



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153321
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: _____



1153321

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)* _____

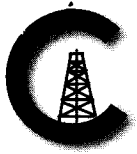
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	SCHROEDER-FRODIN UNIT 1-18
Doc ID	1153321

All Electric Logs Run

DUAL INDUCTION
MICRO
SONIC
POROSITY



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 # 260206

Invoice Date: 07/09/2013 Terms: 10/10/30,n/30

Page 1

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

SCHROEDER-FRODIN 1-18
37923
18-8-35
07-03-2013
KS

RECEIVED

JUL 11 2013

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	757.00	.2700	204.39
1107	FLO-SEAL (25#)	55.00	2.9700	163.35
4432	8 5/8" WOODEN PLUG	1.00	100.7500	100.75
1131	60/40 POZ MIX	220.00	15.8600	3489.20

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-395.77
9995-130	CEMENT EQUIPMENT DISCOUNT	-215.83

Description	Hours	Unit Price	Total
463 P & A NEW WELL	1.00	1395.00	1395.00
463 EQUIPMENT MILEAGE (ONE WAY)	35.00	5.25	183.75
693 TON MILEAGE DELIVERY	1.00	579.60	579.60

*9233
Aug 9 2013
Aug 9 2013 Cement*

Amount Due 6399.01 if paid after 08/08/2013

Parts:	3957.69	Freight:	.00	Tax:	254.67	AR	5759.11
Labor:	.00	Misc:	.00	Total:	5759.11		
Sublt:	-611.60	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



CONSOLIDATED
Oil Well Services, LLC

260206

TICKET NUMBER 37923
LOCATION Oakley Ks
FOREMAN Jerry & trainee
Fuzzy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Kansas

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-13	8576	Schroeder-Frodin-18	18	B S	35W	Thomas
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4940 CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
SLURRY WEIGHT 12 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on Val-7 plugs ordered with 220 SKS 60# Pozz
4% bentonite 1/4" #10 seal
25 sks @ 2880'
100 sks @ 1960'
40 sks @ 325'
10 sks top 40' w/ wooden plug
15 sks in mouse hole, 30 sks in rat rig down & done

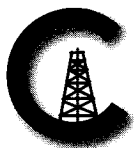
Thanks
Jerry & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395.00	1395.00
5406	35	MILEAGE	5.35	187.25
5407A	9.46	ton mileage delivery	1.25	579.60
118b	757	bentonite	27	20439
1107	55	flg seal	2.92	1606
4432	1	3/8 wooden plug	100.75	100.75
1131	220 sks	60/40 poz mix	15.86	3489.20
			Completed	
			subtotal	5116.04
			less 10% disc	611.60
			subtotal	5504.44
			SALES TAX	254.67
			ESTIMATED TOTAL	5759.11

Ravin 3737

AUTHORIZATION [Signature] TITLE Pushed 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.



CONSOLIDATED
Oil Well Services, LLC

RECEIVED

JUN 29 2013

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 # 260020

Invoice Date: 06/27/2013 Terms: 10/10/30,n/30 Page 1

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

SCHROEDER-FRODIN 1-18
40042
18-8-35
06-25-2013
KS

9208 - SURFACE CEMENT

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	180.00	18.5500	3339.00
1118B	PREMIUM GEL / BENTONITE	338.00	.2700	91.26
1102	CALCIUM CHLORIDE (50#)	508.00	.9400	477.52

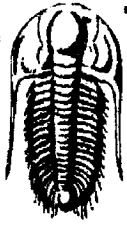
Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-390.78
9995-130	CEMENT EQUIPMENT DISCOUNT	-185.45

Description	Hours	Unit Price	Total
463 CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
463 EQUIPMENT MILEAGE (ONE WAY)	35.00	5.25	183.75
466 TON MILEAGE DELIVERY	1.00	520.80	520.80

Amount Due 6047.60 if paid after 07/27/2013

Parts:	3907.78	Freight:	.00	Tax:	256.74	AR	5442.84
Labor:	.00	Misc:	.00	Total:	5442.84		
Sublt:	-576.23	Supplies:	.00	Change:	.00		

Signed _____ Date _____



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Val Energy
200 W. Douglas Ave.
Suite 520
Wichita, KS 67202
ATTN: Sean Deenihan

S18-8-35 Thomas, KS
Schroeder-Frodin Uni
Job Ticket: 51772 DST#: 1
Test Start: 2013.06.30 @ 13:51:00

