



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1106638
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: _____



1106638

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 03, 2013

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

Re: ACO1
API 15-193-20865-00-00
BEACHNER 1-7
SE/4 Sec.07-08S-35W
Thomas 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



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 254783

Invoice Date: 11/26/2012 Terms: 10/10/30,n/30

Page 1

VAL ENERGY
200 WEST DOUGLAS SUITE 520
WICHITA KS 67202
() -

BEACHNER 1-7
39152
7-8-35
11-21-2012
KS

NOV 28 2012

9308-1

5 1/2 Cement

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	175.00	22.5500	3946.25
1131	60/40 POZ MIX	525.00	15.1000	7927.50
1110A	KOL SEAL (50# BAG)	875.00	.5600	490.00
1118B	PREMIUM GEL / BENTONITE	3612.00	.2500	903.00
1107	FLO-SEAL (25#)	131.00	2.8200	369.42
4130	CENTRALIZER 5 1/2"	8.00	58.0000	464.00
4104	CEMENT BASKET 5 1/2"	1.00	276.0000	276.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4277	DV TOOL SIZE 5 1/2" (STA	1.00	4800.0000	4800.00
4454	5 1/2" LATCH DOWN PLUG	1.00	303.0000	303.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-2039.22
9995-130	CEMENT EQUIPMENT DISCOUNT	-504.62

Description	Hours	Unit Price	Total
T-118 SINGLE PUMP	1.00	3020.00	3020.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	35.00	5.00	175.00
T-127 TON MILEAGE DELIVERY	1.00	925.58	925.58
566 TON MILEAGE DELIVERY	1.00	925.57	925.57

Amount Due 26926.96 if paid after 12/26/2012

Parts:	20392.17	Freight:	.00	Tax:	1339.78	AR	24234.26
Labor:	.00	Misc:	.00	Total:	24234.26		
Sublt:	-2543.84	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 39152
LOCATION Oakley KS
FOREMAN Travis Shaw
Fuzzy McCullick
KS

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
11-21-10	1576	Beachner #1-7	7	8S	3SW	Thomas																
CUSTOMER <u>Val Energy</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>4567118</td> <td>Jerry Y</td> <td></td> <td></td> </tr> <tr> <td>560</td> <td>Jordan L</td> <td></td> <td></td> </tr> <tr> <td>587127</td> <td>Shelby S</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	4567118	Jerry Y			560	Jordan L			587127	Shelby S		
TRUCK #	DRIVER	TRUCK #					DRIVER															
4567118	Jerry Y																					
560	Jordan L																					
587127	Shelby S																					
MAILING ADDRESS																						
CITY	STATE	ZIP CODE																				

Job Type 2 Stage DV HOLE SIZE 7 7/8 HOLE DEPTH 5100 CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH 5098.03 DRILL PIPE _____ TUBING _____ OTHER DV @ 2912.33
 SLURRY WEIGHT 142/12.5 SLURRY VOL 1.4 / 1.89 WATER gal/sk _____ CEMENT LEFT in CASING 20.53
 DISPLACEMENT 122 1/2 / 73 1/2 DISPLACEMENT PSI 800/kw MIX PSI 1500/1000 RATE _____

