



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: _____



1069598

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) (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

December 05, 2011

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

Re: ACO1
API 15-171-20826-00-00
Dolly 1
NW/4 Sec.34-17S-34W
Scott 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 # 245101

Invoice Date: 10/21/2011 Terms: 10/10/30,n/30

Page 1

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

9308

DOLLY#1
33638
34-17S-34W
10-17-2011
KS

RECEIVED
OCT 24 2011

Cement 5 1/2 Production Casing - #1

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	150.00	21.4800	3222.00
1110A	KOL SEAL (50# BAG)	750.00	.5300	397.50
4104	CEMENT BASKET 5 1/2"	1.00	276.0000	276.00
4130	CENTRALIZER 5 1/2"	7.00	58.0000	406.00
4203	GUIDE SHOE 5 1/2"	1.00	193.0000	193.00
4228	INSERT FLOAT VALVE 5 1/2	1.00	152.0000	152.00
4285	5 1/2" PORT COLLAR	1.00	2075.0000	2075.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4406	5 1/2" RUBBER PLUG	1.00	88.0000	88.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-730.95
9999-130	CASH DISCOUNT	-372.94

Description	Hours	Unit Price	Total
399 CEMENT PSI CHARGES	1.00	2950.00	2950.00
399 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
566 TON MILEAGE DELIVERY	1.00	554.40	554.40

Amount Due 11645.60 if paid after 11/20/2011

Parts:	7309.50	Freight:	.00	Tax:	546.03	AR	10481.04
Labor:	.00	Misc:	.00	Total:	10481.04		
Sublt:	-1103.89	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 33638

LOCATION Oakley

FOREMAN Kelly Gabe

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
10-17-11	8576	Dolly #1	34	175	34W	Scott
CUSTOMER		MAILING ADDRESS		CITY		STATE
Val Energy		Scott City		8W		1N
CITY		STATE		ZIP CODE		
				2 1/2 N		E 2ND

JOB TYPE Prod-oil HOLE SIZE 7 7/8 HOLE DEPTH 5316 CASING SIZE & WEIGHT 5 1/2 15.5 #
 CASING DEPTH 5312 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12^s SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 21'
 DISPLACEMENT 126 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rigged up on Val drilling Rig #4.
mixed 150 SKS OWC Released Plug. Displaced with 126 bbl
420. Released pressure float held, washed out pumpstines.
Rigged down & left location.
cent. 1, 3, 5, 7, 9, 66, 69 Basketon #67, PC @ 2-164'
500gal mud flush 800# lift pressure Plug landed at
1580 #

*Thank You
Kelly & Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2950 ⁰⁰	2950 ⁰⁰
5406	45	MILEAGE	5 ⁰⁰	225 ⁰⁰
1126	150 SKS	OWC	21 ⁴⁸	3222 ⁰⁰
1110A	750 #	Kol-seal	.53	397 ⁵⁰
5407A	7.8 #	Tom Mileage delivery	1 ⁵⁸	554 ⁴⁰
4164	1	5 1/2 Basket	276 ⁰⁰	276 ⁰⁰
4130	7	5 1/2 cent.	58 ⁰⁰	406 ⁰⁰
4203	1	5 1/2 guide shoe	193 ⁰⁰	193 ⁰⁰
4228	1	5 1/2 insert	152 ⁰⁰	152 ⁰⁰
4285	1	5 1/2 Portcollar	2075 ⁰⁰	2075 ⁰⁰
1144G	500 gal	Mud Flush	1 ⁰⁰	500 ⁰⁰
4406	1	5 1/2 Rubber Plug	88 ⁰⁰	88 ⁰⁰
				11038 ⁹⁰
			Less 10% disc	11038 ⁹⁰
				9935 ⁰¹
		245101	SALES TAX	546.03
			ESTIMATED TOTAL	10481.04

Ravin 3737

1:00AM

AUTHORIZATION Larry Dinkel

TITLE _____

DATE 10-17-11

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 form.