

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243588
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: _____

1243588



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: <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		

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1004409	1718	12/03/2014
INVOICE NUMBER			
91665654			

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 Kennedy OWWO 1-3
 O LOCATION
 B COUNTY Cowley
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T
 E JOB CONTACT

RECEIVED

DEC 04 2014

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40793313	19843	9308	Net - 30 days	01/02/2015

For Service Dates: 12/02/2014 to 12/02/2014

0040793313

171811541A Cement-Casing Seat-Prod W 12/02/2014
 Cement 5 1/2" Longstring

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
AA2 Cement	125.00	EA	11.39	1,423.75 T
60/40 POZ	30.00	EA	8.04	241.20 T
Celloflake	32.00	EA	2.48	79.33 T
C-41P	30.00	EA	2.68	80.40 T
Salt	570.00	EA	0.34	190.95 T
C-44	118.00	EA	3.45	407.16 T
FLA-322	95.00	EA	5.02	477.37 T
Super Flush II	500.00	EA	1.03	512.55 T
Gilsonite	625.00	EA	0.45	280.56 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	268.00	268.00 T
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	241.20	241.20 T
"Turbolizer, 5 1/2" (Blue)"	5.00	EA	73.70	368.50 T
"5 1/2" Basket (Blue)"	1.00	EA	194.30	194.30 T
"Unit Mileage Chg (PU, cars one way)"	120.00	MI	3.02	361.80 T
Heavy Equipment Mileage	240.00	MI	5.03	1,206.00 T
"Proppant & Bulk Del. Chgs., per ton mil	864.00	EA	1.68	1,447.20 T
Depth Charge; 3001-4000'	1.00	EA	1,447.20	1,447.20 T
Blending & Mixing Service Charge	155.00	BAG	0.94	145.39 T
Plug Container Util. Chg.	1.00	EA	167.50	167.50 T
"Service Supervisor, first 8 hrs on loc.	1.00	EA	117.25	117.25 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	9,657.61
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	618.09
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	10,275.70
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

FIELD SERVICE TICKET
1718 11541 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-2-14		DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/>		OLD WELL <input checked="" type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER Valo Energy, Incorporated				LEASE Kennedy Ouloo				WELL NO. 1-3							
ADDRESS				COUNTY Cowley				STATE KS							
CITY				STATE				SERVICE CREW Josh Cole Joe							
AUTHORIZED BY				JOB TYPE: CCSPW 5/2 Longstring											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
84881-198843	40	mib					12-2-14			7:15					
19959-73768	40	mib								11:20					
72911										13:50					
										14:30					
										15:30					
										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	A&A cement	SK	125		2,125 00
CP 103	60/40 P&Z	SK	30		360 00
CC 102	cellulose	lb	32		118 40
CC 105	C-41 P	lb	30		120 00
CC 111	S<	lb	570		285 00
CC 115	C-44	lb	118		607 70
CC 129	FLA-322	lb	95		712 50
CC 201	Gilsonite	lb	625		418 75
CF 607	Latch Down Plug	ea	1		400 00
CF 1251	Auto fill float 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 II	gal	500		765 00
F 100	Pickup mileage	mi	120		540 00
E 101	Heavy mileage	mi	240		1,800 00
E 113	Bulk Delivery	Tm	864		2,160 00
CE 204	Depth Charge	4hr	1		2,160 00
CE 240	Mixing charge	SK	155		217 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	cy	1		175 00
SUB TOTAL					14,414 35

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		9,657 61	

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

FIELD SERVICE ORDER NO.

Customer <i>Val Energy Incorporated</i>	Lease No.	Date <i>12-2-14</i>			
Lease <i>Kennedy owwd</i>	Well # <i>1-3</i>				
Field Order # <i>11541</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>	Depth <i>3376</i>	County <i>Cowley</i>	State <i>KS</i>
Type Job <i>ccspw 5 1/2 Longstring</i>	Formation	Legal Description <i>3-30S-5E</i>			

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>5 1/2</i>				Pre Pad	Max		5 Min.
Depth <i>3376</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>79</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press <i>2000</i>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth <i>3354</i>	Packer Depth	From	To				

Customer Representative <i>DUSTON</i>	Station Manager <i>Kevin</i>	Treater <i>JOE</i>
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Service Units	<i>84981</i>	<i>19843</i>	<i>19959</i>	<i>73768</i>	<i>92911</i>				
Driver Names	<i>JOSE</i>	<i>COLE</i>			<i>JOE</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:20</i>					<i>ON LOC / safety meeting</i>
					<i>Run 80 JTS of 5 1/2 CSG @ 15.5#</i>
					<i>Cent. 1-3-5-7-10</i>
					<i>Basket on 10</i>
<i>11:45</i>					<i>Start CSG in Hole #45</i>
<i>12:45</i>					<i>CSG on Bottom / Circ with Big</i>
<i>13:50</i>					<i>Hook up to PUMP TO START JOB</i>
<i>13:50</i>	<i>200</i>		<i>10</i>	<i>5</i>	<i>H2O spacer</i>
			<i>12</i>	<i>1</i>	<i>Mix SUPPER Flush</i>
			<i>3</i>	<i>1</i>	<i>H2O spacer</i>
	<i>100</i>		<i>30</i>	<i>5</i>	<i>Mix 125 SK of AA2 cement @ 15.3#</i>
			<i>0</i>	<i>0</i>	<i>Shut down wash PUMP lines</i>
<i>14:11</i>	<i>100</i>		<i>0</i>	<i>5.5</i>	<i>Release Plug start H2O DISP</i>
	<i>400</i>		<i>67</i>	<i>3.5</i>	<i>LIST PSE</i>
	<i>900</i>		<i>70</i>	<i>4</i>	<i>slow rate</i>
<i>14:30</i>	<i>1100</i>		<i>79</i>	<i>0</i>	<i>Plug down</i>
			<i>6</i>		<i>Plug B11</i>
					<i>JOB complete</i>
					<i>Thank you JOE</i>