REMARKS: Safety Meeting and rig up on well #4 Float Equipment on Centralizers on 1, 4, 7, 18, 21, 24, 50, 52. Baskets on bottom SI DV tool on top of SI 2912.33'. Run casing to bottom Circulate casing 1hr. Pump 5bbls water 500gal mud flush 5bbls water mix 175 OWC / 5# Kalsol Shutdown Clear pump & lines and release plug displace 123 1/2 bbls 528 water 71 mud 800psi lift 1500 psi plug landed Released float waited 20 min open DV tool @ 1000 psi Circulate for 2 hrs. Pumped 5bbls water mix 305 lbs RH 205 lbs MH mixed 475 5/8 60/40 puz with 89 gal 7/4# Fluoseal Shutdown Cleared pump & lines released plug displace 73 1/2 bbls water cement did circulate 35 bbls to pit then plug landed @ 1600 psi with 1000 psi. 1.1 ft. Thanks Mike & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020. ⁰⁰	3020. ⁰⁰
5406	35	MILEAGE	5. ⁰⁰	175. ⁰⁰
5407A	31.67 TONS	Ton mileage delivery	1.67	1851.15
1120	175 SLS	OWC Cement	22.55	3946.25
1131	525 SLS	60/40 puz Cement	15.10	7927.50
1110A	875 #	Kalsol	.56	490. ⁰⁰
1118B	361 #	Bentonite gel	.25	903. ⁰⁰
1107	131 #	Fluoseal	2.82	369.42
4130	8	Centralizers 5 1/2" 4 W # F	58. ⁰⁰	464. ⁰⁰
4104	1	Basket 5 1/2" W	276. ⁰⁰	276. ⁰⁰
4159	1	Float she 5 1/2" W	413	413. ⁰⁰
4277	1	DV Tool 5 1/2" W	4800. ⁰⁰	4800. ⁰⁰
4454	1	5 1/2" latch down plug W	303. ⁰⁰	303. ⁰⁰
1146	500 gal	Mud Flush	1. ⁰⁰	500. ⁰⁰
			Subtotal	25487. ³²
			1.55 discount	2543.84
			Subtotal	22,894. ⁴⁸
			SALES TAX	1339. ⁷⁸
			ESTIMATED TOTAL	24234. ²⁶

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

254783



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 254485

Invoice Date: 11/13/2012 Terms: 10/10/30,n/30

Page 1

VAL ENERGY
200 WEST DOUGLAS SUITE 520
WICHITA KS 67202
() -

BEACHNER 1-7
37278
7-8-35
11-09-2012
KS

RECEIVED
NOV 15 2012

9208

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	220.00	17.6500	3883.00
1102	CALCIUM CHLORIDE (50#)	620.00	.8900	551.80
1118B	PREMIUM GEL / BENTONITE	413.00	.2500	103.25

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-453.81
9995-130	CEMENT EQUIPMENT DISCOUNT	-186.45

Description	Hours	Unit Price	Total
460 TON MILEAGE DELIVERY	1.00	604.45	604.45
T-118 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	35.00	5.00	175.00

Amount Due 6733.78 if paid after 12/13/2012

Parts:	4538.05	Freight:	.00	Tax:	298.15	AR	6060.39
Labor:	.00	Misc:	.00	Total:	6060.39		
Sublt:	-640.26	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC S

TICKET NUMBER 37278
LOCATION Joplin, MO
FOREMAN Mike Shaw

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
11-9-12	8576	Beschner #1-7	7	8S	35W	Thomas												
CUSTOMER Val Energy			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>452TH</td> <td>Jerry Y</td> <td></td> <td></td> </tr> <tr> <td>460</td> <td>Mike M</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	452TH	Jerry Y			460	Mike M		
TRUCK #	DRIVER	TRUCK #					DRIVER											
452TH	Jerry Y																	
460	Mike M																	
MAILING ADDRESS																		
CITY	STATE	ZIP CODE																

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 314 CASING SIZE & WEIGHT 85#
 CASING DEPTH 314 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 18 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and rig up on Val #4. Circulate casing mix 220 sks
Common Class A with 32 calcium 28 gal. Displaced 18 1/2 bbls water
Shut in Cement did Circulate did Approx 7 bbls to pit

Thanks Mike & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	1085.00	1085.00
5406	35	MILEAGE	5.00	175.00
5407A	10.34 TONS	Ton Mileage delivery	1.67	171.67
1104S	220 SWS	Common Class A cement	17.65	3883.00
1102	620 #	Calcium Chloride	1.89	1171.80
1118B	413 #	Bentonite gel	1.25	516.25
			Subtotal	6002.50
			less 10% discount	5402.25
			Subtotal	5762.25
			SALES TAX	298.15
			ESTIMATED TOTAL	6060.39

Revin 3737

AUTHORIZATION Samuel Smith TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

254485