



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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Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	BEACHNER 2-7
Doc ID	1187700

All Electric Logs Run

DENSITY NEUTRON
MICRO
DUAL INDUCTION
SONIC

Summary of Changes

Lease Name and Number: BEACHNER 2-7

API/Permit #: 15-193-20905-00-00

Doc ID: 1187700

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/06/2014	02/07/2014
Producing Formation	KANSAS CITY	TOPEKA - DISPOSING
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1185510	../..kcc/detail/operatorEditDetail.cfm?docID=1187700
Well Type	OIL	SWD



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185510
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: _____

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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Form	ACO1 - Well Completion
Operator	Val Energy, Inc.
Well Name	BEACHNER 2-7
Doc ID	1185510

All Electric Logs Run

DENSITY NEUTRON
MICRO
DUAL INDUCTION
SONIC



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 140434
Invoice Date: Dec 16, 2013
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:
Val Energy, Inc.
200 W. Douglas
STE #520
Wichita, KS 67202

RECEIVED
JAN 02 2014

Customer ID	Field Ticket #	Payment Terms	
Val	61424	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Dec 16, 2013	1/15/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Beadner #2-7		
150.00	CEMENT MATERIALS	Class A Common	17.90	2,685.00
3.00	CEMENT MATERIALS	Gel	23.40	70.20
5.00	CEMENT MATERIALS	Chloride	64.00	320.00
162.20	CEMENT SERVICE	Cubic Feet Charge	2.48	402.26
259.00	CEMENT SERVICE	Ton Mileage Charge	2.60	673.40
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
35.00	CEMENT SERVICE	Pump Truck Mileage	7.70	269.50
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
35.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	154.00
1.00	CEMENT SUPERVISOR	Andrew Forslund		
1.00	OPERATOR ASSISTANT	Brandon Wilkinson		

9208
Cement Surface

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 954.24

ONLY IF PAID ON OR BEFORE

Jan 10, 2014

Subtotal	6,361.61
Sales Tax	219.88
Total Invoice Amount	6,581.49
Payment/Credit Applied	
TOTAL	6,581.49

ALLIED OIL & GAS SERVICES, LLC 061424

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Dehley

DATE <u>12-16-13</u>	SEC <u>7</u>	TWP. <u>8S</u>	RANGE <u>35W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 PM</u>	JOB FINISH <u>10:20 PM</u>
LEASE <u>Bechner</u>		WELL # <u>2-7</u>		LOCATION <u>Levant 4W Pinto</u>		COUNTY <u>Thomas</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR <u>VAL #7</u>	OWNER <u>same</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>233'</u>
CASING SIZE <u>8 7/8</u>	DEPTH <u>233'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>14,14 BBL</u>	

CEMENT	
AMOUNT ORDERED <u>150 SKS com 38cc</u>	
<u>28 gal</u>	
COMMON <u>150 SKS</u>	@ <u>17.90</u> <u>2685.00</u>
POZMIX	@
GEL <u>3 gal</u>	@ <u>23.40</u> <u>70.20</u>
CHLORIDE <u>5 SKS</u>	@ <u>64.00</u> <u>320.00</u>
ASC	@

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Andrew Fastward</u>
# <u>422</u>	HELPER <u>Brandon Wilkerson</u>
BULK TRUCK	
# <u>818</u>	DRIVER <u>Ed (TMS)</u>
BULK TRUCK	
#	DRIVER

HANDLING <u>16.2, 2 c/yft</u>	@ <u>2.48</u> <u>402.25</u>
MILEAGE <u>2.60 10y/mile</u>	@ <u>7.40/ton</u> <u>673.40</u>
TOTAL <u>4150.85</u>	

REMARKS:

Cement Did Circulate

thank you

CHARGE TO: Val Energy

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>233'</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>35 miles</u>	@ <u>7.70</u> <u>269.50</u>
MANIFOLD <u>head</u>	@ <u>275.00</u>
<u>Light vehicle</u>	@ <u>4.40</u> <u>154.00</u>
	@

TOTAL 2216.25

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 James Shults

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 6,361.60

DISCOUNT 954.24 IF PAID IN 30 DAYS

5,407.36 Net.



PAGE	CUST NO	INVOICE DATE
1 of 2	1004409	12/27/2013
INVOICE NUMBER		
1718 - 91370490		

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 Beachner 2-7
 O LOCATION
 B COUNTY Thomas
 S STATE KS
 T JOB DESCRIPTION Cement-New Well Casing/Pi

