



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154777
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: _____



1154777

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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PAGE 1 of 1	CONTRACT NO 1004409	INVOICE DATE 07/26/2013
INVOICE NUMBER 1718 - 91247624		

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** Watt 1-3
 O **LOCATION**
 B **COUNTY** Cowley
 S **STATE** KS
 I **JOB DESCRIPTION** Cement-New Well Casing/Pi
 T **JOB CONTACT**
 E

RECEIVED

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40621415	20920	9308 JUL 29 2013	Net - 30 days	08/25/2013
For Service Dates: 07/22/2013 to 07/22/2013				
0040621415				
171808339A Cement-New Well Casing/Pi 07/22/2013 Cement 5 1/2" Longstring				
AA2 Cement	100.00	EA	9.35	935.00 T
60/40 POZ	30.00	EA	6.60	198.00 T
C-41P	24.00	EA	2.20	52.80 T
Salt	455.00	EA	0.27	125.12 T
C-44	94.00	EA	2.83	266.25 T
FLA-322	76.00	EA	4.13	313.50 T
Super Flush II	500.00	EA	0.84	420.75 T
Gilsonite	498.00	EA	0.37	183.51 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	720.00	EA	0.88	633.60
Depth Charge; 3001-4000'	1.00	EA	1,188.01	1,188.01
Blending & Mixing Service Charge	130.00	BAG	0.77	100.10
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	6,734.89
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	159.68
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,894.57
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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 00339 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-22-13	DISTRICT: Pratt	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	LEASE: Watt	1-3 WELL NO.					
ADDRESS:	COUNTY: Cowley	STATE: KS					
CITY:	STATE:	SERVICE CREW: TIM TIM JOE					
AUTHORIZED BY:	JOB TYPE: CNW 5/2 LS						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 7-22-13	
2375-20920	30 min					DATE: 7-22-13	AM/PM: PM
1460-21010	2 min					ARRIVED AT JOB	7-22-13 AM/PM: PM
25443						START OPERATION	7-22-13 AM/PM: PM
						FINISH OPERATION	7-22-13 AM/PM: PM
						RELEASED	7-22-13 AM/PM: PM
						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 cement	SK	100		1,200 00
CP 103	60/40 POZ	SK	30		360 00
CC 105	C-41P Defoamer	lb	24		96 00
CC 111	SALT	lb	455		227 50
CC 115	C-44	lb	94		484 10
CC 129	FLA-322 Fluid Loss	lb	76		570 00
CC 201	Gibsonite	lb	498		333 66
CF 607	Latch Down Plug	ea	1		400 00
CF 1251	Auto Fill shoe	ea	1		360 00
CF 1651	Turbolizer	ea	5		550 00
CF 1901	5/2 Basket	ea	1		290 00
CC 155	Super Flush	gal	500		765 00
E 100	Pickup Mileage	mi	120		510 00
E 101	Heavy Mileage	mi	240		1,680 00
E 113	Bulk Delivery	TM	720		1,152 00
CE 204	Depth Charge 3601-4000	4hr	1		2,160 00
CE 240	Mixing Charge	SK	130		182 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	ea	4		175 00

SUB TOTAL 6,724 69

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____

Customer <i>Val Energy</i>	Lease No.	Date <i>7-22-13</i>
Lease <i>WATT</i>	Well # <i>1-B</i>	
Field Order # <i>8339</i>	Station <i>Pratt</i>	Casing <i>5/2</i>
		Depth <i>3400</i>
Type Job <i>CAW 5/2</i>	Formation	County <i>Cowley</i>
		State <i>KS</i>
		Legal Description <i>3-31-4</i>

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

Customer Representative <i>DUSTON</i>	Station Manager <i>KEVIN</i>	Treater <i>JOE</i>
--	---------------------------------	-----------------------

Service Units	<i>2375-20920</i>	<i>19900-21010</i>	<i>25443</i>
Driver Names	<i>TOM</i>	<i>TIM</i>	<i>JOE</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1000</i>					<i>ON LOC</i>
<i>1100</i>					<i>THRS ON LOC / SAFETY MEETING</i>
					<i>TUBING ON 1-3-5-7-10</i>
					<i>BACK ON 11</i>
					<i>RUN SI TRS OF 5/2 CSG 17' A. FT.</i>
					<i>BSY ON BOTTOM</i>
					<i>CIRC WITH HIG</i>
<i>1200</i>	<i>200</i>		<i>5</i>	<i>5/10</i>	<i>H2O SPACER</i>
			<i>12</i>		<i>SUPPL FLUSH</i>
			<i>24</i>		<i>MIX 100 SB AA-2 CEMENT AT 15.3#</i>
					<i>SHUT DOWN / CLEAR PUMP AND LINES</i>
<i>1245</i>					<i>RELEASE PLUG</i>
	<i>200</i>		<i>12</i>	<i>6</i>	<i>LIFT PSI</i>
	<i>400</i>		<i>11</i>	<i>5</i>	<i>SLOW RATE</i>
<i>1300</i>	<i>1500</i>		<i>75</i>		<i>PLUG DOWN</i>



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 # 260766

Invoice Date: 07/23/2013 Terms:

Page 1

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

WATT 1-3
43595
3-31S-4E
07-18-13
KS

RECEIVED

JUL 26 2013

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	130.00	15.7000	2041.00
1102	CALCIUM CHLORIDE (50#)	320.00	.7800	249.60
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
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)	42.00	4.20	176.40
681 MIN. BULK DELIVERY	1.00	368.00	368.00

*9208
SURFACE CEMENT*

Parts:	2469.10	Freight:	.00	Tax:	158.01	AR	4041.51
Labor:	.00	Misc:	.00	Total:	4041.51		
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 43595

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-035-24514-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-18-13	8576	Watt #1-3	3	319	4E	Cherokee
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
VIA Energy			603	Jenny A.		
MAILING ADDRESS			681	Zen		
200 W DOUGLAS AVE STE 520			559	LARRY		
CITY	STATE	ZIP CODE				
WICHITA	KS	67202				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 220 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 219 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20 ft
 DISPLACEMENT 14.06 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.666

REMARKS: Make Circulation Fresh water - Mix 130 sks A + 3% CaCl2 + 2% Gel + 20 lb Poly - Displaced Cement with 12 1/2 bbls water, Circulated Cement to Surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54019	1	PUMP CHARGE	870.00	870.00
5406	42	MILEAGE	4.20	176.40
11043	130	sks A	15.70	2041.00
1102	320	lbs CaCl2	.78	249.60
1118B	250	lbs Gel	.22	55.00
1101	50	lbs Poly	2.47	123.50
5407	1	Bulk Delivery	368.00	368.00
			Subtotal	3883.50
			SALES TAX	158.01
			ESTIMATED TOTAL	4041.51

Ravin 3737

DeOrtola

AUTHORIZATION Creighton TITLE _____ DATE 7-18-13

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

August 09, 2013

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

Re: ACO1
API 15-035-24514-00-00
WATT 1-3
SE/4 Sec.03-31S-04E
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