



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1228153  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1228153

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
--	---

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
----------------	-------	---------	------------	---

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> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---





PAGE 1 of 1	CUST NO 1004409	YARD # 1718	INVOICE DATE 09/24/2014
<b>INVOICE NUMBER</b> <b>91603669</b>			

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 Jack Boucher V OWWO 1-9  
 O LOCATION  
 B COUNTY Cowley  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

JOB # 40768750	EQUIPMENT # 27463	PURCHASE ORDER NO. <b>RECEIVED</b> SEP 26 2014 9308-1	TERMS Net - 30 days	DUE DATE 10/24/2014
-------------------	----------------------	---	------------------------	------------------------

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/21/2014 to 09/21/2014</i>				
0040768750				
171811198A Cement-New Well Casing/Pi 09/21/2014				
<u>Cement 5 1/2" Longstring</u>				
AA2 Cement	125.00	EA	11.05	1,381.25 T
60/40 POZ	30.00	EA	7.80	234.00 T
Celloflake	32.00	EA	2.41	76.96 T
C-41P	30.00	EA	2.60	78.00 T
Salt	620.00	EA	0.33	201.50 T
C-44	118.00	EA	3.35	395.01 T
FLA-322	95.00	EA	4.88	463.13 T
Super Flush II	500.00	EA	0.99	497.25 T
Gilsonite	625.00	EA	0.44	272.19 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	260.00	260.00
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	234.00	234.00
"Turbolizer, 5 1/2" (Blue)"	5.00	EA	71.50	357.50
"5 1/2" Basket (Blue)"	1.00	EA	188.50	188.50
"Unit Mileage Chg (PU, cars one way)"	120.00	MI	2.76	331.50
Heavy Equipment Mileage	240.00	MI	4.55	1,092.00
"Proppant & Bulk Del. Chgs., per ton mil	864.00	EA	1.43	1,235.52
Depth Charge; 3001-4000'	1.00	EA	1,403.99	1,403.99
Blending & Mixing Service Charge	155.00	BAG	0.91	141.05
Plug Container Util. Chg.	1.00	EA	162.50	162.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	113.75	113.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,119.60
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	230.35
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	9,349.95
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

**FIELD SERVICE TICKET**  
1718 11198 A

9-325-6E

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 9-21-14	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: VAI Energy Inc.	LEASE: JACK Bunch - Brown	WELL NO. 1-9					
ADDRESS:	COUNTY: Cowley	STATE: KS					
CITY:	STATE:	SERVICE CREW: MARTAL, HANSON, COBB					
AUTHORIZED BY:	JOB TYPE: COME TOY STING						

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
37586	.5						9-21-14		10:15
						ARRIVED AT JOB		AM/PM	4:40
27463	.5					START OPERATION		AM/PM	9:05
						FINISH OPERATION		AM/PM	9:40
19960/21010	.5					RELEASED		AM/PM	10:30
						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: [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 P02	SK	30		360.00
CC 102	collimator	lb	32		118.40
CC 105	C-41-P	lb	30		120.00
CC 111	SALT	lb	620		310.00
CC 115	C-44	lb	118		607.70
CC 129	EIA-322	lb	95		710.50
CC 201	Wilsonite	lb	625		418.75
CF 607	1/4" Down Plug + Backfill 5 1/2"	EA	1		400.00
CF 1251	Automatic Blowdown S/W 5 1/2"	EA	1		300.00
CF 1651	Trichlor 5 1/2"	EA	5		550.00
CF 1901	Balancer 5 1/2"	EA	1		290.00
CC 155	Superflux II	gal	300		765.00
E 100	R.W. Mills	mi	120		510.00
E 101	Heavy eq. Mills	mi	240		1680.00
E 103	Prob + Bulb Pnl	TM	865		1900.00
CC 204	Dappn chas 3001-4000'	4hr	1		2160.00
CC 240	Bleed + Mix	SK	153		217.00
CC 505	Plyy container	Job	1		250.00
S 003	Supervisor	ea	1		175.00

SUB TOTAL 9,119.00

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE: Mike Martal  
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_

Customer VAL Energy, Inc.	Lease No.	Date 9-21-14
Lease JASH BOYCHER OWWO	Well # 1-9	
Field Order # 11198	Station PRATT	Casing 5/8
		Depth 3391
Type Job CNW LONG STRING	Formation	County COWLEY
		State KS
		Legal Description 9-525-6E

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 3 7/8	Tubing Size	Shots/Ft		Acid 12.5 SA	AA 2	RATE 1.25	PRESS 5 #	ISIP 102 SAH
Depth 3391	Depth	From	To	Pre Pad 1% GAS BRU	Max 1000 FLO 300			5 Min.
Volume 80.7	Volume	From	To	Pad 30 SA	Min 60/40 P2			10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 3367.89	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative DUSTO	Station Manager KEVIN SOLDIER	Treater MIKE MATTHEI
Service Units 37586	27463	19960 21010
Driver Names MATTHEI	HANSON	COBB

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:40 AM					ON LOCATION / SAFETY MEETING
6:40					RUN 5/8 CSNG, BRUET ON #8
					TUBING ON 1, 3, 5, 7, 10
8:05					CSNG ON BOTTOM
8:15					HOOK W CSNG / BREAK CIRC W. RIG
9:05	200		3	5	PUMP 3 BBL WATER
9:06	200		12	5	PUMP 12 BBL SUPER FLUSH #1
9:09	200		3	5	PUMP 3 BBL WATER
9:10	200		32	5	MIX 12.5 SAH AA 2
9:17			4	3	WASH PUMP LINE, RELEASE PLUG
9:19	150			6	START DISPENSING
9:28	250		55	5.5	LIFT PRESSURE
9:32	350		70	3	SLOW RATE
9:35	600, 1500		80.2		PLUG DOWN, RELEASED 1 & #11
					CIRCULATION THEN JOB
9:40			7		PLUG AT HOSE
					JOB COMPLETE
					THANK YOU!
					MIKE MATTHEI
					JOSH, COLE