Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1154777

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Duilling Fluid Management Dian
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

	Page Two	1154777
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sheets)		Yes No		-	Formation (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		ion, 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 / SQU	IEEZE RECORD			
Purpose:	Depth	Turne of Comparet	# On also I land		Turner and f		

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

 No
 (If No, skip questions 2 and 3)

 No
 (If No, skip question 3)

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			A		ement Squeeze Record of Material Used)	Depth			
						(Amount and Nind	on material Oseo)	Deptil		
TUBING RECORD:	Siz	ze:	Set At:	Pa	icker At:		Liner Ru	in:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	} .	Producing Method:	Pumping		Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf		Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI		240			OD OF CO				PRODUCTION INTER	2)/41 -
	_	Jsed on Lease		Open Hole	f. 🗌 I	Dually	Comp.	Commingled	PRODUCTION INTER	IVAL:
(If vented, Sul	bmit ACO	-18.)		Other (Specify)	(Si		ACO-5)	(Submit ACO-4)		

	-	` [PAGE	C	NO NO	INVOICE DATE
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Pratt	(620)		J LEASE NA D LOCATION		Watt 1-3)
B VAL ENERGY		1	COUNTY		Cowley	
L	S AVE STE 520		⁵ STATE		KS	
L WICHITA KS US 67:	202		I JOB DESC	RIPTION	Cement-New We	ell Casing/Pi
Т			JOB CONT	ACT		
o ATTN:	ACCOUNTS	PAYABLE RE	CEIVI	ED		
JOB #	EQUIPMENT #	PURCHA	FR ORDER (NG	•	TERMS	DUE DATE
40621415	20920	930	4		Net - 30 days	08/25/2013
			QTY	Uof	UNIT PRICE	INVOICE AMOUN
				M		
For Service Dates:	07/22/2013 to 0	7/22/2013				
0040621415						
171808339A Cement Cement 5 1/2" Longst		07/22/2013				
	→					
AA2 Cement			100.		9.35	
60/40 POZ			30.		6.60	
C-41P			24. 455.		2.20 0.27	
Salt C-44			94.	1	2.83	
C-44 FLA-322			76.		4.13	
Super Flush II			500.		0.84	
Gilsonite				00 EA	0.37	
"Latch Down Plug & I	Baffle, 5 1/2"" (Blu		1.	00 EA	220.00	220
	5 1/2"" (Blue)"			00 EA	198.00	198
Auto Fill Float Shoe t				00 EA	60.50	
"Turbolizer, 5 1/2"" (Blue)"		5.			
			1.	00 EA	159.50	159
"Turbolizer, 5 1/2"" (f "5 1/2"" Basket (Blue "Unit Mileage Chg (PL)" J, cars one way)"		1. 120.	00 ЕА 00 МІ	159.50 2.34	159 280
"Turbolizer, 5 1/2"" (I "5 1/2"" Basket (Blue "Unit Mileage Chg (PL Heavy Equipment Mile)" J, cars one way)" eage		1. 120. 240.	00 EA 00 MI 00 MI	159.50 2.34 3.85	159 280 924
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 C3339 A

		·			DATE TICKET NO
JOB 7-22-13 DISTRICT Pratt					PROD INJ WDW CUSTOMER ORDER NO.:
CUSTOMER Val	Energy		LEASE W	'9TT	1-3 WELL NO.
ADDRESS		-	COUNTY (OWIE	5 STATE 155
CITY	STATE	<u></u>	SERVICE C		EM TIM JOR
AUTHORIZED BY	· · · · · · · · · · · · · · · · · · ·		JOB TYPE:	cnw	5/265.
EQUIPMENT#	HRS EQUIPMENT#	HRS E	QUIPMENT#	HRS	TRUCK CALLED 7-22-13 DATE PM TIME
2276-20920	30min				ARRIVED AT JOB 7-22-13 AM 1000
19960-21010	a mir)		<u> </u>		START OPERATION 7-22-13 2 330
25443					FINISH OPERATION 7:22/3 AM 4/10
			<u></u>		RELEASED 7-22-13 AM 430
					MILES FROM STATION TO WELL 126

