



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1152020
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: _____



1152020

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> <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

July 17, 2013

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

Re: ACO1
API 15-035-24509-00-00
SCHULZ V1-16
W/2 Sec.16-30S-07E
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 # 259720

Invoice Date: 06/18/2013 Terms:

Page 1

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

SCHULZ V1-16
38490
16-30-7
06-13-13
KS

RECEIVED
JUN 20 2013

9208

SURFACE CEMENT

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	185.00	15.7000	2904.50
1102	CALCIUM CHLORIDE (50#)	296.00	.7800	230.88
1118B	PREMIUM GEL / BENTONITE	370.00	.2200	81.40
1107	FLO-SEAL (25#)	50.00	2.4700	123.50

Description	Hours	Unit Price	Total
603 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
603 EQUIPMENT MILEAGE (ONE WAY)	38.00	4.20	159.60
681 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 3340.28 Freight: .00 Tax: 227.15 AR 4965.03
 Labor: .00 Misc: .00 Total: 4965.03
 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



ENTERED

TICKET NUMBER 38490
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-035-24509-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/13/13	8576	Schulz # V1-16	16	30	7	Cowley
CUSTOMER V91 Energy Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 200 W Douglas Ave Ste 520			603	J. Daniels		
CITY STATE ZIP CODE Wichita KS 67202			681	M. Griffith		
			471	J. Shell		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 355 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 337 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 20.25 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, broke circ. pumped 185 SKS class A 2% calcium 2% gel 1/2 Polyflake displaced with 20.25 bbls fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	38	MILEAGE	4.20	159.60
11045	185	SKS class A	15.70	2904.50
1102	296	lbs calcium	.78	230.88
1118B	370	lbs gel	.22	81.40
1107	50	lbs poly flake	2.47	123.50
5407	1	min bulk delivery	368.00	368.00
			Subtotal	4737.88
			SALES TAX	221.5
			ESTIMATED TOTAL	4965.03

Ravin 3737

AUTHORIZATION Rick Smith TITLE 259120 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.



BASIC
ENERGY SERVICES

RECEIVED

JUN 25 2013

PAGE 1 of 1	CURT NO 1004409	INVOICE DATE 06/20/2013
INVOICE NUMBER 1718 - 91218223		

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 Schultz B 1-16
 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
40608934	19843	9308	Net - 30 days	07/20/2013

For Service Dates: 06/18/2013 to 06/18/2013

0040608934

171808095A Cement-New Well Casing/Pi 06/18/2013
 Cement 5 1/2" Longstring

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
AA2 Cement	125.00	EA	9.35	1,168.75 T
60/40 POZ	30.00	EA	6.60	198.00 T
C-41P	30.00	EA	2.20	66.00 T
Salt	571.00	EA	0.28	157.03 T
C-44	118.00	EA	2.83	334.24 T
FLA-322	95.00	EA	4.13	391.88 T
Super Flush II	500.00	EA	0.84	420.75 T
Gilsonite	625.00	EA	0.37	230.31 T
"Latch Down Plug & Baffle, 5 1/2"" (Blu	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	864.00	EA	0.88	760.32
Depth Charge; 3001-4000'	1.00	EA	1,187.99	1,187.99
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	7,352.87
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	186.92
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,539.79
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 00005 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6-18-2013</u> DISTRICT _____		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 <u>VAL ENERGY, INC.</u>		LEASE <u>SCHULTZ 'B'</u> 1-16 WELL NO. _____				
ADDRESS _____		COUNTY <u>COWLEY</u>		STATE <u>Ks.</u>		
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MARQUEZ, PHYE</u>				
AUTHORIZED BY _____		JOB TYPE: <u>CNW - 5 1/2" L.S.</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>6-17-13</u> DATE <u>PM</u> TIME <u>10:00</u>
<u>27586</u>	<u>4</u>					ARRIVED AT JOB <u>6-18-13</u> AM <u>1:30</u>
<u>19889-19843</u>	<u>4</u>					START OPERATION AM <u>5:00</u>
<u>70959-19918</u>	<u>4</u>					FINISH OPERATION AM <u>1:00</u>
						RELEASED AM <u>10:00</u>
						MILES FROM STATION TO WELL _____

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	AA2 CMT.	SK	125		2,125.00
CP 103	60/40 POZ	SK	30		360.00
CC 105	C-41 P DEFOAMER	lb	30		120.00
CC 111	SALT	lb	571		385.50
CC 115	C-44	lb	118		607.70
CC 129	FLA-322 LOW FLUID LOSS	lb	95		712.50
CC 201	GILSONITE	lb	625		418.75
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360.00
CF 1651	TURBOLIZER, 5 1/2"	EA	5		550.00
CF 1401	DISKET, 5 1/2"	EA	1		290.00
CC 155	SUPER FLUSH II	GAL	500		765.00
E 100	PICKUP MILEAGE	MI	120		510.00
E 101	HEAVY EQUIPMENT	MI	240		1,680.00
E 113	BULK DELIVERY CHARGE	TM	264		1,382.40
CE 204	DEPTH CHARGE; 300' - 2100'	HR	1.4		2,160.00
CE 240	BLENDING SERVICE	SK	155		217.00
CE 504	PLUG CONTAINER CHARGE	YOB	1		250.00
S 603	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL 17,352.87

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: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer VALE ENERGY, INC.	Lease No.	Date 6-18-2013	
Lease SCHULTZ 'B'	Well # 1-16		
Field Order # 00015	Station PRATT, KS.	Casing 5 1/2"	Depth 3324.75
Type Job (NW) - 5 1/2" C.S.	Formation	County CRAWLEY	State KS.
		Legal Description 16-30-7E	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2"	Tubing Size 4 1/2"	Shots/Ft CAIT -	Acid 175 SKS. HAD	Pre Pad 21.36 CFT	Pad	RATE	PRESS	ISIP
Depth 3324.75	Depth	From	To	Max			5 Min.	
Volume 200 BBL	Volume	From	To	Min 50 = 22.25			10 Min.	
Max Press 1500	Max Press	From	To	Avg			15 Min.	
Well Connection P.C.	Annulus Vol.	From	To	HHP Used			Annulus Pressure	
Plug Depth 3324.75	Packer Depth	From	To	Flush 77.25 BBL	Gas Volume		Total Load	

Customer Representative DUSTIN	Station Manager R. CURRIN	Treater K. LESLEY
--	-------------------------------------	-----------------------------

Service Units	37526	19829	19843	70959	11918				
Driver Names	LESLEY	MARQUEZ	—	PHYE	—				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00 AM					ON LOCATION - SAFETY MEETING
5:30 AM					RUN 84 STS. 5 1/2" x 17" CSG.
					TURBO. - 1, 3, 5, 7, 10
					BASKET - 14
7:15 AM					CSG. ON BOTTOM
7:30 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
8:00 AM	350		5	6	H2O AHEAD
8:21 AM	350		12	6	SUPER FLUSH II
8:30 AM	300		5	6	H2O SPACER
8:51 AM	250		30	6	MIX 175 SKS. HAD @ 15.3 PPG
8:53 AM					CLEAR POINT & LINE / DROP (D.) PLUG
8:54 AM	0		0	6	START DISPLACEMENT
9:01 AM	300		10	5	LIFT PRESSURE
9:15 AM	500		70	3	SLOW RATE
9:50 AM	1300		77.25	2	PLUG DOWN - HELD
					CIRC. THRU
1:00 AM			6, 4	2	PLUG F.H. @ 11.1 H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY