

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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
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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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
11/8/2016	3034

Bill To	
Val Energy Inc. 125 N. Market St., Suite 1110 Wichita, KS 67202	
Customer ID#	1217

Job Date	11/7/2016
Lease Information	
Wallingford 1-28	
County	Cowley
Foreman	RM

9308

Item	Description	Qty	Rate	Amount
C103	Cement Pump-Plug (new well)	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	20	3.95	79.00
C203	Pozmix Cement 60/40	145	12.75	1,848.75T
C206	Gel Bentonite	500	0.20	100.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
D101	Discount on Services		-300.00	-300.00

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

Subtotal	\$3,122.75
Sales Tax (6.75%)	\$131.54
Total	\$3,254.29
Payments/Credits	\$0.00
Balance Due	\$3,254.29

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. **3034**
 Foreman Russell McLow
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
11-7-16	12M	Wallingford 1-28	28	30	6	Cowley	Ks	
Customer VAL Energy INC.			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address 125 N MARKET ST STE 1110					105			
City Wichita		State KS	Zip Code 67202					

Job Type P.T.A. Hole Depth 3375 Slurry Vol. 36 861 Tubing _____
 Casing Depth _____ Hole Size 7 7/8 Slurry Wt. 13.8 Drill Pipe 4 1/2
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK 6.4 Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM 5

Remarks: safety meeting

SPOT 35 SKs @ 3310'
 SPOT 35 SKs @ 403'
 SPOT 25 SKs 60' to surface
 SAT 30 SKs Rathole
 SPOT 20 SKs mouse hole
 145 SKs TOTAL 60/40 P2mix 4% Gel

Thank you!
 Russell McLow

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-103		Pump Charge	1050.00	1050.00
C-107	20	Mileage	3.95	79.00
C-203	145	SKs 60/40 P2mix	12.75	1848.75
C-206	500 "	Gel = 4%	.20	100.00
C-108A	6.24 Tons	Tow mileage (BULK TANK)	345.00	345.00
			Sub Total	3422.75
			Discount	300.00
			Sales Tax	131.54

Authorization by Duke Colter Title Rig Pusher C16 Drlg Total 3254.29

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
11/8/2016	3022

Bill To	
Val Energy Inc. 125 N. Market St., Suite 1110 Wichita, KS 67202	
Customer ID#	1217

Job Date	11/2/2016
Lease Information	
Wallingford 1-28	
County	Cowley
Foreman	RM

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C101	Cement Pump-Surface	1	840.00	840.00
C107	Pump Truck Mileage (one way)	20	3.95	79.00
C200	Class A Cement-94# sack	150	15.00	2,250.00T
C205	Calcium Chloride	280	0.60	168.00T
C206	Gel Bentonite	280	0.20	56.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
D101	Discount on Services		-300.00	-300.00

9208

We appreciate your business!

Subtotal	\$3,438.00
Sales Tax (6.75%)	\$167.00
Total	\$3,605.00
Payments/Credits	\$0.00
Balance Due	\$3,605.00

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **3022**
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-2-16	12M	Wallingford 1-28	28	30	6	Cowley	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
VALE Energy INC.				105	Dave		
Mailing Address				114	Steve		
125 N Market St STE 1110							
City	State	Zip Code					
Wichita	KS	67202					

Job Type Surface Hole Depth 348 Slurry Vol. 40 Bbl Tubing —
 Casing Depth 338 G.L. Hole Size 12 1/2 Slurry Wt. 14.8 Drill Pipe 4 1/2
 Casing Size & Wt. B78 24" Cement Left in Casing 20 Water Gal/SK 6.5 Other —
 Displacement 21 Bbl Displacement PSI 50 PSI Bump Plug to No Plug BPM 5

Remarks: Safety meeting, Rig up to B78 Break Circulation w/ 5 Bbl
Fresh water. Mix @ Pump 150 SK's Reg class A cement w/ 3% CC 2% Gel
1/4" Floxide @ 14.8 # per gallon w/ yield 1.36. Displace w/ 21 Bbl water
4 Bbl cement Returns to Pit. = (15 SK's) Close casing in. Wash out cellar
For Rig Job complete, Tear Down.

Thank you
 Russell McCoy!

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-101	1	Pump Charge	840.00	840.00
C-107	20	Mileage	3.95	79.00
C-200	150	SK's CLASS A cement	15.00	2,250.00
C-205	280 #	# CaCl2	.60	168.00
C-206	280 #	A Gel	.20	56.00
C-108 A	7.05 Tons	TON mileage Bulk Truck	345.00	345.00
			Sub Total	3,138.00
			Discount	300.00
		OK by Todd Allam w/ val by phone on 10-31-16	Sales Tax	167.00

Authorization Called by Duke 11-2-16 Title w/ CTG Dr 1g Total 3,609.00

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



DRILL STEM TEST REPORT

Prepared For: **Val Energy, Inc.**

125 North Market Street
Suite 1110
Wichita, KS 67202

ATTN: Joe Baker

Wallingford #1-28

28-30S-6E Cowley,KS

Start Date: 2016.11.05 @ 12:41:00

End Date: 2016.11.05 @ 19:26:45

Job Ticket #: 63085 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2016.11.08 @ 09:31:29



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Val Energy, Inc.
125 North Market Street
Suite 1110
Wichita, KS 67202
ATTN: Joe Baker

28-30S-6E Cowley,KS

Wallingford #1-28

Job Ticket: 63085

DST#: 1

Test Start: 2016.11.05 @ 12:41:00

GENERAL INFORMATION:

Formation: **Mississippian**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:33:00

Time Test Ended: 19:26:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Jimmy Ricketts

Unit No: 80

Interval: 2910.00 ft (KB) To 2936.00 ft (KB) (TVD)

Reference Elevations: 1421.00 ft (KB)

Total Depth: 2936.00 ft (KB) (TVD)

1412.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 9.00 ft

Serial #: 6798

Inside

Press@RunDepth: 36.09 psig @ 2911.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.11.05

End Date:

2016.11.05

Last Calib.:

2016.11.05

Start Time:

12:41:05

End Time:

19:26:44

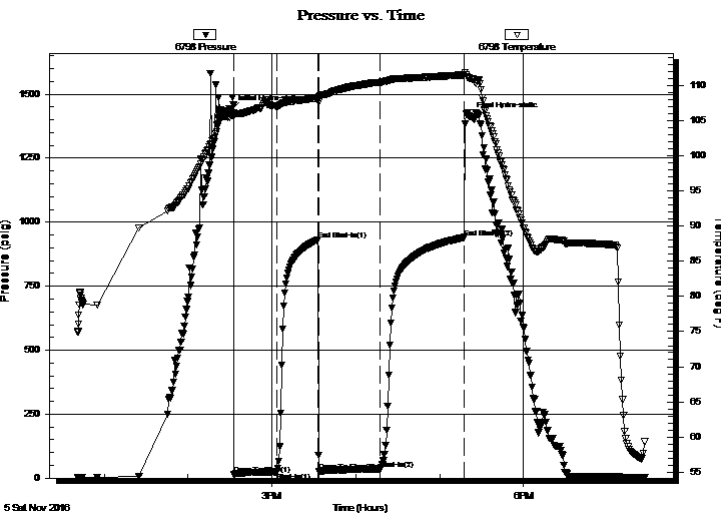
Time On Btm:

2016.11.05 @ 14:31:00

Time Off Btm:

2016.11.05 @ 17:21:45

TEST COMMENT: IF - Weak blow building to 1 inch initial flow period.
FF - No blow building to surface blow final flow period.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1440.40	105.70	Initial Hydro-static
2	13.88	105.69	Open To Flow (1)
33	24.48	107.00	Shut-In(1)
62	930.66	108.24	End Shut-In(1)
63	26.94	108.07	Open To Flow (2)
106	36.09	110.43	Shut-In(2)
167	940.73	111.50	End Shut-In(2)
171	1411.74	110.96	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
25.00	Drilling mud 100% M	0.12

Gas Rates

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



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

Val Energy, Inc.
125 North Market Street
Suite 1110
Wichita, KS 67202
ATTN: Joe Baker

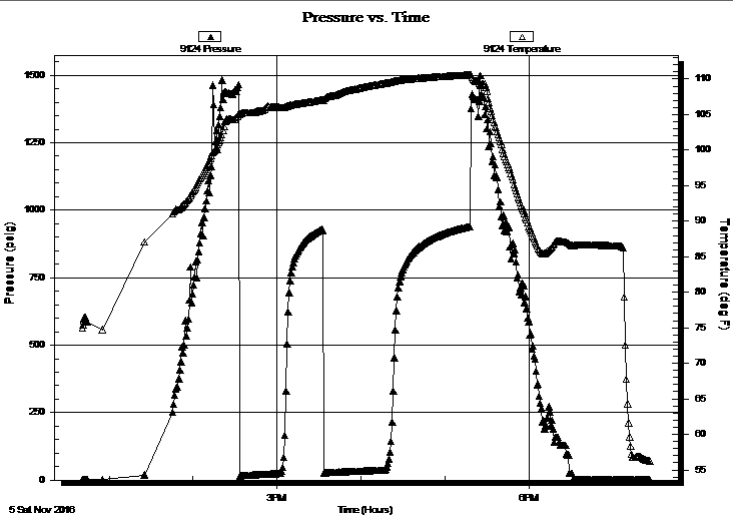
28-30S-6E Cowley,KS
Wallingford #1-28
Job Ticket: 63085 **DST#: 1**
Test Start: 2016.11.05 @ 12:41:00

