

### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1062901

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

#### **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:											

Side Two



Operator Name:			Lease Name:			_ Well #:			
Sec Twp	S. R	East West	County:						
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations put-in pressures, whether est, along with final chall well site report.	er shut-in pressure re	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid		
Drill Stem Tests Taken (Attach Additional S		Yes No		_og Formatio	n (Top), Depth an	d Datum	Sample		
Samples Sent to Geol	ogical Survey	Yes No	Nar	ne		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy	d Electronically	Yes No Yes No Yes No							
List All E. Logs Run:									
				lew Used					
Purpose of String	Size Hole	Report all strings s	set-conductor, surface, in Weight	Setting	on, etc.  Type of	# Sacks	Type and Percent		
r dipose of Stillig	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives		
	I	ADDITION	NAL CEMENTING / SC	UEEZE RECORD			l .		
Purpose:	Depth	Type of Cement	# Sacks Used		Type and F	e and Percent Additives			
Perforate Protect Casing	Top Bottom	31							
Plug Back TD									
Plug Off Zone									
Shots Per Foot	PERFORATI Specify	ION RECORD - Bridge F Footage of Each Interval	Plugs Set/Type Perforated		cture, Shot, Cement mount and Kind of Ma		Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or EN	NHR. Producing N		Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ater Bl	ols. (	Gas-Oil Ratio	Gravity		
DIODOGITIC	DN 05 040		METHOD OF OOLS	FTION		DDOD! IOT!	AN INTERVAL		
	ON OF GAS:	Open Hole	METHOD OF COMPI		nmingled	PRODUCTIO	ON INTERVAL:		
Vented Sold		Other (Specify)	(Submi		mit ACO-4)				

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/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

September 08, 2011

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

Re: ACO1 API 15-007-23735-00-00 SMITH 1-22 NW/4 Sec.22-31S-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, TODD ALLAM



RECEIVEL AUG 0 1 2011

PAGE INVOICE DATE CUST NO 1 of 1 1004409 07/30/2011

Smith

INVOICE NUMBER

1718 - 90660216

Pratt

(620) 672-1201

B VAL ENERGY

I 200 W DOUGLAS AVE STE 520 L WICHITA

o ATTN:

KS US 67202

AUG 0 1 2011

LEASE NAME

LOCATION

COUNTY

STATE

Barber

JOB DESCRIPTION Cement-New Well Casing/Pi

JOB CONTACT

							10		
јов #		EQUIPMENT #	المالية مد	PURCHASE	ORDER NO.		TE	RMS	DUE DATE
403500	34	20920		-			Net -	30 days	08/29/2011
	•	4			QTY	U of M	UNIT	PRICE	INVOICE AMOUN
or Service	Dates: (	07/28/2011 to	07/28/20	11					
040350034									
1718034 <mark>4</mark> 7 8 5/8" Surfa		t-New Well Casing/	Pi 07/28/20	1 1					
60/40 POZ					190.00	EA		9.48	1,801.2
Cello-flake					48.00	EA		2.92	
Calcium Chl		0.5.0.			492.00			0.83	
Wooden Cer		ಶ 5/8" 'ickups, Vans & Cai			1.00			126.40	
Heavy Equip			5		40.00 80.00			3.36	
		ivery Charges			328.00			5.53 1.26	
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### FIELD SERVICE TICKET 1718 03447 A

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products, and/or su	pplies includes all	TRACT CONDITIONS: (This co execute this contract as an age of and only those terms and co t the written consent of an office	ent of the	customer. As	s such, the unders	signed agree of this do	ees and acknow cument. No addi	ladges that this sen	erms a	and/or conditions	s shall
ITEM/PRICE REF. NO.	N	MATERIAL, EQUIPMENT AI	ND SEF	RVICES US	ED .	UNIT	QUANTITY	UNIT PRICE	100	\$ AMOUN	-
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SERVICE REPRESENTATIVE FIELD SERVICE ORDER NO.

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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

# FIELD SERVICE TICKET 1718 03447 A

Phone 620-672-1201 TICKET NO. CUSTOMER ORDER NO. OLD PROD ☐ WDW DISTRICT CUSTOMER LEASE WELL NO. **ADDRESS** COUNTY STATE CITY STATE SERVICE CREW **AUTHORIZED BY** JOB TYPE: **EQUIPMENT#** HRS EQUIPMENT# HRS DATE HRS AM PM TRUCK CALLED ARRIVED AT JOB START OPERATION AM PM FINISH OPERATION AM PM RELEASED AM PM MILES FROM STATION TO WELL 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. (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY **UNIT PRICE** SUB TOTAL CHEMICAL / ACID DATA SERVICE & EQUIPMENT %TAX ON \$ MATERIALS %TAX ON \$

SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

TOTAL

CLOUD LITHO - Abilene, TX



## TREATMENT REPORT

Customer	JAL -ET	UPL	194		Lease	No.	- 27- 2- 2-			Date	- NO TOUR		
Lease	Smi.				Well #	V-5	¥			7	-28-	11	
Field Order#	Statio	n /	RAY	4 K			Casing	Dept	th /	County			State
Type Job	NW	8	5/8.	Santo	ce.			Formatio	n	200	Legal D	Description 2 2 - 3/	
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PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	08/08/2011
	INVOICE NUMB	ER

1718 - 90666328

Pratt

(620) 672-1201

B VAL ENERGY

I 200 W DOUGLAS AVE STE 520 L WICHITA

o ATTN:

