



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1146817
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: _____



1146817

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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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 # 259155

Invoice Date: 05/28/2013 Terms:

Page 1

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

9208

BARNETT 1-18
41649
18-32-5E
05-23-13
KS

RECEIVED
MAY 30 2013

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	150.00	15.7000	2355.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2200	66.00
1107	FLO-SEAL (25#)	75.00	2.4700	185.25
Description		Hours	Unit Price	Total
603	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
603	EQUIPMENT MILEAGE (ONE WAY)	54.00	4.20	226.80
681	TON MILEAGE DELIVERY	378.00	1.41	532.98

Cement Surface Casing 1-18

Parts:	2918.25	Freight:	.00	Tax:	198.45	AR	4746.48
Labor:	.00	Misc:	.00	Total:	4746.48		
Sublt:	.00	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 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650

VAL Copy



BASIC
ENERGY SERVICES

PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 05/31/2013
INVOICE NUMBER 1718 - 91203054		

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 Barnett 1-18
O LOCATION
B COUNTY Cowley
S STATE KS
I JOB DESCRIPTION Cement-New Well Casing/Pi
T JOB CONTACT
E

RECEIVED

JUN 03 2013

JOB # 40601934	EQUIPMENT # 20920	PURCHASE ORDER NO. 9233	TERMS Net - 30 days	DUE DATE 06/30/2013
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	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 05/29/2013 to 05/29/2013				
0040601934				
171807739A Cement-New Well Casing/Pi 05/29/2013 Cement P.T.A.				
60/40 POZ	140.00	EA	6.60	924.00 T
Cement Gel	242.00	EA	0.14	33.28 T
"Unit Mileage Chg (PU, cars one way)"	120.00	MI	2.34	280.50
Heavy Equipment Mileage	240.00	MI	3.85	924.00
"Proppant & Bulk Del. Chgs., per ton mil	726.00	EA	0.88	638.88
Depth Charge; 3001-4000'	1.00	EA	1,188.00	1,188.00
Blending & Mixing Service Charge	140.00	BAG	0.77	107.80
"Service Supervisor, first 8 hrs on loc.	1.00	EA	96.25	96.25

Plugging Cement 1-18

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,192.71
BASIC ENERGY SERVICES,LP	BASIC ENERGY SERVICES,LP	TAX	60.31
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,253.02
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 07739 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-29-13		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: Barnett				1-18 WELL NO.							
ADDRESS:				COUNTY: Cowley				STATE: KS							
CITY:				STATE:				SERVICE CREW: Mike Tim Joe							
AUTHORIZED BY:				JOB TYPE: CNW PTA											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED		DATE	AM	TIME					
33708-20920	4-15							5-29-13	AM	1215					
14820-19860	4-15														
28443															
						ARRIVED AT JOB		5-29-13	AM	315					
						START OPERATION			AM	415					
						FINISH OPERATION			AM						
						RELEASED		5-29-13	AM	1:30					
						MILES FROM STATION TO WELL		120							

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 103	60/40 Poz	SK	140		1680 00
CL 200	Cement Gel	lb	242		60 50
E 100	Pickup mileage	mi	120		510 00
E 101	Heavy mileage	mi	240		1,680 00
E 113	Bulk Delivery	Tm	726		1,161 60
CE 204	Depth Charge 3001-4000	4hr	1		2,160 00
CE 240	Mixing Charge	SK	140		196 00
S 003	Supervisor	eq	1		175 00

SUB TOTAL 4,192 71

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____

Customer <i>VGL Energy</i>	Lease No.	Date <i>5-29-13</i>	
Lease <i>Barnett</i>	Well # <i>1-18</i>		
Field Order # <i>7739</i>	Station <i>Pratt</i>	Casing <i>4 1/2</i>	Depth <i>3420</i>
		County <i>Cowley</i>	State <i>KS</i>
Type Job <i>PTA /cnw</i>	Formation	Legal Description <i>18-32-5E</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>4 1/2</i>								5 Min.
Depth <i>3420</i>	Depth	From	To	Pre Pad	Max			
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press <i>500</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>3420-240</i>	Packer Depth <i>0-60</i>	From	To	Flush	Gas Volume			Total Load

Customer Representative <i>Greg</i>	Station Manager <i>Kevin</i>	Treater <i>Joe</i>
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Service Units	<i>33705 - 20921</i>	<i>19526 - 19560</i>	<i>24443</i>				
Driver Names	<i>Mike</i>	<i>Tim</i>	<i>Joe</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1515</i>					<i>cnlcc / safety meeting</i>
					<i>Plug 1 at 3420'</i>
<i>1615</i>	<i>50</i>		<i>15</i>	<i>4.5</i>	<i>H2O spacer</i>
	<i>50</i>		<i>8</i>	<i>4.5</i>	<i>Mix 35SK 60/40 POZ at 135#</i>
	<i>50</i>		<i>3</i>	<i>4.5</i>	<i>Tail H2O</i>
<i>1645</i>			<i>25</i>	<i>8</i>	<i>mud</i>
					<i>Plug 2 at 240'</i>
<i>1745</i>			<i>10</i>	<i>4.5</i>	<i>H2O spacer</i>
			<i>8</i>	<i>4.5</i>	<i>Mix 35SK 60/40 POZ at 135#</i>
			<i>2</i>	<i>4.5</i>	<i>Tail H2O</i>
					<i>Plug 3 at 60'</i>
			<i>6</i>	<i>5</i>	<i>Mix 25SK 60/40 POZ at 135#</i>
			<i>5</i>	<i>5</i>	<i>Plug MH</i>
<i>2030</i>			<i>7</i>	<i>5</i>	<i>Plug MH</i>
					<i>JOB COMPLETE</i>
					<i>Thank you</i>

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

June 11, 2013

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

Re: ACO1
API 15-035-24508-00-00
BARNETT 1-18
SW/4 Sec.18-32S-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