



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1074740
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1074740

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 31
Russell, KS 67665

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 129802
Invoice Date: Jan 5, 2012
Page: 1

RECEIVED

JAN 17 2012

Federal Tax I.D.#: 20-5975804

Bill To:
Val Energy, Inc.
200 W. Douglas
STE #520
Wichita, KS 67202

*9208-1
Cement Conductor*

Customer ID	Well Name # or Customer P.O.	Payment Terms	
Val	Hoagland # 1-22	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-07	Medicine Lodge	Jan 5, 2012	2/4/12

Quantity	Item	Description	Unit Price	Amount
100.00	MAT	Class A Common	16.25	1,625.00
4.00	MAT	Chloride	58.20	232.80
1.00	SER	Handling (min)	344.00	344.00
20.00	SER	Mileage	11.44	228.80
1.00	SER	Conductor	1,125.00	1,125.00
40.00	SER	Heavy Vehicle Mileage	7.00	280.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	George Wright		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 799.12

ONLY IF PAID ON OR BEFORE
Jan 30, 2012

Subtotal	3,995.60
Sales Tax	135.62
Total Invoice Amount	4,131.22
Payment/Credit Applied	
TOTAL	4,131.22

- 799.12

\$3,332.10

ALLIED CEMENTING CO., LLC. 037870

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <i>01-05-12</i>	SEC. <i>22</i>	TWP. <i>32s</i>	RANGE <i>14w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>12:00 PM</i>
LEASE <i>Hoagland</i>	WELL # <i>1-22</i>	LOCATION <i>160-lake City Rd, 1s, split at Barber</i>			COUNTY	STATE <i>KS</i>	
OLD OR NEW (Circle one)			<i>CG, 2 miles on lease Rd, left & follow Poly Pipe</i>				

CONTRACTOR *Val #5* OWNER *Val Energies*

TYPE OF JOB *Conductor*

HOLE SIZE <i>17 1/2</i>	T.D.	CEMENT
CASING SIZE <i>13 3/8</i>	DEPTH <i>40' + 16' 8 3/4"</i>	AMOUNT ORDERED <i>100s class A + 3 1/2 cc</i>
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL	DEPTH	

PRES. MAX <i>200#</i>	MINIMUM	COMMON <i>100 sacks "A"</i>	@ <i>11.25</i>	<i>1125.00</i>
MEAS. LINE	SHOE JOINT <i>1/4"</i>	POZMIX	@	
CEMENT LEFT IN CSG. <i>20'</i>		GEL	@	
PERFS.		CHLORIDE <i>4 sacks</i>	@ <i>58.20</i>	<i>232.80</i>
DISPLACEMENT <i>4 Bbls Fresh H₂O</i>		ASC	@	

EQUIPMENT

PUMP TRUCK CEMENTER <i>D. Filio</i>		HANDLING <i>104 (min)</i>	@ <i>2.25</i>	<i>234.00</i>
# <i>360-265</i>	HELPER <i>S. Thimmesch</i>	MILEAGE <i>20 x 104 x .11</i>		<i>228.80</i>
BULK TRUCK				
# <i>381-250</i>	DRIVER <i>G. Wright</i>			
BULK TRUCK				
#	DRIVER			

TOTAL *\$2430.60*

REMARKS:

Pipe on Btm, Break line w/ Rq, Mix 100s class A + 3 1/2 cc cement, Disp. w 4 Bbls Fresh H₂O, Stop Pump, Shw tin, Cement did circ.

SERVICE

DEPTH OF JOB <i>56'</i>		
PUMP TRUCK CHARGE		<i>1125.00</i>
EXTRA FOOTAGE	@	
MILEAGE <i>40</i>	@ <i>7.00</i>	<i>280.00</i>
MANIFOLD <i>light vehicle</i>	@ <i>4.00</i>	<i>160.00</i>

TOTAL *1565-*

CHARGE TO: _____
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

NONE

	@	
	@	
	@	
	@	
	@	

TOTAL _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cement and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
TOTAL CHARGES *\$3,995.60*
DISCOUNT *200* IF PAID IN 30 DAYS

