

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

3/21/08

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5316
Name: FALCON EXPLORATION INC.
Address: 125 N. MARKET, SUITE 1252
City/State/Zip: WICHITA KS 67202
Purchaser: NONE
Operator Contact Person: RON SCHRAEDER
Phone: (316) 262-1378
Contractor: Name: VAL ENERGY INC.
License: 5822
Wellsite Geologist: WES HANSON

KCC
MAR 21 2007
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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: _____
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. _____

12/17/06 1/8/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 025-21391-0000
County: CLARK
APX S2 SW SE Sec. 33 Twp. 30 S. R. 22 East West
200 feet from (S) N (circle one) Line of Section
2076 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: YBC(SE) Well #: 1-33

Field Name: W/C
Producing Formation: NA
Elevation: Ground: 2299 Kelly Bushing: 2309'

Total Depth: 5500' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 650 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 PAATHH 60708
(Data must be collected from the Reserve Pit)

Chloride content 1800 ppm Fluid volume 250 bbls
Dewatering method used HAULED OFF FREE FLUIDS

Location of fluid disposal if hauled offsite:
Operator Name: GENE R DILL
Lease Name: REGIER SWD License No.: 6652
Quarter _____ Sec. 17 Twp. 33 S. R. 27 East West
County: meade Docket No.: C21232

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: 3/22/07

Subscribed and sworn to before me this 22nd day of March,
20 07.

Notary Public: Rosann M Schippers
9/28/07

Date Commission Expires: _____

KCC Office Use ONLY
Y Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received _____
Geologist Report Received _____
UIC Distribution _____
RECEIVED
KANSAS CORPORATION COMMISSION
MAR 22 2007

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

CONSERVATION DIVISION
WICHITA, KS

KCC

Operator Name: FALCON EXPLORATION INC. Lease Name: YBC(SE) Well #: 1-33
 Sec. 33 Twp. 30 S. R. 22 East West County: CLARK

MAR 21 2007

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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> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: MEL;CNL/CDL;DIL;BHCS	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>BR LIME</td> <td>4518</td> <td>-2209</td> </tr> <tr> <td>LANSING</td> <td>4542</td> <td>-2233</td> </tr> <tr> <td>MARMATON</td> <td>5010</td> <td>-2701</td> </tr> <tr> <td>PAWNEE</td> <td>5092</td> <td>-2783</td> </tr> <tr> <td>MORROW SH</td> <td>5252</td> <td>-2943</td> </tr> <tr> <td>MORROW SD</td> <td>5260</td> <td>-2951</td> </tr> <tr> <td>MISS</td> <td>5288</td> <td>-2979</td> </tr> </table>	Name	Top	Datum	BR LIME	4518	-2209	LANSING	4542	-2233	MARMATON	5010	-2701	PAWNEE	5092	-2783	MORROW SH	5252	-2943	MORROW SD	5260	-2951	MISS	5288	-2979
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MISS	5288	-2979																							

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	12-1/4"	8-5/8"	23#	650	65/35;COMMON	500	GEL, CC

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>
		RECEIVED KANSAS CORPORATION COMMISSION MAR 22 2007 CONSERVATION DIVISION WICHITA, KS

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input 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

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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YBC(SE) #1-33
CLARK COUNTY

DST #1: 5240-88, 5-90-90-180. ON BOTTOM OF BUCKET IN 6
SECOND, NO GAS TO SURFACE ON 1ST OPEN. ON BOTTOM OF BUCKET
IMMEDIATELY, GAS TO SURFACE IN 45 MIN ON 2ND OPEN. GAUGED 8
MCF. RECOVERED 95' GAS CUT MUD (18% GAS, 72% MUD), 60' GAS
CUT MUDDY WATER (4% GAS, 32% MUD, 64% WATER) AND 125' SALT
WATER. HP'S 2558-2502, FP'S 32-156#, SIP'S 1740-1730#. BHT
118⁰.

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 22 2007

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC.

Federal Tax ID: ~~XXXXXXXXXX~~

26141

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

MAR 21 2007

SERVICE POINT:

Medicine Lodge KS

CONFIDENTIAL

DATE <u>12-17-06</u>	SEC. <u>33</u>	TWP. <u>30S</u>	RANGE <u>22W</u>	CALLED OUT <u>6:00 P.M.</u>	ON LOCATION <u>11:00 P.M.</u>	JOB START <u>4:00</u>	JOB FINISH <u>5:30</u>
LEASE <u>YBL (SL)</u>		WELL # <u>1-33</u>	LOCATION <u>54+94 Sect. @ Kingsdown KS, 8 south to</u>		COUNTY <u>Clark</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)			ADD. <u>1 1/2 E. South to cattle guard to bank. Then 90° SW to location</u>				

CONTRACTOR Val #3 OWNER Falcon Exploration

TYPE OF JOB <u>Surface</u>	HOLE SIZE <u>12 1/8</u>	T.D. <u>655</u>
CASING SIZE <u>8 3/8</u>	DEPTH <u>655</u>	
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL	DEPTH	
PRES. MAX <u>900</u>	MINIMUM <u>-</u>	
MEAS. LINE	SHOE JOINT <u>455</u>	
CEMENT LEFT IN CSG <u>45.5</u>		
PERFS.		
DISPLACEMENT <u>39 1/2 lds Rear H₂O</u>		

CEMENT
AMOUNT ORDERED 4005x65:35:6+3%CC
1 1/4 Flo-Seal 100sx class A +3%CC +2% Gel

COMMON <u>100 A</u>	@ <u>10.65</u>	<u>1065.00</u>
POZMIX	@	
GEL <u>2</u>	@ <u>16.65</u>	<u>33.30</u>
CHLORIDE <u>17</u>	@ <u>46.60</u>	<u>792.20</u>
ASC	@	
<u>ALW 400</u>	@ <u>9.95</u>	<u>3980.00</u>
<u>Flo Seal 100 #</u>	@ <u>2.00</u>	<u>200.00</u>

EQUIPMENT

PUMP TRUCK # <u>340</u>	CEMENTER <u>Mark Colby</u>
	HELPER <u>D. West</u>
BULK TRUCK # <u>389</u>	DRIVER <u>Mike B</u>
BULK TRUCK # <u>368</u>	DRIVER <u>S.C.F.</u>

HANDLING <u>544</u>	@ <u>1.90</u>	<u>1033.60</u>
MILEAGE <u>65 x 544 x .09</u>		<u>3182.40</u>
TOTAL		<u>10286.50</u>

REMARKS:

Pipe on bottom break Circ. Pump 3 lds
Rear H₂O pre-flush. Pump 4005x65:35:6
+3%CC + 1 1/4 Flo Seal mix 100sx class A +
3%CC + 2% Gel. Stop pump release slat
disp. when up on plug. disp @ 600m Rear H₂O
See increase in psi blow rate @ 30 lds to
360m Bump plug 500psi. on @ 39 1/2 lds
release. Cement did Circ. float did Hold

SERVICE

DEPTH OF JOB <u>655</u>		
PUMP TRUCK CHARGE <u>0-300'</u>		<u>815.00</u>
EXTRA FOOTAGE <u>355'</u>	@ <u>.65</u>	<u>230.75</u>
MILEAGE <u>65</u>	@ <u>6.00</u>	<u>390.00</u>
MANIFOLD <u>Head/Rental</u>	@ <u>100.00</u>	<u>100.00</u>

CHARGE TO: Falcon Exploration
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 1535.75

PLUG & FLOAT EQUIPMENT

<u>8 5/8 1-TRP</u>	@ <u>100.00</u>	<u>100.00</u>
<u>2-baskets</u>	@ <u>180.00</u>	<u>360.00</u>
<u>2-centralizers</u>	@ <u>55.00</u>	<u>110.00</u>
<u>1-AFO insert</u>	@ <u>325.00</u>	<u>325.00</u>

ANY APPLICABLE TAX
WILL BE CHARGED UPON INVOICING TOTAL 895.00

RECEIVED
KANSAS CORPORATION COMMISSION
MAR 22 2007
To Allied Cementing Co., Inc.
You are hereby requested to reimburse us for the use of our equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
TOTAL CHARGE ~~1535.75~~
DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE X [Signature]

X C Toner
PRINTED NAME

Thank You

ALLIED CEMENTING CO., INC.

32382

Federal Tax I.D. ~~XXXXXXXXXX~~

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

MAR 21 2007

SERVICE POINT:

CONFIDENTIAL

Medicine Lodge #2

DATE *1-08-07* SEC. *33* TWP. *30* RANGE *20 W* CALLED OUT *5:00 AM* ON LOCATION *9:00 AM* JOB START *12:00* JOB FINISH *1:00 PM*
 LEASE *Young Brothers* WELL # *1-33* LOCATION *Kingsdown, Ks. +54 Clark* COUNTY *Clark* STATE *Kansas*
 OLD OR NEW (Circle one) *Hwy South on #94 to road, 1/2 east & into*

