



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1086092  
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: \_\_\_\_\_

1086092

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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

June 28, 2012

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

Re: ACO1  
API 15-007-23886-00-00  
GOLDMAN MELCHER 8-32  
SW/4 Sec.32-34S-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



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 06/01/2012
INVOICE NUMBER <b>1718 - 90918883</b>		

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 Goldman Melcher 8-32  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40470015	27463	9208-8	Net - 30 days	07/01/2012
<i>For Service Dates: 05/31/2012 to 05/31/2012</i>				
0040470015				
171806238A Cement-New Well Casing/Pi 05/31/2012 Cement 5 5/8" Surface				
60/40 POZ	190.00	EA	9.60	1,824.00 T
Celloflake	48.00	EA	2.96	142.08 T
Calcium Chloride	492.00	EA	0.84	413.28 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	128.00	128.00
"8 5/8"" Basket (Blue)"	1.00	EA	252.00	252.00
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	3.40	170.00
Heavy Equipment Mileage	100.00	MI	5.60	560.00
"Proppant & Bulk Del. Chgs., per ton mil	410.00	EA	1.28	524.80
Depth Charge; 0-500'	1.00	EA	800.00	800.00
Blending & Mixing Service Charge	190.00	BAG	1.12	212.80
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

**RECEIVED**  
JUN 04 2012

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,366.96
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	173.69
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	5,540.65
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET

1718 00000 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB		DISTRICT		NEW WELL <input 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	PM	TIME					
			9	2018		ARRIVED AT JOB				AM					
						START OPERATION				AM					
						FINISH OPERATION				AM					
						RELEASED				AM					
						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
					2230.00
					177.60
					516.60
					160.00
					315.00
					210.00
					700.00
					656.00
					1000.00
					266.00
					250.00
					175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		
SERVICE & EQUIPMENT	%TAX ON \$	DLS
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.





PO Box 93999  
Southlake, TX 76092

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

# INVOICE

Invoice Number: 131530  
Invoice Date: Jun 15, 2012  
Page: 1

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

**RECEIVED**  
JUN 25 2012



9233 - 8 Plug Cement

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Val	Goldman Melcher#8-32	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Medicine Lodge	Jun 15, 2003	7/15/12

Quantity	Item	Description	Unit Price	Amount
102.00	MAT	Class A Common	16.25	1,657.50
68.00	MAT	Pozmix	8.50	578.00
6.00	MAT	Gel	21.25	127.50
176.00	SER	Handling	2.25	396.00
20.00	SER	Ton Miles	19.36	387.20
1.00	SER	Rotary Plug	1,250.00	1,250.00
20.00	SER	Heavy Vehicle Mileage	7.00	140.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
1.00	CEMENTER	Darin Franklin		
1.00	OPER ASSIST	Garret McLemore		
1.00	OPER ASSIST	Joseph Hawk		
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

\$ 923.24

ONLY IF PAID ON OR BEFORE

Jul 10, 2012

Subtotal	4,616.20
Sales Tax	336.98
Total Invoice Amount	4,953.18
Payment/Credit Applied	
<b>TOTAL</b>	<b>4,953.18</b>

# ALLIED OIL & GAS SERVICES, LLC 053963

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge Ks

DATE <u>6-15-2012</u>	SEC. <u>32</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00pm</u>	JOB FINISH <u>7:00pm</u>
GOLDMAN LEASE melcher		WELL # <u>8-32</u>	LOCATION <u>251 &amp; Rattle Snake Rd, east</u>		COUNTY <u>Berber</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)			<u>to novahster, south to Pr. Wood, Y45, @/1110</u>				

CONTRACTOR U91 #5 OWNER U91 Energy

TYPE OF JOB Rotary Plus

HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_ CEMENT \_\_\_\_\_

CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_ AMOUNT ORDERED 170s, 60' 40' 40' 60'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE 4 1/2 DEPTH 600'

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_ COMMON C19SS A 102s @ 16.25 1657.50

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_ POZMIX 68s @ 8.50 578.00

CEMENT LEFT IN CSG. \_\_\_\_\_ GEL 6 s @ 21.25 127.50

PERFS. \_\_\_\_\_ CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

DISPLACEMENT 5 bbls fresh water ASC \_\_\_\_\_ @ \_\_\_\_\_

**EQUIPMENT**

PUMP TRUCK CEMENTER Derin E

# 558-555 HELPER Correa, Derin E

BULK TRUCK \_\_\_\_\_ @ \_\_\_\_\_

# 353-250 DRIVER Joe, Brendon

BULK TRUCK \_\_\_\_\_ @ \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_ @ \_\_\_\_\_

HANDLING <u>176 s @ 2.25</u>	<u>396.00</u>
MILEAGE <u>1741.11/20</u>	<u>387.20</u>
<b>TOTAL</b>	<b><u>5382.20</u></b>

**REMARKS:**

1st plus - 60', Pump 15 bbls water ches  
mix 50s, Displace 5 bbls water  
2nd plus - 240', Pump 3 bbls water ches  
mix 50s, Displace 4 bbl water  
3rd plus - 60', mix 20s  
Recher - mix 30s  
Moue - mix 20s

**SERVICE**

DEPTH OF JOB <u>600'</u>	
PUMP TRUCK CHARGE _____	<u>1250.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>20 @ 7.00</u>	<u>140.00</u>
MANIFOLD _____ @ _____	
<u>Light Vehicle 20 @ 4.00</u>	<u>80.00</u>
<b>TOTAL</b>	<b><u>1470.00</u></b>

CHARGE TO: U91 Energy

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>None</u>	@	
	@	
	@	
	@	
	@	

TOTAL \_\_\_\_\_

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.

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \$ 6852.20

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME X

SIGNATURE X Jeff Wood

Thank you!!!

Feld Estimate  
Net \$ 5,481.76