



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1246864
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: _____



1246864

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Valhalla Exploration LLC
Well Name	Schartz 1-11
Doc ID	1246864

All Electric Logs Run

DIL
DUCP
MEL
BHCS



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Valhalla Exploration, LLC

11/21s/14w/Stafford

8100 E. 22nd St
N BLDG 1800-2
Wichita Ks, 67226
ATTN: Adam Kennedy

Schartz #1-11

Job Ticket: 60458

DST#: 1

Test Start: 2014.09.18 @ 22:15:00

GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:28:30

Time Test Ended: 06:03:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Shane Konzem

Unit No: S3/26/Great Bend

Interval: 3558.00 ft (KB) To 3607.00 ft (KB) (TVD)

Reference Elevations: 1929.00 ft (KB)

Total Depth: 3607.00 ft (KB) (TVD)

1924.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 5.00 ft

Serial #: 8524 Inside

Press @ Run Depth: 45.69 psig @ 3603.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.09.18

End Date: 2014.09.19

Last Calib.: 2014.09.19

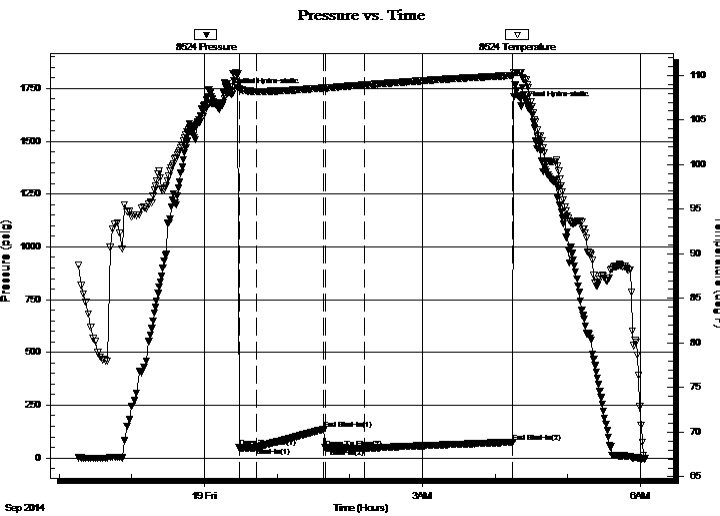
Start Time: 22:16:00

End Time: 06:03:30

Time On Btm: 2014.09.19 @ 00:21:30

Time Off Btm: 2014.09.19 @ 04:21:30

TEST COMMENT: 1st Open/ 10 Minutes. Weak surface blow.
1st Shut In/ 60 Minutes. No blow back.
2nd Open/ 30 Minutes. No blow, flushed tool had good flush bubbles and gained no blow
2nd Shut In/ 120 Minutes. No blow back.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1731.26	108.10	Initial Hydro-static
7	48.99	108.48	Open To Flow (1)
21	50.42	108.19	Shut-In(1)
77	136.22	108.59	End Shut-In(1)
78	47.62	108.58	Open To Flow (2)
111	45.69	108.92	Shut-In(2)
233	75.21	109.99	End Shut-In(2)
240	1667.43	110.28	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	100% Mud	0.14

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Valhalla Exploration, LLC

11/21s/14w/Stafford

8100 E. 22nd St
N BLDG 1800-2
Wichita Ks, 67226
ATTN: Adam Kennedy

Schartz #1-11

Job Ticket: 60458

DST#: 1

Test Start: 2014.09.18 @ 22:15:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.58 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 9100.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
10.00	100% Mud	0.140