GENERAL INFORMATION:

Formation: **Mississippian**
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Initial)
Time Tool Opened: 14:33:00 Tester: Jimmy Ricketts
Time Test Ended: 19:26:45 Unit No: 80
Interval: 2910.00 ft (KB) To 2936.00 ft (KB) (TVD) Reference Elevations: 1421.00 ft (KB)
Total Depth: 2936.00 ft (KB) (TVD) 1412.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 9.00 ft

Serial #: 9124 **Outside**
Press@RunDepth: psig @ 2911.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2016.11.05 End Date: 2016.11.05 Last Calib.: 1899.12.30
Start Time: 12:41:05 End Time: 19:26:14 Time On Btm:
Time Off Btm:

TEST COMMENT: IF - Weak blow building to 1 inch initial flow period.
FF - No blow building to surface blow final flow period.



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery		
Length (ft)	Description	Volume (bbl)
25.00	Drilling mud 100% M	0.12

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Val Energy, Inc.

28-30S-6E Cowley,KS

125 North Market Street
Suite 1110
Wichita, KS 67202
ATTN: Joe Baker

Wallingford #1-28

Job Ticket: 63085

DST#: 1

Test Start: 2016.11.05 @ 12:41:00

Tool Information

Drill Pipe:	Length: 2667.00 ft	Diameter: 3.80 inches	Volume: 37.41 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: inches	Volume: 0.00 bbl	Weight set on Packer: 21000.00 lb
Drill Collar:	Length: 237.00 ft	Diameter: 2.25 inches	Volume: 1.17 bbl	Weight to Pull Loose: 59000.00 lb
			<u>Total Volume: 38.58 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	14.00 ft			String Weight: Initial 49000.00 lb
Depth to Top Packer:	2910.00 ft			Final 50000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	26.00 ft			
Tool Length:	46.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			2891.00	
Shut In Tool	5.00			2896.00	
Hydraulic tool	5.00			2901.00	
Packer	4.00			2905.00	20.00 Bottom Of Top Packer
Packer	5.00			2910.00	
Stubb	1.00			2911.00	
Recorder	0.00	9124	Outside	2911.00	
Recorder	0.00	6798	Inside	2911.00	
Perforations	20.00			2931.00	
Bullnose	5.00			2936.00	26.00 Bottom Packers & Anchor
Total Tool Length:	46.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Val Energy, Inc.

28-30S-6E Cowley,KS

125 North Market Street
Suite 1110
Wichita, KS 67202
ATTN: Joe Baker

Wallingford #1-28

Job Ticket: 63085

DST#: 1

Test Start: 2016.11.05 @ 12:41:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 56.00 sec/qt

Water Loss: 8.79 in³

Resistivity: ohm.m

Salinity: 1700.00 ppm

Filter Cake: inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
25.00	Drilling mud 100% M	0.123

