



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1081776
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: _____

1081776

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> _____					
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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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

May 24, 2012

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

Re: ACO1
API 15-035-01152-00-01
SILVER CREEK RANCH OWWO 1-1
NW/4 Sec.01-33S-05E
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



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 # **249093**

Invoice Date: 04/18/2012 Terms:

Page 1

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

SILVER CREEK RANCH OWWD D-1

34300
1-33-5E
04-16-12
KS

9308-1

PRODUCTION CEMENT

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	150.00	19.2000	2880.00
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
1107	FLO-SEAL (25#)	25.00	2.3500	58.75
1144G	MUD FLUSH (SALE)	500.00	1.0500	525.00
1123	CITY WATER	3000.00	.0165	49.50
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
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	5.00	48.0000	240.00
4285	5 1/2" PORT COLLAR	1.00	2075.0000	2075.00

Description	Hours	Unit Price	Total
442 TON MILEAGE DELIVERY	429.00	1.34	574.86
637 80 BBL VACUUM TRUCK (CEMENT)	5.00	90.00	450.00
603 CEMENT PUMP	1.00	1030.00	1030.00
603 EQUIPMENT MILEAGE (ONE WAY)	52.00	4.00	208.00
603 CASING FOOTAGE	1001.00	.22	220.22

Parts:	7000.25	Freight:	.00	Tax:	476.02	AR	9959.35
Labor:	.00	Misc:	.00	Total:	9959.35		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34300

LOCATION 180

FOREMAN LARRY STORM

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

FIELD TICKET & TREATMENT REPORT

CEMENT ART-15-035-0112-00-01

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-16-12	8576	99 Linn Creek Ranch EWWD 1-1	1	22	5E	Cherokee
CUSTOMER <u>VAT Energy</u>			Sally M. Hays			
MAILING ADDRESS <u>300W Douglas Ste 520</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Wichita</u>			STATE <u>Ks</u>	ZIP CODE <u>67202</u>		
			<u>639</u>	<u>LARRY</u>		
			<u>603</u>	<u>Jeff</u>		
			<u>442</u>	<u>Mark</u>		
			<u>637</u>	<u>Jim W.</u>		

JOB TYPE Prod B HOLE SIZE 7 7/8 HOLE DEPTH 3530 CASING SIZE & WEIGHT 5 1/2 15 1/2 lb
 CASING DEPTH 3488 DRILL PIPE _____ TUBING _____ OTHER 15 1/2 shoe to
 SLURRY WEIGHT 15.0 SLURRY VOL 3.1 WATER gal/sk 7.10 CEMENT LEFT IN CASING 15 ft
 DISPLACEMENT 82.94 DISPLACEMENT PSI 780 MIX PSI -0- RATE 8.2 bbl

REMARKS: Completed 5 bbls Freshwater PAD - 500 gals Mud Flush + 2 bbls
Prod - Plugged Rat hole AND Mole hole - Pumped 120 lbs Tapset
Set + 1 lb Kol Seal 4 lb Poly - Flushed Pump & Lines - Displacement
Plug 22.8 bbls to land plug at 1250 lbs - Released float held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	52	MILEAGE	4.00	208.00
5402	1001	Footage	.22	220.22
1126A	150	skt Tapset	19.20	2880.00
1110A	750	lbs Kol Seal	.46	345.00
1107	25	lbs Poly - Flake	2.35	58.75
1144B	500	gals Mud Flush	1.05	525.00
5407A	52	Bulk Delivery 1/2 x 8.25 tons x	1.34	574.86
5502C	2	80 vac	90.00	180.00
1123	3	City Water	.0165	49.50
4159	1	5 1/2 AFU Float Shoe	344.00	344.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4104	1	5 1/2 Comput Basket	229.00	229.00
4130	5	5 1/2 Centralizers	48.00	240.00
4285	1	5 1/2 Port Collar	2075.00	2075.00
		Subtotal		9483.33
		SALES TAX		476.02
		ESTIMATED TOTAL		9959.35

Ravin 3737

849093

AUTHORIZATION

TITLE _____

DATE 4/16/12

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.