

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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Summary of Changes

Lease Name and Number: Werner 3-31

API/Permit #: 15-035-24652-00-00

Doc ID: 1312838

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	02/10/2016	07/27/2016
Date of First or Resumed Production or SWD or Enhr Method Of Completion - Perf	No	03/08/2016 Yes
Perf_Record_1		3122-3146
Perf_Record_2		3154-3164
Perf_Shots_1		2
Perf_Shots_2		1
Producing Formation	MISS	MISS LIME
Producing Method Pumping	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1283424	../../../../kcc/detail/operatorEditDetail.cfm?docID=1312838



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1283424
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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 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:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



REMIT TO
 Consolidated Oil Well Services, 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# 806579

Invoice Date: 12/09/15 Terms: Net 30 Page 1

VAL ENERGY

125 N. Market, Ste. 1710
 WICHITA KS 67202
 USA

WERNER 3-31

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0452	Cement Pump Charge 3001' - 4000'	1.000	2,300.0000	53.000	1,081.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	53.000	134.42
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	53.000	310.20
CC5860	ThixdoBlend I	125.000	25.0000	53.000	1,468.75
CC6077	Kolseal	625.000	0.5000	53.000	146.88
CC6126	Mud Flush, Caustic	500.000	0.9000	53.000	211.50
CP8254	5 1/2" Latch Down Plug & Assembly	1.000	400.0000	53.000	188.00
CP8485	5 1/2" Float Shoe, AFU	1.000	585.0000	53.000	274.95
CP8554	5 1/2" Centralizer	5.000	81.0000	53.000	190.35

Subtotal 8,523.50

Discounted Amount 4,517.46

SubTotal After Discount 4,006.04

Amount Due 8,879.73 If paid after 01/08/16

Tax: 167.43

Total: 4,173.48



CONSOLIDATED
Oil Well Services, LLC

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

4933
Field Hct da
4849
Invoice # 806579

TICKET NUMBER 51094
LOCATION Ch Dorado
FOREMAN Fuzz4

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-035-24652-00-00 (29

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-5-15	8576	Werner 3-31	31	32	6	Cowley
CUSTOMER Ual Energy Inc			Bollack corner + 160 1w-15 1w- 1/25in			
MAILING ADDRESS 125 N. Market Ste 1710			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Wichita			760	Chris		
STATE KS			611	Jeremy		
ZIP CODE 67202			692	Mark		

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Production	7718	3455'	5"2 15.5
CASING DEPTH 3459'	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT 14.2	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING 42.10
DISPLACEMENT 81.3	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting on Gullick Dalg. Float equip Cent 1-3-5-7-9 circulate on bottom 112 hr. Rig up and pump 5 BBL water 500gal mod flush, 5 BBL water. Mix 2 SSKS in RN. Mix 100SKS Thixo blend #1 w/s Kolsal, wash pump and lines. Drop plug and displace 35 BBL lost returns - regain returns @ 45 BBLs. Total displacement 81 1/2 BBL. 750* Lift press land plug @ 1250*. Float held.

Thanks Fuzz4 & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660452	1	PUMP CHARGE	2300.00	2300.00
660002	40	MILEAGE	7.15	286.00
660711		Ten Mileage Delivery (min)	1.25	660.00
665860	12 SSKS	Thixo blend I	25.00	312.50
666077	625 #	Kolsal	.50	312.50
666077	500 gal	mod flush - SAPP	.90	450.00
CP8254	1	5'2 - Latchdown Assy	400.00	400.00
CP8485	1	5'2 - AFO float shoe	585.00	585.00
CP8554	5	5'2 - Centralizers	81.00	405.00
		subtotal		8523.50
		discount 53%		4517.92
				4006.05

SCANNED

SALES TAX 167.43
ESTIMATED TOTAL 4173.48

AUTHORIZATION [Signature] 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.



REMIT TO
 Consolidated Oil Well Services, 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# 806504

Invoice Date: 11/30/15

Terms: Net 30

Page 1

VAL ENERGY

125 N. Market, Ste. 1710
 WICHITA KS 67202
 USA

WRNER 3-31

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	40.000	900.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	7.1500	40.000	214.50
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	40.000	396.00
CC5800A	Class A Cement - Sack	140.000	20.0000	40.000	1,680.00
CC5965	Bentonite	400.000	0.3000	40.000	72.00
CC5325	Calcium Chloride	400.000	1.0000	40.000	240.00
CC6075	Celloflake	70.000	2.0000	40.000	84.00
Subtotal					5,977.50
Discounted Amount					2,391.00
SubTotal After Discount					3,586.50
Amount Due 6,211.05 If paid after 12/30/15					

Tax: 140.13

Total: 3,726.63

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7554

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
Oil Well Services, LLC

Invoice # 80554

4905
Field #11 doc
4811

TICKET NUMBER 51086
LOCATION El Dorado
FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-30-15	8576	Warner 3-31	31	32	6	Cowley

CUSTOMER	MILING ADDRESS	CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Ual Energy	125 N. Market Suite 1710	Wichita	Ks	67207	603	Tracy	611	Jeremy

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 3500' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 350' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.4 SLURRY VOL 36.1 WATER gal/sk 7.2 CEMENT LEFT in CASING 20'
 DISPLACEMENT 21 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Gulick Dalg. Ris up and establish circulation. Pump 5 BBL water mix 140SKs Class 'A' 390cc 390gel w 1/2" poly flake per sk. Displace 21 BBL and shut in Cement did circulate approx 7 BBL to pit.

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	50	MILEAGE	7.14	357 ⁵⁰
CE0711	6.6 Tons	Tow mileage Delivery (min)	125	660 ⁰⁰
CC5800	140 SKs	Class 'A'	20 ⁰⁰	2800 ⁰⁰
CC5965	400 #	Fuel	.30	120 ⁰⁰
CC5325	400 #	Calcium chloride	1 ⁰⁰	400 ⁰⁰
CC6075	70 #	Poly flake	2 ⁰⁰	140 ⁰⁰
		subtotal		5977 ⁵⁰
		less disc	40%	2391 ⁰⁰
		subtotal		3586 ⁵⁰

SCANNED

SALES TAX 140.13
ESTIMATED TOTAL 3726.63
DATE 11-30-15

AUTHORIZATION MV LA TITLE Tool Pusher

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