

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237127
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: _____

1237127

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
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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"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	BOLACK BV 2-22 OWWO
Doc ID	1237127

All Electric Logs Run

MICRO
NEUTRON DENSITY
ACTRL
ANNULAR HOLE VOLUME



PAGE	CUST N°	YARD #	INVOICE DATE
1 of 1	1004409	1718	11/24/2014
INVOICE NUMBER			
91658976			

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 Bolack BV OWWO 2-22
 O
 B LOCATION
 S COUNTY Cowley
 I STATE KS
 T JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

RECEIVED
 NOV 26 2014

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40790324	19905	9308-2	Net - 30 days	12/24/2014

For Service Dates: 11/22/2014 to 11/22/2014

0040790324

171811687A Cement-New Well Casing/Pi 11/22/2014
 Cement 5 1/2" Longstring:

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
AA2 Cement	100.00	EA	11.39	1,139.00 T
60/40 POZ	30.00	EA	8.04	241.20 T
Celloflake	25.00	EA	2.48	61.98 T
C-41P	24.00	EA	2.68	64.32 T
Salt	454.00	EA	0.34	152.09 T
C-44	94.00	EA	3.45	324.35 T
FLA-322	76.00	EA	5.03	381.90 T
Super Flush II	500.00	EA	1.03	512.55 T
Gilsonite	500.00	EA	0.45	224.45 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	268.00	268.00
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	241.20	241.20
"Turbolizer, 5 1/2" (Blue)"	5.00	EA	73.70	368.50
"5 1/2" Basket (Blue)"	1.00	EA	194.30	194.30
"Unit Mileage Chg (PU, cars one way)"	120.00	MI	3.02	361.80
Heavy Equipment Mileage	240.00	MI	5.03	1,206.00
"Proppant & Bulk Del. Chgs., per ton mil	720.00	EA	1.68	1,206.00
Depth Charge; 3001-4000'	1.00	EA	1,447.19	1,447.19
Blending & Mixing Service Charge	130.00	BAG	0.94	121.94
Plug Container Util. Chg.	1.00	EA	167.50	167.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	117.25	117.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,801.52
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	198.52
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	9,000.04
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

22-32-6E

FIELD SERVICE TICKET
1718 11687 A

DATE _____ TICKET NO. _____

DATE OF JOB 11-22-14 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 INCORPORATION		LEASE Bolack BV OWWO WELL NO. 22							
ADDRESS		COUNTY Cowley STATE KS							
CITY STATE		SERVICE CREW Mattal, McGraw, CJB							
AUTHORIZED BY		JOB TYPE: CAW 5/2, long string							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	11-22-14	AM	6:00
37556	15					ARRIVED AT JOB	11-22-14	AM	5:00
						START OPERATION		AM	11:47
77686/19905	5					FINISH OPERATION		AM	12:15
						RELEASED		AM	1:00
70957/19918	8					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 105	AA 2 cm	50	100		1,700.00
CP 103	60/40 P02	50	30		360.00
CC 102	Cellulose	1b	25		92.50
CC 105	C-41 P	1b	24		96.00
CC 111	SAIT	1b	454		227.00
CC 115	C-44	1b	94		484.00
CC 129	KIN-322	1b	76		570.00
CC 201	Silsolite	1b	500		335.00
CF 607	Match down Plug + Barbed 5/2	ea	1		400.00
CF 1251	Auto fill float shoe 5/2	ea	1		360.00
CF 1651	Tribofizer 5/2	ea	5		550.00
CF 1901	Bags for 5/2	ea	1		290.00
CC 155	Super Flush #	gal	500		745.00
E 104	P.u. miles	mi	120		540.00
E 101	Heavy eq miles	mi	240		1800.00
E 113	PROP. + Bulk D-1	FN	720		1800.00
CC 204	DEPTH Charge 3500-4000'	4hr	1		2160.00
CC 240	Blend + mix	SK	130		182.00
CC 504	PLUG LOG	JOB	1		250.00
5003	5/4 for 1100'	ea	1		175.00
SUB TOTAL					13,136.00
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT %TAX ON \$					
MATERIALS %TAX ON \$					
TOTAL					8,801.52

SERVICE REPRESENTATIVE Mike Mattal	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer VAL Energy Inc. [unclear]		Lease No.		Date 11-22-14	
Lease Balack BV ownu		Well # 2-22			
Field Order # 11687	Station Pratt	Casing 5/8	Depth	County Cowley	State Ks
Type Job CAW 5 1/2 long string			Formation	Legal Description 22-32-6E	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 100 SKS AA-2	RATE VAT	PRESS DUAL	ISIP	
Depth 3476.39	Depth	From	To	Pre Pad 30 SV1	Max 60/40 PCE	22.501	5 Min.	
Volume 82.7	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection 8	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3435.29	Packer Depth	From	To	Flush 82.2	Gas Volume		Total Load	

Customer Representative Dustin Weyer	Station Manager Kevin Galinsky	Treater Mike Mattal
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Service Units	77584	77686	19905	70959	19918				
Driver Names	Mattal	McGraw		COBB					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00 AM					ON location / Safety Meeting
9:30					Run 5 1/2 155' Basket on #10
					Turbos on 1,3,5,7,10
10:45					CSNG ON BOTTOM
10:55					HOOK TO CSNG / Break circ. w. K.G.
11:47	300		5	5	PUMP 5 BBL WATER
11:43	300		12	5	PUMP 12 BBL SUPER FLUSH #
11:46	300		3	5	PUMP 3 BBL WATER
11:47	350		24	5.5	MIX 100 SKS AA-2
11:52			4	3	WASH PUMP + LINE, release plug
11:56	150			6.5	START DISPLACEMENT
12:08	400		65	6	LIFT PRESSURE
12:06	400		70	3	SLOW RATE
12:08	1500		82.2		PLUG DOWN, RELEASED + HHP
12:15			7		PLUG RAT HOLE
					CIRCULATION TRIN JOB
					JOB COMPLETE
					THANK YOU!
					Mike Mattal
					Mike + Cole