CORRECTION #2

KOLAR Document ID: 1324594

Confidentiality Requested: 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

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R
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.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
□ OG □ GSW	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 EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demoit #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
☐ Dual Completion Permit #: ☐ SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of huld disposal if flauled offsite.
GSW Permit #:	Operator Name:
_	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 Drill Stem Tests Received				
Geologist Report / Mud Logs Received				
UIC Distribution				
ALT I II Approved by: Date:				

CORRECTION #2

KOLAR Document ID: 1324594

Operator Name: _				Lease Name	e:			Well #:	
SecTwp.	S. R.	Ea	st West	County:					
open and closed, f and flow rates if ga	lowing and shu as to surface te	t-in pressures, w st, along with fina	hether shut-in pre al chart(s). Attach	essure reached extra sheet if m	static lev	el, hydrosta ce is neede	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, v. Digital electronic log
files must be subm	nitted in LAS ve	rsion 2.0 or newe	er AND an image	file (TIFF or PD	F).				
Drill Stem Tests Ta			Yes No		Log	Formatio	on (Top), Dept		Sample
Samples Sent to G	Geological Surv	ey	Yes No	ı	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		Re	CASING eport all strings set-	RECORD	New [Used	on, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQUEEZ	E RECORD			
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	d		Туре а	and Percent Additives	
Perforate Protect Casi									
Plug Back TI Plug Off Zon									
Did you perform a Does the volume o Was the hydraulic	of the total base f	luid of the hydraulic	fracturing treatmen		-	Yes Yes Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three (•
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas	Lift 🗆 C	other (Explain) _		
Estimated Production Per 24 Hours	on	Oil Bbls.			Water		bls.	Gas-Oil Ratio	Gravity
	SITION OF GAS:	on Lease	N Open Hole	METHOD OF COM	MPLETION		nmingled	PRODUCTIC Top	N INTERVAL: Bottom
(If vented,	Submit ACO-18.)			(St	ubmit ACO	-5) (Sub	mit ACO-4)		
Shots Per	Perforation	Perforation	Bridge Plug	Bridge Plug		Acid,		Cementing Squeeze	Record
Foot	Тор	Bottom	Type	Set At			(Amount and	Kind of Material Used)	
TUBING RECORD:	Size:	Set A	At:	Packer At:					

Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	ROBERT 1-17
Doc ID	1324594

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	24	259	COMMON	3%CC 2%Gel
Production	7.875	5.5	15.5	4860	AA2	3%CC 2%Gel

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

Kansas Corporation Commission Oil & Gas Conservation Division

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
Address 2:	Feet from
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:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	Field Name:
☐ New Well ☐ Re-Entry ☐ Workover	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ 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: 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)
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	QuarterSecTwpS. R East West
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Permit #:

AFFIDAVIT

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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 Oil & Gas Conservation Division

1284028

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 #	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 #	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:				
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:				
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
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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.				
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☐ 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)				
Committee Downith the	Chloride content: ppm Fluid volume: bbls				
☐ Commingled Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	'				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
Recompletion Date Recompletion Date	County: Permit #:				

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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

1 125 n market ste 1710

L WICHITA

KS US

67202

o ATTN:

ACCOUNTS PAYABLE

LEASE NAME

Robert #1-17

LOCATION

В COUNTY

Thomas

STATE

KS

JOB DESCRIPTION T

Cement-New Well Casing/Pi

JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE (ORDER NO.		TERMS	DUE DATE
40906234	27463-0				Net - 30 days	02/18/2016
			QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates	s: 01/14/2016 to 01	//14/2016				
0040906234						
171813005A Cem	ent-New Well Casing/Pi 0	01/14/2016				
	Stage Cement New Well					
AA2 Cement			100.00	EA	7.65	
A-Con' Blend			400.00	EA	8.10	•
60/40 POZ		·	30.00	EA	5.40	
Celloflake		is l	25.00	EA	1.66	
C-41P		200	24.00	EA	1.80	
Salt		\mathcal{N}_{λ}	482.00	EA	0.23	1
Mag Chem 10CR			282.00	EA	1.22	ì
FLA-322			76.00		3.38	İ
Gilsonite			500.00		0.30	
Celloflake			100.00		1.67	
Calcium Chloride			1,128.00		0.47	
"Two Stage Cemer	it Collar, 5 1/2"" (Blue)		1.00	EA	2,025.00	
"Auto Fill Float Sho	e 5 1/2"" (Blue)"		1,00	EA	162.00	
"Turbolizer, 5 1/2"			7.00	EA	49.50	
"Cement Basket, 5	1/2"		1.00		130.50	
Super Flush II			500.00		2.03	
-	(PU, cars one way)"		100.00		3,38	1
Heavy Equipment N	_		300.00	MI	1.13	
	el. Chgs., per ton mil		2,480.00		1,134.00	l .
Depth Charge; 400			1.00		0.63	1
Blending & Mixing S			530,00		112.50	1
Plug Container Util.	_		1.00		78.76	
"Service Superviso	r, first 8 hrs on loc.		1.00	CA	/8.76	1
		•				
						, it.
PLEASE REMIT	TO: SI	END OTHER CORRES	PONDENCE TO	0:	SUB TOTAL	14,482.0

