2" (Blue)	5.00	EA	79.20	396.00
5 1/2" Basket (Blue)	1.00	EA	208.80	208.80
Super Flush II	500.00	EA	1.10	550.80 T
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	3.06	137.70
Heavy Equipment Mileage	90.00	MI	5.04	453.60
Proppant and Bulk Delivery Charges	468.00	MI	1.15	539.14
Depth Charge; 4001-5000'	1.00	HR	1,814.40	1,814.40
Blending & Mixing Service Charge	225.00	MI	1.01	226.80
Plug Container Utilization Charge	1.00	EA	180.00	180.00
Supervisor	1.00	HR	126.00	126.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,772.60
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	385.42
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	10,158.02
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 03569 A

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

DATE OF JOB 02-17-11		DISTRICT Pratt KS		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 CAROL Meyer 1-29		WELL NO.						
ADDRESS		COUNTY BARBER		STATE KS						
CITY		STATE		SERVICE CREW Sullivan, Malson, Fernando						
AUTHORIZED BY		JOB TYPE: CNW 5 1/2 Compsting								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
33708-20920	A						2-17-11			0130
19832-19862	A									0300
19866										0345
										0330
										1000
										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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	HA-2 cont	SK	175		2975 00
CP 103	60/40 per cont	SK	50		600 00
PC 105	Re-former	lb	42		168 00
CC 111	SALT	lb	798		399 00
CC 115	GAS-Blok	lb	165		849 75
CC 129	FLA-322	lb	132		990 00
CC 201	gilsonite	lb	875		586 25
CF 103	TOP Rubber Plug 5 1/2	SA	1		105 00
CF 251	Guide Shoe	SA	1		250 00
CF 1451	Insert Float	SA	1		215 00
CF 1651	Turbulizer	SA	5		550 00
CF 1901	BASKET	SA	1		290 00
CC 155	Defin Studs	GAL	500		765 00
E 100	pickup m/m	mi	45		191 25
E 101	Heavy Equip m/m	mi	90		630 00
E 113	Bulk Picking	TAR	469		748 80
PE 205	Depth Change 4001-5001	SA	1		2,520 00
CF 240	Blending mixing	SK	225		315 00
PE 504	Plug Comp. Cont. Packed	SA	1		250 00
S 003	Sealant Superline	SA	1		175 00
SUB TOTAL					1735 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		DLS 9,772.60

