

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5822
 Name: VAL ENERGY, INC
 Address 1: 200 W. DOUGLAS
 Address 2: SUITE 520
 City: WICHITA State: KS Zip: 67202 + _____
 Contact Person: K. TODD ALLAM
 Phone: (316) 263-6688
 CONTRACTOR: License # 5822
 Name: VAL ENERGY, INC.
 Wellsite Geologist: JON STEWART
 Purchaser: _____
 Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 _____ Oil _____ SWD _____ SIOW
 _____ Gas _____ ENHR _____ SIGW
 _____ CM (Coal Bed Methane) _____ Temp. Abd.
 Dry _____ Other _____
 (Core, WSW, Expl., Cathodic, etc.)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
 _____ Plug Back: _____ Plug Back Total Depth
 _____ Commingled _____ Docket No.: _____
 _____ Dual Completion _____ Docket No.: _____
 _____ Other (SWD or Enhr.?) _____ Docket No.: _____
11/3/08 11/13/08 PA 11/13/08
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-007-23389-0000
 Spot Description: _____
SW _SE _NW - _____ Sec. 17 Twp. 33 S. R. 12 East West
2310 Feet from North / South Line of Section
1650 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: BARBER
 Lease Name: BOGGS Well #: 1-17
 Field Name: UNKNOWN
 Producing Formation: MISSISSIPPIAN
 Elevation: Ground: 1542 Kelly Bushing: 1552
 Total Depth: 4960 Plug Back Total Depth: 0
 Amount of Surface Pipe Set and Cemented at: 214 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 cm.

Drilling Fluid Management Plan P+A AIT I NCR
 (Data must be collected from the Reserve Pit) 1-21-09
 Chloride content: 28500 ppm Fluid volume: 900 bbls
 Dewatering method used: HAULED
 Location of fluid disposal if hauled offsite: _____
 Operator Name: VAL ENERGY, INC.
 Lease Name: BOGGS C24 SWD License No.: 5822
 Quarter SE Sec. 8 Twp. 33 S. R. 12 East West
 County: BARBER Docket No.: D-10917

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: K Todd Allam
 Title: PRESIDENT Date: 12/8/08
 Subscribed and sworn to before me this 8 day of DECEMBER,
 20 08.
 Notary Public: Brandi Wyer
 Date Commission Expires: 2/24/2010

NOTARY PUBLIC - State of Kansas
 BRANDI WYER
 My Appt. Expires 2/24/2010

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 _____ UIC Distribution
RECEIVED
 KANSAS CORPORATION COMMISSION
JAN 02 2009

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: VAL ENERGY, INC Lease Name: BOGGS Well #: 1-17
 Sec. 17 Twp. 33 S. R. 12 East West County: BARBER

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PAWNEE	4362	-2811
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHEROKEE SHALE	4407	-2855
List All E. Logs Run:		MISSISSIPPIAN CHERT	4424	-2872
DUAL INDUCTION		KINDERHOOK	4618	-3066
COMPENSATED DENSITY/NEUTRON		VIOLA	4733	-3181
MICRO		SIMPSON SHALE	4834	-3282
		SIMPSON SAND	4858	-3306

CASING RECORD <input checked="" 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
SURFACE	12 1/4	8 5/8	23	214	60/40 POZ	190	2% GEL, 3% CC

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-600	60/40 POZ	145	4% GEL, 1/4# FLO SEAL

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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WICHITA, KS

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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 <input checked="" type="checkbox"/> Other (Specify) <u>PLUG & ABANDONED</u>	PRODUCTION INTERVAL: _____ _____
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PAID
(DEC - 2 2008)

ENTERED NOV 21 2008

INVOICE

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (785) 483-3887
Fax: (785) 483-5566

Invoice Number: 117121
Invoice Date: Nov 13, 2008
Page: 1

Bill To:
Val Energy, Inc.
200 W. Douglas
STE #520
Wichita, KS 67202

9233

Handwritten signature

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Customer ID	Well Name # or Customer P.O.	Payment Terms	
Val	Boggs #1-17	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Medicine Lodge	Nov 13, 2008	12/13/08