PO BOX 841903

DALLAS, TX 75284-1903

BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP 801 CHERRY ST, STE 2100 FORT WORTH, TX 76102

TAX INVOICE TOTAL

14,482.04 523.08

15,005.12

BASIC SM 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

PF	RESSURE PUMPIN		16 020-072-12 1- 85 -	35 W		DATE	TICKET NO					
DATE OF JOB	DIS	STRICTPART		NEW WELL	OLD F	PROD INJ	□ WDW □	CUSTOMER ORDER NO.:				
CUSTOMER V	AF Ene	gy Inc		LEASE R	080	/ T ·		WELL NO.	-17			
ADDRESS				COUNTY Thomas STATE KS								
CITY		STATE		SERVICE CI	REW MA	ATAL Mess	CK, GAU-), r	418412,1	² (§			
AUTHORIZED BY				JOB TYPE: (CNW	54 25	mar 10/19 5	string				
EQUIPMENT#		EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALI	LED - 3- 84	TE AM / TIM	E			
2746)	<u> </u>					ARRIVED AT	JOB (- U - C	FIVE 3 / 3	o.			
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19860						RELEASED		The same of	J.J			
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producte and/or supr	nlies includes all of	ecute this contract as an ag and only those terms and c ne written consent of an offi	onditions appearir	ig on the front and bac	ck of this do	cument, No addii	ER, OPERATOR, CON	mult)				
ITEM/PRICE REF. NO.	MA	TERIAL, EQUIPMENT A	AND SERVICES	USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	T			
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CP IUL.	A-Con	blene			54	400		7, 200	00			
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CC [1]	Salt				(b	485		241	00			
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CC 109	F GICTHS.	chlorer_										
CF 451	TRAVO	STAGE CONT CO	ollar	51/2	89	1 -		4,500	ఎు			
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C+ 19U1	BASELT			5/2	eq	-		290	CN)			
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CF 158	SUPERF	1434 II			Just	500 /	SUB TOTA		1			
CHE	MICAL / ACID DAT	`A:				:						
				SERVICE & EQU	IPMENT		X ON \$					
		,		MATERIALS		%TA	X ON \$					
					t		TOTA	· L				
								- I	1			

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

Mike Mattal

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE

REPRESENTATIVE



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

FIELD SERVICE TICKET

1718 1000 A

CONTINUATION OF 13005

,								DATE	TICKET NO						
DATE OF JOB	4-16	DI	STRICT PLATT		f	NEW 🖄	OLD	PROD INJ	□ WDW	□ Cl	JSTOMER RDER NO.:				
CUSTOMER VALE 1999 ADDRESS CITY STATE						LEASE RUBOTT WELL NO. 1-1									
						COUNTY Thomas / STATE 45									
						SERVICE CREW									
AUTHORIZED B	Υ					JOB TYPE:									
EQUIPMENT	T#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CAL	LED	DATI	E AM T PM	IME			
								ARRIVED AT	JOB		AM PM				
								START OPE	RATION	-	AM PM				
								FINISH OPE	RATION	-	AM PM				
								RELEASED			AM PM				
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become a part of th	nis contract		the written consent of an of				·	1	ER, OPERATOR,	CONT					
REF. NO.	0		ATERIAL, EQUIPMENT	AND SERV	ICES US	ED	UNIT	QUANTITY	UNIT PRIC) <u>E</u>	\$ AMOL				
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						TERIALS			X ON \$						
									TO	OTAL ()	14,48	204			
SERVICE REPRESENTATIV	VE	- 1	e matral			RIAL AND SEF		 D ву: X R	nk 1	rnat	<u>, </u>				

