

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

Confidentiality Requested:
 Yes No

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 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
--	---

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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Summary of Changes

Lease Name and Number: ROBERT 1-17

API/Permit #: 15-193-20962-00-00

Doc ID: 1324594

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	12/07/2016	12/12/2016
Perf_Depth_1	4694-98, 4702-08, 4712-18	4694-98, 4702-4708, 4712-4718
Perf_Record_1	4694-98, 4702-08, 4712-18	4694-98, 4702-4708, 4712-4718
Producing Formation	MISS	Johnson/Cherokee
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=13 24252	../../../../kcc/detail/operatorE ditDetail.cfm?docID=13 24594



Confidentiality Requested:

Yes No

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
-----------------------------------	-----------------	---

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: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1284028
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
-----------------------------------	-----------------	---

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: _____



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1004409	1718	01/19/2016
INVOICE NUMBER			
92023406			

Pratt (620) 672-1201

B VAL ENERGY
 I 125 n market ste 1710
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Robert #1-17
 O LOCATION
 B COUNTY Thomas
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40906234	27463-0		Net - 30 days	02/18/2016
			UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/14/2016 to 01/14/2016</i>				
0040906234				
171813005A Cement-New Well Casing/Pi 01/14/2016				
5 1/2 Longstring 2 Stage Cement New Well				
AA2 Cement			100.00 EA 7.65	765.00 T
A-Con' Blend			400.00 EA 8.10	3,240.00 T
60/40 POZ			30.00 EA 5.40	162.00 T
Celloflake			25.00 EA 1.66	41.62 T
C-41P			24.00 EA 1.80	43.20 T
Salt			482.00 EA 0.23	108.45 T
Mag Chem 10CR			282.00 EA 1.22	342.63 T
FLA-322			76.00 EA 3.38	256.50 T
Gilsonite			500.00 EA 0.30	150.75 T
Celloflake			100.00 EA 1.67	166.50 T
Calcium Chloride			1,128.00 EA 0.47	532.98 T
"Two Stage Cement Collar, 5 1/2" (Blue)			1.00 EA 2,025.00	2,025.00
"Auto Fill Float Shoe 5 1/2" (Blue)"			1.00 EA 162.00	162.00
"Turbolizer, 5 1/2" (Blue)"			7.00 EA 49.50	346.50
"Cement Basket, 5 1/2"			1.00 EA 130.50	130.50
Super Flush II			500.00 EA 0.69	344.25 T
"Unit Mileage Chg (PU, cars one way)"			100.00 MI 2.03	202.50
Heavy Equipment Mileage			300.00 MI 3.38	1,012.50
"Proppant & Bulk Del. Chgs., per ton mil			2,480.00 EA 1.13	2,790.00
Depth Charge; 4001'-5000'			1.00 EA 1,134.00	1,134.00
Blending & Mixing Service Charge			530.00 BAG 0.63	333.90
Plug Container Util. Chg.			1.00 EA 112.50	112.50
"Service Supervisor, first 8 hrs on loc.			1.00 EA 78.76	78.76
PLEASE REMIT TO:			SEND OTHER CORRESPONDENCE TO:	
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		SUB TOTAL
PO BOX 841903		801 CHERRY ST, STE 2100		TAX
DALLAS, TX 75284-1903		FORT WORTH, TX 76102		INVOICE TOTAL
				14,482.04
				523.08
				15,005.12



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 13005 A

17-85-35W

DATE _____ TICKET NO. _____

DATE OF JOB 1-14-16		DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/>		WDW <input type="checkbox"/> CUSTOMER ORDER NO.:	
CUSTOMER VAI Energy Inc				LEASE Robert				WELL NO. 117	
ADDRESS				COUNTY Thomas		STATE KS			
CITY				STATE		SERVICE CREW MATTAL, MESSICK, GAVIN, MAJORS, MORGAN			
AUTHORIZED BY				JOB TYPE: COW 5 1/2 2 stage long string					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27462	2						1-13-16	AM	10:35
						ARRIVED AT JOB	1-14-16	PM	5:30
						START OPERATION		PM	9:08
21010	.5					FINISH OPERATION		PM	12:01
						RELEASED		PM	1:00
19800	1					MILES FROM STATION TO WELL			100

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: X Rick Smith
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA-2 cmf	SK	100		1700.00
CP101	A-con blend	SK	400		7200.00
CP103	60/40 P02	SK	30		360.00
CC102	celloflak	lb	25		92.50
CC105	C-41P	lb	24		96.00
CC111	Salt	lb	482		241.00
CC116	Mag Chem 10 cr	lb	282		761.00
CC129	F19-322	lb	76		570.00
CC204	Silsonite	lb	500		335.00
CC102	celloflak	lb	100		370.00
CC109	Calcium chloride	lb	1128		6184.40
CF451	TWO Stage cmf collar 5 1/2	eq	1		4500.00
CF1251	Auro fill float shoe 5 1/2	eq	1		360.00
CF1201	Fulgurizer 5 1/2	eq	7		770.00
CF1901	Basmat 5 1/2	eq	1		290.00
CC155	Superflush II	gal	500		765.00
SUB TOTAL					

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE Mike Mattal	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X Rick Smith</u> JWW (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
------------------------------------	--

FIELD SERVICE ORDER NO.



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
~~1718 13005~~ A

CONTINUATION of 13005

DATE _____ TICKET NO. _____

DATE OF JOB: 1-14-16		DISTRICT: PRATT		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:						
CUSTOMER: VAI Energy		LEASE: ROB-011		WELL NO.: 111						
ADDRESS:		COUNTY: THOMAS		STATE: KS						
CITY:		STATE:		SERVICE CREW:						
AUTHORIZED BY:		JOB TYPE:								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB		AM	PM	
						START OPERATION		AM	PM	
						FINISH OPERATION		AM	PM	
						RELEASED		AM	PM	
						MILES FROM STATION TO WELL				

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: X Rank Smith
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	P.U. miles	Mi	100		450.00
E 101	heavy eq. miles	Mi	300		2,250.00
E 113	prod + bulk del.	FM	2480		6,200.00
CE 205	soft chert 4000-5000	400	1		2,520.00
CE 240	blend + mix	SK	530		742.00
CE 504	PLUG CONTAINER	JOB	1		250.00
S 003	Super Well	EA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		22,182.30
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		JUL 14,482.04

SERVICE REPRESENTATIVE: <u>Mike Mattal</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X Rank Smith</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
--	--

FIELD SERVICE ORDER NO.

Customer VAL Energy inc	Lease No.	Date 1-14-16			
Lease Robert	Well # 1-17				
Field Order # 15005	Station Pratt	Casing 5 1/2	Depth 4860	County Thomas	State KS
Type Job CAW 5 1/2 2 stage long string	Formation	Legal Description 17-85-35W			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2				cmf 100 SK	AA-2	34	10% SK	
Depth 4860	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 115.07	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4817.8	Packer Depth	From	To	Flush 114.6	Gas Volume		Total Load	

Customer Representative DUSTIN	Station Manager Kevin Goidley	Treater Mike Mattal				
Service Units 37980	37216	27463	19959	21010	19903	19860
Driver Names Mattal	Messick	Stives	Mr Graw		Edmundo	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:30					ON location / safety meeting
6:00					Run 115 JIS 15.5 5 1/2 casing
					cont on 1, 3, 5, 7, 9, 47 49
					Basket on 49 D.V. tool on 49 2870'
7:40					Casing on bottom
8:50					hook to casing / break circ w. Rig
9:08	300		3	5	PUMP 3 bbl water
9:09	300		12	5	PUMP 12 bbl surf flush II
9:11	300		5	5	PUMP 5 bbl water
9:12	400		25	55	Mix 100 SKS AA-2 cmf @ 15 PP
9:20			4	3	WASH PUMP + Line, Drop Plug
9:20	700		46	6	START FISH WATER DISPLACEMENT
9:30	200			6	START mud displacement
9:40	300		99	5	LIFT POSITIVE
9:42	300		105	3	Slow rate
9:44	1500		114.6		plug down, released + L10
9:49					DROP opening tool
10:01	800		1		OPEN TOOL
10:08					circulate w. mud

