



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1076929
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: _____

1076929

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
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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				

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> _____
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 03/06/2012
INVOICE NUMBER 1718 - 90848135		

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 Whelan 2-32
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

9308 - LONG STRING

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40437655	19843		Net - 30 days	04/05/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 03/05/2012 to 03/05/2012</i>				
0040437655				
171804647A Cement-New Well Casing/Pi 03/05/2012 Cement 5 1/2" Longstring				
AA2 Cement	100.00	EA	14.45	1,444.94 T
60/40 POZ	50.00	EA	10.20	509.98 T
De-foamer(Powder)	24.00	EA	3.40	81.60 T
Salt(Fine)	455.00	EA	0.42	193.37 T
Gas-Blok	94.00	EA	4.38	411.47 T
FLA-322	76.00	EA	6.37	484.48 T
Gilsonite	500.00	EA	0.57	284.74 T
Top Rubber Cement Plug 5 1/2"	1.00	EA	89.25	89.25
Guide Shoe Regular 5 1/2"(Blue)	1.00	EA	212.49	212.49
Turbolizer 5 1/2"(Blue)	5.00	EA	93.50	467.48
Flapper Type Insert Float Valve 5 1/2"	1.00	EA	182.74	182.74
Super Flush II	500.00	EA	1.30	650.23 T
Heavy Equipment Mileage	70.00	MI	5.95	416.48
Proppant and Bulk Delivery Charge	240.00	MI	1.36	326.39
Blending & Mixing Service Charge	150.00	MI	1.19	178.49
Unit Mileage Charge-Pickups, Vans & Cars	35.00	HR	3.61	126.43
Plug Container Utilization Charge	1.00	EA	212.49	212.49
Depth Charge; 4001-5000'	1.00	HR	2,141.93	2,141.93
Service Supervisor	1.00	HR	148.74	148.74
5 1/2" Basket(Blue)	1.00	EA	246.49	246.49

RECEIVED
MAR 08 2012

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,810.21
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	296.44
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	9,106.65
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 04347 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:		9306						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				11:00
						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
1	...				1,700.00
2	...				600.00
3	...				160.00
4	...				277.50
5	...				454.10
6	...				570.00
7	...				335.00
8	...				105.00
9	...				270.00
10	...				215.00
11	...				350.00
12	...				270.00
13	...				165.00
14	...				148.75
15	...				470.00
16	...				383.00
5	4001-5000'				2520.00
17	...				210.00
18	...				250.00

SUB TOTAL **8810.21**

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

Customer VAL ENERGY, INC.	Lease No.	Date 3-5-2012
Lease WHELAN	Well # 1-32	
Field Order # 011047	Station PRATT, KS.	Casing 5 1/2"
Type Job CNW-5 1/2" I.S.	Depth	County BARBER
	Formation TD-4800'	State KS.
		Legal Description 32-31-11

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 x 15.5	Tubing Size	Shots/Ft CMT-	Acid 20 SK SCAVENGER	RATE	PRESS	ISIP		
Depth 4797'	Depth	From	To	Pre Pad @ 1.26 CU FT	Max S.J. - 37.12'	5 Min.		
Volume 114.16 BBL	Volume	From	To	Pad 20 SK AA 2	Min	10 Min.		
Max Press 1500	Max Press	From	To	Frac @ 1.36 CU FT	Avg	15 Min.		
Well Connection P.C.	Annulus Vol.	From	To		HHP Used	Annulus Pressure		
Plug Depth 4760'	Packer Depth	From	To	Flush 113 H2O	Gas Volume	Total Load		

Customer Representative DUSTIN WEYER	Station Manager D. SCOTT	Treater K. LESLEY
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Service Units	37586	19889	19843	19832	21010				
Driver Names	LESLEY	MARQUEE	YOUNG						

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
6:00AM					ON LOCATION - SAFETY MEETING
8:00AM					SPOT TRUCKS ON LOCATION
9:00AM					RUN 124 JTS. 5 1/2" x 15.5" CSG.
					TURBO - 1, 3, 5, 7, 10 BASK - 12
10:40AM					CSG. ON BOTTOM.
11:00AM					HOOK UP TO CSG. / BREAK CIRC. W/RIG
12:15PM	250		5	6	H2O AHEAD
12:20PM	200		12	6	SUPER FLUSH IF
12:21PM	200		5	6	H2O SPACER
12:25PM	150		5	6	MIX 20 SKS. SCAVENGER @ 141 PPG
12:26PM	150		24	6	MIX 100 SKS. AA-2 @ 15.3 PPG
12:30PM					SHUT DOWN - CLEAR PUMP & LINE
12:35PM					DROP T.R. PLUG
12:37PM	0		0	7	START DISPLACEMENT
12:51PM	300		89	6	LIFT PRESSURE
12:53PM	500		103	5	SLOW RATE
12:55PM	1500		113	4	PLUG DOWN - HELD
					CIRC. THRU W/B
			6,4		PLUG R.H. & M.H.
					JOB COMPLETE,
					THANKS -
					KEVIN LESLEY



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 02/28/2012
INVOICE NUMBER 1718 - 90841240		

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 Whelan 2-32
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

9208-1-32 Surface

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40434747	19843		Net - 30 days	03/29/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 02/25/2012 to 02/25/2012</i>				
0040434747				
RECEIVED				
MAR 01 2012				
171804643A Cement-New Well Casing/Pi 02/25/2012				
Cement 8 5/8" Surface				
60/40 POZ	190.00	EA	9.60	1,824.00 T
Cello-flake (POLEFLAKE-C)	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
Unit Mileage Charge-Pickups, Vans & Cars	35.00	HR	3.40	119.00
Heavy Equipment Mileage	70.00	MI	5.60	392.00
Proppant and Bulk Delivery Charges	287.00	MI	1.28	367.36
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
Service Supervisor	1.00	HR	140.00	140.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,738.52
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	173.69
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	4,912.21
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

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

April 02, 2012

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

Re: ACO1
API 15-007-23842-00-00
WHELAN 1-32
NW/4 Sec.32-31S-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 ALLAM