



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082394
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: _____

1082394

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

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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ALLIED

OIL & GAS SERVICES, LLC

PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 131039

Invoice Date: May 5, 2012

Page: 1

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

RECEIVED
MAY 14 2012



9208 - SURFACE CEMENT

Customer ID	Well Name/ # or Customer P.O.	Payment Terms	
Val	Thom C #3-12	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	May 5, 2012	6/4/12

Quantity	Item	Description	Unit Price	Amount
135.00	MAT	Class A Common	16.25	2,193.75
90.00	MAT	Pozmix	8.50	765.00
4.00	MAT	Gel	21.25	85.00
7.00	MAT	Chloride	58.20	407.40
236.00	SER	Handling	2.25	531.00
15.00	SER	Ton miles	25.96	389.40
1.00	SER	Surface	1,125.00	1,125.00
15.00	SER	Heavy Vehicle Mileage	7.00	105.00
15.00	SER	Light Vehicle Mileage	4.00	60.00
1.00	EQP	8 5/8 Wooden Plug	92.00	92.00
1.00	CEMENTER	Matt Thimesch		
1.00	EQUIP OPER	Brett Goins		
1.00	OPER ASSIST	Brandon Boor		

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

\$ 1130.75

ONLY IF PAID ON OR BEFORE

May 30, 2012

Subtotal	5,753.55
Sales Tax	258.65
Total Invoice Amount	6,012.20
Payment/Credit Applied	
TOTAL	6,012.20

ALLIED OIL & GAS SERVICES, LLC 054020

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
M&A, Co. holder

DATE <i>5-5-12</i>	SEC. <i>12</i>	TWP. <i>34s</i>	RANGE <i>11w</i>	CALLED OUT	ON LOCATION	JOB START <i>4:30pm</i>	JOB FINISH <i>5:00pm</i>
LEASE <i>Thom C</i>		WELL # <i>3-12</i>		LOCATION <i>281 + Gerlach Rd.</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<i>Eto Bethel Rd, 1 south, 1/4 E, Sinto</i>			

CONTRACTOR *Carl Rogers #2*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4"* T.D. *226'*

CASING SIZE *8 5/8"* DEPTH *211'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *300 psi* MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT *13 bbls H2O*

EQUIPMENT

PUMP TRUCK CEMENTER *Matt Thomas*

360/265 HELPER *Brett Goins*

BULK TRUCK

356/290 DRIVER *Brendan Boer*

BULK TRUCK

DRIVER

OWNER *Uol Energy*

CEMENT

AMOUNT ORDERED *225sx 60; 40; 3 1/2 ec + 2 1/2 gel*

COMMON <i>135sx</i>	@ <i>16.85</i>	<i>2193.75</i>
POZMIX <i>90sx</i>	@ <i>8.50</i>	<i>765.00</i>
GEL <i>4sx</i>	@ <i>21.25</i>	<i>85.00</i>
CHLORIDE <i>7sx</i>	@ <i>58.20</i>	<i>407.40</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <i>926</i>	@ <i>2.85</i>	<i>531.00</i>
MILEAGE <i>15 x 236x.11</i>		<i>389.40</i>
TOTAL		<i>\$4371.55</i>

REMARKS:

Backhoe with R3 pump 3 bbls H2O

MIX 225sx cement

Shut down Release plug 2 step 13 bbls H2O

shut in

cement did acc.

CHARGE TO: *Uol Energy*

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB *211'*

PUMP TRUCK CHARGE *1125-*

EXTRA FOOTAGE @

MILEAGE *15* @ *7.00* *105-*

MANIFOLD @

LV *15* @ *4.00* *60.-*

TOTAL *\$1290-*

8 5/8 PLUG & FLOAT EQUIPMENT

1-Wooden plug @ *92-*

TOTAL *92-*

To: Allied Oil & Gas Services, 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 *Rick Smith*

SIGNATURE *Rick Smith*

SALES TAX (If Any)

TOTAL CHARGES *\$5753.75*

DISCOUNT IF PAID IN 30 DAYS



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 05/14/2012
INVOICE NUMBER 1718 - 90904058		

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 Thom C 3-12
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

RECEIVED

MAY 16 2012

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40463272	20920		Net - 30 days	06/13/2012	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 05/12/2012 to 05/12/2012</i>					
0040463272 9308-3					
171806067A Cement-New Well Casing/Pi 05/12/2012 <u>Cement 5 1/2" Longstring</u>					
AA2 Cement		100.00	EA	13.60	1,360.05 T
60/40 POZ		50.00	EA	9.60	480.02 T
C-41P		24.00	EA	3.20	76.80 T
Salt		455.00	EA	0.40	182.01 T
C-44		94.00	EA	4.12	387.29 T
FLA-322		76.00	EA	6.00	456.02 T
Gilsonite		500.00	EA	0.54	268.01 T
Super Flush II		500.00	EA	1.22	612.02 T
"Top Rubber Cmt Plug, 5 1/2""		1.00	EA	84.00	84.00
"Guide Shoe - Regular. 5 1/2"" (Blue)"		1.00	EA	200.01	200.01
"Turbolizer, 5 1/2"" (Blue)"		5.00	EA	88.00	440.02
"5 1/2"" Basket (Blue)"		1.00	EA	232.01	232.01
Flapper Type Insert Float Valve-5 1/2"(B		1.00	EA	172.01	172.01
"Unit Mileage Chg (PU, cars one way)"		45.00	MI	3.40	153.01
Heavy Equipment Mileage		90.00	MI	5.60	504.02
"Proppant & Bulk Del. Chgs., per ton mil		308.00	EA	1.28	394.25
Depth Charge; 4001'-5000'		1.00	EA	2,016.06	2,016.06
Blending & Mixing Service Charge		150.00	BAG	1.12	168.01
Plug Container Util. Chg.		1.00	EA	200.01	200.01
"Service Supervisor, first 8 hrs on loc.		1.00	EA	140.01	140.01

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,525.64
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	279.02
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	8,804.66
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 06007 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>5-12-12</u> DISTRICT <u>PLATT KS</u>		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 <u>VAL - 502994</u>		LEASE <u>THOM C 3-12</u> WELL NO.							
ADDRESS		COUNTY <u>BARBER</u> STATE <u>KS</u>							
CITY STATE		SERVICE CREW <u>Sullivan, Wright, Lorraine</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW 5 1/2 hole</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>3370</u>	<u>2.0</u>						<u>5-11-12</u>		<u>7:30</u>
<u>19832</u>	<u>2.0</u>					ARRIVED AT JOB	<u>5-11-12</u>		<u>12:30</u>
<u>37900</u>						START OPERATION	<u>5-12-12</u>		<u>4:20</u>
						FINISH OPERATION			<u>5:15</u>
						RELEASED			<u>6:30</u>
						MILES FROM STATION TO WELL			<u>45</u>

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
CP 105	AA 2 cut	sk	100		1,900.00
CP 103	60/40 cut	sk	50		600.00
CC 105	C-41P	lb	24		96.00
CC 111	SALT	lb	435		227.50
CC 115	C-44	lb	94		484.10
CC 129	FLA-322	lb	76		570.00
CC 201	Gilsonite	lb	500		335.00
CF 103	TOP Rubber Plug 5/2	SA	1		105.00
CF 231	Guide Shoe	SA	1	250	205.00
CF 1451	Insert Hook	SA	1		215.00
CF 1451	Turbidometer	SA	5		290.00
CF 1901	Basket	SA	1		290.00
CC 155	Super Hook	SA	500		765.00
C 100	Picky m	m	45		191.25
E 101	Heavy Egg	m	90		630.00
E 113	Bank Deline	TM	308		493.20
CE 205	Depth change 4000-5000	SA	1		2,520.00
CE 240	New O-ring 4 1/2 in	SK	150		210.00
CE 504	Plug Lobster (Ported)	SA	1		290.00
5003	Bottom Seal	SA	1		175.00
				SUB TOTAL	9,525.00

CHEMICAL / ACID DATA:			

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

Thank you

SERVICE REPRESENTATIVE <u>Robert J. [Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
---	--

FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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 00037 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	TIME
						ARRIVED AT JOB			AM	
						START OPERATION			PM	
						FINISH OPERATION			AM	
						RELEASED			PM	
						MILES FROM STATION TO WELL				1

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
					1,000.00
					600.00
					76.00
					217.00
					1,000.00
					570.00
					325.00
					100.00
				250	---
					210.00
					500.00
					210.00
					70.00
					110.00
					600.00
					410.00
					1,500.00
					200.00
					200.00
					170.00

SUB TOTAL
DLS

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 VAL-ENERGY	Lease No.	Date 05-12-12
Lease THOM C	Well # 3-12	
Field Order # 6207	Station PRATT KS	Casing 5 1/2
		Depth 4748
Type Job CNW 5 1/2 Longstring	Formation	County BALCON
		State KS
		Legal Description 12-34-11

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth 4748	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 110.1	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4727	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager DAVE STOTT	Treater Robert Lutton
Service Units 37900	33708	2970
Driver Names Sullivan	W. R. H. T.	L. G. R. A. W. S.
	19832	21010

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30					on loc
3:00					Trucks on loc Safety meeting
					Run 113 STS 5 1/2 155 csg.
					and L 3, 5, 7, 10 BAWD 10
3:15					CASING ON BOTTOM
3:25					Hook Pic con
4:20	150		12	3	St Super Wash
			5		Special
			24	5	mix 100 sk AD 2 curt @ 15-5 PPG.
					cont mixed. Shot down. Wash, pump, Link
					Release Plug
				55	St Disp
	250		91		Light PSI
	500			4	Slow Rate
5:15	1200		112		Plug down
			7		Plug R.H w/ 30 sk
			5		Plug m.H w/ 20 sk
					SOB Complete
					Thank you

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 19, 2012

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

Re: ACO1
API 15-007-23871-00-00
THOM C 3-12
NW/4 Sec.12-34S-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