Quantity	Item	Description	Unit Price	Amount
87.00	MAT	Class A Common	15.45	1,344.15
58.00	MAT	Pozmix	8.00	464.00
5.00	MAT	Gel	20.80	104.00
36.00	MAT	Flo Seal	2.50	90.00
151.00	SER	Handling	2.40	362.40
1.00	SER	Minimum Handling Mileage Charge	312.00	312.00
1.00	SER	Rotary Plug	1,017.00	1,017.00
16.00	SER	Mileage Pump Truck	7.00	112.00

Cement to Plug well

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CONSERVATION DIVISION
WICHITA, KS

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 380.55

ONLY IF PAID ON OR BEFORE

Dec 13, 2008

Subtotal	3,805.55
Sales Tax	239.75
Total Invoice Amount	4,045.30
Payment/Credit Applied	
TOTAL	4,045.30

- 380.55
3,664.75

ALLIED CEMENTING CO., LLC. 34126

ATTN TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Nehalem, Ind. Co., KS

B0995

DATE <i>11-13-08</i>	SEC. <i>17</i>	TWP. <i>33S</i>	RANGE <i>12W</i>	CALLED OUT <i>4:00 PM</i>	ON LOCATION <i>4:45 PM</i>	JOB START <i>9:20 PM</i>	JOB FINISH <i>10:30 PM</i>
LEASE <i>Roberts</i>	WELL# <i>1-17</i>	LOCATION <i>261 + Hardtwe shortcut, 2.8W</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)			<i>3/4 N, W + N F + O</i>				

CONTRACTOR *VAI #6*

TYPE OF JOB *Rotary Plug*

HOLE SIZE *7 7/8"* T.D. *49*

CASING SIZE *8 5/8"* 21" DEPTH *214*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *300* MINIMUM *100*

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER *VAI Energy*

CEMENT

AMOUNT ORDERED *145 5x 60:40:4 + 1/4" #10 Seal*

COMMON	<i>87</i>	<i>A</i>	@	<i>15.45</i>	<i>1344.15</i>
POZMIX	<i>58</i>		@	<i>8.00</i>	<i>464.00</i>
GEL	<i>5</i>		@	<i>20.80</i>	<i>104.00</i>
CHLORIDE			@		
ASC			@		
	<i>F10 Seal 36 #</i>		@	<i>2.50</i>	<i>90.00</i>
			@		
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING	<i>151</i>		@	<i>2.40</i>	<i>362.40</i>
MILEAGE	<i>16</i>	<i>Min chng</i>			<i>312.00</i>
TOTAL					<i>2676.55</i>

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 WICHITA, KS

EQUIPMENT

PUMP TRUCK CEMENTER *Thomas DeMorrow*

414-302 HELPER *Raymond F.*

BULK TRUCK

364 DRIVER *Matt T.*

BULK TRUCK

_____ DRIVER _____

REMARKS:

*Pipe 5-1 @ 600' load hole Pump 8 1/2 Fresh
 505x60:40:4 + 1/4" F10 Seal, 386L Fresh #2 1/2 w/1
 Pipe set @ 240' load hole Pump 5 1/2 26L Fresh
 Ahead 505x60:40:4 + 1/4" F10 Seal, 1/3 26L Fresh
 Pipe set @ 60' load hole Pump 205x60:40:4 +
 1/4" F10 Seal, cement circulated to surface
 Plus Rat + mouse w/ 25 5x60:40:4 + 1/4"
 F10 Seal
 Thank you*

SERVICE

DEPTH OF JOB	<i>600'</i>		
PUMP TRUCK CHARGE			<i>1017.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>16</i>	@	<i>7.00 112.00</i>
MANIFOLD		@	
		@	
		@	
TOTAL			<i>1129.00</i>

CHARGE TO: *VAI Energy*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL _____		

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *X Randy D Martin*

SIGNATURE *X Randy D Martin*

SALES TAX (If Any) _____

TOTAL CHARGES ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

**ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING**



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906
 Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 116901
 Invoice Date: Nov 3, 2008
 Page: 1