Total Length: 25.00 ft Total Volume: 0.123 bbl

Num Fluid Samples: 0

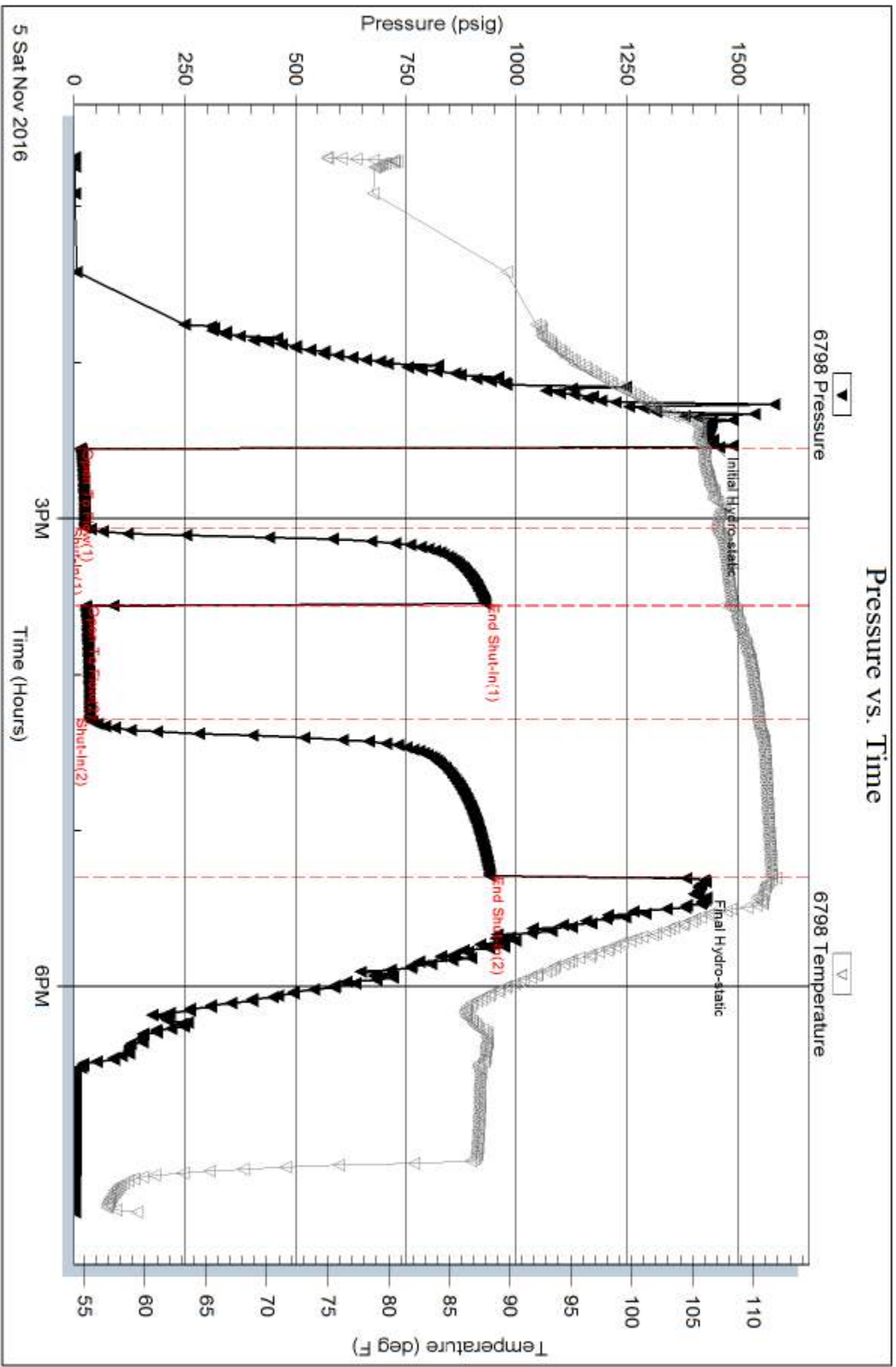
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