RECEIVED

9308

DEC 30 2013

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40675591	19905		Net - 30 days	01/26/2014
For Service Dates: 12/24/2013 to 12/24/2013				
0040675591				
171809599A Cement-New Well Casing/Pi 12/24/2013 <u>Cement - Two Stage 5 1/2" Longstring</u>				
AA2 Cement	150.00	EA	11.39	1,708.50 T
A-Con Blend Common	365.00	EA	12.06	4,401.90 T
60/40 POZ	50.00	EA	8.04	402.00 T
C-41P	36.00	EA	2.68	96.48 T
Salt	682.00	EA	0.34	228.47 T
C-44	141.00	EA	3.45	486.52 T
FLA-322	113.00	EA	5.03	567.83 T
Gilsonite	750.00	EA	0.45	336.68 T
Celloflake	92.00	EA	2.48	228.07 T
Calcium Chloride	1,032.00	EA	0.70	726.01 T
Super Flush II	500.00	EA	1.03	512.55 T
"Two Stage Cement Collar, 5 1/2" (Red)"	1.00	EA	4,087.00	4,087.00
"5 1/2" Latch Down Plug & Assembly (Red	1.00	EA	569.50	569.50
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	241.20	241.20
"Turbolizer, 5 1/2" (Blue)"	7.00	EA	73.70	515.90
"5 1/2" Basket (Blue)"	2.00	EA	194.30	388.60
"Unit Mileage Chg (PU, cars one way)"	230.00	MI	2.85	654.93
Heavy Equipment Mileage	460.00	MI	4.69	2,157.40
"Proppant & Bulk Del. Chgs., per ton mil	6,072.00	EA	1.07	6,509.17
Depth Charge; 4001'-5000'	1.00	EA	1,688.40	1,688.40
Blending & Mixing Service Charge	565.00	BAG	0.94	529.97
Plug Container Util. Chg.	1.00	EA	167.50	167.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	117.25	117.25
Depth Charge; 2001'-3000'	1.00	EA	1,206.00	1,206.00



PAGE	CUST NO	INVOICE DATE
2 of 2	1004409	12/27/2013
INVOICE NUMBER		
1718 - 91370490		

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 Beachner 2-7
 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	
40675591	19905		Net - 30 days	01/26/2014	
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
High Head Charge (Over 6')		1.00	EA	201.00	201.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	28,728.83
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	693.19
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	29,422.02
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 00599 A

T-85-35W

DATE _____ TICKET NO. _____

DATE OF JOB 12-24-13 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 Beachner WELL NO. 27							
ADDRESS		COUNTY Thomas STATE Kansas							
CITY STATE		SERVICE CREW C Messick, M. McGraw, S. Young							
AUTHORIZED BY		JOB TYPE C NW - 2 Stage Long String Pat Egging							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37,216	4	19,960-21,010	4			12-23-13	12-23-13	AM	10:00
						ARRIVED AT JOB	12-23-13	AM	11:30
						START OPERATION	12-24-13	AM	5:45
77,686-19,905	4	70,959-19,918	4			FINISH OPERATION	12-24-13	AM	9:45
						RELEASED	12-24-13	AM	10:00
						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
P CP 105	AA2 Blend Cement	sh	150	\$	2,550.00
P CP 101	A con Blend Cement	sh	365	\$	6,570.00
P CP 103	60/40 Poz Blend Cement	sh	50	\$	600.00
P CC 105	Defoamer	Lb	36	\$	144.00
P CC 111	Salt	Lb	682	\$	341.00
P CC 115	Gas Blot	Lb	141	\$	726.15
P CC 129	Fluid Loss	Lb	113	\$	847.50
P CC 201	Gilsonite	Lb	750	\$	502.50
P CC 102	Cellflite	Lb	92	\$	340.40
P CC 109	Calcium Chloride	Lb	1032	\$	1,083.60
P CF 401	Two Stage Tool, 5 1/2" (Weatherford)	ea	1	\$	6,100.00
P CF 601	Latch Down Plug and Baffle, 5 1/2"	ea	1	\$	850.00
P CF 1251	Auto Fill Float Shoe, 5 1/2"	ea	1	\$	360.00
P CF 1651	Turbolizer, 5 1/2"	ea	7	\$	770.00
P CF 1901	Basket, 5 1/2"	ea	2	\$	580.00

SUB TOTAL

KG

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.



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 ~~0000~~ A
Continuation

T-85-35W

DATE _____ TICKET NO. 9599

DATE OF JOB 12-24-13		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 Beachner				WELL NO 2-7	
ADDRESS				COUNTY Thomas		STATE Kansas			
CITY		STATE		SERVICE CREW C. Messick, M. McGraw, S. Young					
AUTHORIZED BY				JOB TYPE C.N.W. - Two Stage Long String Pat Egging					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
P C155	Super Flush II	Gal	500		\$ 765 00
P E100	Pickup Mileage	mi	230		\$ 977 50
P E101	Heavy Equipment Mileage	mi	460		\$ 3,220 00
P E113	Bulk Delivery	tm	6072		\$ 9,715 20
P CE205	Cement Pump; 4,000 Feet To 5,000 Feet	hrs	4		\$ 2,520 00
P CE240	Blending and Mixing	shr	569		\$ 791 00
P CE504	Plug Container	Job	1		\$ 250 00
P S003	Service Supervisor	hrs	8		\$ 175 00
P CE203	Cement Pump; 2,000 Feet To 3,000 Feet	hrs	4		\$ 1,800 00
P CE503	High Head	Job	1		\$ 300 00