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	Energy	v jn	· (*	Lease No.						Date						
Lease	Well#						1-14-16									
Field Order	# Statio	n Prat	or Areas	Casing 5 / Depth 860						County Thomas State 1/5						
Type Job	ΝŴ	1 4		9 c /c	10/19 STring Formation Legal Description							SW.				
PIP	E DATA	PER	FORATIN	IG DATA		FLUID (JSED		TREATMENT RESUME							
Casing Size	Tubing Si	ze Shots/	Ft .		Acid	ing .	100 St AA-RATE PRESS FINE SID-COMO 10									
Depth 166	_о Depth	From	Т	o	Pre		187 Max - 322 5 3 x 15 Minio									
Volume 5. 6	Volume	From	Т	0	Pad		37	Minag	Che	pri		10 M	in.			
Max Press	Max Pres	s From	Т	o .	Frac		100 54	· ·		90 c	< \ \	15 M	in.			
Well Connecti	on Annulus \	/ol. From	T	· ·			30 SKS	HHP Used	Uυ	POZ	2	Annu	lus Press	sure .		
Plug Depth	Packer D	epth From	T		Flus	Edit of		Gas Volum	ie	Total Load						
Customer Re	presentative	Dusti	1	Station	n Mana	iger Kav	in 9010	ley	Trea	iter /	ri he	Mat				
Service Units	37546	*.	3721			27463		19959	710	1/4		1	7903	19860	ŧ	
Driver Names Ma	ttal		Messic	<u> </u>	Ġ	Druves		Mc	Gra	w	9		Edi	ond 6		
Time	Casing Pressure	Tubing Pressure	Bbls. P	umped	F	Rate				Servi	e Log					
5:30		1	1		<u> </u>		On location / SAFrey moeting									
600	/ /	(1	Run 115 573 -15,5 - 5/2 casing									
and the same of th	\					<u> </u>	centron 1,3,5,7,9, 47 49									
<u>"</u>	.))					Briker on 49 D.V. FOOL ON 49 2870									
第:40		/	(·	cong on Botton									
8.50)	(`	`\		<u> </u>	hook to esny Break alec w. Rig									
<u> </u>	300-	1			4	5	pump 3 bbl notreu									
9:09	. रुवय)		ζ.	€.	}	Pump 12 bl superflush II								-	
3.	3,00			<u> </u>	5			5 bl WAR								
	400		. 2		<u> </u>	5	MIX 100 SHS AA-2 CANT @ 15 PM									
9:20		- /-	L		<u>3</u>		WASH PUMP + Line, Drop Plug								_	
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TREATMENT REPORT

Customer	1 Eners	<u> </u>	n	11	ase No.	Marian Indiana				Date	- 1:4	1/6		
Lease /	18+11		1	We	# IIe	1-17						1 *		
Field Order # Station Plans						Casing	5/2	Depth	** *** *** *** *** *** *** *** *** ***	County	hora))	State 6	
Type Job	Type Job					1	Fo	rmation			Legal D	escription		
PIPE	DATA	PERF	ORAT	TING I	ATAC	FLUID	USED)		TRE	ATMENT	RESUME		
Casing Size	Tubing Size	Shots/F	t			Acid				RATE PR	ESS	5 Min.		
Depth	Depth	From		То		Pre Pad			Max					
Volume	Volume	From		То		Pad	F .	ing i 💢	Min	Carried and Share	tong y a grant and the second			
Max Press	Max Press	From		То		Frac			Avg			15 Min.		
Well Connection		From		То				HHP Used			Annulus Pressure			
Plug Depth			Flush			Gas Volume		Total Load						
Customer Repre	sentative				Station Manager				Treater					
Service Units					***************************************									
Driver Names	;	— 1	:			GP .								
Time r	Casing Pressure F	Tubing Pressure	Bbls	. Pump	ed	Rate					vice Log			
11:05	200		19	15	· ·	5	N	Xir	400				11.6 mg	
111:45	Manager			4		3		A 54	Pump	+ Lin	e, pr	OP 17	My	
11:47	300					6		AIT	61851	n WARe				
12:01	1200			68	_		P	(44	Down		45-10 f	- he 16		
		<u> </u>		Professional Control C				CANT						
10:10	Security 11			7		Towns,		7/49	RP	Tho	1.4		the state of the s	
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