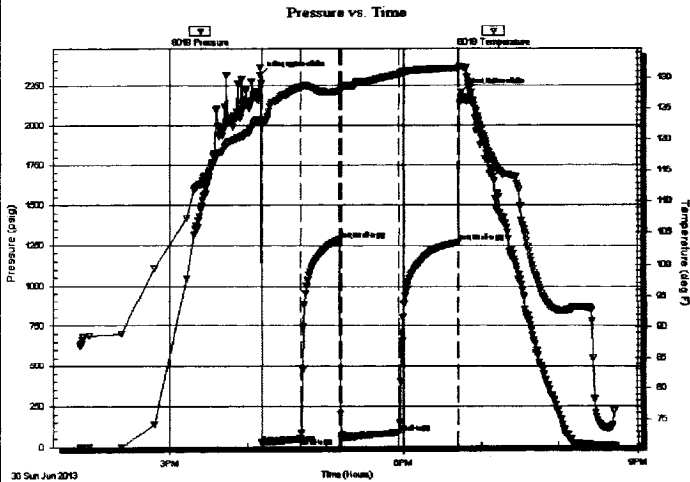
GENERAL INFORMATION:

Formation: **Altamont**
Deviated: **No Whipstock** ft (KB)
Time Tool Opened: 16:11:00
Time Test Ended: 20:42:00
Interval: **4477.00 ft (KB) To 4563.00 ft (KB) (TVD)**
Total Depth: **4563.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Good**
Test Type: **Conventional Bottom Hole (Initial)**
Tester: **Chuck Smith**
Unit No: **62**
Reference Elevations: **3367.00 ft (KB)**
3356.00 ft (CF)
KB to GR/CF: **11.00 ft**

Serial #: 8018 Inside
Press@RunDepth: **86.61 psig @ 4481.00 ft (KB)** Capacity: **8000.00 psig**
Start Date: **2013.06.30** End Date: **2013.06.30** Last Calib.: **2013.06.30**
Start Time: **13:51:02** End Time: **20:42:00** Time On Btm: **2013.06.30 @ 16:09:40**
Time Off Btm: **2013.06.30 @ 18:44:09**

TEST COMMENT: **4" Blow .
No return.
%" Blow .
No return.**

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2314.66	123.23	Initial Hydro-static
2	22.11	122.29	Open To Flow (1)
32	48.57	128.39	Shut-In(1)
61	1286.99	127.88	End Shut-In(1)
63	52.32	128.44	Open To Flow (2)
107	86.61	130.60	Shut-In(2)
153	1271.48	131.54	End Shut-In(2)
155	2207.90	131.79	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	RW. @ degrees F = PPM	0.00
135.00	M 100m	1.89

