Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1304893

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd.	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? Yes No
If Workover/Re-entry: Old Well Info as follows:	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: Original Total Depth:	· · · · · · · · · · · · · · · · · · ·
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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.

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:			

CORRECTION #2

1304893

Operator Name:			Lease Name:	Well #:
Sec TwpS	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 Taker (Attach Additional		Yes No					Sample
Samples Sent to Geo	logical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		tion, 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 / SQL	JEEZE RECORD	1		
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	s Used Type and Percent Additives			
Protect Casing Plug Back TD							
Plug Off Zone							
Does the volume of the t		n this well? aulic fracturing treatment ex submitted to the chemical c		│ Yes │ ? │ Yes │ │ Yes │	No (If No, ski	o questions 2 ar o question 3) out Page Three	
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		s Set/Type orated		cture, Shot, Cement mount and Kind of Mai		d Depth

Estimated Production Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Packer At:

Pumping

Producing Method:

Flowing

Liner Run:

Gas Lift

No

Yes

Other (Explain)

TUBING RECORD:

Size:

Date of First, Resumed Production, SWD or ENHR.

Set At:

Form	ACO1 - Well Completion	
Operator	Val Energy, Inc.	
Well Name	BEACHNER 1-12	
Doc ID	1304893	

All Electric Logs Run

DENSITY NEUTRON
MICRO
SONIC
DUAL INDUCTION

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	BEACHNER 1-12
Doc ID	1304893

Casing

		Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	231	CLASS A	175	CC
Production	7.625	5.5	15.5	4743	OILWELL CEMENT	180	CC

Summary of Changes

Lease Name and Number: BEACHNER 1-12 API/Permit #: 15-193-20892-00-00 Doc ID: 1304893 Correction Number: 2 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	04/20/2016	04/25/2016
Date of First or Resumed Production or		09/04/2013
SWD or Enhr Method Of Completion - Perf	No	Yes
Perf_Record_1		4480-88
Perf_Record_2		4624-30
Perf_Record_3		4578-88
Perf_Shots_1		4
Perf_Shots_2		4
Perf_Shots_3		4
Producing Method Pumping	No	Yes

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Production - Barrels Oil		124
Production - Barrels of Water		10
Production - MCF Gas		0
Production - Oil Gravity		39
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 04462	//kcc/detail/operatorE ditDetail.cfm?docID=13 04893

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1304462

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 #		API No. 15
Name:		Spot Description:
Address 1:		
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	Feet from Deast / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (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:
	Temp. Abd.	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?
If Workover/Re-entry: Old Well Info as follows:		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: Origina	I Total Depth:	
Deepening Re-perf. Conv. to	ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back 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:
GSW Permit #: _		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. 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.

KCC Office Use ONLY			
Confidentiality Requested			
Date:			
Confidential Release Date:			
Wireline Log Received			
Geologist Report Received			
UIC Distribution			
ALT I II Approved by: Date:			

CORRECTION #1

1304462

Operator Na	me:			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 Yes (Attach Additional Sheets)				Log Formatio	og Formation (Top), Depth and Datum Sa		
Samples Sent to Geo	,	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c		ew Used termediate, product	ion, 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 / SQ	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well?				Yes [o questions 2 and	d 3)
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 Was the hydraulic fracturing treatment information submitted to the chemical disclosure reg				s? Yes		o question 3) out Page Three o	f the ACO-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					cture, Shot, Cement and Kind of Mat		Depth

TUBING RECORD: Size: Set At			Set At:	Pacl	ker At:	Liner Rur		No	
Date of First, Resumed Production, SWD or ENHR.			} .	Producing Method:	mping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
		1			1				
DISPOSITION OF GAS:			METHOD OF COMPLETION:		_	PRODUCTION INTER	VAL:		
Vented Sold Used on Lease			Open Hole Perf.	Uually (Submit)	/ Comp. [<i>ACO-5</i>)	Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)			Other (Specify)	, ,	, 	,			

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	BEACHNER 1-12
Doc ID	1304462

All Electric Logs Run

DENSITY NEUTRON
MICRO
SONIC
DUAL INDUCTION

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	BEACHNER 1-12
Doc ID	1304462

Casing

		Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	231	CLASS A	175	CC
Production	7.625	5.5	15.5	4743	OILWELL CEMENT	180	CC

Summary of Changes

Lease Name and Number: BEACHNER 1-12 API/Permit #: 15-193-20892-00-00 Doc ID: 1304462 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	08/06/2013	04/20/2016
CasingAdd_Type_PctP DF_1		CC
CasingAdd_Type_PctP DF_2		CC
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/ kcc/detail/locationInform
Producing Formation	ation.cfm?section=12&t CHEROKEE	ation.cfm?section=12&t PAWNEE
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 53818	//kcc/detail/operatorE ditDetail.cfm?docID=13 04462



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1153818

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

CONFIDENTIAL OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

WELL	HISTORY	- DESCR	RIPTION	OF W	/ELL &	LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Fast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	
	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Dewatering method used:
Conv. to GSW	
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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.

KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1153818

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

CONFIDENTIAL OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

WELL	HISTORY	- DESCR	RIPTION	OF W	/ELL &	LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip:	+ Feet from T East / T West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workd	
Oil WSW SWD Gas D&A ENHR OG GSW CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	SIOW Amount of Surface Pipe Set and Cemented at: Feet SIGW Multiple Stage Cementing Collar Used? Yes No Temp. Abd. If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan
Original Comp. Date: Original Total Depth:	
Plug Back: Plug Back Tot	I Depth Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Two S R East West
ENHR Permit #:	County: Dermit #:
GSW Permit #:	I Office #
	on Date or etion Date

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.

KCC Office Use ONLY	
Letter of Confidentiality Received	
Date:	
Confidential Release Date:	
Wireline Log Received	
Geologist Report Received	
UIC Distribution	
ALT I II III Approved by: Date:	