



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1106377
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: _____



1106377

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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BASIC

ENERGY SERVICES

PAGE

1 of 1

erg NO

IUu4409

INVOICE DATE

11/14/2012

1718 - 91050396

Pratt	(620) 672-1201	J	LEASE NAME	Shirley Nelson	2-25
B VAL ENERGY			LOCATION		
I 200 W DOUGLAS AVE STE 520			COUNTY	Barber	
L WICHITA		S	STATE	KS	
KS US 67202			JOB DESCRIPTION	Cement-New Well Casing/Pi	
O ATTN:	ACCOUNTS PAYABLE		„47olf CONMCT		

JOB #	EQUIPMENT #	PURCHAW	TERMS	DUE DATE																
40534514	19905	75144 24012	Net - 30 days	12/14/2012																
<i>For Service Dates: 11/10/2012 to 17/10/2012</i>																				
0040534514																				
171807323A Cement-New Well Casing/Pi 11/10/2012																				
Cement 5 1/2" Longstring																				
AA2 Cement	280.00	EA	12.7"	3,569.99 T																
C-41P	66.00	EA	3.0*	198.00 T																
Salt	1,277.00	EA	0.3:	478.88 T																
C-44	264.00	EA	3.8.	1,019.70T																
FLA-322	212.00	EA	5.6	1,192.50T																
Gilsonite	1,400.00	EA	0.5*	703.50 T																
Super Flush II	500.00	EA	1.1"	573.75 T																
"Top Rubber Crnt Plug, 5 1/2""	1.00	EA	78.7	78.75																
"Guide Shoe - Regular. 5 1/2"" (Blue)"	1.00	EA	187.5e	187.5C																
"Turbolizer, 5 1/2- (Blue)"	8.00	EA	82.59	660.0C																
'5 1/2" Basket (Blue)"	1.00	EA	217.5.	217.5C																
Flapper Type Insert Flt Valves 1/2"(B)u	LOC	EA	161.2"	161.25																
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	3.1•	159.38																
Heavy Eei iprmt Mileage	/00.00c	MI	5.2	525.00																
'Proppant & Bulk Del. Chgs., per ton mil	660.00	EA	1.21	792.0C																
Depth Charge; 5001-6000'	1.00	EA	2,160.0*	2,160.0C																
Blending & Mixing Service Charge	280.00	BAG	1.0^	294.0C																
Plug Container Util. Chg.	1.00	EA	187.5*	187.5C																
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.2"	131.25																
<table border="0" style="width:100%"> <tr> <td>PLEASE REMIT TO:</td> <td>SEND OTHER CORRESPONDENCE TO:</td> <td>SUB TOTAL</td> <td>13,290.45</td> </tr> <tr> <td>BASIC ENERGY SERVICES , LP</td> <td>BASIC ENERGY SERVICES, LP</td> <td>TAX</td> <td>564.75</td> </tr> <tr> <td>PO BOX 841903</td> <td>PO BOX 10460</td> <td>INVOICE TOTAL</td> <td>13,855.20</td> </tr> <tr> <td>DALLAS , TX 75284-1903</td> <td>MIDLAND, TX 79702</td> <td></td> <td></td> </tr> </table>					PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	13,290.45	BASIC ENERGY SERVICES , LP	BASIC ENERGY SERVICES, LP	TAX	564.75	PO BOX 841903	PO BOX 10460	INVOICE TOTAL	13,855.20	DALLAS , TX 75284-1903	MIDLAND, TX 79702		
PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	13,290.45																	
BASIC ENERGY SERVICES , LP	BASIC ENERGY SERVICES, LP	TAX	564.75																	
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	13,855.20																	
DALLAS , TX 75284-1903	MIDLAND, TX 79702																			

BAS C

ENERGY SERVICES

PRESSURE PUMPING & WREUNE

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

es\

FIELD SERVICE TICKET

1718 07323 A

DATE OF JOB
CUSTOMER
ADDRESS
CITY
STATE

DATE TICKET
NEW 53" OLD 0 PROD ID INJ EI WDW D CUSTOMER
WELL WELL
LEASE
COUNTY STATE
SERVICE CREW

AUTHORIZED BY
EQUIPMENT# FIRS EQUIPMENT# HRS EQUIPMENT# HRS TRUCK CALLED
ARRIVED AT JOB
START OPERATION
FINISH OPERATION
RELEASED
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)

PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED

UNIT QUANTITY UNIT PRICE \$ AMOUNT

Table with columns for PRICE REF. NO., MATERIAL, EQUIPMENT AND SERVICES USED. Contains handwritten entries and lines.

Table with columns for UNIT QUANTITY, UNIT PRICE, \$ AMOUNT. Contains handwritten entries and lines.