Total Length: 10.00 ft Total Volume: 0.140 bbl

Num Fluid Samples: 0

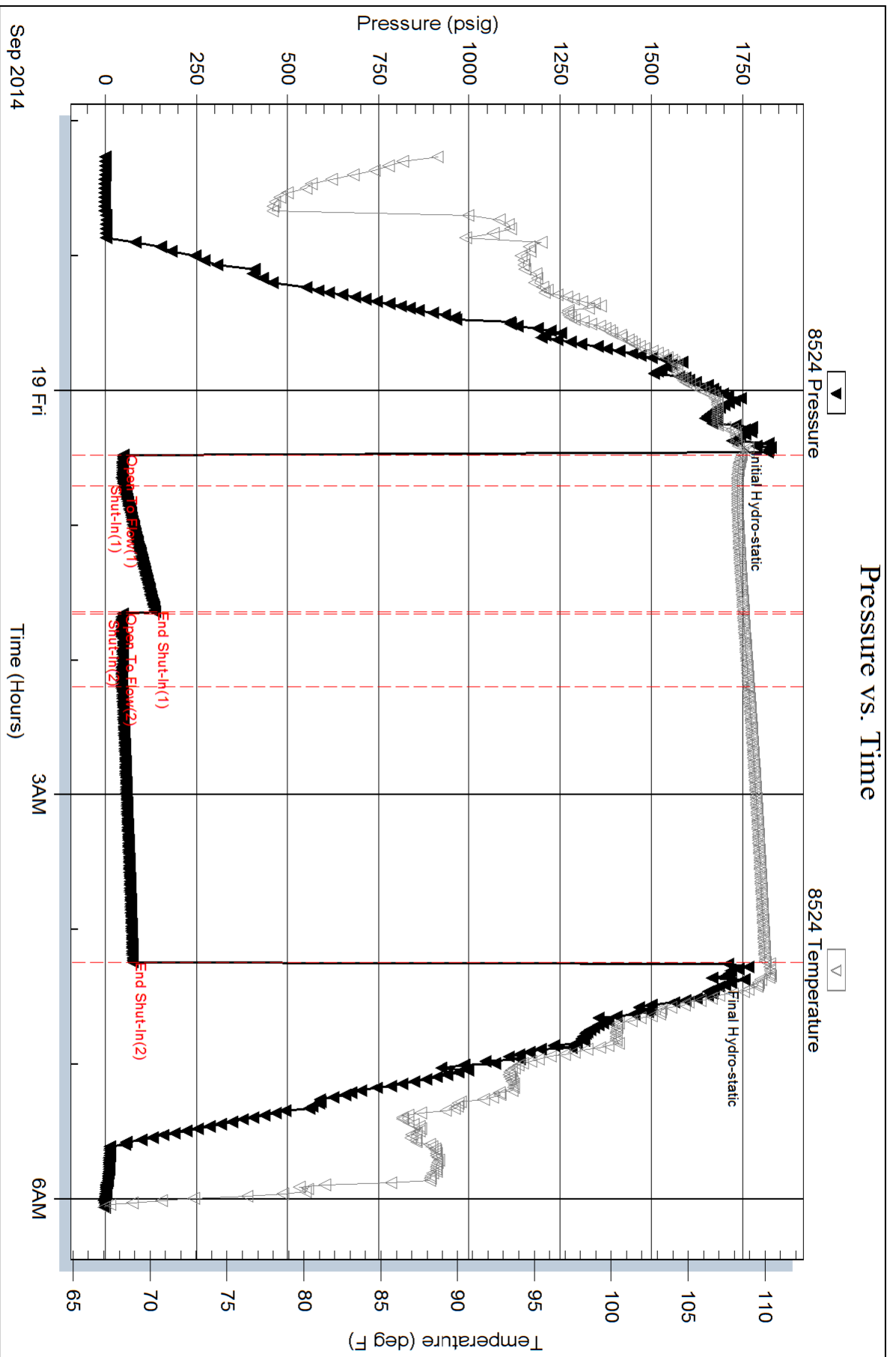
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Valhalla Exploration, LLC

11/21s/14w/Stafford

8100 E. 22nd St
N BLDG 1800-2
Wichita Ks, 67226
ATTN: Adam Kennedy

Schartz #1-11

Job Ticket: 60459

DST#: 2

Test Start: 2014.09.19 @ 17:15:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:07:00

Time Test Ended: 01:04:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Shane Konzem

Unit No: S3/26/Great Bend

Interval: 3603.00 ft (KB) To 3671.00 ft (KB) (TVD)

Reference Elevations: 1929.00 ft (KB)

Total Depth: 3671.00 ft (KB) (TVD)

1924.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 5.00 ft

Serial #: 8524 Inside

Press @ Run Depth: 1196.75 psig @ 3667.20 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.09.19

End Date:

2014.09.20

Last Calib.:

2014.09.20

Start Time: 17:16:00

End Time:

01:04:00

Time On Btm:

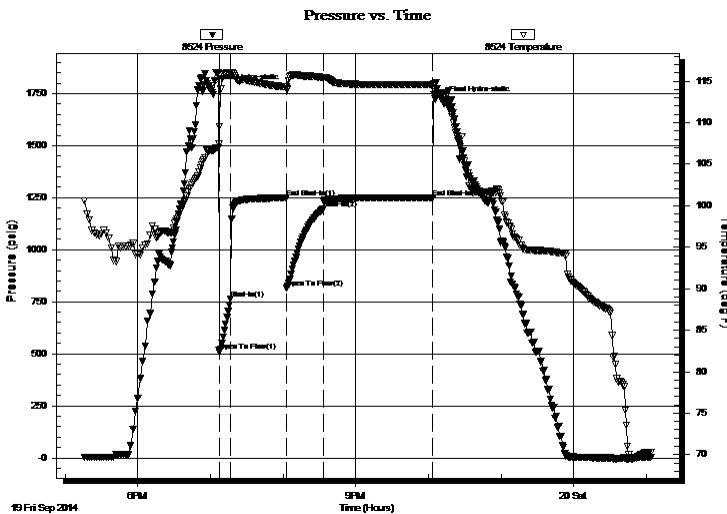
2014.09.19 @ 18:59:30

Time Off Btm:

2014.09.19 @ 22:11:30

TEST COMMENT: 1st Open/ 10 Minutes. Strong blow built to bottom of 5 gallon bucket in 40 seconds.
1st Shut In/ 45 Minutes. No blow back.
2nd Open/ 30 Minutes. Strong blow built to bottom of 5 gallon bucket in 40 seconds.
2nd Shut In/ 90 Minutes. No blow back.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1775.13	106.63	Initial Hydro-static
8	515.04	107.46	Open To Flow (1)
17	762.81	115.96	Shut-In(1)
63	1248.98	114.29	End Shut-In(1)
64	817.41	114.12	Open To Flow (2)
94	1196.75	115.45	Shut-In(2)
184	1249.22	114.59	End Shut-In(2)
192	1717.58	113.50	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
220.00	Muddy water	3.09
0.00	40% Mud, 60% Water	0.00
2457.00	100% Water	34.47
0.00	resist recov w as .22 at 40 degrees	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Valhalla Exploration, LLC

11/21s/14w/Stafford

8100 E. 22nd St
N BLDG 1800-2
Wichita Ks, 67226
ATTN: Adam Kennedy

Schartz #1-11

Job Ticket: 60459

DST#: 2

Test Start: 2014.09.19 @ 17:15:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 10.00 lb/gal
Viscosity: 50.00 sec/qt
Water Loss: 12.58 in³
Resistivity: ohm.m
Salinity: 10200.00 ppm
Filter Cake: 2.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: 31000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
220.00	Muddy water	3.086
0.00	40% Mud, 60% Water	0.000
2457.00	100% Water	34.465
0.00	resist recov w as .22 at 40 degrees	0.000

Total Length: 2677.00 ft Total Volume: 37.551 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8524

