Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

K.A.R. 82-3-117

Lease Operator: FALCON EXPLORATION INC.					API Number: 15 - 063-21328/000	
Address: 125 N. MARKET, SUITE 1252, WICHITA KS 67202					Lease Name: BROOKOVER	
Phone: (316) 262 -1378 Operator License #: 5316					Well Number:	
Type of Well: Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)					Spot Location (QQQQ): NW - SW - SE - 990 Feet from North / South Section Line 2310 Feet from East / West Section Line Sec. 22 Twp. 13S S. R. 30 East / West County: GOVE Date Well Completed: 5/19/09 Plugging Commenced: 5/19/09	
The plugging proposal was approved on:(Date)						
by: MARVIN MILLS (KCC District Agent's Name)						
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						
Producing Formation(s): List All (If needed attach another sheet)						
PAWNEE Depth to Top: 4317 Bottom: 4320 T.D						
MYRICK ST Depth to Top: 4357 Bottom: 4360 T.D				Plugging Completed: 5/20/09		
FT SCOTT Depth to Top: 4382 Bottom: 4384 T.D. 4428 Plugging Completed: 6723733						
Show depth and thickness of	of all water, oil and gas	formations.				
Oil, Gas or Wa				1	Surface Conductor & Produ	
Formation	Content	From	То	Size	Put In	Pulled Out
PAWNEE	OIL/WTR	4317	4320	8-5/8"	323	0
MYRICK ST	OIL/WTR	4357	4360	5-1/2	4589	0
FT SCOTT	OIL/WTR	4382	4384			
hole. If cement or other plu	ugs were used, state th	e character of 0/40, 4% GE	same depth pla EL, 500# HU	LLS, FOLL	tom), to (top) for each plu OWED BY 17 SX G	EL, PUMPED 225 SX 60/40,
					uncertal3	RECEIVED
Name of Plugging Contract	or: ALLIED CEMEN	NTING				7996 JUL 13 2009
Address: P O BOX 31, RUSSELL KS 67665						
Name of Party Responsible for Plugging Fees: FALCON EXPLORATION INC.						
State of KANSAS		SEDGWI		_ , ss.		
MICHEAL S MITCHE	iL			(Employee o	of Operator) or (Operator)	on above-described well, being first duly
sworn on oath, says: That I	have knowledge of the	facts stateme	nts, and matter			above-described well is as filed, and the
same are true and correct,	so help me God.	(Signature)	0			
		(Address) 12	25 N. MARK	ET, SUITE	1252,WICHITA KS	67202
D0041W144 0	CHIPPERS BED and	SWORN TO be	efore me this	8TH day of	JULY	, 20 09
NOTARY PI STATE OF K	UBLIC LOCALIST	Notary Pul	Schippe		y Commission Expires:	9/28/11
My Appt. Exp	7/40/11		*			