CHEMICAL / ACID DATA:			

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

SUB TOTAL \$ 28,128.83

TOTAL

SERVICE REPRESENTATIVE: *R. M. [Signature]*

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Val Energy, Incorporated	Lease No. Beachner	Well # 2-7	Date 12-24-13
Field Order # 4599	Station Pratt, Kansas	Casing" 5 1/2 15.5 Lb.	Depth 4,839 ft
Type Job C.N.W. - 2 Stage Long String	Formation	County Thomas	State Kansas
Legal Description T-85-35W			

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size 2 1/8	Shots/Ft 150	sacks AA2	with 88F	fluid loss	RATE 2.5	PRESS 8	ISIP 12 Gas Blt
Depth 4,839	Depth feet	From 108	To 611.5	5 Lb. 1st	Gilson ite	Max		5 Min.
Volume 15.2 Bbl	Volume	From	To	15.3 Lb./Gal.	5.45 Gall/stk.	1.36	10 Min.	CVT 10 St
Max Press	Max Press	From	To		Avg		15 Min.	
Well Connection Swaged and 2" Valve	Annulus Vol	From	To		HHP Used		Annulus Pressure	
Plug Depth 4,813	Packer Depth	From	To	Flush 50 Bbl Freshwater	Gas Volume 65 Bbl Drilling Mud	Total Load		

Customer Representative Jimmy	Station Manager Kevin Gordley	Operator Clarence R. Messick
Service Units 37,216	77,696	19,905
Driver Names Messick	McGraw	Young
		PIT

Time PM	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:30	12-23	13			Trucks on location and hold safety meeting.
1:45	12-24	13			Val Drilling start to run Auto Fill Float Shoe, Shoe Joint with Latch Down Baffle screwed into collar and a total of 116 Joints now 15.5 Lb/ft 5 1/2 casing. A Turbolizer was installed on Collars # 1, 3, 5, 7, 9, 44, and # 47. A Basket was installed above shoe joint and below D.V. Tool. D.V. Tool is in collar of Joint # 45 or 2,898 feet down from surface.
4:30					Casing in well Circulate for 1 Hour.
5:45	300			6	Start Fresh water Pre-Flush.
			15	6	Start Super Flush II.
			27	6	Start Fresh water spacer.
6:30	300		30	5	Start mixing 150 sacks AA2 cement.
	-0-		66		Stop pumping. Remove swedge and insert Latch Down Plug into casing. Wash pump and lines. Install swedge and 2" Valve.
6:48	150			6.5	Start Fresh water Displacement.
			500	5	Start Drilling mud Displacement.
			80		Start to lift cement.
7:11	600		115.4		Plug down.
	2,000				Pressure up.
					Release pressure Float Shoe held.
					Remove swedge and Valve and Release Opening Device.
7:21					



TREATMENT REPORT

Customer Val Energy, Incorporated	Lease No.	Date 12-24-13
Well # Beachner	Well # 2-7	
Field Order # 1599	Station Pratt, Kansas	Casing 5 1/2"
	Depth 2898	County Thomas
Type Job C.N.W. - 2 Stage Long String	Formation	State Kansas
		Legal Description T-85-35W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft				RATE	PRESS	ISIP
5 1/2" 15.9 Lb/ft		365	sucts A-con with					
Depth 2898 Feet	Depth	From	To	38	calcium chloride	Max 25 Lb/st cell		15 Min.
Volume 70 Bbl	Volume	From	To	11.6 Lb	Gal, 16.75 Gal	Min 1.77 cu. ft		10 Min.
Max Press 2000 P.S.I.	Max Press	From	To			Avg		15 Min.
Well Connection Plug Container	Annulus Vol.	From	To	50 sucts	60/40 Poz to Plug Rat	HHP Used 0 sucts	and Mouse (20 sucts)	Annulus Pressure Holes
Plug Depth 2898 Feet	Packer Depth	From	To		Flush 70 Bbl Fresh Water	Gas Volume		Total Load

Customer Representative Jimmy	Station Manager Kevin Gordley	Preater Clarence R. Messick
Service Units 37,216	77,686	19,905
Driver Names Messick	Mc Graw	Pitt
		Young

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:45	750				Install Plug Container with closing Plug in it.
					Open DV Tool
				5	Pump remaining Drilling mud.
	300			6	Start mixing 365 sucts A-con cement
	0		180		Stop pumping, shut in well. Release closing Plug. Open well.
8:41	100			6	Start Fresh water Displacement.
8:53	400		70		Plug down.
	1200				Pressure up and close DV Tool.
					Release pressure DV Tool held.
			7.5	3	Plug Rat and mouse holes.
					Wash up pump tract.
9:45					Job complete.
					Thank You.
					Clarence, Mite, Steve, Pat
					CRC. CALLER TO P.T.