PRINTED NAME *Jim Stevenson*

SIGNATURE *Jim Stevenson*

Net *\$3196.48*



INVOICE

PO Box 31
Russell, KS 67665

Invoice Number: 129813
Invoice Date: Jan 6, 2012
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

RECEIVED

JAN 17 2012 Federal Tax I.D.#: 20-5975804

Bill To:
Val Energy, Inc.
200 W. Douglas
STE #520
Wichita, KS 67202

9208-1 Cement SURFACES

Customer ID	Well Name # or Customer P.O.	Payment Terms	
Val	Hoagland #1-22	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jan 6, 2012	2/5/12

Quantity	Item	Description	Unit Price	Amount
120.00	MAT	Class A Common	16.25	1,950.00
80.00	MAT	Pozmix	8.50	680.00
4.00	MAT	Gel	21.25	85.00
7.00	MAT	Chloride	58.20	407.40
211.00	SER	Handling	2.25	474.75
20.00	SER	Mileage	23.21	464.20
1.00	SER	Surface	1,125.00	1,125.00
40.00	SER	Heavy Vehicle Mileage	7.00	280.00
1.00	SER	Manifold Head Rental	200.00	200.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	EQP	8 5/8 Baskets	478.00	478.00
1.00	EQP	8 5/8 Wooden Surface Plug	92.00	92.00
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Ron Gilley		
1.00	EQUIP OPER	Eddie Piper		
1.00	OPER ASSIST	George Wright		

Subtotal	6,396.35
Sales Tax	269.55
Total Invoice Amount	6,665.90
Payment/Credit Applied	
TOTAL	6,665.90

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1,279.27

ONLY IF PAID ON OR BEFORE
Jan 31, 2012

- 1,279.27
\$ 5,386.63

ALLIED CEMENTING CO., LLC. 037873

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge KS

DATE <i>01-06-12</i>	SEC. <i>22</i>	TWP. <i>32S</i>	RANGE <i>14W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>11:45 PM</i>
LEASE <i>Hoagland</i>	WELL# <i>1-22</i>	LOCATION		COUNTY <i>Barber</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)							

CONTRACTOR *Val #5* OWNER *Val*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *1098'*

CASING SIZE *8 1/2* DEPTH *228'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX. *200* MINIMUM _____

MEAS. LINE _____ SHOE JOINT *N/A*

CEMENT LEFT IN CSG. *20'*

PERFS. _____

DISPLACEMENT *13 Bbls Fresh H₂O*

EQUIPMENT

360-265 R. Gilley

PUMP TRUCK CEMENTER *D. Felio*

471-302 HELPER *D. Franklin/H. Piper*

BULK TRUCK

364 DRIVER *G. Wright*

BULK TRUCK

381 DRIVER *H. Piper*

CEMENT	AMOUNT ORDERED	<i>200</i> sx <i>60:40:20</i>	<i>200</i>
		<i>+ 3% ce</i>	
COMMON	<i>A</i>	<i>120</i> sx @ <i>16.25</i>	<i>1950.00</i>
POZMIX		<i>80</i> sx @ <i>8.50</i>	<i>680.00</i>
GEL		<i>4</i> sx @ <i>21.25</i>	<i>85.00</i>
CHLORIDE		<i>7</i> sx @ <i>58.20</i>	<i>407.40</i>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<i>211</i>	@ <i>2.25</i>	<i>474.75</i>
MILEAGE	<i>211/11/20</i>		<i>464.20</i>
TOTAL			<i>4061.35</i>

REMARKS:

Pipe on Btm, Break Circ., Pump Spacer, Mix 200 sx 60:40 cement Blend, Stop-Release Plug, Start Disp. w/ Fresh H₂O, Washup on Aug. See increase in PST, Slow Rate, Stop Pump at 13 Bbls Disp., Shut in, Cement Did C.P.C.

SERVICE

DEPTH OF JOB	<i>228'</i>		
PUMP TRUCK CHARGE		@ <i>1125.00</i>	
EXTRA FOOTAGE		@	
MILEAGE	<i>40</i>	@ <i>7.00</i>	<i>280.00</i>
MANIFOLD	<i>head rental</i>	@	<i>200.00</i>
	<i>Light Vehicle</i>	@ <i>4.00</i>	<i>160.00</i>
		@	
TOTAL			<i>1765.00</i>

CHARGE TO: *Val*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<i>1- Basket</i>	@	<i>478.00</i>
<i>1- Wooden Surface Plug</i>	@	<i>92.00</i>
	@	
	@	
	@	
TOTAL		<i>570.00</i>

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Randy Smith*

SIGNATURE *Randy Smith*

SALES TAX (If Any) _____

TOTAL CHARGES *6396.35*

DISCOUNT *20%* IF PAID IN 30 DAYS

NET 5177.08



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 01/18/2012
INVOICE NUMBER 1718 - 90805643		

Pratt (620) 672-1201
 B VAL ENERGY
 I 200 W DOUGLAS AVE STE 520
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Hoagland 1-22
 O LOCATION
 B COUNTY Barber
 S STATE KS 5 1/2
 T JOB DESCRIPTION Cement-New Well Casing/Pi /-22
 E JOB CONTACT

RECEIVED
 JAN 20 2012

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40419318	27463	9308	Net - 30 days	02/17/2012
<i>For Service Dates: 01/17/2012 to 01/17/2012</i>				
0040419318				
171805636A Cement-New Well Casing/Pi 01/17/2012 5 1/2" Longstring				
AA2 Cement		125.00 EA	13.43	1,678.69 T
60/40 POZ		50.00 EA	9.48	473.98 T
De-foamer (Powder)		30.00 EA	3.16	94.80 T
Salt (Fine)		571.00 EA	0.39	225.54 T
Gas-Blok		118.00 EA	4.07	480.07 T
FLA-322		95.00 EA	5.92	562.86 T
Gilsonite		625.00 EA	0.53	330.80 T
Super Flush II		500.00 EA	1.21	604.33 T
Top Rubber Cement Plug 5 1/2"		1.00 EA	82.95	82.95
Guide Shoe-Regular 5 1/2" (Blue)		1.00 EA	197.49	197.49
Flapper Type Insert Float Valves 5 1/2"		1.00 EA	169.84	169.84
Turbolizer 5 1/2" (Blue)		5.00 EA	86.90	434.49
5 1/2" Basket (Blue)		1.00 EA	229.09	229.09
Unit Mileage Charge-Pickups, Vans & Cars		55.00 HR	3.36	184.66
Heavy Equipment Mileage		110.00 MI	5.53	608.28
Proppant and Bulk Delivery Charges		443.00 MI	1.26	559.93
Depth Charge; 4001-5000'		1.00 HR	1,990.73	1,990.73
Blending & Mixing Service Charge		175.00 MI	1.11	193.54
Plug Container Utilization Charge		1.00 EA	197.49	197.49
Supervisor		1.00 HR	138.25	138.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,437.81
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	324.93
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	9,762.74
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 05636 A

DATE _____ TICKET NO. _____

DATE OF JOB 1-17-12 DISTRICT Pratt				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 Hoagland WELL NO. 1-22			
ADDRESS				COUNTY Barber STATE KS			
CITY STATE				SERVICE CREW Orlando, Mitchell - P. Olson			
AUTHORIZED BY				JOB TYPE: CNW-5 1/2 L.S.			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 1-16-12 AM/PM 8:00
27223	1					ARRIVED AT JOB	1-16-12 AM/PM 11:30
27463	1					START OPERATION	1-17-12 AM/PM 5:00
19831-19862	1					FINISH OPERATION	AM/PM 6:30
						RELEASED	AM/PM 7:30
						MILES FROM STATION TO WELL	55

