



Confidentiality Requested:

Yes No

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: _____

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: THOM A 2-12

API/Permit #: 15-007-24089-00-00

Doc ID: 1272901

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/05/2013	12/03/2015
CasingAdd_Type_PctP DF_1		gel and cc
CasingAdd_Type_PctP DF_2		gel and cc
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
Fracturing Question 1		Yes
Fracturing Question 2		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=12&t	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=12&t
Method Of Completion - Perf	No	Yes
Perf_Depth_1		4587-4596

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Depth_2		4606-4610
Perf_Depth_3		4622-4629
Perf_Depth_4		4639-4646
Perf_Depth_5		4654-4658
Perf_Material_1		1500g 15%, 9109bbbls water, 230000lbs sand
Perf_Material_2		1500g 15%, 9109bbbls water, 230000lbs sand
Perf_Material_3		1500g 15%, 9109bbbls water, 230000lbs sand
Perf_Material_4		1500g 15%, 9109bbbls water, 230000lbs sand
Perf_Material_5		1500g 15%, 9109bbbls water, 230000lbs sand
Perf_Record_1		4587-4596
Perf_Record_2		4606-4610
Perf_Record_3		4622-4629
Perf_Record_4		4639-4646

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Record_5		4654-4658
Perf_Shots_1		2
Perf_Shots_2		1
Perf_Shots_3		1
Perf_Shots_4		1
Perf_Shots_5		1
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1171626	../kcc/detail/operatorEditDetail.cfm?docID=1272901



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report 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
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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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PAGE	CH NO	INVOICE DATE
1 of 1	10U4409	10/16/2013
INVOICE NUMBER		
1718 - 91311280		

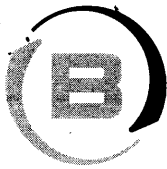
Pratt (620) 672-1201
 B VAL ENERGY
 I 200 W DOUGLAS AVE STE 520
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Thom A 2-12
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40651606	19905	9308	Net - 30 days	11/15/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/13/2013 to 10/13/2013				
0040651606				
171809146A Cement-New Well Casing/Pi 10/13/2013				
<u>Cement 5 1/2" Longstring</u>				
AA2 Cement	100.00	EA	12.75	1,274.95 T
60/40 POZ	50.00	EA	9.00	449.98 T
C-41P	24.00	EA	3.00	72.00 T
Salt	455.00	EA	0.37	170.62 T
C-44	94.00	EA	3.86	363.06 T
FLA-322	76.00	EA	5.62	427.48 T
Gilsonite	500.00	EA	0.50	251.24 T
Super Flush II	500.00	EA	1.15	573.73 T
"Top Rubber Cmt Plug, 5 1/2""	1.00	EA	78.75	78.75
"Guide Shoe - Regular. 5 1/2"" (Blue)"	1.00	EA	187.49	187.49
Flapper Type Insert Float Valves, 5 1/2"	1.00	EA	161.24	161.24
"Turbolizer, 5 1/2"" (Blue)"	5.00	EA	82.50	412.48
"5 1/2"" Basket (Blue)"	1.00	EA	217.49	217.49
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.19	111.56
Heavy Equipment Mileage	70.00	MI	5.25	367.49
"Proppant & Bulk Del. Chgs., per ton mil	240.00	EA	1.20	287.99
Depth Charge; 4001'-5000'	1.00	EA	1,889.94	1,889.94
Blending & Mixing Service Charge	150.00	BAG	1.05	157.49
Plug Container Util. Chg.	1.00	EA	187.49	187.49
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.24	131.24

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,773.71
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	256.19
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	8,029.90
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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 09146 A

12-345-11W

DATE _____ TICKET NO. _____

DATE OF JOB: 10-13-13		DISTRICT: Pratt, Kansas		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: Val Energy, Incorporated				LEASE: Thom "A"				WELL NO: 2-12	
ADDRESS:				COUNTY: Barber		STATE: Kansas			
CITY:		STATE:		SERVICE CREW: C. Messick, M. McGraw, D. Phye					
AUTHORIZED BY:				JOB TYPE: C.W. Longstring					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37,216	1.25						10-13-13	AM	12:00
						ARRIVED AT JOB		AM	1:15
66,786-19,905	1.25					START OPERATION		AM	5:45
						FINISH OPERATION		AM	7:15
19,826-19,860	1.25					RELEASED	10-13-13	AM	7:15
						MILES FROM STATION TO WELL			35

