



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1147619
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 |
|-----------------------------------|-----------------|---|

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: _____



1147619

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 |
|--|---|

| 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 |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| 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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|



| | | |
|--|-----------------|----------------------------|
| PAGE 1 of 1 | T NO 1004409 | INVOICE DATE 05/08/2013 |
| INVOICE NUMBER 1718 - 91184762 | | |

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 Standiford SWD
 O B LOCATION
 B COUNTY Cowley
 I STATE KS
 T JOB DESCRIPTION Cement-New Well Casing/Pi
 O JOB CONTACT

RECEIVED
 MAY 11 2013

| JOB # | EQUIPMENT # | PURCHASE ORDER NO. | TERMS | DUE DATE |
|----------|-------------|--------------------|---------------|------------|
| 40593783 | 20920 | 9308 - SWD | Net - 30 days | 06/07/2013 |

| | QTY | U of M | UNIT PRICE | INVOICE AMOUNT |
|--|--------|--------|------------|----------------|
| <i>For Service Dates: 05/06/2013 to 05/06/2013</i> | | | | |
| 0040593783 | | | | |
| 171806946A Cement-New Well Casing/Pi 05/06/2013 | | | | |
| Cement 5 1/2" Longstring | | | | |
| AA2 Cement | 125.00 | EA | 9.35 | 1,168.75 |
| 60/40 POZ | 30.00 | EA | 6.60 | 198.00 |
| C-41P | 30.00 | EA | 2.20 | 66.00 |
| Salt | 571.00 | EA | 0.28 | 157.03 |
| C-44 | 118.00 | EA | 2.83 | 334.24 |
| FLA-322 | 95.00 | EA | 4.13 | 391.88 |
| Super Flush II | 500.00 | EA | 0.84 | 420.75 |
| Gilsonite | 625.00 | EA | 0.37 | 230.31 |
| "Latch Down Plug & Baffle, 5 1/2" (Blu | 1.00 | EA | 220.00 | 220.00 |
| "Cmt. Shoe Packer Type, 5 1/2" (Red)" | 1.00 | EA | 2,034.99 | 2,034.99 |
| "Turbolizer, 5 1/2" (Blue)" | 5.00 | EA | 60.50 | 302.50 |
| "5 1/2" Basket (Blue)" | 1.00 | EA | 159.50 | 159.50 |
| "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 | 864.00 | EA | 0.88 | 760.32 |
| Depth Charge; 3001-4000' | 1.00 | EA | 1,188.00 | 1,188.00 |
| Blending & Mixing Service Charge | 155.00 | BAG | 0.77 | 119.35 |
| Plug Container Util. Chg. | 1.00 | EA | 137.50 | 137.50 |
| "Service Supervisor, first 8 hrs on loc. | 1.00 | EA | 96.25 | 96.25 |

| | | | |
|----------------------------------|--------------------------------------|----------------------|-----------------|
| PLEASE REMIT TO: | SEND OTHER CORRESPONDENCE TO: | SUB TOTAL | 9,189.87 |
| BASIC ENERGY SERVICES, LP | BASIC ENERGY SERVICES, LP | TAX | 186.92 |
| PO BOX 841903 | 801 CHERRY ST, STE 2100 | INVOICE TOTAL | 9,376.79 |
| DALLAS, TX 75284-1903 | FORT WORTH, TX 76102 | | |



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 06946 A

DATE _____ TICKET NO. _____

| | | | | | | | | | |
|---|-----------|--|-----------|------------|-----|----------------------------|------|----|--------------|
| DATE OF JOB 05-26-13 DISTRICT <i>PEN-TT KS</i> | | 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 <i>VAL-ENERGY</i> | | LEASE <i>STANFORD</i> C-200 WELL NO. | | | | | | | |
| ADDRESS | | COUNTY <i>Cloud</i> STATE <i>Ks</i> | | | | | | | |
| CITY STATE | | SERVICE CREW <i>Sullivan, Remick, (1250)</i> | | | | | | | |
| AUTHORIZED BY | | JOB TYPE: <i>C-200 5 1/2 length</i> | | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | AM | TIME |
| <i>33708-20920</i> | <i>40</i> | <i>1960-21010</i> | <i>40</i> | | | | | | |
| <i>37900</i> | | | | | | | | | |
| | | | | | | ARRIVED AT JOB | | AM | |
| | | | | | | START OPERATION | | AM | <i>11:50</i> |
| | | | | | | FINISH OPERATION | | AM | <i>12:30</i> |
| | | | | | | RELEASED | | AM | <i>1:00</i> |
| | | | | | | MILES FROM STATION TO WELL | | | <i>120</i> |

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 | HA-2 cut | SK | 125 | | 2,125.00 |
| CP 103 | 6x4 1/2 port cut | K | 30 | | 360.00 |
| CC 105 | C-41 Antacid | lb | 30 | | 120.00 |
| CC 111 | SAF | lb | 571 | | 285.50 |
| CC 115 | C-44 | lb | 119 | | 607.70 |
| CC 127 | FH-322 | lb | 95 | | 712.50 |
| CC 201 | 6.5 unit | lb | 625 | | 418.75 |
| CF 607 | Match down Plug Barite 5 1/2 | SA | 1 | | 400.00 |
| CF 1001 | Concentrated Packed SHOF | SA | 1 | | 3,700.00 |
| CF 1651 | Turnplate | SA | 5 | | 550.00 |
| CF 1101 | Basket | SA | 1 | | 392.00 |
| OL 155 | Super fluid | gal | 500 | | 762.00 |
| C 100 | Backup oil | ms | 120 | | 510.00 |
| F 101 | Head, foot | ms | 240 | | 1,680.00 |
| F 113 | Beak Design | mm | 864 | | 1,382.40 |
| CF 704 | Depth change | SA | 1 | | 2,160.00 |
| CF 740 | Welding wire | SK | 155 | | 217.00 |
| CF 504 | Plug Calite 2000 | SA | 1 | | 250.00 |
| 2003 | Service repair kit | SA | 1 | | 175.00 |

SUB TOTAL
DLS 9,199.57

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

| | |
|---------------------|------------|
| SERVICE & EQUIPMENT | %TAX ON \$ |
| MATERIALS | %TAX ON \$ |

THANK YOU TOTAL

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

FIELD SERVICE ORDER NO. _____

| | | | | | |
|---------------------------------|----------------------|---------------------|-------------------|----------------------------------|--|
| Customer VAL-ENR297 | | Lease No. | | Date | |
| Lease STANDFOLD | | Well # SW10 | | 05-06-13 | |
| Field Order # 6946 | Station PR11# | Casing 5 1/2 | Depth 3628 | | |
| Type Job CNW Leasing 5th | | | Formation | Legal Description 25-32-5 | |

| PIPE DATA | | PERFORATING DATA | | FLUID USED | | TREATMENT RESUME | | |
|---------------------------|--------------|------------------|----|------------|------------|------------------|------------------|--|
| Casing Size | Tubing Size | Shots/Ft | | Acid | RATE | PRESS | ISIP | |
| 5 1/2 | | | | Pre Pad | Max | | 5 Min. | |
| Depth 3628 | Depth | From | To | Pad | Min | | 10 Min. | |
| Volume 83 1/2 | Volume | From | To | Frac | Avg | | 15 Min. | |
| Max Press 1500 | Max Press | From | To | | HHP Used | | Annulus Pressure | |
| Well Connection PC | Annulus Vol. | From | To | Flush | Gas Volume | | Total Load | |
| Plug Depth 3606 | Packer Depth | From | To | | | | | |

| | | | | | | | | | | | |
|-------------------------|----------------|---------------|--------------|-----------------------------------|--------------|--|--|------------------------------|--|--|--|
| Customer Representative | | | | Station Manager DAVE SCOTT | | | | Treater Robert J. ... | | | |
| Service Units | 37900 | 33708 | 28920 | 19960 | 21010 | | | | | | |
| Driver Names | Ballard | Romine | | J. Brown | | | | | | | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|--------------|-----------------|-----------------|---------------|------------|---------------------------------------|
| 0:45 | | | | | run for safety meeting |
| | | | | | Run 80 540 5 1/2 17 cu w/ packer 5400 |
| | | | | | Work on bottom |
| | | | | | run 4 1/2 of 1 1/2 |
| 1:35 | | | | | DRIP RACE |
| 1:50 | 950 | | | | Get PACKER STOP w/ BASIC Tank |
| | | | 10 | 3.5 | at 11:50 7:15 |
| | | | 7 | | Pressure |
| | | | 70 | 5 | mix cont 125 sk AH 2 cont @ 15 gpm |
| | | | | | cont mixing that down wash pump, base |
| | | | | | Release Plug |
| | | | | 6 | at 12:00 |
| | 250 | | 63 | | Left 15' |
| | 450 | | | 4 | Good rate |
| 12:30 | 1500 | | 83 1/2 | | Plug down |
| | | | 7 | | Wash PH |
| | | | | | JOB Complete |
| | | | | | Thinky |

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 13, 2013

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

Re: ACO1
API 15-035-23724-00-01
STANDIFORD SWD
E/2 Sec.25-32S-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