CONTRACTOR *Val Rig*
 TYPE OF JOB *Rotary Aug*
 HOLE SIZE *7 7/8" J.D. 5500'*
 CASING SIZE *8 7/8" DEPTH 640'*
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE *4 1/2" x 11.6 DEPTH 1400'*
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT *Mud/Fresh*
 EQUIPMENT _____

OWNER *Falcon Exploration*
 CEMENT AMOUNT ORDERED *145 SX 60:40:6% GEL*
 COMMON *87 M @ 10.65 926.55*
 POZMIX *58 @ 5.80 336.40*
 GEL *8 @ 16.65 133.20*
 CHLORIDE @ _____
 ASC @ _____

PUMP TRUCK CEMENTER *Carl Balding*
 # *414-302* HELPER *Dennis Cushmanbery*
 BULK TRUCK # *368-252* DRIVER *Clint Williard*
 BULK TRUCK # _____ DRIVER _____

RECEIVED
 KANSAS CORPORATION COMMISSION
 MAR 22 2007
 @ _____
 CONSERVATION DIVISION
 @ _____
 WICHITA, KS
 @ _____
 @ _____
 @ _____
 HANDLING *15.3 @ 1.90 290.70*
 MILEAGE *65 x 153 x .09 895.05*
 TOTAL *2581.90*

REMARKS:

Pump 50 SX - 1400'
50 SX - 680'
20 SX - 60'
15 SX - Rat Hole
10 SX - Mouse Hole

SERVICE

DEPTH OF JOB *1400*
 PUMP TRUCK CHARGE _____ *815.00*
 EXTRA FOOTAGE @ _____
 MILEAGE *65 @ 6.00 390.00*
 MANIFOLD @ _____
 @ _____
 @ _____

TOTAL *1205.00*

CHARGE TO: *Falcon Exploration*
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

@ _____
 @ _____
 @ _____
 @ _____
 @ _____

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING TOTAL _____

TAX _____
 TOTAL CHARGE ~~XXXXXXXXXX~~
 DISCOUNT ~~XXXXXXXXXX~~ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE *Jay O Blumberg*

PRINTED NAME

FALCON EXPLORATION, INC.
OIL & GAS EXPLORATION

3/21/08

125 N. MARKET, SUITE 1252
WICHITA, KANSAS 67202

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

March 21, 2007

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

KCC
MAR 21 2007
CONFIDENTIAL

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 22 2007

CONSERVATION DIVISION
WICHITA, KS

Re: YBC (SE) #1-33
SW/4 Section 34-30S-22W
Clark County, Kansas

Gentlemen:

Enclosed you will find the ACO-1, in triplicate, a copy of the DIL, MEL, BHCS, CNL/CDL, and geologist's report covering the above captioned well. Also enclosed is a copy of the Allied Cementing ticket #26141 to cement surface casing and ticket #32382 to plug and abandon.

Pursuant to the rules and regulations please hold this information "confidential" for the initial one year period.

Sincerely,

FALCON EXPLORATION, INC.


Cynde Wolf

/clw
Encl.



CORPORATION COMMISSION

Kathleen Sebelius, Governor Thomas E. Wright, Chairman Michael C. Moffet, Commissioner Joseph F. Harkins, Commissioner

June 20, 2008

FALCON EXPLORATION, INC.
125 N MARKET STE 1252
WICHITA, KS 67202-1719

RE: API Well No. 15-025-21391-00-00
YBC SE 1-33
S2SWSE, 33-30S-22W
CLARK County, Kansas

Dear Operator:

An affidavit of completion form (ACO-1) on the above referenced well was received on March 22, 2007. Technical review finds that the ACO-1 is incomplete. The information requested below, or an amended/corrected ACO-1, must be submitted by July 11, 2008. Only the current ACO-1 form will be accepted (Form ACO-1, Rev. 9-99), and only the lines marked below apply.

- | | |
|---|---|
| <input type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year) |
| <input type="checkbox"/> Must be notarized and signed. | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. We do not accept fax copies. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> Must be put on new form and typed. | <input checked="" type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Designate type of Well Completion. | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Other: | |

K.C.C. regulation 82-3-107 provides confidentiality, upon written request, for a period of one year from the date of such letter request. Confidentiality rights are waived if the ACO-1 remains incomplete, or is not timely filed (within 120 days from the well's spud date) including: electric logs, geologist's wellsite reports, driller's logs, and Kansas Geological Survey requested samples.

Do not hesitate to call the Kansas Corporation Commission, Conservation Division, at (316) 337-6200 if there are any questions. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY. Note: If the intent is incorrect, you need to file a corrected intent.

Sincerely,

Naomi Hollon
Production Department