



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1074788  
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: \_\_\_\_\_

1074788

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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

February 21, 2012

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

Re: ACO1  
API 15-007-23778-00-00  
HARDTNER NORTH 1-34  
SE/4 Sec.34-34S-12W  
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



PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	01/24/2012
INVOICE NUMBER		
1718 - 90811011		

Pratt (620) 672-1201  
 B VAL ENERGY  
 I 200 W DOUGLAS AVE STE 52  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN: ACCOUNTS PAYABLE

JOB LEASE NAME  
 B LOCATION  
 O COUNTY Barber  
 B STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 E JOB CONTACT SURFACE CEMENT

**RECEIVED**  
 JAN 25 2012

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40421166	19905	9208-1	Net - 30 days	02/23/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/20/2012 to 01/20/2012</i>				
0040421166				
171805522A Cement-New Well Casing/Pi 01/20/2012				
8 5/8" Surface Pipe				
60/40 POZ	190.00	EA	9.60	1,824.00 T
Cello-flake	48.00	EA	2.96	142.08 T
Calcium Chloride	492.00	EA	0.84	413.28 T
Wooden Cement Plug 8 5/8"	1.00	EA	128.00	128.00
Baffle Plate Aluminum 8 5/8" (Blue)	1.00	EA	136.00	136.00
8 5/8" Basket (Blue)	1.00	EA	252.00	252.00
Unit Mileage Charge-Pickups, Vans & Cars	50.00	HR	3.40	170.00
Heavy Equipment Mileage	100.00	MI	5.60	560.00
Proppant and Bulk Delivery Charges	410.00	MI	1.28	524.80
Depth Charge; 0-500'	1.00	HR	800.00	800.00
Blending & Mixing Service Charge	190.00	MI	1.12	212.80
Plug Container Utilization Charge	1.00	EA	200.00	200.00
Supervisor	1.00	HR	140.00	140.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,502.96
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	173.69
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	5,676.65
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 05522 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB _____		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. _____		
ADDRESS _____				COUNTY _____		STATE _____				
CITY _____				STATE _____		SERVICE CREW _____				
AUTHORIZED BY _____				JOB TYPE: _____						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19103	1					ARRIVED AT JOB				11:00
19103-11105	1					START OPERATION				
19131-11162	1					FINISH OPERATION				
						RELEASED				
						MILES FROM STATION TO WELL				5.0

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
105	ROTOR	EA	1	2,280.00	2,280.00
106	VALVE	EA	1	177.00	177.00
107	VALVE	EA	1	516.00	516.00
153	VALVE	EA	1	1,100.00	1,100.00
175	VALVE	EA	1	170.00	170.00
183	VALVE	EA	1	315.00	315.00
100	VALVE	EA	1	212.50	212.50
101	VALVE	EA	1	700.00	700.00
113	VALVE	EA	1	650.00	650.00
120	VALVE	EA	1	1,000.00	1,000.00
140	VALVE	EA	1	2,100.00	2,100.00
150	VALVE	EA	1	250.00	250.00
100	VALVE	EA	1	175.00	175.00

SUB TOTAL **5,502.96**

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. _____	





PAGE	CUST NO	INVOICE DATE
1 of 1	1004409	01/30/2012
<b>INVOICE NUMBER</b>		
<b>1718 - 90815575</b>		

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 Hardtner North 1-34  
 O LOCATION  
 S COUNTY Barber  
 S STATE KS  
 T JOB DESCRIPTION Cement-New Well Casing/Pi  
 E JOB CONTACT

**RECEIVED**

FEB 01 2012

9308-1

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40423713	20920		Net - 30 days	02/29/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/26/2012 to 01/26/2012</i>				
0040423713				
171805643A Cement-New Well Casing/Pi 01/26/2012				
Cement 5 1/2" Longstring				
AA2 Cement	150.00	EA	13.43	2,014.50
60/40 POZ	50.00	EA	9.48	474.00
De-foamer(Powder)	36.00	EA	3.16	113.76
Salt(Fine)	682.00	EA	0.40	269.39
Gas-Blok	141.00	EA	4.07	573.66
FLA-322	113.00	EA	5.92	669.52
Gilsonite	750.00	EA	0.53	396.97
Super Flush II	500.00	EA	1.21	604.35
Top Rubber Cement Plug 5 1/2"	1.00	EA	82.95	82.95
Guide Shoe-Regular 5 1/2"(Blue)	1.00	EA	197.50	197.50
Flapper Type Insert Float Valve 5 1/2"	1.00	EA	169.85	169.85
Turbolizer 5 1/2"(Blue)	5.00	EA	86.90	434.50
5 1/2" Basket(Blue)	1.00	EA	229.10	229.10
Heavy Equipment Mileage	100.00	MI	5.53	553.00
Proppand and Bulk Delivery Charge	460.00	MI	1.26	581.44
Blending & Mixing Service Charge	200.00	MI	1.11	221.20
Unit Mileage Charge-Pickups, Vans & Cars	50.00	HR	3.36	167.87
Depth Charge; 5001-6000'	1.00	HR	2,275.21	2,275.21
Plug Container Utilization Charge	1.00	EA	197.50	197.50
Service Supervisor	1.00	HR	138.25	138.25

