



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153721
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: _____



1153721

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: 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	JLB RANCH 'A' 1-35
Doc ID	1153721

All Electric Logs Run

MICRO
DUAL SPACED NEUTRON
SONIC
ACTRL

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 31, 2013

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

Re: ACO1
API 15-015-23983-00-00
JLB RANCH 'A' 1-35
NE/4 Sec.35-29S-05E
Butler 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



PAGE 1 of 1	INVOICE NO 1004409	INVOICE DATE 07/02/2013
INVOICE NUMBER 1718 - 91228666		

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 JLB Ranch A 1-35
 O LOCATION
 B COUNTY Butler
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

RECEIVED
 PURCHASE ORDER NO

JOB # 40613528	EQUIPMENT # 19905	TERMS Net - 30 days	DUE DATE 08/01/2013
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	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 06/28/2013 to 06/28/2013</i>				
0040613528				
<i>9308</i>				
171808726A Cement-New Well Casing/Pi 06/28/2013				
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
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	189.89
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,542.76
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 08726 A

DATE _____ TICKET NO. _____

DATE OF JOB 6-28-13 DISTRICT 1717		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 Energy Inc		LEASE SLB Ranch 'A' 1-35 WELL NO.				
ADDRESS		COUNTY Butler STATE Ks				
CITY STATE		SERVICE CREW Supra, Steve, Mike				
AUTHORIZED BY Scotty		JOB TYPE: 2-42 CWL - LONGSTRINGS				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 2-27 DATE AM 6:00 TIME PM 6:00
39378	10					ARRIVED AT JOB AM 10:30
71686						START OPERATION AM 11:45
19905						FINISH OPERATION AM 7:15
19826						RELEASED AM 1:08
19860						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
cp105	AAZ Cement	skt	175		2175.00
cp105	C-41P Deflowerer	lb	30		120.00
cc111	Salt	lb	571		285.50
cc115	C-44	lb	118		607.20
cc129	FIA 572 Low Fluidloss	lb	95		712.50
cc201	Gilsinite	lb	625		481.75
cf607	Catch Down Plug & R/Me	ea	1		400.00
cf1751	Auto Fill Fluid Shoe 5/2	ea	1		360.00
cf1651	Turbulor shoe	ea	5		550.00
cf1901	5/2 Basket	ea	1		720.00
cc135	Superflush II	gal	500		765.00
e100	Unit Mileage Charge Pickups	mi	170		516.00
e101	Heavy Equipment Mileage	mi	240		7680.00
e113	Bulk Delivery Charge	tm	864		1302.24
ce204	Depth Charge 3000 4000	4hrs	1		2160.00
ce240	Mixing Service Charge	skt	155		217.00
cc544	Plug Container Charge	job	1		236.00
sc203	Service Supervisor	ea	1		135.00
cp103	60140 POZ	skt	30		360.00
SUB TOTAL					7,352.87

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Val Energy Inc	Lease No.		Date	6/11/13
Lease	JLB Ranch	Well #	1-35	Service Receipt	
Casing	5"2	Depth	3290	County	Butler
Job Type	2-472 CNW-45	Formation		Legal Description	Sec 35 Twp 21 R 5E

Pipe Data		Perforating Data		Cement Data
Casing size	5"2	Tubing Size		Lead 4041.30 125 sks @ 5.45 15.3
Depth	3290-13374	Depth		
Volume	75.90	Volume		Tail in
Max Press	2000	Max Press		
Well Connection	5"2	Annulus Vol.		
Plug Depth		Packer Depth		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00					On location
9:00					Supply Machine 47 m
9:30					Centerline 13,5710
					Bucket 17
11:00		2000			Pressure up & Test
11:16		0	12		Start 50 gal Superflush
11:40		50	30	5.0	Start Cement
11:55					Start Displacement
12:00					Start Plug
12:02			1	5.0	Start Displacement
12:10		150	65	7.0	Show rate down to land Plug
12:11		500	76		Stop Displacement
12:16		1500			Pressure back
12:20		0			Flow hold

Service Units	39375	71030	14905	14376	14860
Driver Names	WADU	MATTA		TOM K	

 Customer Representative

Kevin G...
 Station Manager

Juan Ortiz
 Cementer

Taylor Printing, Inc.



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 # 259937

Invoice Date: 06/25/2013 Terms:

Page 1

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

JLB RANCH A #1-35
42844

RECEIVED 5-29-5
06-22-13
JUN 29 2013 KS

9208

SURFACE CEMENT

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	145.00	15.7000	2276.50
1118B	PREMIUM GEL / BENTONITE	290.00	.2200	63.80
1102	CALCIUM CHLORIDE (50#)	348.00	.7800	271.44
1107	FLO-SEAL (25#)	25.00	2.4700	61.75

Description	Hours	Unit Price	Total
603 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
603 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
681 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts:	2673.49	Freight:	.00	Tax:	175.11	AR	4191.60
Labor:	.00	Misc:	.00	Total:	4191.60		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 42844 ✓
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-015-23983-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6/22/13	8576	JLB Ranch A #1-35	35	29	5	Butler																
CUSTOMER <u>V91energy Inc</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>603</td> <td>J. Daniels</td> <td></td> <td></td> </tr> <tr> <td>681</td> <td>J. McDonald</td> <td></td> <td></td> </tr> <tr> <td>471</td> <td>J. Shell</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	603	J. Daniels			681	J. McDonald			471	J. Shell		
TRUCK #	DRIVER	TRUCK #					DRIVER															
603	J. Daniels																					
681	J. McDonald																					
471	J. Shell																					
MAILING ADDRESS <u>200 W Douglas Ave Ste 520</u>																						
CITY <u>Wichita</u>	STATE <u>KS</u>	ZIP CODE <u>67202</u>																				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 225 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, broke circ., Pumped 1455 SKS class A 2% gel 3% calcium lb poly displaced with 12 1/2 bbls fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	870.00	870.00
5406	2.5	MILEAGE	42.00	105.00
11045	145	SKS class A cement	15.70	2275.50
1118B	290	lbs gel	.22	63.80
1102	348	lbs calcium	.78	271.44
1107	25	lbs poly flake	2.47	61.75
5407	1	Min. Bulk Delivery	368.00	368.00
			Subtotal	4016.49
			SALES TAX	115.11
			ESTIMATED TOTAL	4191.60

AVIN 3737 859931
 AUTHORIZATION Eric Davidson 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.