CORRECTION #2

Confidentiality Requested: KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1304893

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:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
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: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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 ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or 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.

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:



Operator Name:				Lease N	lame: _			Well #:		
Sec Twp	S. R	East	West	County:						
open and closed, flow	ow important tops of for ring and shut-in pressu o surface test, along w	res, whether	shut-in pre	ssure reach	ned stati	c level, hydrost	atic pressures, b			
	g, Final Logs run to obed in LAS version 2.0 o					gs must be em	ailed to kcc-wel	l-logs@kcc.ks.gov	v. Digital e	electronic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No		L		on (Top), Depth			ample
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	е		Тор	D	atum
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING	RECORD	☐ Ne	ew Used				
		Report al				ermediate, produc	tion, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In		Weigl Lbs./		Setting Depth	Type of Cement	# Sacks Used		nd Percent Iditives
		Δ.	DDITIONAL	CEMENTIN	10 / 201		\			
Purpose:	Depth	Type of C		# Sacks		JEEZE RECORD		d Percent Additives		
Perforate	Top Bottom	1,500 01 0	Joinion	" odoko		,,,po and rosson radianes				
Plug Back TD Plug Off Zone										
1 lug On Zone										
	ulic fracturing treatment or					Yes	=	skip questions 2 ar	nd 3)	
	otal base fluid of the hydra ing treatment information	•			•	?		skip question 3) fill out Page Three	of the ACO	-1)
	PERFORATIO					Acid Fr		ent Squeeze Record		
Shots Per Foot		ootage of Each					Amount and Kind of		-	Depth
TUBING RECORD:	Size:	Set At:		Packer At:	:	Liner Run:	Yes	No		
Date of First, Resumed	Production, SWD or ENH	IR. Pr	oducing Meth	nod:	,	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.		Mcf	Wate		Bbls.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		- N	METHOD OF	COMPLE	TION:		PRODUCTIO)N INTERV	ΔΙ:
Vented Solo		Oper	n Hole	Perf.	Dually	Comp. Co	mmingled	1110000110	ZIN IIN I LITV	
(If vented, Sui	bmit ACO-18.)	Othe	r (Specify)		(Submit A	4CO-5) (Su	bmit ACO-4)			

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	BEACHNER 1-12
Doc ID	1304893

All Electric Logs Run

DENSITY NEUTRON
MICRO
SONIC
DUAL INDUCTION

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	BEACHNER 1-12
Doc ID	1304893

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	231	CLASS A	175	CC
Production	7.625	5.5	15.5		OILWELL CEMENT	180	CC

Summary of Changes

Lease Name and Number: BEACHNER 1-12

API/Permit #: 15-193-20892-00-00

Doc ID: 1304893

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	04/20/2016	04/25/2016
Date of First or Resumed Production or		09/04/2013
SWD or Enhr Method Of Completion - Perf	No	Yes
Perf_Record_1		4480-88
Perf_Record_2		4624-30
Perf_Record_3		4578-88
Perf_Shots_1		4
Perf_Shots_2		4
Perf_Shots_3		4
Producing Method Pumping	No	Yes

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value		
Production - Barrels Oil		124		
Production - Barrels of Water		10		
Production - MCF Gas		0		
Production - Oil Gravity		39		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 04462	//kcc/detail/operatorE ditDetail.cfm?docID=13 04893		

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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 TwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			□ NE □ NW □ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			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:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
O constituents at	D		Chloride content: ppm Fluid volume: bbls
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of hala disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
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.

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

1304462 CORRECTION #1

Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	ronic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No				on (Top), Depth ar		Sampl	
Samples Sent to Geo	logical Survey	Yes	□No		Nam	е		Тор	Datum	1
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
	2	1				ermediate, product		T	I	
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ION RECORD Footage of Eac					cture, Shot, Cement			epth
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. F	Producing Met	hod: Pumpin	a \square	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	I Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

Form	ACO1 - Well Completion		
Operator	Val Energy, Inc.		
Well Name	BEACHNER 1-12		
Doc ID	1304462		

All Electric Logs Run

DENSITY NEUTRON
MICRO
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DUAL INDUCTION

Form	ACO1 - Well Completion		
Operator	Val Energy, Inc.		
Well Name	BEACHNER 1-12		
Doc ID	1304462		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	231	CLASS A	175	CC
Production	7.625	5.5	15.5	4743	OILWELL CEMENT	180	CC

Summary of Changes

Lease Name and Number: BEACHNER 1-12

API/Permit #: 15-193-20892-00-00

Doc ID: 1304462

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value	
Approved By	NAOMI JAMES	Karen Ritter	
Approved Date	08/06/2013	04/20/2016	
CasingAdd_Type_PctP DF_1		CC	
CasingAdd_Type_PctP DF_2		CC	
CasingPurposeOfString PDF_1	SURFACE	Surface	
CasingPurposeOfString PDF_2	PRODUCTION	Production	
Fracturing Question 1		No	
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform	https://kolar.kgs.ku.edu/ kcc/detail/locationInform	
Producing Formation	ation.cfm?section=12&t CHEROKEE	ation.cfm?section=12&t PAWNEE	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 53818	//kcc/detail/operatorE ditDetail.cfm?docID=13 04462	



CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1153818

Form ACO-1
June 2009
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:	SecTwpS. R
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: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
□ Oil □ WSW □ SIOW □ Gas □ D&A □ ENHR □ SIGW □ OG □ GSW □ Temp. Abd. □ CM (Coal Bed Methane) □ Cathodic □ Other (Core, Expl., etc.): □ If Workover/Re-entry: Old Well Info as follows:	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: sx cmt
Operator:	Dellin a Florid Management Plan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
■ ENHR Permit #:	QuarterSecTwpS. R East Wes
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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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.

KCC Office Use ONLY		
Letter of Confidentiality Received		
Date:		
Confidential Release Date:		
Wireline Log Received		
Geologist Report Received		
UIC Distribution		
ALT I II III Approved by: Date:		



Kansas Corporation Commission Oil & Gas Conservation Division CONFIDENTIAL

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

ADINA 15

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Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
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Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows:	Amount of Surface Pipe Set and Cemented at: Fee Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R East Wes
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
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ALT		