Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1271678

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

		••••••			•••••	
WELL	HISTORY	- DESCF	RIPTION	OF V	VELL &	LEASE

OPERATOR: License #		API No.:
Name:		Spot Description:
Address 1:		
Address 2:		Feet from Dorth / South Line of Section
City: State:	Zip:+	Feet from Deast / Dest Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
		Producing Formation:
		Elevation: Ground: Kelly Bushing:
		Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.)):	Multiple Stage Cementing Collar Used? See No
If Workover/Re-entry: Old Well Info as follow	/S:	If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Origin	nal Total Depth:	
Deepening Re-perf. Conv.	to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv.	to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
		Chloride content: ppm Fluid volume: bbls
		Dewatering method used:
		Location of fluid disposal if hauled offsite:
		Ecolion of huld disposal in hadred offsite.
		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	QuarterSecTwpS. R East West
Recompletion Date	Recompletion Date	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 Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two	1271678
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INSTRUCTIONS: Show important tops of formations penetrated	Detail all cores Benort all fina	I conies of drill stems tests giving interval tested, time tool

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 tional Sheets)		Y	∕es □No			.og Formatic	on (Top), Dep	th and Datum	Sample
Samples Sent to	,	irvey	Y	/es 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geolgist Report List All E. Logs F	n / Mud Logs		Y	∕es ☐ No ∕es ☐ No ∕es ☐ No						
				CASING	RECORD	Ne	ew Used			
			Rep				ermediate, product	ion, etc.		
Purpose of St		ize Hole Drilled		ze Casing et (In O.D.)	Weigl Lbs. /		Setting Depth	Type of Cemen		Type and Percent Additives
				ADDITIONA	L CEMENTIN	G / SQI	JEEZE RECORD			
Purpose:	То	Depth p Bottom	Туре	e of Cement	# Sacks	Used		Туре	and Percent Additives	
Perforate Protect Ca Plug Back Plug Off Z	то									
0										
 Did you perform Does the volum Was the hydraul 	e of the total bas	e fluid of the hy	/draulic fr	acturing treatme		-		No (If N	lo, skip questions 2 ar lo, skip question 3) lo, fill out Page Three	
Date of first Produ Injection:	iction/Injection or	Resumed Proc	duction/	Producing Me	thod:		Gas Lift 🗌 C	Other <i>(Explain)</i> .		
Estimated Produce Per 24 Hours		Oil B	bls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GA	S:			METHOD OF	COMPLI	ETION:			ON INTERVAL:
Vented		ed on Lease		Open Hole	Perf.			nmingled mit ACO-4)	Тор	Bottom
(If vente	ed, Submit ACO-1	8.)				(000111	(645			
Shots Per Foot	Perforation Top	Perforati Botton		Bridge Plug Type	Bridge Plug Set At	1	Acid,		t, Cementing Squeeze d Kind of Material Used)	

Packer At:

Size:

Set At:

TUBING RECORD:

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	GRAHAM 1-29
Doc ID	1271678

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	24	301	CLASS A	2%CC3% GEL
Production	7.25	5.5	15.5	3474	THICKSE T	2%CC3% GEL

Invoice Date: 09/30/15	(Consolidated O De P.O.	MIT TO il Well Services,LLC ept:970 Box 4346 "X 77210-4346 " Terms: Net 30	Invoice#	620/431-9210	MAIN OFFICE P.O.Box884 hanute,KS 66720 0,1-800/467-8676 ax 620/431-0012
VAL ENERGY 125 N. Market, Ste. 1710 WICHITA KS 67202 USA		GRAF	IAM I-29		
Part No Description		Quantity	Unit Price	======================================	Total
CE0452 Cement Pump Ch	arge 3001' - 4000'	1.000	2,300.0000	53.000	1,081.00
CE0002 Equipment Mileag Equipment	e Charge - Heavy	40.000	7.1500	53.000	134.42
CE0711 Minimum Cement	Delivery Charge	1.000	660.0000	53.000	310.20
CC5860 ThixdoBlend I		150.000	25.0000	53.000	1,762.50
CC6077 Kolseal		750.000	0.5000	53.000	176.25
CC6125 Mud Flush, Visco	JS	500.000	0.9000	53.000	211.50
CP8254 5 1/2" Latch Dowr	Plug & Assembly	1.000	400.0000	53.000	188.00
CP8485 5 1/2" Float Shoe,	AFU	1.000	585.0000	53.000	274.95
CP8554 5 1/2" Centralizer		5.000	81.0000	53.000	190.35
				Subtotal	9,211.00
			Discounte	d Amount	4,881.83
			SubTotal After	r Discount	4,329.17
			Amount [Due 9,613.64 If p	aid after 10/30/15 ========