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





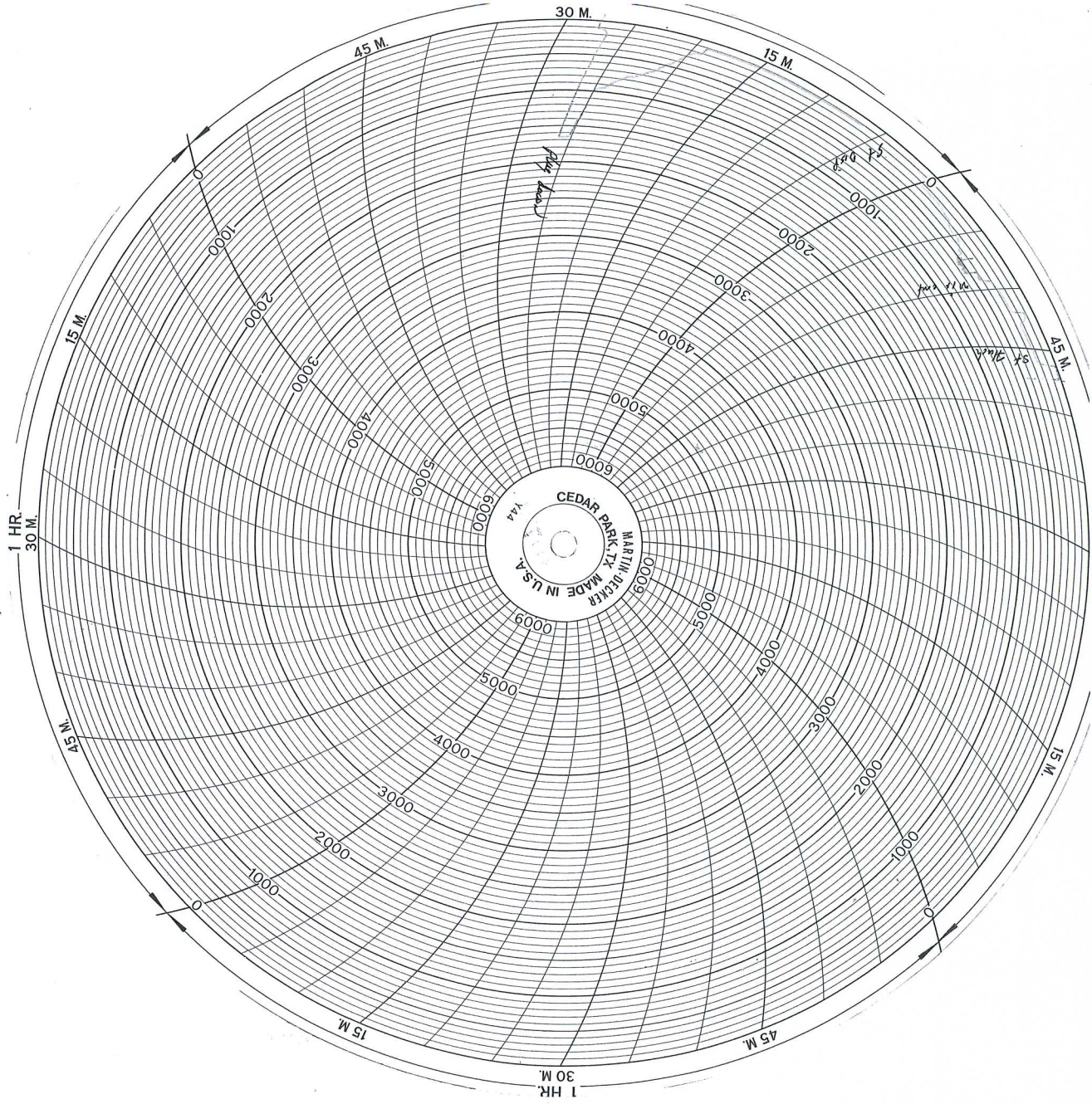
**TREATMENT REPORT**

Customer <i>VAL-ENERGY</i>	Lease No.	Date <i>02-17-11</i>	
Lease <i>CAROL-Meyer</i>	Well # <i>1-24</i>		
Field Order # <i>2569</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2</i>	Depth <i>4821</i>
Type Job <i>CNW 5 1/2 Long string</i>	Formation	County <i>BARBER</i>	State <i>KS</i>
		Legal Description <i>24-34-11</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>4821</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>114</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>1500</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4801</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
Service Units <i>19866 23708 20920 19832 19862</i>		
Driver Names <i>Sullivan Nelson Fournelle</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0300</i>	<i>Am</i>				<i>on loc safety meeting</i>
					<i>Run 125 ft 15.5 5 1/2 csq</i>
					<i>cont 1, 3, 5, 7, 10 Bashed #6</i>
<i>0720</i>					<i>CASING ON BOTTOM</i>
<i>0735</i>					<i>Hook Rig to circ.</i>
<i>0845</i>	<i>300</i>		<i>12</i>	<i>4</i>	<i>At Super Flush</i>
			<i>5</i>		<i>At spacer</i>
				<i>5</i>	<i>mix cont 175 sk AH-2 cont</i>
					<i>cont midl. shut down, wash pump, liner</i>
					<i>Release Plug</i>
<i>0910</i>				<i>6</i>	<i>At Disp</i>
	<i>300</i>		<i>80</i>		<i>Lift Ps.</i>
	<i>600</i>			<i>4</i>	<i>Slow Rate</i>
<i>0930</i>	<i>1700</i>		<i>114</i>		<i>Plug down</i>
			<i>6</i>		<i>Plug R/H w/ 20 sk 60/40 PVC</i>
			<i>4</i>		<i>plug M/H w/ 20 sk "</i>
					<i>SOB Complete</i>
					<i>Thank you</i>



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 15-007-23647-00-00  
CAROL MEYER 1-24  
NE/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,  
K TODD ALLAM