

CONFIDENTIAL

****CORRECTED****

ORIGINAL

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
September 1999
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

AMENDED
5/21/09

Operator: License # 5316
 Name: FALCON EXPLORATION, INC.
 Address: 125 N. MARKET, SUITE 1252
 City/State/Zip: WICHITA, KS 67202
 Purchaser: NCRA/LOST RIVER RESOURCES INC.
 Operator Contact Person: MIKE MITCHELL
 Phone: (316) 262-1378
 Contractor: Name: VAL ENERGY INC.
 License: 5822
 Wellsite Geologist: WESLEY D HANSEN
 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. _____

<u>2/17/07</u>	<u>3/1/07</u>	<u>4/30/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 025-21403-0000
 County: CLARK
SW NE SE SW Sec. 2 Twp. 31 S. R. 22 East West
730 feet from S N (circle one) Line of Section
2100 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: GRC Well #: #1-2(SW)
 Field Name: LIBERTY RIVER
 Producing Formation: MORROW
 Elevation: Ground: 2174 Kelly Bushing: 2184
 Total Depth: 5400 Plug Back Total Depth: 5275
 Amount of Surface Pipe Set and Cemented at 692 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 9800 ppm Fluid volume 125 bbls
 Dewatering method used HAULED OFF
 Location of fluid disposal if hauled offsite:
 Operator Name: KBW OIL
 Lease Name: HARMON License No.: 5993
 Quarter _____ Sec. 11 Twp. 33 S. R. 20 East West
 County: COMANCHE Docket No.: D-22304

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: 11/20/08
 Subscribed and sworn to before me this 20th day of NOVEMBER,
20 08
 Notary Public: Rosann M Schippers
 Date Commission Expires: 9/28/11

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
NOV 21 2008



KCC WICHITA

JAN 13 '00

Side Two

CONFIDENTIAL

Operator Name: FALCON EXPLORATION, INC. Lease Name: GRC Well #1-2(SW)
Sec. 2 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 (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LANSING	4430	-2246
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STARK	4778	-2594
List All E. Logs Run:		MARMATON	4896	02712
		PAWNEE	4980	-2796
		CHEROKEE SH	5032	-2848
		MORROW SH	5141	-2957
		MORROW SD	5174	-2990
		MISS	5194	-3010

CNL/CDL;DIL;BHCS;MEL(PREVIOUSLY SENT)

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
CONDUCTOR	32"	20"		80'	GROUT		
SURFACE	12-1/4"	8-5/8"	23#	692	65/35;AA-2	400	2% GEL, 3% CC
PRODUCTION	7-7/8"	5-1/2"	15.5#	5403	AA-2	150	10% SALT, 75% CFT

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	5286-91'	750 GAL 20% MCA	5286-91
	CIBP @5275'		
4	5189-94'	750 GAL 20% MCA	5189-94'
		3500 GAL 20% NEFE	5189-94'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8	5221			
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
7/20/07			<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	
	9	62	32	6.88		

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: _____