Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

STATE OF KANSA

My Appt. Exp.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: FALCON EXPLORATION INC. API Number: _ 15 - 025-21090-0002 Lease Name: DECKER Address: 125 N. MARKET, SUITE 1252, WICHITA KS 67202 Well Number:_#7 "OWWO" Phone: (316) 262 - 1378 Operator License #: 5316 Type of Well: D&A Spot Location (QQQQ): SE - SE - NW - NE (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) Feet from North / South Section Line The plugging proposal was approved on: $\frac{5/16/08}{}$ _(Date) _Feet from Fast / West Section Line Twp. 31 S. R. 22 East West __ (KCC District Agent's Name) CLARK Is ACO-1 filed? Yes ✓ No If not, is well log attached? Yes Vo Date Well Completed: 5/16/08 Producing Formation(s): List All (If needed attach another sheet) Plugging Commenced: 5/16/08 Depth to Top: ___ __ Bottom: ... _ Depth to Top: ____ __. Bottom: ___ __ T.D. __ Plugging Completed: 5/16/08 ___ Depth to Top: _____ Bottom: ___ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Formation То Content From Size Put In Pulled Out 8-5/8" 679 0 Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in intitional to the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. SET 1ST PLUG AT 1200' W/50 SX, 2ND PLUG AT 720' W/50 SX, 3RD PLUG AT 60' W/20 SX. 25 SACKS IN RAT AND MOUSE HOLES, 60/40, 4% GEL Name of Plugging Contractor: VAL ENERGY INC Address: 200 W DOUGLAS #520, WICHITA, KS 67202 Name of Party Responsible for Plugging Fees: FALCON EXPLORATION INC. ____County, _SEDGWICK State of KANSAS MICHEAL S MITCHELL _ (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God. (Signature)__ (Address) 125 N. MARKET, SUITE 1252, WICHITA KS 67202 RIBED And SWORN TO before me this 8th day of JULY 20 08 ROSANN M. SCHIPPERS **NOTARY PUBLIC**