



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153330
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: _____



1153330

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
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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
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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> _____
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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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BASIC RECEIVED
 ENERGY SERVICES JUN 17 2013

PAGE 1 of 1	CURT NO 1004409	INVOICE DATE 06/13/2013
INVOICE NUMBER 1718 - 91211536		

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 Lawson 1-2
 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
40606484	19843		Net - 30 days	07/13/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 06/11/2013 to 06/11/2013				
0040606484				
9308				
171808093A Cement-New Well Casing/Pi 06/11/2013				
Cement 5 1/2" Longstring				
AA2 Cement	125.00	EA	9.35	1,168.75 T
60/40 POZ	30.00	EA	6.60	198.00 T
Celloflake	32.00	EA	2.04	65.12 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
Gilsonite	625.00	EA	0.37	230.31 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	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	1.00	HR	96.25	96.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,417.99
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	191.02
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,609.01
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 00093 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>6-11-2013</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>CAWSON</u>		WELL NO. <u>1-2</u>		
ADDRESS _____		COUNTY <u>COWLEY</u>		STATE <u>Ks.</u>		
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MARQUEZ, LAWRENCE</u>				
AUTHORIZED BY _____		JOB TYPE: <u>C/W - 5 1/2" U.S.</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>6-10-13</u> DATE <u>PM</u> TIME <u>5:00</u>
<u>37586</u>	<u>6</u>					ARRIVED AT JOB <u>PM</u> <u>8:30</u>
<u>19889-19843</u>	<u>6</u>					START OPERATION <u>PM</u> <u>10:30</u>
<u>19826-19860</u>	<u>6</u>					FINISH OPERATION <u>6-11-13</u> AM <u>1:45</u>
						RELEASED <u>AM</u> <u>2:30</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	160/40 POZ	SK	30		360.00	
CC 102	CELL FLAKE	lb	32		118.40	
CC 105	C-411 P DEFCAMER	lb	30		120.00	
CC 111	SALT	lb	571		285.50	
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	CATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00	
CF 1251	AUTO FILL FLOAT SHADE, 5 1/2"	EA	1		360.00	
CF 1651	TURBOLIZER, 5 1/2"	EA	5		550.00	
CF 1901	BASKET, 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 MILEAGE	MI	240		1,680.00	
E 113	BOX DELIVERY	TR	264		1,382.40	
CE 304	DEPTH CHARGE: 3000' - 4000'	HR	1.4		2,160.00	
CE 340	BLENDING SERVICE	SK	155		217.00	
CE 504	PLUG CONTAINER CHARG	JOB	1		250.00	
S 003	SERVICE SUPERVISOR	EA	1	175	175.00	
					SUB TOTAL	7,417.99
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]

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

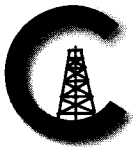
Customer: VAL ENERGY, INC.	Lease No.	Date: 10-11-2013			
Lease: LAWSON	Well # 1-2				
Field Order # 20013	Station PRATT, KS.	Casing 5 1/2"	Depth	County POLK	State KS.
Type Job CAW - 5 1/2" L.S.	Formation TD - 3672'	Legal Description 2-32-5E			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 x 17	Tubing Size	Shots/Ft	CHIT -	Acid 125 SKS. HA2	RATE	PRESS	ISIP	
Depth 3609'	Depth	From	To	Pre Pad 1.36 GPM	Max		5 Min.	
Volume 83.72 BBL	Volume	From	To	Pad	Min 55	15.085	10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection 1.2	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 573.9'	Packer Depth	From	To	Flush 83 BBL	Gas Volume		Total Load	

Customer Representative: DUSTIN Station Manager: K. GURNEY Treater: K. LESLEY

Service Units	37586	19889	19813	19806	19800				
Driver Names	LESLEY	MORNER		LAURENCE					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:50 AM					ON LOCATION - SAFETY MEETING
10:45 PM					RUN 87 STS. 5 1/2" x 17" CSG.
					TURBU. - 1, 3, 5, 7, 10
					BASKET - 13
12:00 AM					(CSG. ON BOTTOM)
12:30 AM					HUCK UP TO CSG. BREAK CIRC. 10/RIG
1:15 AM	300		5	6	H2O HEAD
1:17 AM	300		12	6	PREP SUPER FLUSH II
1:20 AM	275		5	6	H2O SPACER
1:26 AM	115		30	6	MIX 125 SKS. HA2 @ 15.3 PPG
1:35 AM					CLEAR TRAP & LINE / DRUP (D). PLUG
1:38 AM	0		0	6	START DISPLACEMENT
1:38 AM	200		100	5	LIFT PRESSURE
1:41 AM	500		75	3	SLOW RATE
1:45 AM	1500		83.3	2	PLUG DOWN! - HELD
					CIRC. THRU X.B
					PLUG R.H.
					JOB COMPLETE,
					THANKS -
					KELEN LESLEY



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 # 259514

Invoice Date: 06/12/2013 Terms:

Page 1

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

LAWSON 1-2
41677
2-32-5
06-04-13
KS

RECEIVED

JUN 17 2013

Cement Surface

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
1107	FLO-SEAL (25#)	75.00	2.4700	185.25
1118B	PREMIUM GEL / BENTONITE	300.00	.2200	66.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
681 MIN. BULK DELIVERY	1.00	368.00	368.00

9208-1

Parts:	2918.25	Freight:	.00	Tax:	198.45	AR	4564.70
Labor:	.00	Misc:	.00	Total:	4564.70		
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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41677

LOCATION 180

FOREMAN Jacob storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Api 15-035-24510-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-4-13	8576	Lawson 1-2	2	32	5	Cowley
CUSTOMER						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
CUSTOMER			safety meeting JS mg JG			
MAILING ADDRESS			TRUCK # DRIVER TRUCK # DRIVER			
200 w douglas Ave ste 520			446 Josh			
wichita			681 Mark			
KS			702 Jacob			
67202						

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 224 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 223.5 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 20 lb
 DISPLACEMENT 13.93 DISPLACEMENT PSI 400 MIX PSI 200 RATE 5 bpm

REMARKS: safety meeting Break circulation pump 10 bbl water flush mix 1.50 sks class A 3 1/2 cc 2 1/2 gel 1/2 lb poly displaced with 13 bbl circulating cement to surface shut in.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	870.00	870.00
5406	50	MILEAGE	4.20	210.00
5407	1	min bulk delivery	368.00	368.00
1104S	150	class A	15.70	2355.00
1102	400	calcium chloride	.78	312.00
1107	75	poly flake	2.47	185.25
1118 B	300	gel	.22	66.00
			Subtotal	4366.25
			SALES TAX	198.45
			ESTIMATED TOTAL	4564.70

Revin 3737

269014

AUTHORIZATION regulation TITLE _____ 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.

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 15-035-24510-00-00
LAWSON 1-2
SE/4 Sec.02-32S-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