CONFIDENTIAL KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31783
Name: Mid-Continent Energy Operating Company
Address 1: 100 W. 5th Street
Address 2: Suite 450
City: Tulsa State: OK Zip: 74103 + 4254
Contact Person: G. M. Canaday CONFIDENTIAL
Phone: (918) 587-6363 FEB 17 2009
CONTRACTOR: License # 5822 KCC
Name: Val Energy, Inc.
Wellsite Geologist: Kevin Kessler
Purchaser:

Designate Type of Completion:
✔ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SIOW
____ 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.: A/A 1/30/08

10/27/08 (Spud Date or Recompletion Date) | 11/29/08 (Date Reached TD) | 2/16/09 (Completion Date or Recompletion Date)

API No. 15 - 101-22135-00-00
Spot Description: SE/4
N2 - NE - NE - SE Sec. 21 Twp. 18 S. R. 29 ☐ East ☑ West
2390 Feet from ☐ North / ☑ South Line of Section
330 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Lane
Lease Name: Gail Stanley Well #: 1-21
Field Name: Wildcat
Producing Formation:
Elevation: Ground: 2811 Kelly Bushing: 2816
Total Depth: 4651 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: ____ 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:
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:
Title: President Date: 2/16/09

Subscribed and sworn to before me this 16th day of February, 2009.

Notary Public: Notary Public-Oklahoma OFFICIAL SEAL JO ANN ARCHERD Payne County 08001689 Exp. 2-8-12

Date Commission Expires: 2-8-12

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
FEB 19 2009
CONSERVATION DIVISION
WICHITA, KS