



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079997
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: _____

1079997

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)*

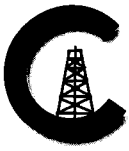
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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: _____ _____
--	--	---



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 # 248694

Invoice Date: 03/31/2012 Terms:

Page 1

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

BOLACK V 1-21
36087
21-32-6E
03-28-12
KS

RECEIVED

APR 04 2012

9208-1

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	185.00	14.9500	2765.75
1118B	PREMIUM GEL / BENTONITE	400.00	.2100	84.00
1102	CALCIUM CHLORIDE (50#)	480.00	.7400	355.20
1107	FLO-SEAL (25#)	100.00	2.3500	235.00
4432	8 5/8" WOODEN PLUG	1.00	80.0000	80.00
	Description	Hours	Unit Price	Total
502	TON MILEAGE DELIVERY	435.00	1.34	582.90
603	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
603	EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00

=====
Parts: 3519.95 Freight: .00 Tax: 239.35 AR 5367.20
Labor: .00 Misc: .00 Total: 5367.20
Sublt: .00 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

ENTERED

TICKET NUMBER 36087
LOCATION Eldorado
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

Api# 15-035-24461-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-28-12	8576	Bolack v 1-21	21	32	6E	cowky	
CUSTOMER <u>Val Energy</u>		SAFTY MEATING <u>J.S. S.D.</u>		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>200 west Douglas Suite 520</u>				<u>603</u>	<u>Jeff</u>		
CITY <u>wichita</u>		STATE <u>Ks</u>	ZIP CODE <u>67202</u>	<u>502</u>	<u>Steve</u>		
				<u>511</u>	<u>Jacob</u>		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 309 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 308 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 14.5lb SLURRY VOL _____ WATER gal/tok _____ CEMENT LEFT IN CASING 16ft
 DISPLACEMENT 19.25 DISPLACEMENT PSI 400 MIX PSI 300 RATE 6.5 bpm *

REMARKS: Safety meeting, Break circulation, mixed 185 SLS class A 3% CC 2% gel 1/2 lb poly displaced with 18 bbl water circulating cement to surface shut in.

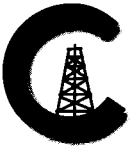
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	825.00	825.00
5406	50	MILEAGE	4.00	200.00
5407 A	50	X 8.7 ton mileage X	1.34	582.90
1104S	185	class A	14.95	2765.75
1118 B	400	gel	0.21	84.00
1102	480	calcium chloride	0.74	355.20
1107	100	poly Flake	2.35	235.00
4432	1	8 5/8 wooden plug	80.00	80.00
			Subtotal	5127.85
			SALES TAX	239.35
			ESTIMATED TOTAL	5367.20

Revin 3737

248694

AUTHORIZATION bigelowson TITLE _____ DATE _____

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.



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 620/431-9011
RECEIVED
APR 24 2012

INVOICE

Invoice # 249099

Invoice Date: 04/18/2012 Terms:

Page 1

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

BOLACK #9
34308
21-32-6
04-09-12
KS

9308-1 Cement 5 1/2

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	225.00	19.2000	4320.00
1135A	FL- 115 (FLUID LOSS)	50.00	10.5500	527.50
1110A	KOL SEAL (50# BAG)	1150.00	.4600	529.00
1144G	MUD FLUSH (SALE)	500.00	1.0500	525.00
4104	CEMENT BASKET 5 1/2"	3.00	229.0000	687.00
4130	CENTRALIZER 5 1/2"	3.00	48.0000	144.00
4136	TURBOLIZER 5 1/2"	3.00	60.0000	180.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
434 80 BBL VACUUM TRUCK (CEMENT)	6.00	90.00	540.00
491 TON MILEAGE DELIVERY	590.00	1.34	790.60
603 CEMENT PUMP	1.00	1030.00	1030.00
603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
603 CASING FOOTAGE	2000.00	.22	440.00

Parts:	7510.50	Freight:	.00	Tax:	510.71	AR	11021.81
Labor:	.00	Misc:	.00	Total:	11021.81		
Sublt:	.00	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

ENTERED

TICKET NUMBER 34308

LOCATION # 180 Eldorado

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-035-24461-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-12	8576	Bolack #3	21	32	6	Cowley
CUSTOMER Val Energy		SAFETY MEETING J.R. T.S. J		TRUCK #		
MAILING ADDRESS 200 West Douglass Suite 520		TRUCK #		DRIVER		TRUCK #
CITY Wichita		STATE KS		ZIP CODE 67202		DRIVER
		TRUCK #		DRIVER		TRUCK #
		TRUCK #		DRIVER		TRUCK #
		TRUCK #		DRIVER		TRUCK #
		TRUCK #		DRIVER		TRUCK #

JOB TYPE Long string B HOLE SIZE 2 7/8 HOLE DEPTH 3501 CASING SIZE & WEIGHT 5 1/2 15.5 lb
 CASING DEPTH 3500 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 15.5 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 42 ft Shoe Joint
 DISPLACEMENT 83.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE 7 bpm

