

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1308574

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:			Sec	Twp S. R	East _ West	
Address 2:			Fe	eet from	South Line of Section	
City:	State: Z	ip:+	Fe	eet from East / V	West Line of Section	
Contact Person:			Footages Calculated from N	Nearest Outside Section Co	orner:	
Phone: ()			□ NE □ NW	/ □SE □SW		
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:	We	ell #:	
	e-Entry	Workover	Field Name:			
	_		Producing Formation:			
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing: _		
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:	
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet	
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet	
Operator:			If Alternate II completion, ce	ement circulated from:		
Well Name:			feet depth to:	w/	sx cmt.	
Original Comp. Date:						
Deepening Re-perf	•	ENHR Conv. to SWD	Drilling Fluid Managemen	at Dian		
☐ Plug Back	Conv. to G		(Data must be collected from the			
Commingled	Pormit #:		Chloride content:	ppm Fluid volume:	bbls	
Dual Completion			Dewatering method used:_			
SWD			Location of fluid disposal if	hauled offsite:		
☐ ENHR						
GSW	Permit #:		Operator Name:			
_ <del>_</del>			Lease Name:	License #:		
Spud Date or Date R	eached 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.

**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:						

Page Two



Operator Name:				_ Lease Na	ıme:			Well #:	
Sec Twp	S. R	East V	West	County: _					
open and closed, flow and flow rates if gas t Final Radioactivity Lo	ow important tops of for ving and shut-in pressu o surface test, along wi g, Final Logs run to ob ed in LAS version 2.0 o	res, whether s ith final chart(s tain Geophysi	shut-in pres s). Attach ical Data a	ssure reache extra sheet i nd Final Elec	ed station f more ctric Lo	c level, hydrosta space is neede	atic pressures, ed.	bottom hole temper	erature, fluid recovery,
Drill Stem Tests Taker (Attach Additional		Yes	☐ No		L	og Formati	on (Top), Deptl	h and Datum	Sample
Samples Sent to Geo	logical Survey	Yes	No		Name	Э		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No						
List All E. Logs Run:									
			CASING F	RECORD	Ne	w Used			
		Report all s	strings set-co	onductor, surfa	ace, inte	rmediate, product	tion, etc.		
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weight Lbs. / F		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ΔD	DITIONAL	CEMENTING	2 / 9011	EEZE RECORD	<u> </u>		
Purpose: Depth Type of Cement  Perforate Protect Casing Plug Back TD				# Sacks U		Type and Percent Additives			
Plug Off Zone									
Does the volume of the t	ulic fracturing treatment or otal base fluid of the hydraring treatment information	aulic fracturing to			-	? Yes	No (If No	o, skip questions 2 ar o, skip question 3) o, fill out Page Three	
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfor						acture, Shot, Cen	nent Squeeze Record	d Depth	
	opeony i e	orage or Each I	interval i ent	Stated		(2	inodin and Nina o	i material Oscoj	Бери
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:	Yes	No	
Date of First, Resumed	Production, SWD or ENH		ducing Meth	od:  Pumping		Gas Lift (	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bl	bls.		Mcf	Wate		Bbls.	Gas-Oil Ratio	Gravity
Vented Solo	ON OF GAS:  Used on Lease  bmit ACO-18.)	Open I		ETHOD OF C	1	Comp. Co	mmingled	PRODUCTIO	ON INTERVAL:

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	SCHROEDER TRUST 1-18
Doc ID	1308574

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	276	COMMON	180	CC
Production	7.875	5.5	15.5	4886	OIL WELL CEMENT	150	CC

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



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

Sam Brownback, Governor

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

June 06, 2016

DUSTIN WYER Val Energy, Inc. 125 N MARKET ST STE 1110 WICHITA, KS 67202-1728

Re: ACO-1 API 15-193-20909-00-00 SCHROEDER TRUST 1-18 NW/4 Sec.18-08S-35W Thomas County, Kansas

Dear DUSTIN WYER:

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 1/10/2014 and the ACO-1 was received on June 06, 2016 (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**