Customer <i>VAT Energy inc</i>		Lease No. _____			Date <i>1-14-16</i>	
Lease <i>Robert</i>		Well # <i>1-17</i>			County <i>Thomas</i>	
Field Order # <i>11005</i>		Station <i>Pratt</i>		Casing <i>5 1/2</i>	Depth _____	State <i>KS</i>
Type Job _____				Formation _____		Legal Description _____

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative _____				Station Manager _____				Treater _____			
Service Units											
Driver Names											

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:05</i>	<i>200</i>	<i>200</i>	<i>195</i>	<i>5</i>	<i>Mix 400 SCS ACOI @ 11.0 gpm</i>
<i>11:45</i>	<i>—</i>	<i>—</i>	<i>4</i>	<i>3</i>	<i>WASH PUMP + LINE DEEP PLY</i>
<i>11:47</i>	<i>300</i>	<i>—</i>	<i>—</i>	<i>6</i>	<i>START FRESH WATER DISPLACEMENT</i>
<i>12:01</i>	<i>1200</i>	<i>—</i>	<i>68</i>	<i>—</i>	<i>PLUG DOWN RELEASED + HOLD</i>
					<i>CMT TO SUTHER</i>
<i>10:10</i>	<i>—</i>	<i>—</i>	<i>7</i>	<i>—</i>	<i>PLUG RAT HOLE</i>

JOB COMPLETE
 THANK YOU!
 Mike Mattel
 Scott Edwards Mike
 Clarine

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-8976004

067714

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT

DATE <u>12/19/15</u>	SEC. <u>17</u>	TWP. <u>8</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00pm</u>	JOB FINISH <u>5:30pm</u>
LEASE <u>Robert</u>	WELL # <u>1-17</u>	LOCATION <u>Evant 15 27410 N. 20</u>			COUNTY <u>Tarrant</u>	STATE <u>Tx</u>	

OLD OR-NEW (Circle one)

CONTRACTOR Wm 10

TYPE OF JOB Surface

HOLE SIZE 12" 1/4 TD. 259

CASING SIZE 8 5/8 DEPTH 259

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 15.54

OWNER Eme

CEMENT AMOUNT ORDERED 150 Cases 35000

COMMON 150 @ 12.00 1800.00

POZMIX @

GEL @

CHLORIDE 425 @ 4.00 1700.00

ASC @

TOTAL 3,150.00

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan

866 HELPER N Kevin Ryan

BULK TRUCK

823 DRIVER Monte Phillips

BULK TRUCK

DRIVER

REMARKS:

Quality Control for Mr. Canty. All place cement

Evant,

Cement 150 Cases

12-19-15

Rich Wilgers

Plan Room

CHARGE TO: Val Energy

STREET

CITY STATE ZIP

SERVICE

HANDLING 159 @ 2.00 318.00

MILEAGE 25 1.00 25.00

DEPTH OF JOB

PUMP TRUCK CHARGE 1512.00

EXTRA FOOTAGE @

HV MILEAGE 40 @ 7.50 300.00

LV MILEAGE 40 @ 4.25 170.00

TOTAL 3,081.00

PLUG & FLOAT EQUIPMENT

@

@

@

@

TOTAL

To: Allied Oil & Gas Services, 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 Rich Wilgers

SIGNATURE Rich Wilgers

DISCOUNT 55%

SALES TAX (if Any) 236.28

TOTAL CHARGES 6,385.12

DISCOUNT 3,511.81 (55%) IF PAID IN 30 DAYS

NET TOTAL 2,873.31 IF PAID IN 30 DAYS

Bid date 3/4/16

2,853.50