



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220646
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: _____

1220646

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PAGE 1 of 1	CUST N° 1004409	YARD # 1718	INVOICE DATE 08/15/2014
INVOICE NUMBER 91568805			

Pratt (620) 672-1201

B VAL ENERGY
I 125 n market ste 1710
L WICHITA
L KS US 67202
T
O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Lucille Spicer 2
O LOCATION
B COUNTY Barber
S STATE KS
I JOB DESCRIPTION Cement-New Well Casing/Pi
E JOB CONTACT

JOB # 40754575	EQUIPMENT # 19905	PURCHASE ORDER NO. RECEIVED AUG 17 2014	TERMS Net - 30 days	DUE DATE
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	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 08/12/2014 to 08/12/2014				
0040754575				
171811039A Cement-New Well Casing/Pi 08/12/2014				
Cement PTA				
60/40 POZ	170.00	EA	10.20	1,734.00 T
Cement Gel	294.00	EA	0.21	62.48 T
"Unit Mileage Chg (PU, cars one way)"	20.00	MI	3.61	72.25
Heavy Equipment Mileage	40.00	MI	5.95	238.00
"Proppant & Bulk Del. Chgs., per ton mil	147.00	EA	1.87	274.89
Depth Charge; 501'-1000'	1.00	EA	1,020.00	1,020.00
Blending & Mixing Service Charge	170.00	BAG	1.19	202.30
"Service Supervisor, first 8 hrs on loc.	1.00	EA	148.75	148.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,752.67
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	128.45
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,881.12
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Val Energy	Lease No.	Date 8-12-14			
Lease Lucille Spicer	Well # 2				
Field Order # 11039	Station	Casing DP	Depth 650	County Barber	State KS
Type Job CNW PTA	Formation	Legal Description 34-30-12			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
7 1/8		From	To	Pre Pad	Max		5 Min.	
Depth 650	Depth	From	To	Pad	Min		10 Min.	
Volume	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative Randy
Station Manager Kevin
Treater Joe

Service Units	77686	19905	19959	73768		28443				
Driver Names	ED		Dale			Joe				

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
1200					MDL / safety meeting
					Plug 1 set 650' mix 50SK
1350	100		10	4.5	B 0 H2O spacer
1			12		mix 50SK 60/40 POZ @ 13.8#
1400	100		2:5	4.5	H2O spacer
					Plug 2 set @ 240' mix 50SK
1425	100		5	4.5	H2O spacer
			12		mix 50SK of 60/40 POZ @ 13.8#
1430	100		1	4.5	H2O spacer
					Plug 3 set @ 60' mix 20SK
1445	100		5	4.5	mix 20SK of 60/40 POZ @ 13.8#
1500					Plug BH + MH
					JOB COMPLETE
					Thank you JOE



PAGE 1 of 1	CUST N 1004409	YARD # 1718	INVOICE DATE 08/07/2014
INVOICE NUMBER 91562196			

Pratt (620) 672-1201
 B VAL ENERGY
 I 125 n market ste 1710
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Lucille Spicer 2
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB # 40752046	EQUIPMENT # 20920	PURCHASE ORDER NO. RECEIVED AUG 09 2014	TERMS Net - 30 days	DUE DATE 09/06/2014
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	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/05/2014 to 08/05/2014</i>				
0040752046				
171811035A Cement-New Well Casing/Pi 08/05/2014 Cement 8 5/8 Surface				
60/40 POZ	190.00	EA	9.24	1,755.60 T
Celloflake	48.00	EA	2.85	136.75 T
Calcium Chloride	492.00	EA	0.81	397.78 T
Sugar	50.00	EA	3.85	192.50 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	123.20	123.20
"Unit Mileage Chg (PU, cars one way)"	20.00	MI	3.27	65.45
Heavy Equipment Mileage	40.00	MI	5.39	215.60
"Proppant & Bulk Del. Chgs., per ton mil	164.00	EA	1.69	277.82
Depth Charge; 0-500'	1.00	EA	770.00	770.00
Blending & Mixing Service Charge	190.00	BAG	1.08	204.82
Plug Container Util. Chg.	1.00	EA	192.50	192.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.75	134.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,466.77
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	177.51
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,644.28
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

34-30-12

FIELD SERVICE TICKET

1718 11035 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-5-14	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 Val Energy Inc.		LEASE Lucille Spicer					WELL NO 2		
ADDRESS		COUNTY Barber			STATE KS				
CITY		SERVICE CREW ED Aaron JOE							
AUTHORIZED BY		JOB TYPE: CNW Surface							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
33708-20920	30m/h						8-5-14	AM	11:30
14960-21010	30m/h						8-5-14	AM	02:00
28443							8	AM	05:30
							9	AM	06:00
								AM	07:00
						MILES FROM STATION TO WELL	20		

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 POZ	SK	190		2,280 00
CC 102	Cello flake	lb	48		177 60
CC 109	Calcium Chloride	lb	492		516 60
CF 153	Wooden Plug	Eg	1		160 00
CL 131	Sugar	lb	50		250 00
E 100	Pickup Mileage	mi	20		85 00
E 101	Heavy mileage	mi	40		280 00
E 113	Bulk Delivery	TM	164		360 80
CE 200	Depth charge	4hr	1		1,000 00
CE 240	Mixing Charge	SK	190		266 00
CE 504	Plug Container	JOB	1		250 00
S 003	supervisor	Eg	1		175 00
SUB TOTAL					45466 77

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>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