REMARKS: Safety meeting, placed centralizers on 1, 4, 8, 15, 25, 35, baskets on 3, 10, 20, run pipe to 3500 circulated for 1 hr to condition hole, pumped 5 bbl fresh water 500 gal dv 1100 (mud flush), 5 bbl water mixed 200 sks thick set 5% Kol-Seal 5/16 of 1% CFI 115, displaced with 82.5 bbl water landing plug at 1250 psi. Plug Rat hole with 25 sks thick set 5% Kol-Seal, 5/16 of 1% CFI 115, circulating cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
5407A	50	X 11.8 ton mileage	1.34	790.60
5402	2000	footage	.22	440.00
5502C	6	80 vac	90.00	540.00
1126A	225	thick set	19.20	4320.00
1135A	50	CFI 115	10.55	527.65
1110A	1150	Kol-Seal	.46	529.00
1144G	500	Dv 1100 (mud flush)	1.05	525.00
4104	3	5/2 cement Baskets	229.00	687.00
4130	3	5/2 centralizer	48.00	144.00
4136	3	5/2 turbolizer	60.00	180.00
4159	1	5/2 AFU float shoe	344.00	344.00
4454	1	5/2 latch down plug	254.00	254.00
		Subtotal		10511.10
		SALES TAX		310.71
		ESTIMATED TOTAL		11021.81

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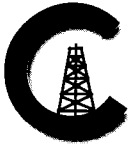
AUTHORIZATION M. Paul Beach

049099

TITLE Driller

DATE 4/9/12

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.



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 # 248694

Invoice Date: 03/31/2012 Terms:

Page 1

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

BOLACK V 1-21
36087
21-32-6E
03-28-12
KS

RECEIVED

APR 04 2012

9208-1

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	185.00	14.9500	2765.75
1118B	PREMIUM GEL / BENTONITE	400.00	.2100	84.00
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1107	FLO-SEAL (25#)	100.00	2.3500	235.00
4432	8 5/8" WOODEN PLUG	1.00	80.0000	80.00
	Description	Hours	Unit Price	Total
502	TON MILEAGE DELIVERY	435.00	1.34	582.90
603	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
603	EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00

Parts:	3519.95	Freight:	.00	Tax:	239.35	AR	5367.20
Labor:	.00	Misc:	.00	Total:	5367.20		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
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Oil Well Services, LLC

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FOREMAN Jacob Storm

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620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

Api# 15-035-24461-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-28-12	8576	Bolack v 1-21	21	32	6E	Cowley
CUSTOMER						
Val Energy						
MAILING ADDRESS						
200 west Douglas Suite 520						
CITY		STATE	ZIP CODE			
Wichita		Ks	67202			
TRUCK # DRIVER TRUCK # DRIVER						
603 Jeff						
502 Steve						
511 Jacob						

Safety meeting
J.S.
S.D.

JOB TYPE <u>Surface B</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>309</u>	CASING SIZE & WEIGHT <u>8 5/8</u>
CASING DEPTH <u>308</u>	DRILL PIPE <u>N/A</u>	TUBING <u>N/A</u>	OTHER _____
SLURRY WEIGHT <u>14.5lb</u>	SLURRY VOL _____	WATER gal/ek _____	CEMENT LEFT IN CASING <u>16ft</u>
DISPLACEMENT <u>19.25</u>	DISPLACEMENT PSI <u>400</u>	MIX PSI <u>300</u>	RATE <u>6.5 bpm</u>

REMARKS: Safety meeting, Break circulation, mixed 185 slcs class A 3/4cc 2% gel 1/2 lb poly Displaced with 18 bbl water circulating cement to surface shut in.

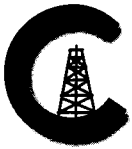
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5407 A	50	X 8.7 ton mileage X	1.34	587.90
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1107	100	poly Flake	2.35	235.00
4432	1	8 5/8 wooden plug	80.00	80.00
Subtotal				5127.85
SALES TAX				239.35
ESTIMATED TOTAL				5367.20

Revin 3737

248694

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BOLACK #3
34308
21-32-6
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KS

9308-1 Cement 5 1/2

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603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
603 CASING FOOTAGE	2000.00	.22	440.00

Parts: 7510.50 Freight: .00 Tax: 510.71 AR 11021.81
Labor: .00 Misc: .00 Total: 11021.81
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34308

LOCATION #180 Eldorado

FOREMAN Jacob Storm

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API # 15-035-24461-00-00

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CUSTOMER Val Energy		MAILING ADDRESS 200 west Douglas suite 520		CITY wichita		STATE KS
STATE		ZIP CODE 67202		TRUCK #		DRIVER
TRUCK #		DRIVER		TRUCK #		DRIVER
603		Jeff				
491		Joe				
434		Tedd				
511		Jacob				

Safety meeting
J.R.
T.S.
J.

JOB TYPE Long string B HOLE SIZE 2 7/8 HOLE DEPTH 3501 CASING SIZE & WEIGHT 5 1/2 15.5 lb
 CASING DEPTH 3500 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 15.5 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 42 ft Shoe Joint
 DISPLACEMENT 83.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE 7 bpm

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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5407A	50	X 11.8 ton mileage	4.00	200.00
5402	2000	footage	1.34	790.60
5502C	6	80 vac	.22	440.00
1126A	225	thick set	90.00	540.00
1135A	50	CFI 115	19.20	4320.00
1110A	1150	Kol-Seal	10.55	527.65
1144G	500	Dv 1100 (mud flush)	.46	529.00
4104	3	5/2 cement Baskets	1.05	525.00
4130	3	5/2 centralizer	229.00	687.00
4136	3	5/2 turbolizer	48.00	144.00
4159	1	5/2 AFU float shoe	60.00	180.00
4454	1	5/2 latch down plug	344.00	344.00
			254.00	254.00
		Subtotal		10511.10

Ravin 3737

AUTHORIZATION M. Paul Beach

049099
TITLE Driller

SALES TAX 510.11
ESTIMATED TOTAL 11021.81
DATE 4/9/12

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.

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

June 05, 2012

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

Re: ACO1
API 15-035-24461-00-00
BOLACK V 1-21
NW/4 Sec.21-32S-06E
Cowley 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