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Serial #: 8018

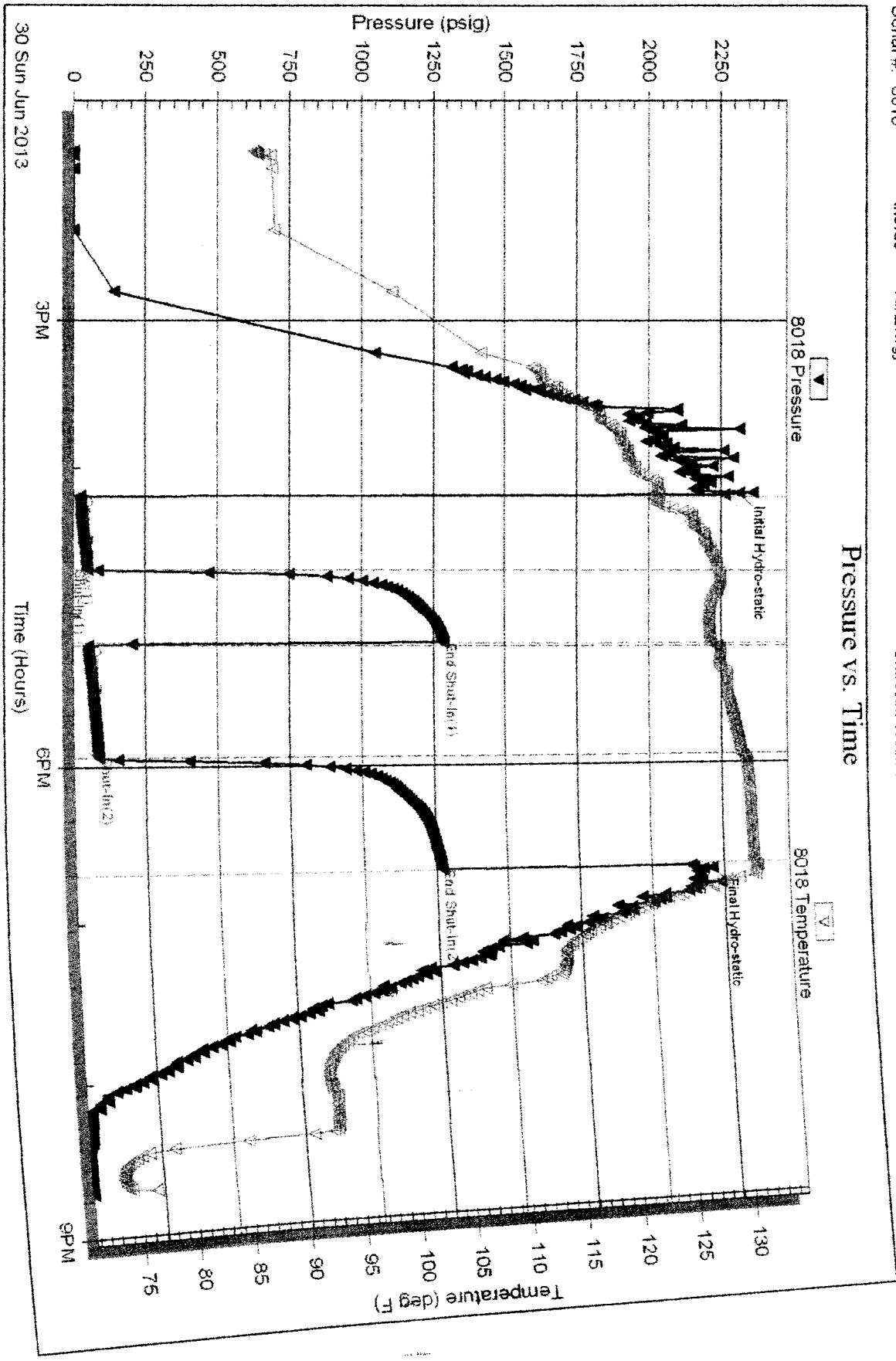
Inside

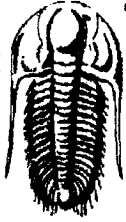
Val Energy

Schroeder-Frohn Unit

DST Test Number: 1

Pressure vs. Time





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Val Energy
200 W. Douglas Ave.
Suite 520
Wichita, KS 67202
ATTN: Sean Deenihan

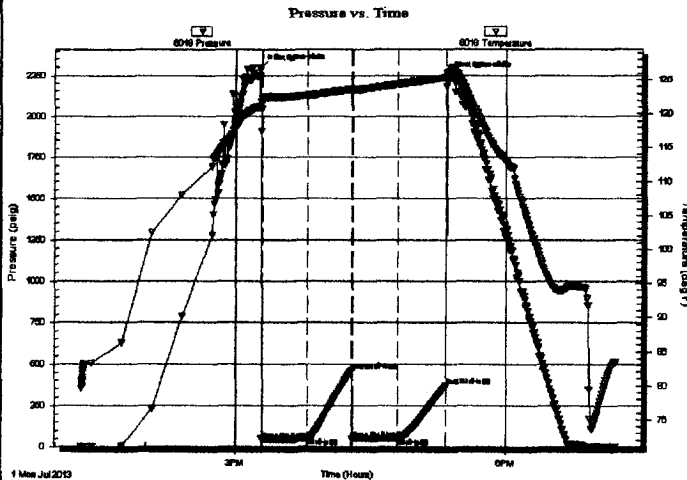
S18-8-35 Thomas, KS
Schroeder-Frodin Uni
Job Ticket: 51773 **DST#: 2**
Test Start: 2013.07.01 @ 13:17:00

GENERAL INFORMATION:

Formation: **Ft. Scott**
Deviated: **No Whipstock:** ft (KB)
Time Tool Opened: 15:17:00
Time Test Ended: 19:12:30
Interval: **4598.00 ft (KB) To 4695.00 ft (KB) (TVD)**
Total Depth: **4695.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Good**
Test Type: **Conventional Bottom Hole (Reset)**
Tester: **Chuck Smith**
Unit No: **62**
Reference Elevations: **3367.00 ft (KB)**
3356.00 ft (CF)
KB to GR/CF: **11.00 ft**

Serial #: 8018 **Inside**
Press@RunDepth: **48.71 psig @ 4602.00 ft (KB)** Capacity: **8000.00 psig**
Start Date: **2013.07.01** End Date: **2013.07.01** Last Calib.: **2013.07.01**
Start Time: **13:17:00** End Time: **19:12:30** Time On Btm: **2013.07.01 @ 15:15:50**
Time Off Btm: **2013.07.01 @ 17:20:30**

TEST COMMENT: 1/2" Blow died @ 20 min. Tool slid 5 feet.
No return.
No blow.
No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2296.66	120.99	Initial Hydro-static
2	47.03	121.61	Open To Flow (1)
32	48.22	122.72	Shut-in(1)
62	460.90	123.64	End Shut-in(1)
62	47.64	123.30	Open To Flow (2)
92	48.71	124.33	Shut-in(2)
124	369.31	125.39	End Shut-in(2)
125	2250.66	126.08	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	RW: @ degrees F = PPM	0.00
60.00	M 100m Oil spots in tool.	0.84