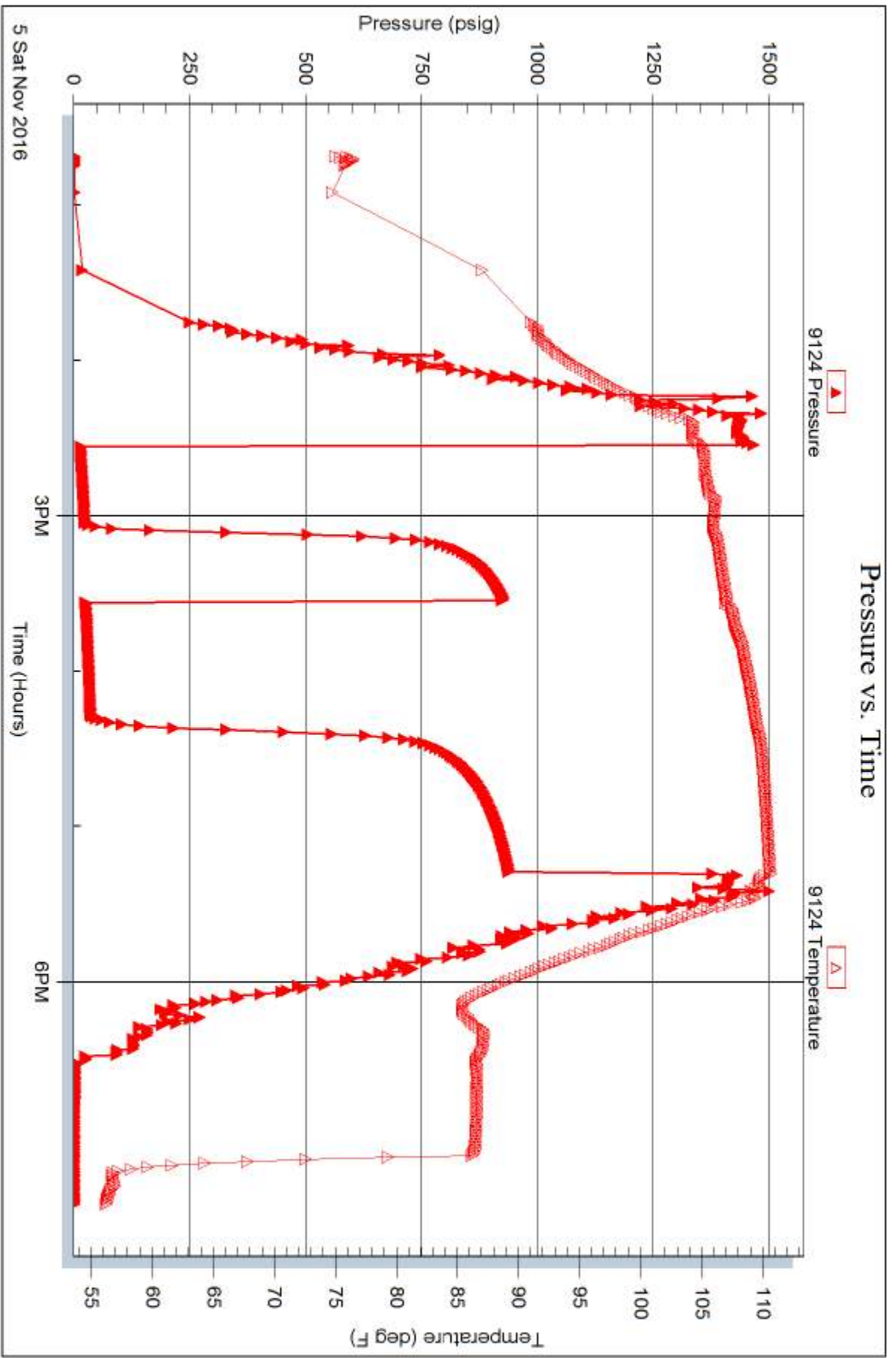


Serial #: 9124

Outside Val Energy, Inc.

Wallingford #1-28

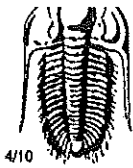
DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 63085

Printed: 2016.11.08 @ 09:31:30



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

185-622-5620

Test Ticket

NO. 63985

Well Name & No. Wallingford #1-28 Test No. 1 Date 11-5-16
 Company Kal Energy, Inc. Elevation 1421 KB 1412 GL
 Address 125 N Market St. Suite 1110 Wichita, KS 67202
 Co. Rep / Geo. Joe Baker Rig C+G Drilling #2
 Location: Sec. 28 Twp. 30 S Rge. 6 E Co. Cowley State KS

Interval Tested 2910-2936 Zone Tested Mississippian
 Anchor Length 26' Drill Pipe Run 2667 Mud Wt. 9.4
 Top Packer Depth 2905 Drill Collars Run 237 Vis 56
 Bottom Packer Depth 2910 Wt. Pipe Run 0 WL 8.8
 Total Depth 2936 Chlorides 1700 ppm System LCM

Blow Description IF- weak blow building to 1 inch Initial flow period
IF- No blow building to surface blow Final flow period.

Rec	Feet of	%gas	%oil	%water	%mud
<u>25</u>	<u>Drilling Mud</u>			<u>100%</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 25 BHT 111 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 1440 Test 1050 T-On Location 1200
 (B) First Initial Flow 14 Jars _____ T-Started 1241
 (C) First Final Flow 24 Safety Joint _____ T-Open 1433
 (D) Initial Shut-In 931 Circ Sub _____ T-Pulled 1718
 (E) Second Initial Flow 27 Hourly Standby _____ T-Out 1930
 (F) Second Final Flow 36 Mileage 75 100 RT Comments _____
 (G) Final Shut-In 941 Sampler _____
 (H) Final Hydrostatic 1412 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 0
 Initial Shut-In 30 Day Standby _____ Total 1125
 Final Flow 45 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 60 Sub Total 1125

Approved By _____ Our Representative Jimmy Richards

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.