

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL
Form ACO-1
September 1999
Form Must Be Typed
AMENDED

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5316
Name: Falcon Exploration, Inc.
Address: 125 N. Market, Suite 1252
City/State/Zip: Wichita, Kansas 67202
Purchaser: NCRA;ONEOK
Operator Contact Person: Ron Schraeder
Phone: (316) 262-1378
Contractor: Name: Clarke Corporation
License: 5105
Wellsite Geologist: na

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Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Falcon Exploration, Inc
Well Name: Decker #1
Original Comp. Date: 1/20/05 Original Total Depth: 6579'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 6105 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
3/8/05 3/10/05
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 025-21271-0000
County: Clark
NW SW NE Sec. 12 Twp. 31 S. R. 22 East West
2011 feet from S / (N) (circle one) Line of Section
2434 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Decker Well #: 1
Field Name: Lexington NW
Producing Formation: Morrow
Elevation: Ground: 2223' Kelly Bushing: 2233'
Total Depth: 6579 Plug Back Total Depth: 6105'
Amount of Surface Pipe Set and Cemented at 647 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ sx cmt.
WD - DLG - 9/19/08

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used allow to dry completely
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 side 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: Ronald A. Schraeder
Title: Engineer Date: 5/3/06
Subscribed and sworn to before me this 3rd day of May
20 06
Notary Public: Rosann M. Schippers
Date Commission Expires: 9/28/07

KCC Office Use ONLY
Y Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received
Geologist Report Received
UIC Distribution

ROSANN M. SCHIPPERS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9/28/07

Operator Name: Falcon Exploration, Inc. Lease Name: Decker Well #: 1
 Sec. 12 Twp. 31 S. R. 22 East West County: Clark

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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KCC WICHITA

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
Filed on original ACO-1							

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	5251-55'		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	5254'			
Date of First, Resumerd Production, SWD or Enhr. 3/11/05			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	280	110	0			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

FALCON EXPLORATION, INC.
OIL & GAS EXPLORATION

RECEIVED
MAY 04 2006
KCC WICHITA

155 N. MARKET, SUITE 1020
WICHITA, KANSAS 67202

TELEPHONE: (316)262-1378
FAX: (316)265-3354

January 10, 2006

COPY

Kansas Corporation Commission
Attention: Dave Williams
130 S. Market, Room 2078
Wichita, Kansas 67202-3802

Re: API #15-21271-00-00
Decker #1
Clark County, Kansas

Dear Mr. Williams:

Reference is made to our original request to hold the above captioned well confidential for a one-year period (copy enclosed). Pursuant to rule #82-3-107 we request that the initial period of confidentiality be extended for one additional year.

We respectfully request that your office contact Falcon if our request cannot be granted.

Sincerely,

FALCON EXPLORATION, INC.


Michael S. Mitchell
President

MSM/clw
Encl.

RECEIVED
MAY 04 2006
KCC WICHITA

FALCON EXPLORATION, INC.
OIL & GAS EXPLORATION

125 N. MARKET, SUITE 1252
WICHITA, KANSAS 67202

TELEPHONE: (316)262-1378
FAX: (316)265-3354

May 3, 2006

Kansas Corporation Commission
130 S. Market, Room 2078
Wichita, Kansas 67202-3802

Re: Decker #1
Clark County, Kansas

Gentlemen:

Enclosed is the ACO-1 form, in triplicate copy, covering the workover on the above referenced well. Please hold this information "**confidential**" as well as, the original information as requested in our letter of January 10, 2006.

Should you have any questions, do not hesitate to contact us.

Sincerely,

FALCON EXPLORATION, INC.


Ronald S. Schraeder

RSS/clw

Encl.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

COPY

Form ACO-1
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Form Must Be Typed

AMENDED

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5316
Name: Falcon Exploration, Inc.
Address: 125 N. Market, Suite 1252
City/State/Zip: Wichita, Kansas 67202
Purchaser: NCRA:ONEOK
Operator Contact Person: Ron Schraeder
Phone: (316) 262-1378
Contractor: Name: Clarke Corporation
License: 5105
Wellsite Geologist: na

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: Falcon Exploration, Inc
Well Name: Decker #1
Original Comp. Date: 1/20/05 Original Total Depth: 6579'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 6105 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>3/8/05</u>	<u>3/10/05</u>	
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 025-21271-0000 01
County: Clark
NW SW NE Sec. 12 Twp. 31 S. R. 22 East West
2011 feet from S / (N) (circle one) Line of Section
2434 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Decker Well #: 1
Field Name: Lexington NW
Producing Formation: Morrow
Elevation: Ground: 2223' Kelly Bushing: 2233'
Total Depth: 6579 Plug Back Total Depth: 6105'
Amount of Surface Pipe Set and Cemented at 647 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 allow to dry completely

Location of fluid disposal if hauled offsite:

Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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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: Ronald Schraeder
Title: Engineer Date: 5/3/06

Subscribed and sworn to before me this 3rd day of May

20 06
Notary Public: Rosann M Schippers

Date Commission Expires: 9/28/07

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED

MAY 04 2006

KCC WICHITA

ROSANN M. SCHIPPERS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9/28/07

Operator Name: Falcon Exploration, Inc. Lease Name: Decker Well #: 1
 Sec. 12 Twp. 31 S. R. 22 East West County: Clark

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> 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
Filed on original ACO-1							

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 (Amount and Kind of Material Used)	Depth
4	5251-55'		
		RECEIVED MAY 04 2006 KCC WICHITA	

TUBING RECORD		Size <u>2-3/8"</u>	Set At <u>5254'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>3/11/05</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>280</u>	Gas Mcf <u>110</u>	Water Bbls. <u>0</u>	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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 Plug Back 6105 Plug Back Total Depth
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<u>3/8/05</u>	<u>3/10/05</u>	
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County: Clark
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Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used allow to dry completely
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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Title: Engineer Date: 5/3/06

Subscribed and sworn to before me this 3rd day of May

20 06
Notary Public: Rosann M. Schippers

Date Commission Expires: 9/28/07

ROSANN M. SCHIPPERS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9/28/07

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
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Operator Name: Falcon Exploration, Inc.

Lease Name: Decker

Sec. 12 Twp. 31 S. R. 22 East West

County: Clark

Well #: 1

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

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CASING RECORD New 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
Filed on original ACO-1							

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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Shots Per Foot	Footage	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	5251-55'		

TUBING RECORD

Size <u>2-3/8"</u>	Set At <u>5254'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>3/11/05</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>280</u>	Gas Mcf <u>110</u>	Water Bbls. <u>0</u> Gas-Oil Ratio Gravity

Disposition of Gas

METHOD OF COMPLETION

Vented Sold Used on Lease
(If vented, Submit ACO-18.)

Production Interval

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____