CHEMICAL / ACID DATA:

SERVICE EQUIPMENT

SUB TOTAL
%TAX ON \$
%TAX ON \$

TOTAL

SERVICE REPRESENTATIVE _____

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____

FIELD SERVICE ORDER NO.

(WELL OWNER OPE

OR AGENT)

BASIC

energy services, L.L.C.

Customer _____ Lease No. _____
 Lease -- Well # _____
 net Order # _____ Station _____ Casing _____
 Type Job -- _____ | For _____

Date _____
 County _____ | State _____
 Legal Description - _____

PIPE DATA		PERFORATING DATA		FLUID USED
Casing Size	Tubing Size	Shots/Ft		Acid
Depth	Depth	From	To	Pre Pad
Voltry5	Volume	From	To	Pad
Max Press	Max Press	From	To	Frac
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	Flush
Customer Representative :-		Station Manager \		

TREATMENT RESUME	
RATE	PRESS
Max	ISIP 5 Min.
Min	10 Min.
Avg	15 Min.
HHP Used	Annulus Pressure
Gas Volume	Total Load
Treater	

Service Units	eli		
Driver Names			
Time	Casing	Tubing	Bbls. Pumped
	10 onee1 tra	['moo' ireo	Rate

O-21) BASIC ENERGY SERVICES

PAGE

C5.7 NO

INVOICE DATE

1 of 1

1L-4409

11/06/2012

1718 - 91

Pratt (620) 672-1201
 • VAL ENERGY
 • 200 W DOUGLAS AVE STE 520
 L WICHITA
 KS US 67202
 O ATTN: ACCOUNTS PAYABLE

LEASE NAME Shirley-Nelson 2-25
 LOCATION
 COUNTY
 STATE KS
 JOB DESCRIP' Cement-New Well Casing/Pi
 JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORD/Event	TERMS	DUE DATE	
40531428	27463	NOV 08 2012	Net - 30 days	12/06/2012	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT

For Service Dates: 11/03/2012 to 11/03/2012

0040531428

GOPq't

171807273A Cement-New Well Casing/Pi 11/03/2012
 Cement 8 5/8" Surface

60/40 POZ	190.0C	EA	9.0C	1,710.00
Celloflake	48.0C	EA	2.78	133.20
Calcium Chloride	492.0C	EA	0.79	387.45
"Wooden Cmt Plug, 8 5/8"	1.0C	EA	120.0C	/20.0C
"Baffle Plate Alum., 85/8" (Blue)"	1.0C	EA	127.5C	127.5C
"8 5/8" Basket (Blue)"	1.00	EA	236.25	236.25
"Unit Mileage Chg (PU, cars one way)"	50.0C	MI	3.16	159.3e
Heavy Equipment Mileage	100.0C	MI	5.25	525.0C
'Proppant & Bulk Del. Chgs., per ton mil	410.0C	EA	1.2C	492.0C
Depth Charge; 0-500'	1.0C	EA	750.0C	750.0C
Blending & Mixing Service Charge	190.0C	BAG	1.05	199.5C
Plug Container Util, Chg.	1.0C	EA	187.5C	187.5C
"Service Supervisor, first 8 hrs on loc.	1.0C	EA	131.2E	131.25

PLEASE REMIT TO:

BASIC ENERGY SERVICES, LP
 PO BOX 841903
 DALLAS, TX 75284-1903

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP
 PO BOX 10460
 MIDLAND, TX 79702

SUB TOTAL

5,159.03

TAX

162.84

INVOICE TOTAL

5,321.87

eN,

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BASIC

energy services, LP

Customer _____ Lease No. _____
Lease 11-1 Well # _____

Date _____
County _____

Field-00Kit	Station	Caping-7
Type Job		Foi

PIPE DATA				PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casin	ize,	Tubing Size	Shots/Ft	Acid		RATE		PRESS	ISIP	
Depth-	Depth	From	To	Pre Pad		Max		5 Min.		
Volump,	Volume	From	To	Pad		Min		10 Min.		
Max P-ress	Max Press	From	To	Frac		Avg		15 Min.		
Well yonnection	Annulus Vol.	From	To			HHP Used		Annulus Pressure		
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load		

Customer Representative _____ Station Manager _____ Treater _____

Service Units	7-	7, .. -	;	;
Driver Names				

Time _____ Casing Pressure _____ Tubing Pressure _____ Bbls. Pumped _____ Rate _____ Service _____

;,Ths=

17-

..!

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

January 02, 2013

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

Re: ACO1
API 15-007-23960-00-00
SHIRLEY NELSON 2-25
NW/4 Sec.25-34S-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