

CONFIDENTIAL

ORIGINAL

1/29/10

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

Handwritten signature/initials

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5822
 Name: VAL ENERGY, INC.
 Address 1: 200 W. DOUGLAS
 Address 2: SUITE 520
 City: WICHITA State: KS Zip: 67202 +
 Contact Person: K. TODD ALLAM
 Phone: (316) 263-6688
 CONTRACTOR: License # 5822 **CONFIDENTIAL**
 Name: VAL ENERGY, INC. JAN 29 2009
 Wellsite Geologist: JON STEWART **KCC**
 Purchaser: MACLASKEY
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 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. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

<u>10/21/08</u>	<u>10/29/08</u>	<u>12/2/08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23386-0000
 Spot Description: _____
 NE SE Sec. 20 Twp. 34 S. R. 11 East West
1980 Feet from North / South Line of Section
660 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: BARBER
 Lease Name: HILL TRUST Well #: 3-20
 Field Name: UNKNOWN
 Producing Formation: MISSISSIPPIAN
 Elevation: Ground: 1347 Kelly Bushing: 1357
 Total Depth: 4880 Plug Back Total Depth: 4868
 Amount of Surface Pipe Set and Cemented at: 214 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: 26000 ppm Fluid volume: 900 bbls
 Dewatering method used: HAULED
 Location of fluid disposal if hauled offsite: _____
 Operator Name: VAL ENERGY, INC
 Lease Name: TALBOTT SWD License No.: 5822
 Quarter SW Sec. 9 Twp. 34 S. R. 11 East West
 County: BARBER Docket No.: D-30033

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: Todd Allam
 Title: PRESIDENT Date: 1/29/09
 Subscribed and sworn to before me this 29 day of JANUARY,
 20 09.
 Notary Public: Brandi Wyer
 Date Commission Expires: 2/24/2010

KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 JAN 30 2009

NOTARY PUBLIC - State of Kansas
 BRANDI WYER
 My Appt. Expires 2/24/2010

CONSERVATION DIVISION
 WICHITA, KS