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 Blend Cement	SH	100	\$	1,700.00
CP 103	60/40 Poz Blend Cement	SH	50	\$	600.00
CC 105	Defoamer	Lb	24	\$	96.00
CC 111	Salt	Lb	455	\$	227.50
CC 115	Gas Blot	Lb	94	\$	484.10
CC 129	Fluid Loss	Lb	76	\$	570.00
CC 201	Gilsonite	Lb	500	\$	335.00
CF 103	Top Rubber Plug, 5 1/2"	ea	1	\$	105.00
CF 251	Regular Guide Shoe, 5 1/2"	ea	1	\$	250.00
CF 1451	Insert Float Valve, 5 1/2"	ea	1	\$	215.00
CF 1651	Turbolizer, 5 1/2"	ea	5	\$	550.00
CF 1901	Bastet, 5 1/2"	ea	1	\$	290.00
CC 155	Super Flush II	Gal	500	\$	765.00

SUB TOTAL

CHEMICAL / ACID DATA:			

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

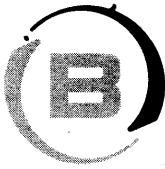
TOTAL

SERVICE REPRESENTATIVE: *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

(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 ~~09147~~ A
Continuation

12-345-11W

DATE TICKET NO. 09, 147

DATE OF JOB 10-13-13 DISTRICT Pratt, Kansas		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 Val Energy, Incorporated		LEASE Thom "A" WELL NO. 2-12							
ADDRESS		COUNTY Barber STATE Kansas							
CITY STATE		SERVICE CREW C Messick M McGraw D Phye							
AUTHORIZED BY		JOB TYPE: C N W - Longstring							
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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	Pickup Mileage	Mi	35	\$	148 75
E 101	Heavy Equipment Mileage	mi	70	\$	490 00
E 113	Bulk Delivery	tm	240	\$	383 60
CE 205	Cement Pump: 4,000 Feet To 5,000 Feet	hrs	4	\$	2,520 00
CE 240	Blending and Mixing Service	sk	150	\$	210 00
CE 504	Plug Container	Job	1	\$	250 00
S 003	Service Supervisor	hrs	8	\$	175 00

CHEMICAL / ACID DATA:			

SUB TOTAL		KE \$ 7,773 71
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
---	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer Val Energy, Incorporated	Lease No. Leased	Date 10-13-13
Lease Thom "A"	Well # 2-12	
Field Order # 9146	Station Pratt, Kansas	Casing 5 7/8 15.5 lb
		Depth 4,829 ft
Type Job C.N.W. - Longstring	Formation	County Barber
		State Kansas
		Legal Description 12-345-11W

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME	
Casing Size 5 7/8 15.5 lb	Tubing Size 5 1/2	Shots/Ft	100 sacks	AA-2 with .88	Fluid Loss	25	Defoamer,
Depth 4,829 ft	Depth	From	To	18 Gals	108 salt	5 lb / st.	Gilson
Volume 114.9 Bbl	Volume	From	To	15.3 lb	6.7 Gal.	5.456	1.36 cu. ft.
Max Press 1,500 psi	Max Press	From	To				15 Min.
Well Connection Plug on Tainer	Annulus Vol.	From	To	50 sacks	60/40 Poz to Plug	Rat (30st) and Mouse	Annulus Pressure
Plug Depth 4,203 ft	Packer Depth	From	To	Flush	114.4 Bbl Fr	ash water	Total Load

Customer Representative Dustin Weyer	Station Manager Kevin Gordley	Treater Clarence R. Messick
Service Units 37,216	66,786	19,905
Driver Names Messick	McGraw	Phye

Time AM	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:45					Val Drilling start to run Regular Guide Shoe, Shoe Joint with Auto Fill Insert screwed into collar and a total of 115 Joints new 15.5 lb/ft 5 7/8 casing. A Turbulator was installed on collar # 1, 3, 5, 7, and # 10. A Bucket was installed above collar # 10.
1:15					Truck set in location and hold safety meeting.
4:40					Casing in well. Circulate for 45 minutes. Shut in well. Pressure Test. Open well
5:45	500			6	Start Freshwater Pre-Flush.
			20	6	Start Super Flush II.
			32	5	Start Freshwater Spacer.
5:55	500		35	5	Start mixing 100 sacks AA 2 cement
			59		stop pumping Shut in well. Wash pump and lines. Release Top Rubber Plug. Open Well.
6:04	150			6.5	Start Freshwater Displacement.
			90	5	Start to lift cement.
6:23	700		114.4		Plug down
	1,500				Pressure up.
					Release pressure Insert held.
			7.5	3	Plug Rat and Mouse holes
					Wash up pump truck
7:30					Job Complete.
					Thank You Clarence, Mike, Dale



PAGE 1 of 1	C NO 1004409	INVOICE DATE 10/09/2013
INVOICE NUMBER 1718 - 91305545		

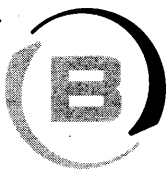
Pratt (620) 672-1201
 B VAL ENERGY
 I 200 W DOUGLAS AVE STE 520
 L WICHITA
 L KS US 67202
 T
 O **ATTN:** ACCOUNTS PAYABLE

J **LEASE NAME** Thom A 2-12
 O **LOCATION**
 B **COUNTY** Barber
 S **STATE** KS
 I **JOB DESCRIPTION** Cement-New Well Casing/Pi
 T
 E **JOB CONTACT**

RECEIVED

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
40649311	20920	9208 OCT 11 2013	Net - 30 days	11/08/2013	
For Service Dates: 10/07/2013 to 10/07/2013					
0040649311					
171808196A Cement-New Well Casing/Pi 10/07/2013 Cement 8 5/8" Surface					
60/40 POZ		190.00	EA	9.00	1,710.00 T
Celloflake		48.00	EA	2.78	133.20 T
Calcium Chloride		492.00	EA	0.79	387.45 T
Sugar		50.00	EA	1.50	75.00 T
"Wooden Cmt Plug, 8 5/8" "		1.00	EA	120.00	120.00
"Unit Mileage Chg (PU, cars one way)"		50.00	MI	3.19	159.38
Heavy Equipment Mileage		100.00	MI	5.25	525.00
"Proppant & Bulk Del. Chgs., per ton mil		410.00	EA	1.20	492.00
Depth Charge; 0-500'		1.00	EA	750.00	750.00
Blending & Mixing Service Charge		190.00	BAG	1.05	199.50
Plug Container Util. Chg.		1.00	EA	187.50	187.50
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.25	131.25

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,870.28
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	164.85
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,035.13
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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 08196 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-7-13 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 Val Energy		LEASE Thom A		212 WELL NO.				
ADDRESS		COUNTY Barber		STATE Ks				
CITY STATE		SERVICE CREW Scott Jesse JOE						
AUTHORIZED BY		JOB TYPE: CNW SF Surface Pipe						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
33705-20920	30 min						10-7-13	8:15 AM
78918-19862	30 min					ARRIVED AT JOB		10:15 AM
28443						START OPERATION		13:00 AM
						FINISH OPERATION		13:30 AM
						RELEASED		14:30 AM
						MILES FROM STATION TO WELL		50

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 [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02	SK	190		2,280 00
CC 102	celloflake	lb	48		177 60
CC 109	Calcium Chloride	lb	442		516 60
CF 153	wooden Plug	eg	1		160 00
CL 131	sugar	lb	50		100 00
E 100	Pickup mileage	mi	50		212 50
E 101	Heavy mileage	mi	100		700 00
E 113	Bulk Delivery	TM	410		656 00
CE 200	Depth Charge	4hr	1		1,000 00
CE 240	Mixing Charge	SK	190		266 00
CE 504	Plug container	JOB	1		250 00
S 003	supervisor	eg	1		175 00

SUB TOTAL **4,870 28**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>X [Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

December 05, 2013

DUSTIN WYER
Val Energy, Inc.
200 W DOUGLAS AVE STE 520
WICHITA, KS 67202-3005

Re: ACO1
API 15-007-24089-00-00
THOM A 2-12
SW/4 Sec.12-34S-11W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
DUSTIN WYER