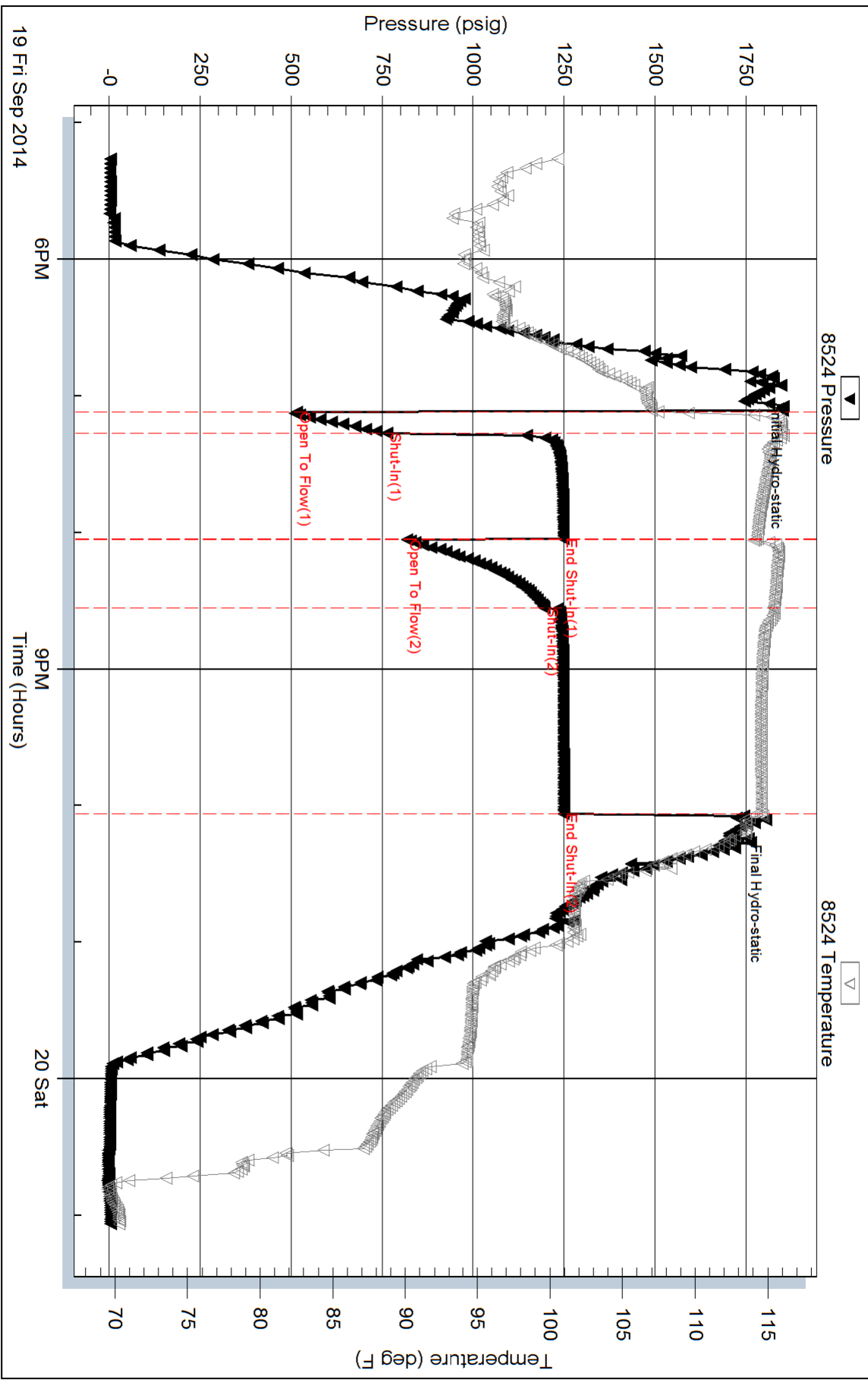
Inside

Valhalla Exploration, LLC

Schartz #1-11

DST Test Number: 2

Pressure vs. Time





PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1007761	1718	09/24/2014
INVOICE NUMBER			
91603667			

Pratt (620) 672-1201
 B VALHALLA EXPLORATION LLC
 I 8100 EAST 22ND STREET N 1800-2
 L WICHITA
 L KS US 67226
 T
 O ATTN: KENNEDY

J LEASE NAME Schartz 1-11
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40768745	19843		Net - 30 days	10/24/2014	
For Service Dates: 09/21/2014 to 09/21/2014					
0040768745					
171811451A Cement-New Well Casing/Pi 09/21/2014					
Cement PTA					
60/40 POZ		200.00	EA	9.24	1,848.00 T
Cement Gel		344.00	EA	0.19	66.22 T
"Unit Mileage Chg (PU, cars one way)"		45.00	MI	3.27	147.26
Heavy Equipment Mileage		90.00	MI	5.39	485.10
"Proppant & Bulk Del. Chgs., per ton mil		387.00	EA	1.69	655.58
Depth Charge; 3001-4000'		1.00	EA	1,663.20	1,663.20
Blending & Mixing Service Charge		200.00	BAG	1.08	215.60
"Service Supervisor, first 8 hrs on loc.		1.00	EA	134.75	134.75
<p>APPROVED OCT 07 2014 #9208</p> <p>✓ 10-11-14</p>					
PLEASE REMIT TO:		SEND OTHER CORRESPONDENCE TO:		SUB TOTAL	5,215.71
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		TAX	136.87
PO BOX 841903		801 CHERRY ST, STE 2100		INVOICE TOTAL	5,352.58
DALLAS, TX 75284-1903		FORT WORTH, TX 76102			

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

March 23, 2015

Adam T. Kennedy
Valhalla Exploration LLC
8100 E 22ND ST N BLDG 1800-2
WICHITA, KS 67208-4022

Re: ACO-1
API 15-185-23899-00-00
Schartz 1-11
NE/4 Sec.11-21S-14W
Stafford County, Kansas

Dear Adam T. Kennedy:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 9/13/2014 and the ACO-1 was received on March 23, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department