



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1095822
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: _____



1095822

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:
 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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PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 09/13/2012
INVOICE NUMBER 1718 - 91001337		

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 Pyles 5-3
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

RECEIVED

SEP 15 2012
9208-5

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40510748	27463		Net - 30 days	10/13/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/11/2012 to 09/11/2012</i>				
0040510748				
171806682A Cement-New Well Casing/Pi 09/11/2012				
<u>Cement 8 5/8" Surface</u>				
60/40 POZ	190.00	EA	9.00	1,710.00 T
Celloflake	48.00	EA	2.78	133.20 T
Calcium Chloride	492.00	EA	0.79	387.45 T
"Wooden Cmt Plug, 8 5/8" ""	1.00	EA	120.00	120.00
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.19	111.56
Heavy Equipment Mileage	70.00	MI	5.25	367.50
"Proppant & Bulk Del. Chgs., per ton mil	287.00	EA	1.20	344.40
Depth Charge; 0-500'	1.00	EA	750.00	750.00
Blending & Mixing Service Charge	190.00	BAG	1.05	199.50
Plug Container Util. Chg.	1.00	EA	187.50	187.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25
Sugar	50.00	EA	1.50	75.00 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,517.36
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	168.31
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	4,685.67
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 06682 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-11-12		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: Pyles				WELL NO. 5-3	
ADDRESS:				COUNTY: Barber		STATE: KS			
CITY:				STATE:		SERVICE CREW: Orlando, Mcbrow, Pearson			
AUTHORIZED BY:				JOB TYPE: CNW-3 5/8 Surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	1/2						9-11-12	PM	8:00
27463	1/2					ARRIVED AT JOB		PM	10:30
19831-19862	1/2					START OPERATION		AM	7:45
						FINISH OPERATION		AM	1:15
						RELEASED		AM	2:00
						MILES FROM STATION TO WELL			35

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
CP103	60/40 P02	SK	190		2280.00
CC102	Celluloflake	Lb	48		177.60
CC109	Calcium Chloride	Lb	492		516.60
CF153	Wooden Cement Plug 3 5/8	ea	1		160.00
CC131	Sugar	Lb	50		400.00
E100	Pickup mileage	mi	35		148.75
E101	Heavy Equipment mileage	mi	70		490.00
E113	Bulk Delivery	Tm	287		459.00
CE200	Depth Charge 0-500	ea	1		1000.00
CE240	Blending + Mixing	SK	150		266.00
CE504	Plug Container	ea	1		250.00
S003	Service Supervisor	ea	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		166	4517.36
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: Steve Orlando	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Robert [Signature]
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 09/24/2012
INVOICE NUMBER 1718 - 91008335		

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 Pyle 5-3
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

RECEIVED

SEP 27 2012
9308-5

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40514971	19905		Net - 30 days	10/24/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/20/2012 to 09/20/2012</i>				
0040514971				
171806882A Cement-New Well Casing/Pi 09/20/2012				
Cement 5 1/2" Longstring				
AA2 Cement	150.00	EA	12.75	1,912.50 T
60/40 POZ	50.00	EA	9.00	450.00 T
C-41P	36.00	EA	3.00	108.00 T
Salt	682.00	EA	0.38	255.75 T
C-44	141.00	EA	3.86	544.61 T
FLA-322	113.00	EA	5.63	635.63 T
Gilsonite	750.00	EA	0.50	376.88 T
Super Flush II	500.00	EA	1.15	573.75 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	300.00	300.00
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	270.00	270.00
"Turbolizer, 5 1/2" (Blue)"	5.00	EA	82.50	412.50
"5 1/2" Basket (Blue)"	1.00	EA	217.50	217.50
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.19	111.56
Heavy Equipment Mileage	70.00	MI	5.25	367.50
"Proppant & Bulk Del. Chgs., per ton mil	322.00	EA	1.20	386.40
Depth Charge; 4001'-5000'	1.00	EA	1,890.00	1,890.00
Blending & Mixing Service Charge	200.00	BAG	1.05	210.00
Plug Container Util. Chg.	1.00	EA	187.50	187.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,341.33
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	354.57
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	9,695.90
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 06882 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-20-2012		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: VAL ENERGY INC.				LEASE: PYLE				WELL NO.: 5-3		
ADDRESS				COUNTY: BARBER		STATE: KS.				
CITY				STATE		SERVICE CREW: LESLEY, MARQUEZ, PYLE				
AUTHORIZED BY				JOB TYPE: CNW - 5 1/2" L.S.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
37586	5.5						9-19-12			8:00
19903-19905	5.5									9:30
70959-19918	5.5									10:00
							9-20-12			3:00
										3:30
						MILES FROM STATION TO WELL: 35				

