



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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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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	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 11, 2011

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

Re: ACO1
API 15-007-23712-00-00
THOM C 2-12
NW/4 Sec.12-34S-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,
TODD ALLAMS



PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	06/14/2011
INVOICE NUMBER		
1718 - 90620214		

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 Thom C 2-12
 O LOCATION
 B COUNTY Barber
 S STATE KS *8 5/8" Surface*
 I JOB DESCRIPTION Cement-New Well Casing/Pi *2-12*
 E JOB CONTACT

RECEIVED
 JUN 15 2011

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40331219	27463	<i>9208</i>	Net - 30 days	07/14/2011

For Service Dates: 06/13/2011 to 06/13/2011

0040331219

171804507A Cement-New Well Casing/Pi 06/13/2011
 8 5/8" Surface

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
60/40 POZ	190.00	EA	9.24	1,755.60 T
Cello-flake	48.00	EA	2.85	136.75 T
Calcium Chloride	492.00	EA	0.81	397.78 T
Wooden Cement Plug 8 5/8"	1.00	EA	123.20	123.20
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	3.27	147.26
Heavy Equipment Mileage	90.00	MI	5.39	485.10
Proppant and Bulk Delivery Charges	369.00	MI	1.23	454.61
Depth Charge; 0-500'	1.00	HR	770.00	770.00
Blending & Mixing Service Charge	190.00	MI	1.08	204.82
Plug Container Utilization Charge	1.00	EA	192.50	192.50
Supervisor	1.00	HR	134.75	134.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,802.37
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	167.18
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	4,969.55
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	06/21/2011
INVOICE NUMBER		
1718 - 90625693		

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 Thom C 2-12
 O LOCATION
 B COUNTY Barber
 S STATE KS 5/2
 I JOB DESCRIPTION Cement-New Well Casing/Pi #
 T JOB CONTACT 2-12
 E

RECEIVED
JUN 22 2011

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40333936	20920	9208	Net - 30 days	07/21/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 06/18/2011 to 06/18/2011				
0040333936				
171803428A Cement-New Well Casing/Pi 06/18/2011				
5 1/2" Longstring				
AA2 Cement	100.00	EA	13.09	1,309.05 T
60/40 POZ	50.00	EA	9.24	462.02 T
De-foamer (Powder)	24.00	EA	3.08	73.92 T
Salt (Fine)	455.00	EA	0.39	175.18 T
Gas-Blok	94.00	EA	3.97	372.77 T
FLA-322	76.00	EA	5.78	438.92 T
Gilsonite	500.00	EA	0.52	257.96 T
Top Rubber Cement Plug 5 1/2"	1.00	EA	80.85	80.85
Guide Shoe-Regular 5 1/2" (Blue)	1.00	EA	192.51	192.51
Flapper Type Insert Float Valves 5 1/2"	1.00	EA	165.56	165.56
Turbolizer 5 1/2" (Blue)	5.00	EA	84.70	423.52
5 1/2" Basket (Blue)	1.00	EA	223.31	223.31
Super Flush II	500.00	EA	1.18	589.07 T
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	3.27	147.27
Heavy Equipment Mileage	90.00	MI	5.39	485.12
Proppant and Bulk Delivery Charges	308.00	MI	1.23	379.47
Depth Charge; 4001-5000'	1.00	HR	1,940.45	1,940.45
Blending & Mixing Service Charge	150.00	MI	1.08	161.71
Plug Container Utilization Charge	1.00	EA	192.51	192.51
Supervisor	1.00	HR	134.76	134.76