Tax:	189.24
Total:	4,518.41

BARTLESVILLE, OK 918/338-0808

EL DORADO,KS 316/322-7022

EUREKA, KS 620/583-7554

PONCA CITY, OK 580/762-2303

OAKLEY, KS 785/672-8822

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

CUSHING, OK 918/225-2650

4412 doc Field that doc

TICKET NUMBER

46217

DATE



Oll Well Services, LLC

AUTHORIZTION

LOCATION EL DOVADO **I**NU FOREMAN REPORT

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & CEMENT

DATE	CUSTOMER #		NAME & NUMB		SECTION	TOWNSHIP	RANGE	COUNTY
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CUSTOMER	8576	<u>Grav</u>	when 122		2 つ	32	6	cow/ey
	mersy In	~	• • • •	Coulor + 160	TRUCK#	DRIVER	TRUCK#	DRIVER
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CASING DEPTH	3477	DRILL PIPE	· · · · · · · · · · · · · · · · · · ·			·: ·····	OTHER	
SLURRY WEIGH		SLURRY VOL	14.8	WATER gal/s	K -8.2	CEMENT LEFT in	CASING 21	7
DISPLACEMEN		DISPLACEMEN	r PSI	MIX PSI	· · · · ·	RATE		· · · · · · · · · · · · · · · · · · ·
REMARKS: S	m phila	een na	on Gu	hick (Inly, Fl	outs equi	p Cent	c
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AUTHORIZTION	Kik	Sm/	L		e na se sa			

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form P.005/005 (XAT)12:02 10/01/2012

TITLE

	NSOLIDATED	Consolidated Oil Dep P.O.Bo	IT TO Well Services,LLC t:970 px 4346 5 77210-4346	Invoice#	620/431-921 805	MAIN OFFICE P.O.Box884 Chanute,KS 66720 0,1-800/467-8676 Fax 620/431-0012 829
Invoice Date:	09/29/15	-	Terms: Net 30		Page	1
VAL ENERGY 125 N. Market, WICHITA KS 6 USA			GRA	HAM I-29		
======================================	Description		Quantity	Unit Price	======================================	Total
CE0450	Cement Pump Ch	arge 0 - 1500'	1.000	1,500.0000	53.000	705.00
CE0002	Equipment Mileag Equipment	e Charge - Heavy	40.000	7.1500	53.000	134.42
CE0711	Minimum Cement	Delivery Charge	1.000	660.0000	53.000	310.20
CC5871	Surface Blend II, 2	% Gel/3% CaCl	140.000	23.0000	53.000	1,513.40
CP8228	8 5/8" Wooden Plu	ıg	1.000	165.0000	53.000	77.55
					Subtotal	5,831.00
				Discounte	ed Amount	3,090.43
				SubTotal Afte	r Discount	2,740.57
				Amount I	•	oaid after 10/29/15
					Tax:	107.39
					Total:	2.847.96