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/P	RICE REF. NO.	MATERIAL, EQUIPMENT AND SERVI	CES USED UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	T
CP	105	AA.2 CEMENT	5K	100		1,700	06
<p< td=""><td>103</td><td>60/40 POZ</td><td>5/5</td><td>30</td><td></td><td>360</td><td>00</td></p<>	103	60/40 POZ	5/5	30		360	00
CC	105	C-41P Defogmer	16	24		96	00
٢٢	[]]	Salt	16	455		227	
٢٢	115	6-44	15	94.		484 570	10
26	129	FLA-322 FLyind Loss	16	76	· · · · · · · · · · · · · · · · · · ·	570	00
Ci	201	Gilsonite	16	498-		333	
CF	607	Latch Down PLUG	24	1		400	00
CF	1251	AUTO FILL Shoe	eq.	1		360	
ςĒ.	1651	Turbolizer	29	5		550	
ĊĒ	1921	5/2 BUSKET	= 9	1			00
< (155	Super FLush	941	500			
E	100	Pickyp Mileage	m_	120	·····	510	00
E E	101	HEAVY Milegge	mi	240		1,680	00
E	113	Bylk Delivery	tm	720		1,152	00
LE	204	pepth Charge 3001-4000	4/1-			2,160	00
LE LE	240	Mixing Charge	5K	130		18'2	00
ĹΕ	504	Plug Container	DOD DOD	1		250	00
5	003	Sylerviser	en	4		175	∞
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	СН	EMICAL / ACID DATA:			<u></u>	9/1	59
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 CHEMICAL	/ ACID	DATA:	

_		NUM	1
SERVICE & EQUIPMENT	%TAX ON \$		•
MATERIALS	%TAX ON \$		
		TOTAL	

TOTAL

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

FIELD SERVICE ORDER NO.

BASIC energy services, L.P.

TREATMENT REPORT

Customer '	L En.	200	í)/		L	ease No.		· · · · · · · · · · · · · · · · · · ·				Date		<u>`</u>				
Lease M	1 TT	0			_ v	/ell #	-3						1-	22.	13			
Field Order #	39 Station	F	rat	T				Casing	;/2	Depth	3400	Coun	^{ty} Cc	owle	: y	S	tate KS	
Type Job	n w	Ë,	51/2							rmation				Legal D	escription	3-	31-4	
PIPE	DATA		PERF	ORAT	- FING	DATA		FLUID (JSED				TRE	ATMENT	RESUM	E		
Casing Size	Tubing Siz	e.	Shots/Ft			i	Acid	1	<u> </u>			RATE	PRI	ESS	ISIP			
Depth	Depth		From		То		Pre	Pad			Max				5 Min.			
Volume	Volume From T		То			Pad			Min				10 Min.	-				
Max Press	Press Max Press From		То	Frac					Avg				15 Min.					
Well Connection	nnection Annulus Vol. From			То)					HHP Use	d			Annulus	Pres	sure		
Plug Depth			From		То		Flus	h			Gas Volu	me			Total Lo	ad		
Customer Repr	esentative	<u>)</u> 49	STin			Station	Mana	ager /S ?	VIV)		Tre	ater	<u>Fil</u>				
Service Units				199	60	-2101	\mathcal{C}^{\uparrow}		25	443								
Driver Names	Τć	W			t1	m			J	7.7								
Time	Casing Pressure		ubing essure	Bbls	s. Purr	nped		Rate					Ser	vice Log				
ACCC .										1Lec								
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Taylor Printing, Inc. 620-672-3656

CONSOLIDATER Oil Well Services, LLC	Concolidated Oil Wa	ell Services, LLC 970 4346	P. Chanute 620/431-9210 • 1-80	IN OFFICE O. Box 884 9, KS 66720 0/467-8676 0/431-0012
INVOICE			Invoice #	260766
Invoice Date: 07/23/2013	Terms:	====================	==================== Pa	======= ge 1
VAL ENERGY 200 WEST DOUGLAS SUIT WICHITA KS 67202 () -	E 520	WATT 1-3 43595 3-31S-4E R 07-18-13 KS) ECEIVE: JUL 2 6 2013	D
1104S CLASS 1102 CALCI 1118B PREMI	iption "A" CEMENT (SALE) UM CHLORIDE (50#) UM GEL / BENTONITE EAL (25#)	130.00 320.00 250.00 50.00	.7800 .2200	Total 2041.00 249.60 55.00 123.50 Total
603 CEMENT PUMP (SURFACE 603 EQUIPMENT MILEAGE (O 681 MIN. BULK DELIVERY		1.00 42.00 1.00	870.00 4.20	870.00 176.40 368.00