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,205.93
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	268.56
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	8,474.49
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 03428 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6-18-11</u> DISTRICT <u>Pratt Kc</u>		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 <u>DAL-529894</u>		LEASE <u>THOM E</u> <u>2-12</u> WELL NO.							
ADDRESS		COUNTY <u>BARBER</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Sullivan, Mitchell, Phye</u>							
AUTHORIZED BY		JOB TYPE: <u>CPW 5 1/2 long string</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19959-20920</u>	<u>AK</u>						<u>6-17-11</u>	<u>AM</u>	<u>4:00</u>
<u>19960-19918</u>	<u>AK</u>						<u>6-18-11</u>	<u>AM</u>	<u>12:30</u>
<u>37900</u>								<u>AM</u>	<u>5:10</u>
								<u>AM</u>	<u>6:00</u>
								<u>AM</u>	<u>6:30</u>
						MILES FROM STATION TO WELL <u>5</u>			

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: Dean Howard
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 cmf	SK	100		1,700.00
CP 103	60/40 p02	SK	50		600.00
CC 105	De-foamer	lb	24		96.00
CC 111	SALT	lb	455		277.50
CC 115	CAC-1310K	lb	94		484.10
CC 129	FLA-322	lb	76		520.00
CC 201	Gilsonite	lb	500		335.00
CF 103	TOP Rubber Plug 5/16	SA	1		105.00
CF 251	guide shoe	SA	1		250.00
CF 1451	Insert Foot Shoe	SA	1		215.00
CF 1651	Turbidizer	SA	5		550.00
CF 1901	BASKET	SA	1		290.00
CC 185	Super Hark II	DAL	500		765.00
P 100	Perkins mixer	mi	45		191.25
P 101	Heavy grad rubber	mi	90		630.00
P 113	Bulk/Blending	TM	308		493.20
PE 205	Depth cone	SA	1		2,520.00
CE 240	Blender - mixing	SK	150		210.00
CE 304	Phys Container Rental	SK	1		250.00
S003	Sullivan lifetime	SK	1		
SUB TOTAL					175.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>8,205.93</u>

thank you DLS

SERVICE REPRESENTATIVE Robert [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Dean Howard
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>VAL-ENER94</i>	Lease No.	Date <i>6-18-11</i>
Lease <i>Thom C</i>	Well # <i>2-12</i>	
Field Order # <i>3428</i>	Station <i>PRATH KAN</i>	Casing <i>5 1/2</i>
	Depth <i>4719'</i>	County <i>BARBER</i>
Type Job <i>CNW 5 1/2 LONGSTUD</i>	Formation	Legal Description <i>12-34-11</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>3 1/2</i>								5 Min.
Depth <i>4719</i>	Depth	From	To	Pre Pad	Max			
Volume <i>114 1/2</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>1500</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>1500</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>4700</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE Scott</i>	Treater <i>Robert Williams</i>
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Service Units	<i>37900</i>	<i>19959</i>	<i>20920</i>	<i>19960</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>Mitchell</i>	<i>Phye</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:30 AM</i>					<i>ON for softy matry</i>
					<i>Run 118 5 1/2 #14 csg.</i>
					<i>cont 1, 3, 5, 7, 11 RASST 9</i>
<i>3:20</i>					<i>CASING ON BOTTOM</i>
<i>3:30</i>					<i>Hook Rig To Circ.</i>
<i>5:10</i>	<i>100</i>		<i>12</i>	<i>2.5</i>	<i>St Lubric Flush</i>
			<i>5</i>		<i>St Splice</i>
				<i>4.5</i>	<i>mix cont 100 st AA-2</i>
					<i>cont mixed, shut down wash, pump, Lidar</i>
					<i>Release Plug</i>
				<i>6</i>	<i>St Drip</i>
	<i>300</i>		<i>87</i>		<i>Light Psi</i>
	<i>500</i>			<i>4.5</i>	<i>Slow Rate</i>
<i>6:00</i>	<i>1500</i>		<i>114 1/2</i>		<i>plug down</i>
			<i>7</i>		<i>plug R/W w/ 30 st</i>
			<i>9</i>		<i>plug mix w/ 20 st</i>
					<i>SOB complete</i>

Thank you

