



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1085003
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: _____

1085003

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: Yes No

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 131214
Invoice Date: May 15, 2012
Page: 1



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

9208-1 SURFACE CEMENT

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Val	Thalman #1-19	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Medicine Lodge	May 15, 2012	6/14/12

Quantity	Item	Description	Unit Price	Amount
111.00	MAT	Class A Common	16.25	1,803.75
74.00	MAT	Pozmix	8.50	629.00
4.00	MAT	Gel	21.25	85.00
7.00	MAT	Chloride	58.20	407.40
199.00	SER	Handling	2.10	417.90
50.00	SER	Ton Miles	19.51	975.25
1.00	SER	Surface	1,125.00	1,125.00
50.00	SER	Heavy Vehicle Mileage	7.00	350.00
50.00	SER	Light Vehicle Mileage	4.00	200.00
1.00	EQP	8 5/8 Wooden Plug	92.00	92.00
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Derek Gibbons		
1.00	OPER ASSIST	Brandon Boor		

RECEIVED
MAY 29 2012

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

\$ 1217.06

ONLY IF PAID ON OR BEFORE

Jun 9, 2012

Subtotal	6,085.30
Sales Tax	220.25
Total Invoice Amount	6,305.55
Payment/Credit Applied	
TOTAL	6,305.55

ALLIED CEMENTING CO., LLC. 038058

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Lodge KS

DATE <u>05-15-12</u>	SEC. <u>19</u>	TWP. <u>25s</u>	RANGE <u>09w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>4:55 AM</u>
LEASE <u>Thalman</u>	WELL# <u>1-19</u>	LOCATION <u>Haven KS n/s, Avelington Rd,</u>			COUNTY <u>Reno</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>100' S, E then S on Willson 2s, Hwy split</u>					

CONTRACTOR Val #3 OWNER Val Energy

TYPE OF JOB <u>Surface</u>	CEMENT AMOUNT ORDERED <u>185sx 60' 40' 2% off</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>225'</u>	<u>3% cc</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>224'</u>	
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL	DEPTH	
PRES. MAX <u>250</u>	MINIMUM <u>-</u>	
MEAS. LINE	SHOE JOINT <u>n/a</u>	
CEMENT LEFT IN CSG. <u>20'</u>		
PERFS.		
DISPLACEMENT <u>13 Bbl's Fresh H₂O</u>		

EQUIPMENT		COMMON class A	111sx @ 16.25	1803.75
PUMP TRUCK	CEMENTER <u>D. Felio</u>	POZMIX	74sx @ 8.10	629.00
# <u>471-302</u>	HELPER <u>D. Gibbons</u>	GEL	4sx @ 21.25	85.00
BULK TRUCK		CHLORIDE	7sx @ 58.20	407.70
# <u>381-250</u>	DRIVER <u>B. Book</u>	ASC	@	
BULK TRUCK			@	
#	DRIVER		@	
		HANDLING	199 cu ft @ 2.10	417.90
		MILEAGE	50 @ 8.30	415.00
				TOTAL <u>7318.30</u>

REMARKS:
see Job log
Shot in / No Baffle
Cement Did Cure.

CHARGE TO: Val Energy
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE			
DEPTH OF JOB	<u>224</u>		
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>50</u> @		<u>350.00</u>
MANIFOLD <u>head rental</u>	@ <u>N/C</u>		<u>0</u>
<u>Light</u>	<u>50</u> @		<u>200.00</u>
	@		
		TOTAL	<u>1675.00</u>

PLUG & FLOAT EQUIPMENT			
1- Wooden Surface Plug	@		<u>92.00</u>
	@		
	@		
	@		
	@		
		TOTAL	<u>92.00</u>

To Allied Cementing Co., 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 Walter Luce
SIGNATURE [Signature]

SALES TAX (If Any) _____
TOTAL CHARGES 6085.30
DISCOUNT 20% IF PAID IN 30 DAYS
4868.24



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 05/23/2012
INVOICE NUMBER 1718 - 90912236		

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 Thalmann 1-19
 O LOCATION
 B COUNTY Reno
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

RECEIVED
 MAY 24 2012

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40466878	27463	9308	Net - 30 days	06/22/2012
<i>For Service Dates: 05/22/2012 to 05/22/2012</i>				
0040466878				
171806230A Cement-New Well Casing/Pi 05/22/2012				
<u>Cement 5 1/2" Longstring</u>				
AA2 Cement		150.00 EA	13.60	2,040.00 T
60/40 POZ		50.00 EA	9.60	480.00 T
C-41P		36.00 EA	3.20	115.20 T
Salt		682.00 EA	0.40	272.80 T
C-44		141.00 EA	4.12	580.92 T
FLA-322		113.00 EA	6.00	678.00 T
Gilsonite		750.00 EA	0.54	402.00 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	200.00	200.00
Flapper Type Insert Float Valves, 5 1/2"		1.00 EA	172.00	172.00
"Turbolizer, 5 1/2"" (Blue)"		5.00 EA	88.00	440.00
"5 1/2"" Basket (Blue)"		1.00 EA	232.00	232.00
Super Flush II		500.00 EA	1.22	612.00 T
"Unit Mileage Chg (PU, cars one way)"		65.00 MI	3.40	221.00
Heavy Equipment Mileage		130.00 MI	5.60	728.00
"Proppant & Bulk Del. Chgs., per ton mil		598.00 EA	1.28	765.44
Depth Charge; 4001'-5000'		1.00 EA	2,016.00	2,016.00
Blending & Mixing Service Charge		200.00 BAG	1.12	224.00
Plug Container Util. Chg.		1.00 EA	200.00	200.00
"Service Supervisor, first 8 hrs on loc.		1.00 EA	140.00	140.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	10,603.36
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	378.21
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	10,981.57
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 00230 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-22-12 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: Thalmann		WELL NO.: 1-179			
ADDRESS:				COUNTY: Reno		STATE: KS			
CITY: STATE:				SERVICE CREW: Orlando, Mitchell, Blasi					
AUTHORIZED BY:				JOB TYPE: CNW-5% L.S.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	1					5-22-12		AM	2:50
27463	1							AM	7:00
19826-19860	1							AM	12:15
								AM	1:15
								AM	2:00
						MILES FROM STATION TO WELL: 65			

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	60140 P02	SK	50		600.00	
CC105	C-41P	Lb	36		144.00	
CC111	Salt	Lb	682		341.00	
CC115	C-44	Lb	141		726.15	
CC129	FLA-302	Lb	113		847.50	
CC201	Gilsonite	Lb	750		502.50	
CF103	Tup Rubber Plug 5 1/2"	ea	1		105.00	
CF251	Guide Shoe 5 1/2"	ea	1		250.00	
CF1451	Flapper Type Integral Float Valve 5 1/2"	ea	1		215.00	
CF1651	Turbolizers 5 1/2"	ea	5		550.00	
CF1901	Basket 5 1/2"	ea	1		290.00	
CC155	SuperFlush II	Gal	500		765.00	
E100	Pickup Mileage	mi	65		276.25	
E101	Heavy Equipment Mileage	mi	130		910.00	
E113	Bulk Delivery	TN	578		956.80	
CE205	Defr. Charge HDM-5060	ea	1		2500.00	
CE290	Blending Tank Charge	SK	200		280.00	
CE334	Plug Container	ea	1		250.00	
5003	Service Supervisor	ea	1		175.00	
					SUB TOTAL	17500
					DIS	10603.36
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT				%TAX ON \$		
MATERIALS				%TAX ON \$		
TOTAL						

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

FIELD SERVICE ORDER NO. _____



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 00230 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			

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		2550.00
					600.00
					1114.00
					341.00
					724.14
					347.50
					567.70
					107.00
					250.00
					215.00
					550.00
					750.00
					765.00
					276.25
					910.00
					956.80
					250.00
					280.00
					250.00
					175.00

SUB TOTAL 803

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 5-22-11
Lease Thalman	Well # 1-17	
Field Order # 1030	Station Pratt	Casing 5 7/8
	Depth 1100	County Kern
Type Job C New 5 7/8 L.S.	Formation	State KS
		Legal Description 17-25-4

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 7/8	Tubing Size 4 1/2	Shots/Ft 1500		Acid HNO3	RATE	PRESS	ISIP	
Depth 1100	Depth 1100	From	To	Pre Pad 1.364 JD	Max		5 Min.	
Volume 97.58	Volume	From	To	Pad 1.364 JD	Min		10 Min.	
Max Press	Max Press	From	To	Frac 1.364 JD	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush 97	Gas Volume		Total Load	

Customer Representative D. Scott	Station Manager D. Scott	Treater S. White
-------------------------------------	-----------------------------	---------------------

Service Units 0778	0740	1920	1926						
Driver Names G. Scott									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:00					On location - Safety Meeting
					Run 97 5 7/8 15.5" casing
					Conductor 13-5 7-10
					Backfill #13
					Casing on bottom track on well
10:15	250		10	5%	Min 10 bbl suspension #
10:18	250		5	5%	1100 space
10:19	200		36	5%	min 150 x 150 (11) 10 min 150 (1)
					Put down clay pump line
					Return top rubber plug
10:30	0		0	0	Start 1100 15" plug
10:40	300		20	5	1st pressure
10:46	500		90	4	2nd pressure
10:50	1500		97	11	plug down 1100
					Torlon plug
					1100 15"
11:50			4/1		plug 1100 15" 1100 15" 1100 15"

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

July 17, 2012

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

Re: ACO1
API 15-155-21589-00-00
THALMANN 1-19
NE/4 Sec.19-25S-04W
Reno 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