

OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5316  
Name: FALCON EXPLORATION, INC.  
Address: 155 North Market, Suite 1020  
City/State/Zip: Wichita, KS 67202  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Micheal S. Mitchell  
Phone: (316) 262-1378  
Contractor: Name: Discovery Drilling CO., Inc.  
License: 31548  
Wellsite Geologist: Harold Trapp

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     SWD     SIOW     Temp. Abd.  
 Gas     ENHR     SIGW  
 Dry     Other (Core, WSW, Expl., Cathodic, 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./SWD  
 Plug Back     Plug Back Total Depth  
 Commingled    Docket No. \_\_\_\_\_  
 Dual Completion    Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)    Docket No. \_\_\_\_\_

6/7/01                      6/17/01                      6/19/01  
Spud Date or                      Date Reached TD                      Completion Date or  
Recompletion Date                                           Recompletion Date

API No. 15 - 101-21,790-0000  
County: Lane  
200' E of \_\_\_\_\_  
C-S/2 SW Sec. 12 Twp. 16 S. R. 27  East  West  
660 feet from (S) N (circle one) Line of Section  
1520 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW (SW)  
Lease Name: Evel Well #: 1-12

Field Name: \_\_\_\_\_  
Producing Formation: LKC  
Elevation: Ground: 2616 Kelly Bushing: 2624  
Total Depth: 4508 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 203.98 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 2038' Feet  
If Alternate II completion, cement circulated from 2038  
feet depth to Surface w/ 450 sx cmt.

Drilling Fluid Management Plan All in 4-30-03  
(Data must be collected from the Reserve Pit)  
Chloride content 18,000 ppm Fluid volume 320 bbls  
Dewatering method used Evaporation  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of slide two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]  
Title: PRESIDENT Date: 9/11/2001  
Subscribed and sworn to before me this 11TH day of SEPT. 2001  
Notary Public: Rosann M. Schippers  
Date Commission Expires: 9/28/03

**KCC Office Use ONLY**

Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**INSTRUCTIONS:** Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample
Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name <span style="margin-left: 150px;">Top</span> <span style="margin-left: 150px;">Datum</span>
Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SEE ATTACHED GEOLOGICAL REPORT
Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>	
List All E. Logs Run:	

CASING RECORD <input checked="" 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
Surface Pipe	12 1/4	8 5/8	24	203.98	Common	150	2%Gel&3%CC
Production St.	7 7/8	4 1/2	10.5	4498	ASC	200	5#Kolseal/sk
			DV Tool @	2038	65/35Poz	450	6%GelW/1#FC/s

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				

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
4	3973-76	500 GALS 15% MCA/KCL FLUSH	3973-76

<b>TUBING RECORD</b> Size <u>2 3/8"</u> Set At <u>4029</u> Packer At _____		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of <u>First</u> Resumed Production, SWD or Enhr. <u>7/18/01</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>50</u>	Gas Mcf <u>10</u>	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____
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