KS US 67202

LEASE NAME Smith 1-22 LOCATION

COUNTY Barber

STATE KS

RECEIVE DJOB DESCRIPTION Cement-New Well Casing/Pi JOB CONTACT

AUG 09 2011

JOB	#	EQUIPMENT	PURCHASI	E ORDER NO.		TER	RMS	DUE DATE
40353205		20920	Albert State of the County			Net - 3	0 days	09/07/2011
				QTY	U of M	UNIT	PRICE	INVOICE AMOUN
or Servic	e Dates	s: 08/03/2011 to	08/03/2011					
04035320	5							
1718034	49A Cem	nent-New Well Casin	a/Pi 08/03/2011					
5 1/2" Lo		nent-new wen casin	g/F1 08/03/2011					
AA2 Cem				195.00	EA		13.43	2,618.8
60/40 PO	Z			50.00	EA		9.48	474.0
De-foame	r (Powde	er)		46.00	EA		3.16	145.3
Salt (Fine)				890.00	EA		0.40	351.5
Gas-Blok				184.00	EA		4.07	748.6
FLA-322				148.00	EA	4	5.93	876.9
Gilsonite				975.00	EA		0.53	516.0
Super Flu				500.00	EA		1.21	604.3
		nt Plug 5 1/2"		1.00	EA		82.95	82
Guide Sho	e-Regula	ar 5 1/2" (Blue)		1.00	EA		197.50	197
		t Float Valves 5 1/2"		1.00	EA		169.85	169
Turbolizer				5.00	EA		86.90	434
5 1/2" Ba				1.00	EA		229.10	229
		ge-Pickups, Vans & C	ars	40.00	HR		3.36	134.
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PLEASE	REMIT	TO:	SEND OTHER CORRE	SPONDENCE TO	):	arn me-		11 10-
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, מאחחעי	IA /32	284-1903	MIDLAND, TX 79702		INV	DICE TOT	'AL	11,660.



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

# FIELD SERVICE TICKET 1718 03449 A

Phone 620-672-1201 PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF CUSTOMER ORDER NO. NEW WELL OLD PROD ☐ INJ WDW DISTRICT CUSTOMER LEASE WELL NO. ADDRESS COUNTY STATE KS CITY STATE SERVICE CREW **AUTHORIZED BY** JOB TYPE: EQUIPMENT# HRS **EQUIPMENT#** HRS **EQUIPMENT#** DATE HRS TIME TRUCK CALLED AM 35 ARRIVED AT JOB AM START OPERATION **FINISH OPERATION** AM PM 00 RELEASED MILES FROM STATION TO WELL 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 600 46 16 184 947 105 GA 215 290 765 AL mi 170 560 In 726 SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ MATERIALS %TAX ON \$ TOTAL

SERVICE REPRESENTATIVE Went follows

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

DLS

11,197

CLOUD LITHO - Abilene, TX



### FIELD SERVICE TICKET 1718 03449 A

DATE OF JOB DISTRICT NEW OLD PROD INJ WDW CU	
JOB DISTRICT NEW WELL PROD INJ WDW CU	JSTOMER RDER NO.:
CUSTOMER DAL DESCRIPTION LEASE 130%	WELL NO.
ADDRESS COUNTY STATE STATE	
CITY STATE SERVICE CREW	and .
AUTHORIZED BY JOB TYPE: Control of the second of the secon	
EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS TRUCK CALLED DATE	AM TIME
ARRIVED AT JOB	AM PM
START OPERATION	AM 4/15
FINISH OPERATION	AM PM
RELEASED	AM 545
MILES FROM STATION TO WELL	40
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 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 at become a part of this contract without the written consent of an officer of Basic Energy Services LP.  SIGNED:  (WELL OWNER, OPERATOR, CONTRACTEM/DDIOS.)	ind/or conditions shall
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SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

TOTAL

CLOUD LITHO - Abilene, TX



## TREATMENT REPORT

Taylor Printing, Inc. 620-672-3656

Customer	VAL-ENERY							Date				
Lease	Smit.	6		Well #	1-22				08-03-11			
Field Order #	Statio	PRAH	ks		Casing	Dep	647'	CountyBARE	State			
Type Job	NW 3	5126	0/5/10	5		Formatio	n		Legal Descr	iption		
PIPE	DATA	PEF	RFORAT	ING DATA	FLUID	USED		TREAT	TMENT RE	SUME		
Casing Size	Tubing Si	ize Shots	/Ft		Acid			RATE PRES	SS IS	SIP		
Depth 47	Depth	From		То	Pre Pad		Max		. 5	Min.		
Volume	Volume	From		То	Pad	A TANK	Min	Company of the compan	10	0 Min.		
Max Press	Max Pres	s From		То	Frac		Avg		15	5 Min.		
Well Connection	n Annulus \	Vol. From		То			HHP Use	d	Ai	nnulus Pressure		
Plug Depth	Packer D	epth From		То	Flush		Gas Volu	me	To	otal Load		
Customer Rep	resentative			Station	Manager DA	UF Scot	4	Treater	Ebert 1	4//2		
Service Units	37900	33708	2092	0 1982					0			
Driver Names	Sullian	mels	(1)	me	gas w							
Time	Casing Pressure	Tubing Pressure	Bbls.	Pumped	Rate			Service	ce Log			
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