* Recovery from multiple tests

Gas Rates

Chole (inches)	Pressure (psig)	Gas Rate (Mct/d)

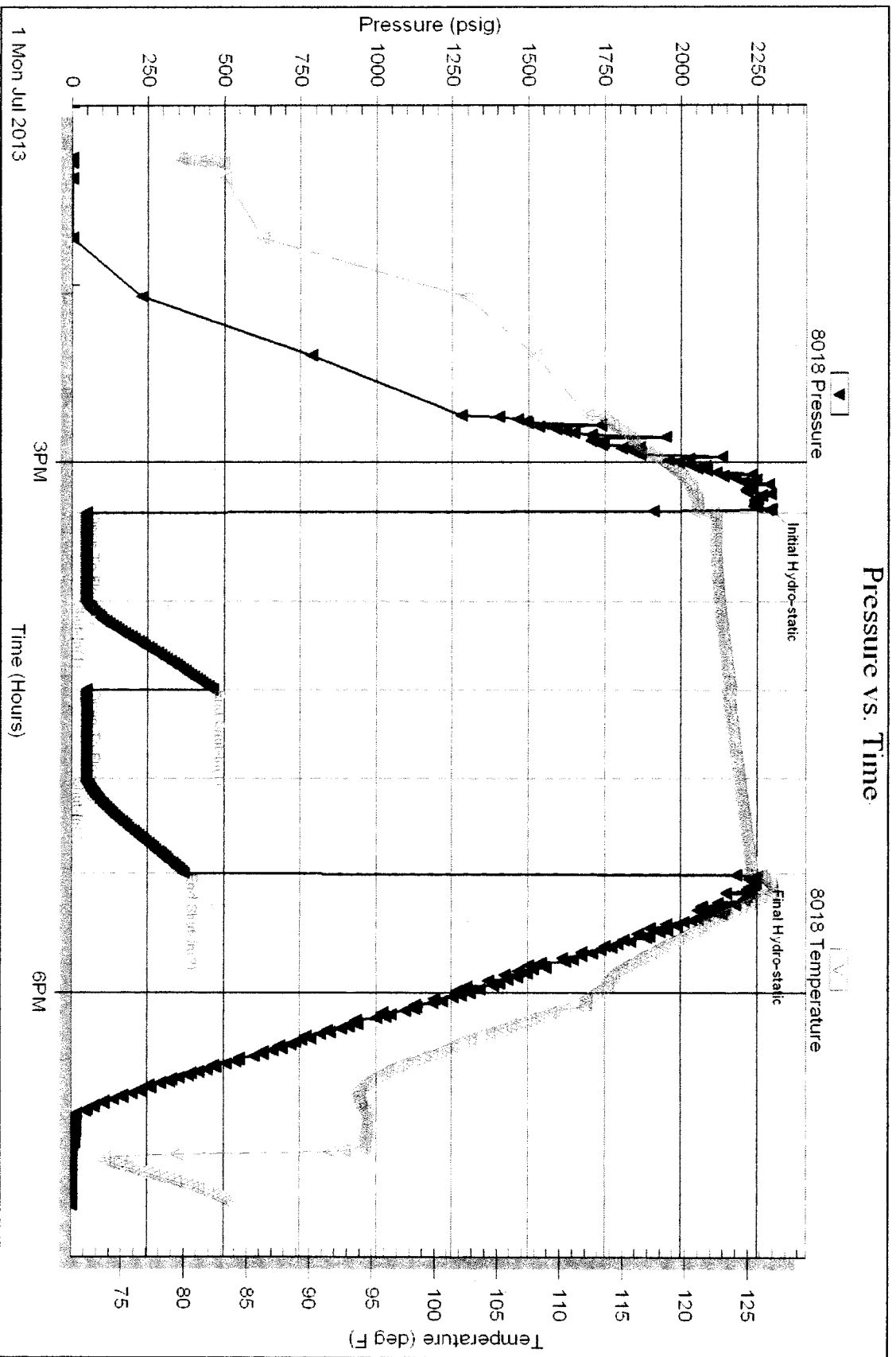
Serial #: 8018

Inside

Val Energy

Schroeder-Frodin Uhi

DST Test Number: 2



Trilobite Testing, Inc

Ref. No: 51773

Printed: 2013.07.01 @ 19:21:13

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 29, 2013

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

Re: ACO1
API 15-193-20891-00-00
SCHROEDER-FRODIN UNIT 1-18
SW/4 Sec.18-08S-35W
Thomas 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