Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1309993

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 East / 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:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) 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 SWD	
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
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 Twp S. 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 Approved by: Date:

CORRECTION #1

1309993

Operator Name:	Lease Name:	_ Well #:
Sec TwpS. 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 No		og Formatio	on (Top), Depth an	d Datum	Sample
(Attach Additional Sh Samples Sent to Geolog	,	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run	gioar carvoy	☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o			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 / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD Plug Off Zone							
	al base fluid of the hydr	n this well? aulic fracturing treatment ex submitted to the chemical o		│ Yes [? │ Yes [│ Yes [No (If No, skip	o questions 2 an o question 3) out Page Three o	
Shots Per Foot	PERFORATIC Specify F	ON RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated	Acid, Fra (Ar	cture, Shot, Cement mount and Kind of Mat	Squeeze Record terial Used)	d Depth

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

Packer At:

Pumping

Producing Method:

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	CONNIE 1-25
Doc ID	1309993

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	222	CLASS A	175	сс
Conductor	7.625	5.5	15.5	3467	AA2	100	сс

Summary of Changes

Lease Name and Number: CONNIE 1-25 API/Permit #: 15-035-24572-00-00 Doc ID: 1309993 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	06/09/2014	06/22/2016
CasingAdd_Type_PctP DF_1		СС
CasingAdd_Type_PctP DF_2		СС
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTIION	Conductor
Date of First or Resumed Production or		7/6/2014
SWD or Enhr Method Of Completion - Perf	No	Yes
Perf_Depth_1		3145-48, 53-55, 58-62
Perf_Depth_2		3187-91, 3204-09, 18- 23

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_1		1000g 15% acid, 4656bbls water,
Perf_Material_2		39600lbs sand 1000g 15% acid, 4656bbls water,
Perf_Record_1		39600lbs sand 3145-48, 53-55, 58-62
Perf_Record_2		3187-91, 3204-09, 18- 23
Perf_Shots_1		2
Perf_Shots_2		2
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 09327	//kcc/detail/operatorE ditDetail.cfm?docID=13 09993



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1209327

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Name: Address 1:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from Dorth / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License # Name:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	
Name: (e.g. xxxxxxx) Wellsite Geologist:	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion:	J J J J J J J J J J J J J J J J J J J	County:
Image: Section of the sector of the secto		Lease Name: Well #:
Producing Formation: Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: Original Total Depth: Feet Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Dual Completion Permit #: Conv. to GSW Conv. to Froducer Chloride content: ppm Fluid volume: bbls SWD Permit #: Coasil of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Lease Name: License #: East west		Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth: Cathodic Other (Core, Expl., etc.); If Workover/Re-entry: Old Well Info as follows: If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Conv. to GSW Conv. to Producer Chloride content: Multiple Stage Cementing Collar Used? If set depth to: Well Name: Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to GSW Conv. to GSW Conv. to FORULE Conv. to GSW Conv. to Producer Chloride content: Multiple Stage Cementing Collar Used? If set depth to: Well Name: Conv. to ENHR Conv. to FORULE Conv. to GSW Conv. to Producer Chloride content: Multiple Stage Cementing Collar Used? If set depth to: Workering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: License #: Quarter Spud Date or Date Reached TD Completion Date or Date Reached TD Completion Date or Date Reached TD Completion Date or Completion Date or Date Reached TD Completion Date or Completion Date or Date Reached TD Completion Date or Completion Date or Date Reached TD Completion Date or Completion D	New Well Re-Entry Workover	Producing Formation:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth: Plug Back Total Depth: Feet Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator:		Elevation: Ground: Kelly Bushing:
OG CSW Temp. Add. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Feet Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator:		
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 Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:		
Operator:	Cathodic Other (Core, Expl., etc.):	
Well Name:	If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Chloride content: ppm Dual Completion Permit #: Dewatering method used: Dewatering method used: Dewatering method used: SWD Permit #: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: GSW Permit #: Completion Date or Completion Date or Sec. Twp.	Operator:	If Alternate II completion, cement circulated from:
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Well Name:	feet depth to:w/sx cmt
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date: Original Total Depth:	
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: License #: Lease Name: License #: Quarter Sec TwpS. R East	Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East	Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter SecTwpS. R	Commingled Bormit #:	Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Date or Date Reached TD		Dewatering method used:
ENHR Permit #: Operator Name: GSW Permit #: Lease Name: Spud Date or Date Reached TD Completion Date or		Location of fluid disposal if haulad officito:
GSW Permit #:		Location of huid disposal if hadied offshe.
Spud Date or Date Reached TD Completion Date or Lease Name: License #: Lic		Operator Name:
Spud Date or Date Reached ID Completion Date or		Lease Name: License #:
	Shud Date or Date Reached TD Completion Date or	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: