



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1131357
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: _____



1131357

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</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

April 03, 2013

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

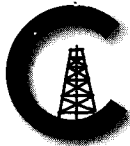
Re: ACO1
API 15-035-24493-00-00
KADAU V1-13
SE/4 Sec.13-33S-05E
Cowley County, Kansas

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,
DUSTIN WYER



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 # 256997

Invoice Date: 02/26/2013 Terms:

Page 1

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

KADAU V-1-13
38555
13-33-5E
02-22-13
KS

FEB 28 2013

9308-1

Part Number	Description	Qty	Unit Price	Total
1123	CITY WATER	3500.00	.0165	57.75
1126A	THICK SET CEMENT	175.00	19.2000	3360.00
1110A	KOL SEAL (50# BAG)	900.00	.4600	414.00
1144G	MUD FLUSH (SALE)	500.00	1.0500	525.00
4136	TURBOLIZER 5 1/2"	4.00	72.0000	288.00
4130	CENTRALIZER 5 1/2"	1.00	58.0000	58.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00
4104	CEMENT BASKET 5 1/2"	1.00	276.0000	276.00

Description	Hours	Unit Price	Total
491 TON MILEAGE DELIVERY	577.20	1.34	773.45
603 CEMENT PUMP	1.00	1030.00	1030.00
603 EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
603 CASING FOOTAGE	1130.00	.22	248.60
692 80 BBL VACUUM TRUCK (CEMENT)	6.00	90.00	540.00

Parts:	5576.75	Freight:	.00	Tax:	379.21	AR	8788.01
Labor:	.00	Misc:	.00	Total:	8788.01		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38555
LOCATION 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT Api 15-035-24493-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-22-13	8576	KADA U V-1-13	13	33	SE	cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
val Energy			603	Jeff		
MAILING ADDRESS			491	Tracy		
200 west Douglas suite 520			692	mark/Heaman		
CITY	STATE	ZIP CODE	102	Jacob		
wichita	KS	67202				

JR
JS
JM
MG

JOB TYPE Long Strig B HOLE SIZE 27/8 HOLE DEPTH 3630 CASING SIZE & WEIGHT 5/8 157 lb
 CASING DEPTH 3630 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.3 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 44 ft Shoe
 DISPLACEMENT 83.70 DISPLACEMENT PSI/1000 _____ MIX PSI 100 RATE 6 bpm

REMARKS: Salty meeting, Run pipe, circulate on bottom for 1 hr, pump 5 bbl water, 500 gal dx 1100 (mud flush), 5 bbl water mix 150 sks thick set 5/8 kol seal displaced with 83.70 bbl landing plug at 1250 psi check float float held, plug Rat holes with 25 sks thick set 5/8 kol seal

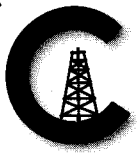
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	60	MILEAGE	4.00	240.00
5407 A	60	bank bank deliver 9.62 ton	1.34	773.45
5402	1130	Footage	.22	248.60
5502 C	6	80 vac	90.00	540.00
1123	3.5	city water	16.50	57.75
1126 A	175 sks	thick set	19.20	3360.00
1110 A	900 lbs	Kol-Seal	.46	414.00
1141 G	500 gal	DV-1100	1.05	525.00
4136	4	5/2 turbolizer	72.00	288.00
4130	1	5/2 centrizer	58.00	58.00
4159	1	5/2 Float Shoe (AFLU)	344.00	344.00
41454	1	5/2 latch down plug	254.00	254.00
4104	1	5/2 Basket	276.00	276.00
		Subtotal		8408.80
		SALES TAX		319.23
		ESTIMATED TOTAL		8728.01

Ravin 3737

20699

AUTHORIZATION [Signature] TITLE _____ DATE 2/21/13

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



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 # 256903

Invoice Date: 02/20/2013 Terms:

Page 1

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

KADAU VI-13
38518
13-33S-5E
02-15-13
KS

RECEIVED
FEB 25 2013

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	150.00	14.9500	2242.50
1102	CALCIUM CHLORIDE (50#)	400.00	.7400	296.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1107	FLO-SEAL (25#)	75.00	2.3500	176.25
Description		Hours	Unit Price	Total
502	TON MILEAGE DELIVERY	345.00	1.34	462.30
603	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
603	EQUIPMENT MILEAGE (ONE WAY)	46.00	4.00	184.00

9208
Surface Cement

Parts:	2777.75	Freight:	.00	Tax:	188.89	AR	4437.94
Labor:	.00	Misc:	.00	Total:	4437.94		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTRUST

TICKET NUMBER 38518
LOCATION 180
FOREMAN LARRY STORUM

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24493-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
2-15-13	8576	KADAV VI-13	13	33 S	5E	Cowley																
CUSTOMER <u>VAD Energy Inc</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>603</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Steve</td> <td></td> <td></td> </tr> <tr> <td>539</td> <td>LARRY</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	603	Jeff			502	Steve			539	LARRY		
TRUCK #	DRIVER	TRUCK #					DRIVER															
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502	Steve																					
539	LARRY																					
MAILING ADDRESS <u>200 W. Douglas St 520</u>																						
CITY <u>Wichita</u>																						
STATE <u>Ks.</u>																						
ZIP CODE <u>67201</u>																						

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 230 CASING SIZE & WEIGHT 828
 CASING DEPTH 226 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 145 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 25
 DISPLACEMENT 14.12 DISPLACEMENT PSI 200 MIX PSI 0 RATE 6 bbls

REMARKS: Smoke Circulation - M PRED 150 sks A + 3% CEMENT + 2% Sol
5 lb Poly - Displaced 12 3/4 bbls - Circulated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	46	MILEAGE	4.00	184.00
11043	150	sks A	14.95	2242.50
1102	400	lbs CEMENT	.74	296.00
1118B	300	lbs GEL	.21	63.00
1107	75	lbs Poly - MAKE	2.35	176.25
5407A	46	Bulk DePoly x 7.5 X	1.34	462.30
		Subtotal		4249.05
		SALES TAX		188.89
		ESTIMATED TOTAL		4437.94

AVIN 3737
 AUTHORIZATION _____ TITLE E. Davidson 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.