Total: 2,847.96

BARTLESVILLE, OK 918/338-0808

EL DORADO,KS 316/322-7022

GILLETTE, WY 307/686-4914 THAYER, KS 620/839-5269

	SECTION TOWNSHIP RANG	C.4.2.50-00 DE COUNTY Co.2.1C2 K# DRIVER
INVO JULT- OUDO 221 FIELD TICKET & TREAT SOUTHER # WELL NAME & NUMBER OATE CUSTOMER NATE STATE ZIP CODE WATE SALE STATE ZIP CODE WICH JALL STATE ZIP CODE WATE SALE STATE ZIP CODE WATE SALE STATE ZIP CODE WATE SALE STATE ZIP CODE SALE STATE ZIP CODE SALE STATE ZIP CODE <td>FOREMAN Jacob G FOREMAN Jacob G IMENT REPORT Image: IS-035-24 SECTION TOWNSHIP RANG SECTION TOWNSHIP RANG 29 325 GE TRUCK# DRIVER TRUCK 132 Gacab GE 314 CASING SIZE & WEIGHT S OTHER 314 CASING SIZE & WEIGHT S OTHER 314 CASING SIZE & WEIGHT S OTHER CEMENT LEFT IN CASING S CASING S CASING S 2 RATE Shom CASING S CASING S 2 RATE Shom CASING S CASING S</td> <td>5/0 m 642-00-00 BE COUNTY COUNTY COUNTY K# DRIVER 5/2 05/2 0.44 0.44 0.42</td>	FOREMAN Jacob G FOREMAN Jacob G IMENT REPORT Image: IS-035-24 SECTION TOWNSHIP RANG SECTION TOWNSHIP RANG 29 325 GE TRUCK# DRIVER TRUCK 132 Gacab GE 314 CASING SIZE & WEIGHT S OTHER 314 CASING SIZE & WEIGHT S OTHER 314 CASING SIZE & WEIGHT S OTHER CEMENT LEFT IN CASING S CASING S CASING S 2 RATE Shom CASING S CASING S 2 RATE Shom CASING S CASING S	5/0 m 642-00-00 BE COUNTY COUNTY COUNTY K# DRIVER 5/2 05/2 0.44 0.44 0.42
INVO JULT OUDOR 1 PO Box 884, Chanute, KS 66720 FIELD TICKET & TREAT SQL 431-9210 or 800-467-8676 DATE CUSTOMER # WELL NAME & NUMBER G-26-15 GATE CUSTOMER # Val Energy MAILING ADDRESS IZS N Market St Ste 17 CITY STATE VIP CODE With the State of State	FOREMAN Jacob G FOREMAN Jacob G IMENT REPORT Image: IS-035-24 SECTION TOWNSHIP RANG SECTION TOWNSHIP RANG 29 325 GE TRUCK# DRIVER TRUCK 132 Gacab GE 314 CASING SIZE & WEIGHT S OTHER 314 CASING SIZE & WEIGHT S OTHER 314 CASING SIZE & WEIGHT S OTHER CEMENT LEFT IN CASING S CASING S CASING S 2 RATE Shom CASING S CASING S 2 RATE Shom CASING S CASING S	647-00-00 BE COUNTY COUNTY K# DRIVER BS/2 CAL
PO Box 884, Chanute, KS 66720 FIELD TICKET & TREAT S20-431-9210 or 800-467-8676 DATE CUSTOMER# WELL NAME & NUMBER G-26-15 GATE CUSTOMER# WELL NAME & NUMBER GATE CUSTOMER# Val FACTON CONT OB TYPE SUCCESS JOB TYPE SUCCESS JOB TYPE SUCCESS JOB TYPE SUCCESS JOB TYPE SUCCESS JOB TYPE SUCCESS JOB TYPE SUCCESS JOB TYPE SUCCESS JOB TYPE SUCCESS JOB TYPE SUCCESS <td< td=""><td>IMENT REPORT T Ap: 15-035-24 SECTION TOWNSHIP 29 325 329 325 TRUCK # DRIVER 132 Chcis 702 Jacob 314 CASING SIZE & WEIGHT_S OTHER CEMENT LEPT in CASING for the second sec</td><td>647-00-00 BE COUNTY COUNTY K# DRIVER BS/2 CAL</td></td<>	IMENT REPORT T Ap: 15-035-24 SECTION TOWNSHIP 29 325 329 325 TRUCK # DRIVER 132 Chcis 702 Jacob 314 CASING SIZE & WEIGHT_S OTHER CEMENT LEPT in CASING for the second sec	647-00-00 BE COUNTY COUNTY K# DRIVER BS/2 CAL
POD BOR 3004, CHARMER, RS 50720 CEMENT DATE CUSTOMER# WELL NAME & NUMBER G-26-15 8576 Gra Ham 1-29 CUSTOMER Val FNCGY Image: State 2000 Val FNCGY STATE 210 CODE Val FNCGY BACK STATE JOB TYPE Succes B SLURRY WEIGHT SURRY VOL 32.26 WATER gal/sk DISPLACEMENT SURRY VOL 32.26 WATER gal/sk ACCOUNT DISPLACEMENT PSL300 MIX PSL /40 ACCOUNT OHANITY or UNITS DESCRIPTION of 10	Image: IS-035-24 SECTION TOWNSHIP RANG 29 325 GE TRUCK# DRIVER TRUCI 444 DESAMY Image: Image	E COUNTY COUNTY K# DRIVER S/z CAL
