

*Keep
3/10/09*

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
Name: VAL ENERGY, INC
Wellsite Geologist: JON STEWART
Purchaser: N/A

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.: _____
2/28/09 3/6/09 3/7/09
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-007-23388
Spot Description: _____
NE NE SW NW Sec. 9 Twp. 33 S. R. 12 East West
1625 Feet from North / South Line of Section
1185 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: BARBER
Lease Name: SHERRY Well #: 1-9
Field Name: UNKNOWN
Producing Formation: N/A
Elevation: Ground: 1532 Kelly Bushing: 1543
Total Depth: 4875 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 242 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 P+A AIT I NUR
(Data must be collected from the Reserve Pit) 4-23-09
Chloride content: 32000 ppm Fluid volume: 900 bbls
Dewatering method used: HAULED
Location of fluid disposal if hauled offsite: _____
Operator Name: VAL ENERGY, INC
Lease Name: BOGGS C24 SWD License No.: 5822
Quarter SE Sec. 8 Twp. 33 S. R. 12 East West
County: BARBER Docket No.: D10917

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: K Todd Allam
Title: PRESIDENT Date: 3/24/09
Subscribed and sworn to before me this 24 day of MARCH,
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

KANSAS CORPORATION COMMISSION

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

APR 06 2009
RECEIVED

Operator Name: VAL ENERGY, INC Lease Name: SHERRY Well #: 1-9
 Sec. 9 Twp. 33 S. R. 12 East West County: BARBER

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: SPECTRAL DENSITY DUAL SPACED NEUTRON MICRO LOG ARRAY COMPENSATED RESISTIVITY	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>PAWNEE</td> <td>4342</td> <td>-2810</td> </tr> <tr> <td>CHEROKEE SHALE</td> <td>4396</td> <td>-2864</td> </tr> <tr> <td>MISS. CHERT</td> <td>4425</td> <td>-2893</td> </tr> <tr> <td>KINDERHOOK</td> <td>4581</td> <td>-3049</td> </tr> <tr> <td>VIOLA</td> <td>4690</td> <td>-3158</td> </tr> <tr> <td>SIMPSON SHALE</td> <td>4790</td> <td>-3258</td> </tr> <tr> <td>SIMPSON SAND</td> <td>4802</td> <td>-3270</td> </tr> </table>	Name	Top	Datum	PAWNEE	4342	-2810	CHEROKEE SHALE	4396	-2864	MISS. CHERT	4425	-2893	KINDERHOOK	4581	-3049	VIOLA	4690	-3158	SIMPSON SHALE	4790	-3258	SIMPSON SAND	4802	-3270
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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	242	60/40 POZ	195	2% GEL, 3 % 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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	600 TO SURFACE	60/40 POZ	145	

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

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed 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: <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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>PLUGGED & ABANDONED</u>	PRODUCTION INTERVAL: _____ _____
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24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906
 Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 118371
 Invoice Date: Mar 7, 2009
 Page: 1

Bill To:
Val Energy, Inc. 200 W. Douglas STE #520 Wichita, KS 67202

9233

RECEIVED
 MAR 12 2009

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Val	Sherry #1-9	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Medicine Lodge	Mar 7, 2009	4/6/09

Quantity	Item	Description	Unit Price	Amount
87.00	MAT	Class A Common	15.45	1,344.15
58.00	MAT	Pozmix	8.00	464.00
5.00	MAT	Gel	20.80	104.00
150.00	SER	Handling	2.40	360.00
1.00	SER	Minimum Handling Mileage Charge	312.00	312.00
1.00	SER	Rotary Plug	1,017.00	1,017.00
15.00	SER	Mileage Pump Truck	7.00	105.00

Plugging Cement

KANSAS CORPORATION COMMISSION
 APR 06 2009
RECEIVED

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 370.64

ONLY IF PAID ON OR BEFORE

Apr 6, 2009

Subtotal	3,706.15
Sales Tax	233.49
Total Invoice Amount	3,939.64
Payment/Credit Applied	
TOTAL	3,939.64

ALLIED CEMENTING CO., LLC. 34328

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

SERVICE POINT:
Medicine Lodge

DATE <u>3-7-09</u>	SEC. <u>9</u>	TWP. <u>S35</u>	RANGE <u>12W</u>	CALLED OUT <u>2:30pm</u>	ON LOCATION <u>4:30pm</u>	JOB START <u>5:30pm</u>	JOB FINISH <u>6:30pm</u>
LEASE <u>Sherry</u>	WELL # <u>1-9</u>	LOCATION <u>281 1/2 Sumner Rd, 2 1/2 W</u>			COUNTY <u>Barber</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)		<u>2 1/2 W & N, S15</u>					

CONTRACTOR VSI # 5
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D. 600
 CASING SIZE 8 7/8 DEPTH 227
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 3 bbls of Fresh water

OWNER VSI Energy
 CEMENT AMOUNT ORDERED 145sf 60' 46' 4"

EQUIPMENT

PUMP TRUCK CEMENTER Darin F
 # 372 HELPER Mike B
 BULK TRUCK
 # 364 DRIVER Troy C.
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>A 87 sx</u>	@ <u>15.45</u>	<u>1344.15</u>
POZMIX	<u>58 sx</u>	@ <u>8.60</u>	<u>464.00</u>
GEL	<u>5 sx</u>	@ <u>20.80</u>	<u>104.00</u>
CHLORIDE	_____	@ _____	_____
ASC	_____	@ _____	_____
HANDLING	<u>150</u>	@ <u>2.40</u>	<u>360.00</u>
MILEAGE	<u>150/15/.10</u>		<u>312.00</u>
TOTAL			<u>2584.15</u>

