



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: _____



1056568

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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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 25, 2011

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

Re: ACO1
API 15-075-20781-00-01
BLAND CATTLE CO B 1-34 OWWO
SE/4 Sec.34-22S-43W
Hamilton 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,
TODD ALLAM



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 241562

Invoice Date: 05/31/2011 Terms: 15/15/30,n/30 Page 1

VAL ENERGY
200 WEST DOUGLAS SUITE 520
WICHITA KS 67202
() -

BLAND CATTLE CO B 1-34
28017
34-22-43
5-20-11
KS

RECEIVED
JUN 02 2011

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	300.00	21.4800	6444.00
1131	60/40 POZ MIX	275.00	14.3500	3946.25
1111	GRANULATED SALT (50 #)	1412.00	.4200	593.04
1118B	PREMIUM GEL / BENTONITE	1896.00	.2400	455.04
1110A	KOL SEAL (50# BAG)	1500.00	.5300	795.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
1107	FLO-SEAL (25#)	69.00	2.6600	183.54
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4130	CENTRALIZER 5 1/2"	15.00	58.0000	870.00
4104	CEMENT BASKET 5 1/2"	1.00	276.0000	276.00
4283	DV TOOL W/ LATCH DOWN	1.00	3850.0000	3850.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-2748.88
9999-130	CASH DISCOUNT	-979.14

Description	Hours	Unit Price	Total
460 TON MILEAGE DELIVERY	1.00	1638.78	1638.78
T-118 SINGLE PUMP	1.00	2850.00	2850.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	80.00	5.00	400.00
T-127 TON MILEAGE DELIVERY	1.00	1638.78	1638.78

Amount Due 26191.23 if paid after 06/30/2011

Parts:	18325.87	Freight:	.00	Tax:	1137.13	AR	22262.54
Labor:	.00	Misc:	.00	Total:	22262.54		
Sublt:	-3728.02	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 28017

LOCATION Oakley Ks

FOREMAN Walt Dinkel

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
5-20-11		Bland cattle Co B#1-34	34	22 ^s	43	Hamilton
CUSTOMER		Collegakis		TRUCK #	DRIVER	TRUCK #
Val Energy, Inc.		3N		528-T118	Chad Smith	
MAILING ADDRESS				528-T127	Tim Woreham	
200 W. Douglas ave, ste 520				460	Cory Davis	
CITY	STATE	ZIP CODE				
Wichita	Ks	67207				

JOB TYPE	Prod-DV-0	HOLE SIZE	7 7/8	HOLE DEPTH	5350'	CASING SIZE & WEIGHT	5 1/2 - 14#
CASING DEPTH	5156'	DRILL PIPE		TUBING		OTHER	DV @ 1951
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	45'
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE	7 BPM

REMARKS: Safety Meeting, Rig up on Val #4 to casing, circ 1 hr.
Pump prod 50 gal Mud Flush, and mixed 300 sks OWC, 5# Kalseal,
Clear Pump Lines, Displace 76 BBL H₂O + 48 BBL mud @ 1250 #/min
Landed Plug @ 1600#, release Pressure Float Hold,
Open DV Tool + circ 4 hrs
Mix 30 sks in h₂o. Pump 5 BBL water ahead + mixed 245 sks 6940 psi
8% gel, 1/4# Flo-Sol. Wash pump lines. Drop plug + displace plug
Light Press 600# Land plug + close tool @ 1700#. Stret closed.

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	2850 ⁰⁰	2850 ⁰⁰
5406	80	MILEAGE	5 ⁰⁰	400 ⁰⁰
1126	300 SKS	OWC	21 ⁴⁸	6,444 ⁰⁰
1131	275 SKS	60/40 pot	14 ³⁵	3,946 ²⁵
1111	1412 #	Salt	.42	593 ⁰⁴
1118B	1896 #	Bentonite	.24	455 ⁰⁴
1110A	1500 #	Kalseal	.53	795 ⁰⁰
1114K	500 gal	Mud Flush	1 ⁰⁰	500 ⁰⁰
1107	69 #	Flo-Sol	2 ⁶⁶	183 ⁵⁴
4159	1	AFU Float shoe	413 ⁰⁰	413 ⁰⁰
4130	15	Centralizers	58 ⁰⁰	870 ⁰⁰
4104	1	Basket	276 ⁰⁰	276 ⁰⁰
4283	1	DV Tool w/ latch down	3850 ⁰⁰	3850 ⁰⁰
5407A	25.93	Ten mileage Delivery	158	3277 ⁵⁵
				24,853 ⁴⁰
		Less 15% Disc		3,728 ⁰¹
				21,125 ⁴¹
		SALES TAX		1137.13
		ESTIMATED TOTAL		22,262 ⁵⁴

241562

AUTHORIZATION Markus Pally TITLE _____ DATE _____

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 fo