DATE CUSTOMER # WELL NAME & NUMBER G-26-15 8576 Gra Ham -29 CUSTOMER Val FARRY B Val FARRY MAILING ADDRESS B 125 N Market St. 5te. 17 STATE ZIP CODE Withita K5 67202 JOB TYPE State ZIP CODE Withita K5 67202 JOB TYPE B HOLE SIZE 121/21 JOB TYPE Surface B CASING DEPTH 201,53 DRILL PIPE SLURRY WEIGHT MALES NIX PSI 140 DISPLACEMENT MELTING DISPLACEMENT PSL300 MIX PSI 140 REMARKS: Saft Meating B Surface 2/ Gal 12 bbl Canneating Canneating Surface 12 bbl Canneating Canneating To Surface Surface	SECTION TOWNSHIP RANG	E COUNTY COUNTY K# DRIVER S/z CAL
<u>G-26-15</u> <u>8576</u> <u>Gra Ham</u> <u>1-29</u> <u>USTOMER</u> <u>Val</u> <u>Energy</u> <u>MAILING ADDRESS</u> <u>125 N Market St. 5tr. 17</u> <u>CITY</u> <u>STATE</u> <u>ZIP CODE</u> <u>Wichita</u> <u>K5</u> <u>C7202</u> JOB TYPE <u>SURGACE</u> <u>B</u> HOLE SIZE <u>121/1</u> HOLE DEPTH <u>CASING DEPTH</u> <u>301,53</u> <u>DRILL PIPE</u> <u>TUBING</u> <u>SLURRY WEIGHT</u> <u>14,516</u> <u>SLURRY VOL 38,76</u> <u>WATER gal/sk</u> <u>DISPLACEMENT</u> <u>7,50</u> <u>DISPLACEMENT PSL320</u> <u>MIX PSI 140</u> <u>REMARKS: Soft Meating Break curcule</u> <u>21/gcd</u> <u>12 bb mb - Ebdlic</u> <u>displaced</u> wid <u>Curculating Compart</u> <u>to Surface</u> <u>12 bb</u> <u>Cerment</u> <u>Returns</u> <u>to Surface</u>	29 325 GE TRUCK# DRIVER TRUCI 446 Jesany 713 Chris 702 Jacob 314 CASING SIZE & WEIGHT S OTHER A CASING SIZE & WEIGHT S OTHER A CASING SIZE & WEIGHT S OTHER A CASING SIZE & WEIGHT S OTHER CASING SIZE & WEIGHT S OTHER A CASING SIZE & WEIGHT S OT	K# DRIVER K# DRIVER S/z C-A+
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ACCOUNT OURNITY or UNITS	213 Chr.s 702 Jacob 314 Casing size & weight _9 OTHER OTHER k CEMENT LEFT in CASING 1 2 RATE_Shom cdion, mix 140.5ks cl k 140.5ks cl	uss A 34cc
CITY STATE ZIP CODE Wichita KS G7202 JOB TYPE Garage B HOLE SIZE /2/4/ HOLE DEPTH JOB TYPE B HOLE SIZE /2/4/ HOLE DEPTH JOB TYPE Garage B HOLE SIZE /2/4/ HOLE DEPTH JOB TYPE Garage B HOLE SIZE /2/4/ HOLE DEPTH CASING DEPTH 301,53 DRILL PIPE TUBING SLURRY WEIGHT M.S.S.B SLURRY VOL 38,76 WATER gail/sk DISPLACEMENT PSI-30 DISPLACEMENT PSI-300 MIX PSI /40 REMARKS: Safe Maating Breack Carcal Mid 2// ged 12 hbpl Carract Grade Garace 12 hbpl Carract Refument To Surfaced ACCOUNT OHANITY or HNITS DESCRIPTION of 1	314 CASING SIZE & WEIGHT S OTHER CEMENT LEFT in CASING J RATE Shom Colion, M: X 140.560 cl	uss A 34cc
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ACCOUNT QUANTY OF UNITS DESCRIPTION OF	2 RATE Shom colion, mix 140 sks cl h 19,50 bbl and us	uss A 34cc
REMARKS: South Marting Brack curcule 2/get 1/216 psh - Etallic displaced with curculating content to surface 12 bbl content Returns to Surface	which mix 140 sks el	
ACCOUNT QUANTIX OF LINITS	h 19,50 bhl and vo	
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ENTERED SEP 2 9 2015	SALES T ESTIMA	TAX 107.39

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

I