REMARKS:
1st plug - 600', mix 50sf, Displace
3 bbls of fresh water
2nd plug - 280', mix 50sf, Displace
1/2 bbl of fresh water,
3rd plug - 60', mix 3 bbls
Rst hole - mix 15sf
mouse hole - mix 10sf

SERVICE

DEPTH OF JOB 600
 PUMP TRUCK CHARGE 1017.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 15 @ 7.00 105.00
 MANIFOLD _____ @ _____
 _____ @ _____

CHARGE TO: VSI Energy
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 1122.00

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

PLUG & FLOAT EQUIPMENT

_____ @ _____
None @ _____
 _____ @ _____
 _____ @ _____
TOTAL _____

PRINTED NAME x Ron Moon
 SIGNATURE x Ron Moon

SALES TAX (If Any) _____
 TOTAL CHARGES ~~2057.00~~
 DISCOUNT _____ IF PAID IN 30 DAYS



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 118310
 Invoice Date: Feb 28, 2009
 Page: 1

9208

Bill To:
 Val Energy, Inc.
 200 W. Douglas
 STE #520
 Wichita, KS 67202

RECEIVED
 MAR 05 2009

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Val	Sherry #1-9	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Medicine Lodge	Feb 28, 2009	3/30/09

Quantity	Item	Description	Unit Price	Amount
117.00	MAT	Class A Common	15.45	1,807.65
78.00	MAT	Pozmix	8.00	624.00
3.00	MAT	Gel	20.80	62.40
6.00	MAT	Chloride	58.20	349.20
204.00	SER	Handling	2.40	489.60
1.00	SER	Minimum Handling Mileage Charge	312.00	312.00
1.00	SER	Surface	1,018.00	1,018.00
15.00	SER	Mileage Pump Truck	7.00	105.00
1.00	SER	Manifold Head Rental	113.00	113.00
1.00	EQP	Surface Plug	68.00	68.00

Cement Surface Pipe

KANSAS CORPORATION COMMISSION
 APR 06 2009
 RECEIVED

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 494.88

ONLY IF PAID ON OR BEFORE

Mar 30, 2009

Subtotal	4,948.85
Sales Tax	183.41
Total Invoice Amount	5,132.26
Payment/Credit Applied	
TOTAL	5,132.26

494.88
\$ 4637.38

ALLIED CEMENTING CO., LLC.

34108

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

SERVICE POINT: *Medicine Lodge, KS*

DATE <i>02-28-09</i>	SEC. <i>09</i>	TWP. <i>33s</i>	RANGE <i>12w</i>	CALLED OUT <i>12:00 Pm</i>	ON LOCATION <i>2:00 Pm</i>	JOB START <i>4:45 Pm</i>	JOB FINISH <i>5:00 Am</i>
LEASE <i>Sherry</i>		WELL# <i>1-9</i>	LOCATION <i>28 1/2 E & Sumac, 2 1/2 W, 2 1/2 N</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>
OLD OR NEW (Circle one) <u>NEW</u>			<i>w & N & S into</i>				

CONTRACTOR *Val #5*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *242*

CASING SIZE *8 5/8* DEPTH *242*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *250* MINIMUM *---*

MEAS. LINE SHOE JOINT *N/A*

CEMENT LEFT IN CSG. *20'*

PERFS.

DISPLACEMENT *14 Bbls Fresh H2O*

OWNER *Val Energy*

CEMENT

AMOUNT ORDERED *195 sx 60:40:2%gel/+ 3%cc*

COMMON	<i>117</i>	<i>A</i>	@	<i>15.45</i>	<i>1807.65</i>
POZMIX	<i>78</i>		@	<i>8.00</i>	<i>624.00</i>
GEL	<i>3</i>		@	<i>20.80</i>	<i>62.40</i>
CHLORIDE	<i>6</i>		@	<i>58.20</i>	<i>349.20</i>
ASC			@		

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felio*

352 HELPER *M. Becker*

BULK TRUCK DRIVER *L. Jenkins*

364 DRIVER

HANDLING	<i>204</i>	@	<i>2.40</i>	<i>489.60</i>
MILEAGE	<i>15 x Min chg</i>			<i>312.00</i>
				TOTAL <i>3644.85</i>

KANSAS CORPORATION COMMISSION

@

@ *APR 06 2009*

@ **RECEIVED**

REMARKS:

Pipe on Brrm Break Circ, Pump Spacer, Mix 195sx 60:40 cement, Stop Pump, Release Plug, Start Disp w/ Fresh H2O, Wash up on top of Plug, See increase in PST, Slow Rate, Stop Pump at 14 Bbls total Disp., Shut in, Release line PST, Cement Did Circ.

SERVICE

DEPTH OF JOB	<i>242'</i>			
PUMP TRUCK CHARGE				<i>1018.00</i>
EXTRA FOOTAGE		@		
MILEAGE	<i>15</i>	@	<i>7.00</i>	<i>105.00</i>
MANIFOLD	<i>Head rental</i>	@	<i>113.00</i>	<i>113.00</i>
		@		

TOTAL *1236.00*

CHARGE TO: *Val Energy*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

8 5/8"

<i>1 - Surface Plug</i>	@	<i>68.00</i>	<i>68.00</i>
	@		
	@		
	@		

TOTAL *68.00*

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

PRINTED NAME *Randy Smith*

SIGNATURE *Randy Smith*

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