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	AA2 CEMENT	SK	150		2,550.00
CP 103	100/40 POZ	SK	50		600.00
CC 105	C-41P DEFOAMER	lb	36		144.00
CC 111	SALT	lb	682		341.00
CC 115	C-44	lb	141		726.15
CC 129	FLA-322 LOW FLUID LOSS	lb	113		847.50
CC 201	GILSONITE	lb	750		502.50
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360.00
CF 1651	TURBOLIZER, 5 1/2"	EA	5		550.00
CF 1901	BASKET, 5 1/2"	EA	1		290.00
CC 155	SUPER FLUSH II	GAL	500		765.00
E 100	PICKUP MILEAGE	MI	35		148.75
E 101	HEAVY EQUIPMENT MILEAGE	MI	70		490.00
E 113	BULK DELIVERY CHARGE	TM	322		515.20
CE 205	DEPTH CHARGE: 4001' - 5000'	HR	1.4		2,520.00
CE 240	BLENDING SERVICE CHARGE	SK	200		280.00
CE 504	PLUG CONTAINER CHARGE	SUB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00
SUB TOTAL					9,341.33

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO.

Customer	VAL ENERGY INC.	Lease No.		Date	9-20-2012		
Lease	PULE	Well #	5-3				
Field Order #	00882	Station	PRATT, KS.	Casing	5 1/2"	Depth	
Type Job	CNW - 5 1/2" C.S.	Formation	TD - 4850'	County	BARBER	State	KS.
						Legal Description	3-33-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	5 1/2 x 15.5	Shots/Ft	CMT-	Acid	150 SKS. AA2	RATE	PRESS	ISIP
Depth	4840'	From		Pre Pad	@ 1.36 CU FT	Max	SS = 21.3'	5 Min.
Volume	115.19 BBL	From		Pad		Min		10 Min.
Max Press	1500	From		Frac		Avg		15 Min.
Well Connection	P.C.	Annulus Vol.				HHP Used		Annulus Pressure
Plug Depth	4810.7'	Packer Depth		Flush	114.7 BBL	Gas Volume		Total Load

Customer Representative	DUSTIN	Station Manager	D. SCOTT	Treater	K. LESLEY
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Service Units	37586	A903	19905	70959	19918				
Driver Names	LESLEY	MARQUEZ	—	PHYE	—				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30 PM					ON LOCATION - SAFETY MEETING
10:30 PM					RUN 115 STS. 5 1/2" x 15.5" CSG.
					TURBO - 1, 3, 5, 7, 10
					BASKET - 12
1:00 AM					CSG. ON BOTTOM
1:05 AM					HOOK UP TO CSG. / BREAK CIRC. w/ RIG
1:50 AM	350		5	6	H ₂ O AHEAD
1:51 AM	350		12	6	SUPER FLUSH II
1:53 AM	325		5	6	H ₂ O SPACER
2:00 AM	200		36	6	MIX 150 SKS. AA2 @ 15.3 PPG
2:05 AM					CLEAR PUMP & LINE / DROP L.D. PLUG
2:10 AM	0		0	7	START DISPLACEMENT
2:21 AM	200		80	6	LIFT PRESSURE
2:25 AM	900		104	5	SLOW RATE
2:30 AM	1500		114.7	3	PLUG DOWN - HELD
					CIRC. THRU JOB
			6, 4		PLUG R.H. & M.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

December 03, 2012

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

Re: ACO1
API 15-007-23937-00-00
PYLE 5-3
SW/4 Sec.03-33S-12W
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