

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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REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice# 812471

Invoice Date: 02/19/18

Terms: Net 30

Page 1

VAL ENERGY

125 N. Market, Ste. 1110
 WICHITA KS 67202
 USA
 316-263-6688

WILSON 1-3

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0452	Cement Pump Charge 3001' - 4000'	1.000	2,300.0000	30.000	1,610.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	30.000	200.20
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	30.000	462.00
CC5800A	Class A Cement - Sack	100.000	20.0000	30.000	1,400.00
CE1163	Squeeze Manifold	1.000	400.0000	30.000	280.00

Subtotal 5,646.00

Discounted Amount 1,693.80

SubTotal After Discount 3,952.20

Amount Due 5,806.00 If paid after 03/21/18

Tax: 112.00

Total: 4,064.20



10059/9951

TICKET NUMBER 55042
LOCATION Oaklark KS
FOREMAN Miles Shaw

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

Invoice #812471
FIELD TICKET & TREATMENT REPORT
CEMENT

US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-18	8576	Wilson 1-3	3	8 S	36 W	Thomas
CUSTOMER <u>Val Energy</u>			Brewster US 1 N			
MAILING ADDRESS <u>125 N. Market, Ste. 1110</u>			1/2 E Sinto			
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67202</u>			
TRUCK #	DRIVER	TRUCK #	DRIVER			
<u>753</u>	<u>Travis W</u>					
<u>576</u>	<u>Paul W</u>					
<u>#</u>	<u>Keith C</u>					

JOB TYPE Squeeze HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5.5" 15.5 #
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" OTHER PCO 4486 #
 SLURRY WEIGHT 15⁰⁰ SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 273465 DISPLACEMENT PSI 1520 MIX PSI _____ RATE _____

REMARKS: Safety meeting and Rg up on well load backside and pressure to 520 psi
Took injection rate 2 bbls/min @ 1200 psi. mix max class A cement cleared
Pump & lines displace 273465 water stage to 273465 to 1500 psi. Released packer
Reversed out Shut in with 700 psi

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0452</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>2300.⁰⁰</u>	<u>2300.⁰⁰</u>
<u>CE0002</u>	<u>40</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>286.⁰⁰</u>
<u>CE0711</u>	<u>4.7 ton</u>	<u>Ton Mileage deliver</u>	<u>140.⁰⁰</u>	<u>660.⁰⁰</u>
<u>CC5806A</u>	<u>100 sk</u>	<u>Class A cement</u>	<u>20.⁰⁰</u>	<u>2000.⁰⁰</u>
<u>CE1163</u>	<u>1</u>	<u>Squeeze manifold</u>	<u>400.⁰⁰</u>	<u>400.⁰⁰</u>
			<u>Subtotal</u>	<u>5646.⁰⁰</u>
			<u>less 30% discount</u>	<u>1693.⁸⁰</u>
			<u>Subtotal</u>	<u>3952.²⁰</u>
			<u>SALES TAX</u>	<u>112.⁰⁰</u>
			<u>ESTIMATED TOTAL</u>	<u>4064.²⁰</u>

AUTHORIZATION Rick Smith

TITLE _____ DATE _____

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.