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
CP105	AA2 Cement	SK	125		2125 00
CP103	60/40 P02	SK	50		600 00
CC105	De-Foamer	Lb	30		2120 00
CC111	Salt	Lb	571		225 50
CC115	Gas Blok	Lb	118		607 70
CC129	FLA-322	Lb	95		712 50
CC201	Gilsonite	Lb	625		418 75
CS103	Top Rubber Plug 5 1/2"	ea	1		105 00
CS251	Guide Shoe 5 1/2"	ea	1		250 00
CS1451	Slapper Type Insert 5 1/2"	ea	1		215 00
CF1651	Turbolizer 5 1/2"	ea	5		550 00
CF1901	Basket 5 1/2"	ea	1		290 00
CC155	Super Flush II	Gal	500		765 00
E100	Pickup mileage	mi	55		233 75
E101	Heavy Equipment mileage	mi	110		770 00
E113	Bulk Nitro	Tm	443		708 40
CE205	Depth Charge 4000-5000'	ea	1		2520 00
CE340	Blending & mixing	SK	175		245 00
CE504	Plug Container	ea	1		2500 00
S003	Service Supervisor	ea	1		175 00
SUB TOTAL					9437 81
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT %TAX ON \$					
MATERIALS %TAX ON \$					
TOTAL					

SERVICE REPRESENTATIVE: <i>Orlando</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
--	--

FIELD SERVICE ORDER NO. _____



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 05636 A

DATE _____ TICKET NO. _____

DATE OF JOB 1 17		DISTRICT		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		LEASE		WELL NO. 1						
ADDRESS		COUNTY		STATE						
CITY		STATE		SERVICE CREW						
AUTHORIZED BY		JOB TYPE:								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						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
					2135 00
					600 00
					1700 00
					235 00
					607 70
					712 50
					418 25
					105 00
					2400 00
					2100 00
					500 00
					2000 00
					700 00
					353 25
					2300 00
					700 00
					2300 00
					215 00
					250 00
					175 00
					445 75

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

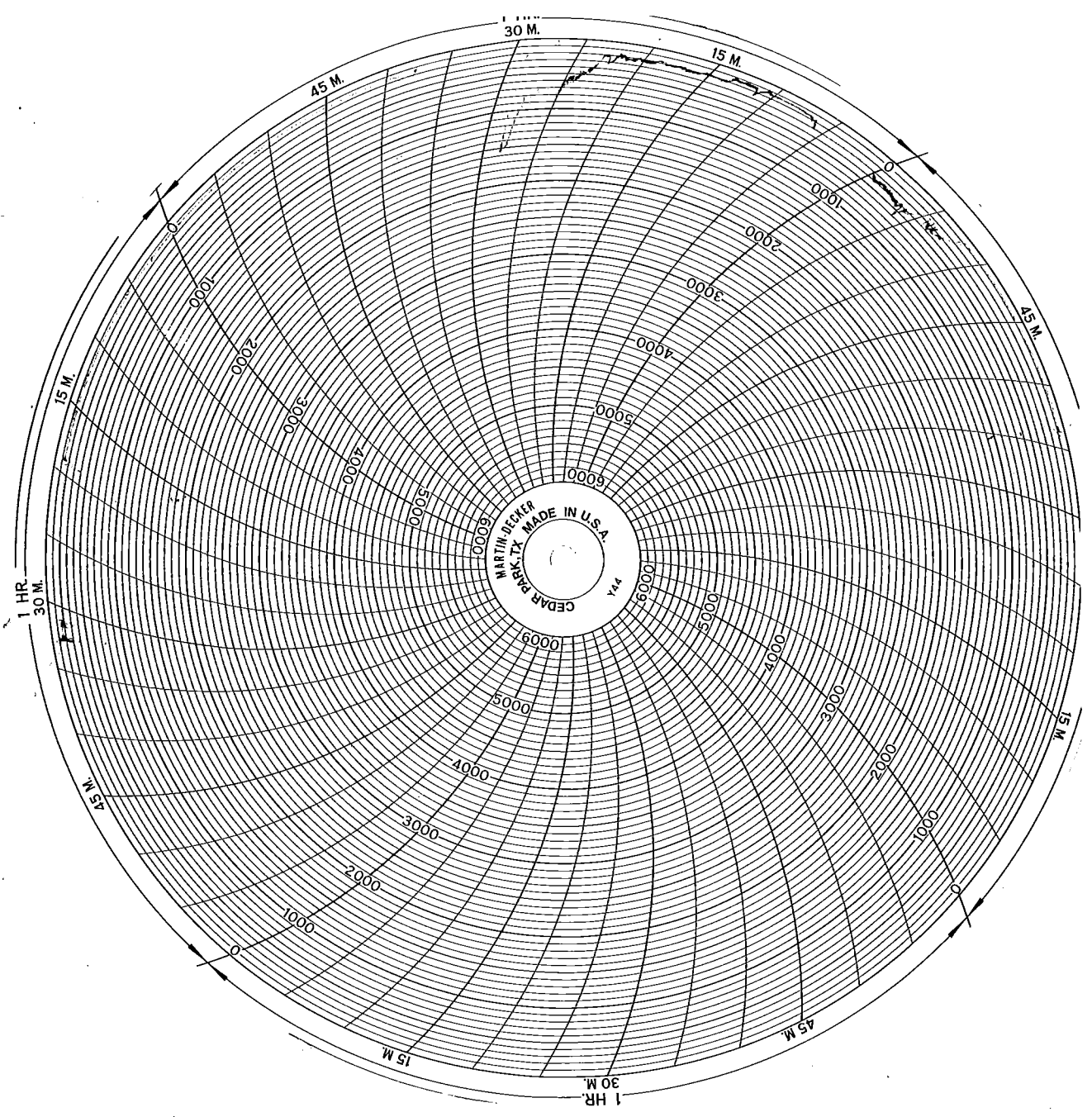
FIELD SERVICE ORDER NO.