Bill To:
 Val Energy, Inc.
 200 W. Douglas
 STE #520
 Wichita, KS 67202

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9208

Customer ID	Well-Name# or Customer P.O.	Payment Terms	
Val	Boggs #1-17	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Medicine Lodge	Nov 3, 2008	12/3/08

Quantity	Item	Description	Unit Price	Amount
117.00	MAT	Class A Common	15.45	1,807.65
78.00	MAT	Pozmix	8.00	624.00
3.00	MAT	Gel	20.80	62.40
6.00	MAT	Chloride	58.20	349.20
204.00	SER	Handling	2.40	489.60
16.00	SER	Mileage 204 sx @ .10 per sk per mi	20.40	326.40
1.00	SER	Surface	1,018.00	1,018.00
16.00	SER	Mileage Pump Truck	7.00	112.00
1.00	SER	Head Rental	113.00	113.00
1.00	EQP	Wooden Plug	68.00	68.00

Cement Surface Casing

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 CONSERVATION DIVISION
 WICHITA, KS

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 497.02

ONLY IF PAID ON OR BEFORE

Dec 3, 2008

Subtotal	4,970.25
Sales Tax	183.41
Total Invoice Amount	5,153.66
Payment/Credit Applied	
TOTAL	5,153.66

- 497.02
4,656.64

ALLIED CEMENTING CO., LLC. 34289

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS.

DATE <u>11-3-08</u>	SEC. <u>17</u>	TWP. <u>33S</u>	RANGE <u>12 W</u>	CALLED OUT <u>10:00 AM</u>	ON LOCATION <u>11:30 AM</u>	JOB START <u>2:00 PM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>BOGGS</u>	WELL # <u>1-17</u>	LOCATION <u>281 + Hardner Shortcut, 2.8W, 3/4</u>			COUNTY <u>Barber</u>	STATE <u>KS.</u>	
OLD OR <u>NEW</u> (Circle one)			N TO Farmhouse, LG to the west, W into				

CONTRACTOR VAL #6
 TYPE OF JOB SURFACE
 HOLE SIZE 12 1/4" T.D. 214'
 CASING SIZE 8 5/8" 24" DEPTH 217'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 400 MINIMUM 100
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20' By Request
 PERFS. _____
 DISPLACEMENT 12 1/2 bbl Fresh water

OWNER VAL Energy
 CEMENT
 AMOUNT ORDERED 195 5x 60:40:2 + 32 cc

EQUIPMENT

PUMP TRUCK CEMENTER Thomas Demerrow
 # 414-302 HELPER Raymond R.
 BULK TRUCK
 # 304 DRIVER Michael N.
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>117 A</u>	@	<u>15.45</u>	<u>1807.65</u>
POZMIX	<u>78</u>	@	<u>8.00</u>	<u>624.00</u>
GEL	<u>3</u>	@	<u>20.80</u>	<u>62.40</u>
CHLORIDE	<u>6</u>	@	<u>58.20</u>	<u>349.20</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>204</u>	@	<u>2.40</u>	<u>489.60</u>
MILEAGE	<u>16 x 204 x .10</u>			<u>326.40</u>
				TOTAL <u>3659.25</u>

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WICHITA, KS

REMARKS:

Pipe on Bottom Break circulation Pump
195 5x 60:40:2 + 32 cc stop pumps, Release
Plug, start Displacement, set lift, slow rate
stop pumps + shut in, Displacement 12 1/2 bbl
Fresh water, cement circulated to surface

Thank you

CHARGE TO: VAL Energy
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>217'</u>		
PUMP TRUCK CHARGE			<u>1018.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>16</u>	@	<u>7.00</u> <u>112.00</u>
MANIFOLD		@	
<u>Head Rental</u>	<u>1</u>	@	<u>113.00</u> <u>113.00</u>
TOTAL <u>1243.00</u>			

8 5/8

PLUG & FLOAT EQUIPMENT

<u>wooden Ply</u>	<u>1</u>	@	<u>68.00</u>	<u>68.00</u>
		@		
		@		
		@		
		@		
				TOTAL <u>68.00</u>

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X JERRY D. ROWE
 SIGNATURE X [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES [scribble]
 DISCOUNT [scribble] IF PAID IN 30 DAYS

**ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING**