



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1149698
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: _____



1149698

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)*

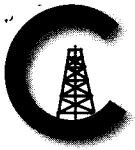
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
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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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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 # 258893

Invoice Date: 05/20/2013 Terms:

Page 1

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

BOLACK B^A V1-21
41627
21-32S-6E
05-14-13
KS

RECEIVED

MAY 22 2013

9208
~~92008~~ SURFACE 8 5/8 Cement

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	185.00	15.7000	2904.50
1102	CALCIUM CHLORIDE (50#)	480.00	.7800	374.40
1118B	PREMIUM GEL / BENTONITE	400.00	.2200	88.00
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)	45.00	4.20	189.00
681 TON MILEAGE DELIVERY	391.50	1.41	552.02

Parts: 3552.15 Freight: .00 Tax: 241.55 AR 5404.72
Labor: .00 Misc: .00 Total: 5404.72
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 05/22/2013
INVOICE NUMBER 1718 - 91195313		

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 **Bolack B VI-21**
 O LOCATION
 B COUNTY Cowley
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40598558	20920	9308	Net - 30 days	06/21/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 05/19/2013 to 05/19/2013				
0040598558				
171808579A Cement-New Well Casing/Pi 05/19/2013				
<u>Cement 5 1/2" Longstring</u>				
AA2 Cement	150.00	EA	9.35	1,402.50 T
60/40 POZ	30.00	EA	6.60	198.00 T
C-41P	36.00	EA	2.20	79.20 T
Salt	682.00	EA	0.28	187.55 T
C-44	141.00	EA	2.83	399.38 T
FLA-322	113.00	EA	4.13	466.13 T
Gilsonite	747.00	EA	0.37	275.27 T
Super Flush II	500.00	EA	0.84	420.75 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)	1.00	EA	220.00	220.00
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	198.00	198.00
"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	1,002.00	EA	0.88	881.76
Depth Charge; 3001-4000'	1.00	EA	1,188.00	1,188.00
Blending & Mixing Service Charge	180.00	BAG	0.77	138.60
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

RECEIVED
MAY 25 2013

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,955.39
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	216.01
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	8,171.40
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>VALLEYWAY</i>	Lease No.	Date <i>05-17-13</i>
Lease <i>CULACK B</i>	Well # <i>V1-21</i>	
Field Order # <i>0519</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2</i>
	Depth <i>3520'</i>	County <i>COWLEY</i>
Type Job <i>CNW 5 1/2" completion</i>	Formation	Legal Description <i>21-22-6</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>3 1/2</i>								
Depth <i>3520'</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>84</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1500</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>3506</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert J. [unclear]</i>
Service Units <i>37900 33708 20970 17960 20060</i>		
Driver Names <i>Culbuck Romine [unclear]</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:00</i>					<i>ON loc Surf, 15 min</i>
					<i>run 80 JTS 5 1/2 15.5 csg</i>
					<i>run 1.25 210. PAST #13</i>
<i>9:10</i>					<i>checking on bottom</i>
<i>9:20</i>					<i>Hook up line</i>
<i>9:50</i>	<i>200</i>		<i>12</i>	<i>3.5</i>	<i>M Super Fluid</i>
			<i>2</i>		<i>SPILLAGE</i>
			<i>20</i>		<i>mix cut 150k AA 200'</i>
					<i>cut mix cut start down w/ h₂ peroxide</i>
					<i>Release Plug</i>
				<i>5.5</i>	<i>M Deep</i>
	<i>250</i>		<i>22</i>		<i>Left Ps</i>
	<i>550</i>			<i>3</i>	<i>Slow Pl</i>
<i>10:30</i>	<i>1500</i>		<i>84</i>		<i>plug down</i>
			<i>7</i>		<i>plug RT - 20 ft 6 1/4 PWT</i>
					<i>JOB Complete</i>
					<i>Thank you</i>



VAL - Bond

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 06579 A

DATE _____ TICKET NO. _____

DATE OF JOB 05-19-13 DISTRICT PRATT KS		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-EN-294		LEASE BOLACK B VI-21		WELL NO.:				
ADDRESS		COUNTY Cowley		STATE KS				
CITY STATE		SERVICE CREW Fulling, Rennie, Gibson						
AUTHORIZED BY		JOB TYPE: CNW 5 1/2 Long Stay						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
3708-2100	40						5-19-13	5:00 AM
1960-21010	40							5:00 AM
3790								9:50 AM
								10:30 AM
								11:15 AM
						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 105	AA-2 cont	SK	150		2,550 00
CP 103	60/40 papaz cont	SK	30		360 00
CC 105	C-41 Detachable	LB	36		144 00
CC 111	SALT	LB	692		341 00
CC 115	C-44	LB	141		726 15
CC 129	Fluid Loss	LB	113		847 50
CC 201	2.1sonite	LB	747		500 49
CF 607	LATCH - Iron Plug - BARKER 5 1/2	SA	1		400 00
CF 1251	Autotill shoe	SA	1		360 00
CF 1651	Turbidometer	SA	5		550 00
CF 1901	BASKET	SA	1		290 00
CC 155	Super Drill H	ML	500		765 00
E 100	Pushy rod	CP	120		510 00
E 101	Heavy Spt. rod	WT	240		1,680 00
E 113	Bulk Drilling	TM	1000		1,603 20
PE 204	Depth charge	GA	1		2,160 00
PE 240	Blending - m. N. Log	SK	180		252 00
PE 504	Blg Control Valve	SA	1		250 00
5003	Schedule Separation	SA	1		175 00

SUB TOTAL **7,955 39**

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

Thank you TOTAL

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE **Robert Hill**

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

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 26, 2013

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

Re: ACO1
API 15-035-24497-00-00
Bolack B V1-21
NE/4 Sec.21-32S-06E
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