_____ _____ 2469.10 Freight: .00 Tax: 158.01 AR 4041.51 Parts: .00 Misc: .00 Total: 4041.51 Labor: .00 Supplies: .00 Change: .00 Sublt:

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Bit FOREMAN Lawler Science 0 Box 884, Chanute, KS 66720 FIELD TICKET & TREATMENT REPORT CEMENT AND - S-0.35 - 345 144 - 00 - 00 DATE CUSTOMER WELLNAKE & WIELNAKE & NUMBER SECTION TOWNSHIP RANCE COUNT 1-18 - 18 STID U.D. H. 1-3 31.3 SIL COUNT UNTOWER Customer # WELLNAKE & NUMBER SECTION TOWNSHIP RANCE COUNT UNTOWER Customer # WELLNAKE & NUMBER SECTION TOWNSHIP RANCE COUNT UNTOWER Customer # UNTOWER Customer # Interview RANCE Count JOD UN Doug Mr.S. SHE 5.30 SHE 5.30 SHE 5.30 SHE 5.30 Cashing Size & WEIGHT BERNER JOD UN DOUG MR.SIZE MEE 0EPTH QLO Cashing Size & WEIGHT BERNER Count III BERNER OTHER STID Count C	Bits FOREMAN Language DBX 864, Chamule, KS 66720 FIELD TICKET & TREATMENT REPORT CEMENT APT - 15-0.35-345/4-00-00 DATE CUSTOMER WELL NAME & NUMBER SECTION TOWNSHP RANGE COUNT T13-15 ST16 U.D.1 TELD TICKET & TREATMENT REPORT COUNT TRUCK# COUNT T13-15 ST16 U.D.1 TRUCK# SECTION TOWNSHP RANGE COUNT TAURO ADDRESS U.D.1 ST16 ST16 DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER GOUNT GOUNT DRIVER GOUNT GOUNT <td></td> <td></td> <td>. 1.</td> <td></td> <td>שוכ</td> <td></td> <td></td> <td>1</td>			. 1.		שוכ			1
CLASS-9210 or 800-47.9476 CEMENT ANT - 5-0.35-345/4/-00-00 DATE CUSTOMER # WELL NAME & NUMBER SECTION TOWNSHIP FANCE COUNT 1-18-15 STIC LIDAT 1-3 31.3 46 COUNT USTOMER CASTOR LIDAT 1-3 31.3 45 COUNT USTOMER CASTOR LIDAT 1-3 31.3 45 COUNT USTOMER CASTOR LIDAT 1-3 31.3 45 COUNT USTOMER CASTOR STATE STATE COUNT DRIVER TRUCK # DRIVER TRUCK # DRIVER 300 DD DOLD DOLD HOS AND STATE STATE STATE STATE STATE CASTOR CASTOR CASTOR CASTOR DRIVER TRUCK # DRIVER	D431-3210 or 800-87-345 FM CEMENT APT - 15-0.35-345 FM -00-00 DATE CUSTOMER # WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY 1-13-35 STAC U.D.H I-3 State CUSTOMER COUNTY RANGE COUNTY 1-13-35 STAC U.D.H I-3 State CUSTOMER COUNTY RANGE COUNTY 1-13-35 STATE CUSTOMER CUSTOMER CUSTOMER CUSTOMER DRIVER TRUCK # DRIVER TRUCK # DRIVER CUSTOMER DRIVER TRUCK # DRIVER DRIVER DRIVER DRIVER CUSTOMER DRIVER CUSTOMER DRIVER							LADREN	Joe Mu
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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