<b>PLEASE REMIT TO:</b>	<b>SEND OTHER CORRESPONDENCE TO:</b>	<b>SUB TOTAL</b>	<b>10,364.52</b>
<b>BASIC ENERGY SERVICES, LP</b>	<b>BASIC ENERGY SERVICES, LP</b>	<b>TAX</b>	<b>373.48</b>
<b>PO BOX 841903</b>	<b>PO BOX 10460</b>	<b>INVOICE TOTAL</b>	<b>10,738.00</b>
<b>DALLAS, TX 75284-1903</b>	<b>MIDLAND, TX 79702</b>		





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 05643 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 1-26-12 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: Hardiner North		WELL NO. 1-34	
ADDRESS:				COUNTY: Hardiner		STATE: KS	
CITY:				SERVICE CREW: Orlan J. Mitchell, P. ISON			
AUTHORIZED BY:				JOB TYPE: C/W - 5 1/2 L.S.			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 1-25-12 AM/PM: PM TIME: 4:00
07083	1					ARRIVED AT JOB	1-25-12 AM/PM: PM TIME: 11:00
33708-20920	1					START OPERATION	1-26-12 AM/PM: PM TIME: 3:00
17806-19860	1					FINISH OPERATION	AM/PM: PM TIME: 4:00
						RELEASED	AM/PM: PM TIME: 5:00
						MILES FROM STATION TO WELL	50

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	150		2550.00
CP103	60/10 P02	SK	50		600.00
CC105	DeFoamer	Lb	36		144.00
CC111	Salt	Lb	680		341.00
CC115	Gas Blok	Lb	141		726.15
CC129	FLA-322	Lb	113		847.50
CC201	Galsonite	Lb	750		502.50
CS103	TOP Rubber Plug 5 1/2"	ea	1		105.00
CS251	Guido Shoe 5 1/2"	ea	1		250.00
CS1451	Shaper Type A Insert Float Valve 5 1/2"	ea	1		215.00
CS1651	Turboliner 5 1/2"	ea	3		550.00
CS1901	Basket	ea	1		290.00
CC155	Superflush	gal	500		765.00
E100	Pickup mileage	mi	50		212.50
E101	Heavy Equipment Mileage	mi	100		700.00
E113	Bulk Delivery	Tn	460		736.00
CE206	Depth Charge 5001-6000	ea	1		2880.00
CE240	Blending & mixing charge	SK	200		280.00
CE504	Plug container	ea	1		250.00
S003	Service Supervisor	ea	1		175.00
				SUB TOTAL	17500
				DLS	10364.52
CHEMICAL / ACID DATA:				SERVICE & EQUIPMENT	%TAX ON \$
				MATERIALS	%TAX ON \$
				TOTAL	

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

FIELD SERVICE ORDER NO. \_\_\_\_\_



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 05343 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB		DISTRICT		NEW WELL <input 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. #			
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		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						MILES FROM STATION TO WELL			

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SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
					2550.00
					6000.00
					1440.00
					341.60
					726.15
					847.50
					562.50
					105.00
					2500.00
					215.00
					5500.00
					2100.00
					765.00
					217.50
					700.00
					736.00
					2870.00
					2800.00
					2500.00
					1750.00

SUB TOTAL 17500

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 <u>Valkenburg</u>	Lease No.	Date <u>1-26-13</u>			
Lease <u>Hudson North</u>	Well # <u>1-34</u>				
Field Order # <u>503</u>	Station <u>Pratt</u>	Casing <u>2 7/8</u>	Depth <u>5218.6</u>	County <u>Pratt</u>	State <u>KS</u>
Type Job <u>CP - 5/2/13</u>	Formation	Legal Description <u>34 34 13</u>			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<u>3 1/2</u>	<u>3 1/2</u>	<u>1500</u>		<u>AA/AA</u>				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
<u>5218.6</u>	<u>5218.6</u>			<u>1-34</u>				
Volume	Volume	From	To	Pad	Min		10 Min.	
<u>1000</u>	<u>1000</u>			<u>60/40</u>				
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
<u>1500</u>	<u>1500</u>			<u>RH/AA</u>				
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
<u>5218.6</u>				<u>1-34</u>				

Customer Representative <u>[Signature]</u>	Station Manager <u>[Signature]</u>	Treater <u>[Signature]</u>
--	------------------------------------	----------------------------

Service Units <u>3320</u>	Driver Names <u>[Names]</u>
---------------------------	-----------------------------

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>11:00</u>					<u>On location safety meeting</u>
					<u>Ran 13071</u>
					<u>connected 1-34-2-10</u>
					<u>Pratt 1-34</u>
					<u>Copy on bottom back cover</u>
<u>3:16</u>	<u>350</u>		<u>10</u>	<u>5</u>	<u>suppl. flush</u>
<u>3:11</u>	<u>350</u>		<u>5</u>	<u>5</u>	<u>H2O space</u>
<u>3:00</u>	<u>300</u>		<u>36</u>	<u>5</u>	<u>max back AA 10/100/100</u>
					<u>Start down - 100/100/100</u>
					<u>Rate 100</u>
<u>3:32</u>	<u>0</u>		<u>0</u>	<u>6</u>	<u>Start H2O displacement</u>
<u>3:55</u>	<u>300</u>		<u>100</u>	<u>6</u>	<u>100/100/100</u>
<u>3:58</u>	<u>500</u>		<u>120</u>	<u>5</u>	<u>slow back</u>
<u>4:00A</u>	<u>1100</u>		<u>125 1/4</u>	<u>11</u>	<u>plug down H2O</u>
					<u>plug 10/100/100</u>
					<u>connected 1-34-2-10</u>
					<u>copy on back</u>