Customer <i>Vol Energy</i>	Lease No.	Date <i>1-17-10</i>
Lease <i>Humboldt</i>	Well # <i>1-22</i>	
Field Order # <i>5636</i>	Station <i>Pink</i>	Casing <i>5 7/8 155</i>
Type Job <i>CNW 5 7/8 L.S.</i>	Formation	Depth <i>5000</i>
		County <i>Pratt</i>
		State <i>KS</i>
		Legal Description <i>22-32-14</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 7/8</i>	Tubing Size	Shots/Ft		Acid <i>125 gal AA1</i>	RATE	PRESS	ISIP	
Depth <i>5000</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>111</i>	Volume	From	To	Pad <i>1150 gal 6/40</i>	Min		10 Min.	
Max Press <i>1500</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>4179</i>	Packer Depth	From	To	Flush <i>118.5</i>	Gas Volume		Total Load	

Customer Representative <i>Dustin Wagoner</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve Orlando</i>
Service Units <i>07023 07463 15831 15860</i>		
Driver Names <i>Orlando Wagoner P. Wilson</i>		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>11:30 AM</i>					<i>On location Safety Meeting</i>
					<i>Run 117 TL 5 7/8 155" C57</i>
					<i>Conductor #1-3 5-7-10</i>
					<i>Basket #10 casing bottom</i>
					<i>Break over well log</i>
<i>5:45</i>	<i>350</i>		<i>17</i>	<i>5</i>	<i>Super Slush</i>
<i>6:13</i>	<i>350</i>		<i>5</i>	<i>5</i>	<i>1120 Spacers</i>
<i>6:44</i>	<i>300</i>		<i>30</i>	<i>5</i>	<i>Max 125 gal AA1 @ 15.3 #/gal</i>
					<i>Work pump thru</i>
					<i>Drop Plug</i>
<i>6:08</i>	<i>N</i>		<i>0</i>	<i>6</i>	<i>1120 Spacers</i>
<i>6:22</i>	<i>400</i>		<i>100</i>	<i>5</i>	<i>1:51 Pressure</i>
<i>6:27</i>	<i>600</i>		<i>1100</i>	<i>4</i>	<i>Slow Rate</i>
<i>6:30 AM</i>	<i>1500</i>		<i>117</i>	<i>4</i>	<i>plug down - hold</i>
					<i>Job Complete</i>
					<i>11:45 AM</i>
					<i>Carded in new job</i>
					<i>with 50% AA1 @ 11/11</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/>

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

Sam Brownback, Governor

February 27, 2012

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

Re: ACO1
API 15-007-23821-00-00
HOAGLAND 1-22
SW/4 Sec.22-32S-14W
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