Confide	ntiality F	Requested:
Yes	No	

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1324201

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

## WELL COMPLETION FORM

WELL HISTORY -	<b>DESCRIPTION O</b>	F WELL & LEASE

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:			
Address 2:	Feet from Dorth / 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.xxxx) (e.gxxx.xxxx)		
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 ENHR Conv. to SWD	Deille a Flaid Management Diag		
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
	Chloride content:ppm Fluid volume:bbls		
Commingled Permit #:			
Dual Completion Permit #:	Dewatering method used:		
SWD         Permit #:	Location of fluid disposal if hauled offsite:		
ENHR         Permit #:	Operator Name:		
GSW Permit #:	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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 III Approved by: Date:				

# CORRECTION #1

1324201

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).

eets)	Yes No		_og Formatio	on (Top), Depth an	d Datum	Sample
gical Survey	Yes No	Nam	ie		Тор	Datum
	☐ Yes ☐ No ☐ Yes ☐ No					
				ion, etc.		
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 / SQ	JEEZE RECORD			
Depth Top Bottom	Type of Cement # Sacks Use		Type and Percent Additives			
-			Yes [		-	nd 3)
-	-	-	s? Yes Yes		-	of the ACO-1)
						d Depth
Specify	Toolage of Lacin Interval Fer		(A	nount and Kind of Mai		Deptit
Size:	Set At:	Packer At:	Liner Run:	Yes No		
roduction, SWD or EN	HR. Producing Met	hod:	Gas Lift 🗌 🖸	Other <i>(Explain)</i>		
	Size Hole Drilled Drilled Drilled Drilled Drilled Size: Size:	gical Survey       Yes       No         Size Hole       Size Casing         Drilled       Set (In O.D.)         ADDITIONAL       ADDITIONAL         Depth       Type of Cement         Ibase fluid of the hydraulic fracturing treatment end         g treatment information submitted to the chemical         PERFORATION RECORD - Bridge Plug         Specify Footage of Each Interval Per         Size:       Set At:         oduction, SWD or ENHR.       Producing Met	eets)       Yes       No         jical Survey       Yes       No         Yes       No         Yes       No         CASING RECORD       N         Report all strings set-conductor, surface, int         Size Hole       Size Casing       Weight         Drilled       Set (In O.D.)       Lbs. / Ft.         ADDITIONAL CEMENTING / SQU       ADDITIONAL CEMENTING / SQU         ADDITIONAL CEMENTING / SQU       Image: Set (In O.D.)         Image: Set (In O.D.)       Image: Set (In O.D.)         PERFORATION RECORD - Bridge Plugs Set/Type         Specify Footage of Each Interval Perforated         Size:       Set At:         Packer At:         oduction, SWD or ENHR.       Producing Method:	eets)	eets)	eets)

Water

Bbls.

Gas-Oil Ratio

Gravity

Estimated Production

Per 24 Hours

Oil

Bbls.

Gas

Mcf

Form	ACO1 - Well Completion	
Operator	Val Energy, Inc.	
Well Name	KADAU B 1-14	
Doc ID	1324201	

# Casing

	Size Hole Drilled	Size Casing Set	U U		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	211	60/40	125	3%CC
Production	7.875	5.5	15.5	3490	AA2	100	3%CC

### Summary of Changes

Lease Name and Number: KADAU B 1-14 API/Permit #: 15-035-24595-00-00 Doc ID: 1324201 Correction Number: 1 Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	09/09/2014	12/06/2016
CasingAdd_Type_PctP DF_1		3%CC
CasingAdd_Type_PctP DF_2		3%CC
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
Date of First or Resumed Production or		10/31/2014
SWD or Enhr Perf_Depth_1		3183-3190
Perf_Depth_2		3245-3255
Perf_Record_1		3183-3190

# Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Record_2		3245-3255
Perf_Shots_1		2
Perf_Shots_2		3
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 22334	//kcc/detail/operatorE ditDetail.cfm?docID=13 24201



KANSAS CORPORATION COMMISSION

1222334

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

**OIL & GAS CONSERVATION DIVISION** Yes No CONFIDENTIAL WE

Confidentiality Requested:

# WELL COMPLETION FORM

_		COMI	LLIIO		
LL	HISTORY	- DESCF	RIPTION	OF WEL	L & 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 #	
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
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:
GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	
Well Name:	
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 Produce	
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD         Permit #:	Location of fluid disposal if hauled offsite:
ENHR   Permit #:	Operator Name:
GSW Permit #:	License #:
Spud Date or         Date Reached TD         Completion Date or           Recompletion Date         Recompletion Date	County: Permit #:
	Femili #

#### 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: