

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

5/14/09

Operator: License # 5316
Name: FALCON EXPLORATION, INC.
Address: 125 N. MARKET, SUITE 1252
City/State/Zip: WICHITA, KS 67202
Purchaser: NA
Operator Contact Person: MIKE MITCHELL
Phone: (316) 262-1378
Contractor: Name: VAL ENERGY INC.
License: 5822
Wellsite Geologist: KEN LEBLANC

API No. 15 - 063-21702-0000
County: GOVE
SE NW NE SW Sec. 26 Twp. 13 S. R. 30 East West
460 feet from S / (N) (circle one) Line of Section
1960 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: WESLEY Well #: 3
Field Name: GOVE WEST

Producing Formation: NA
Elevation: Ground: 2868 Kelly Bushing: 2873
Total Depth: 4620 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 333 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 crnt.

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SIOW ____ Temp. Abdn.
____ Gas ____ ENHR ____ SIGW
 Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

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KCC

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. _____
2/20/08 3/2/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plz PAN 102309
(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: 5/14/08
Subscribed and sworn to before me this 14TH day of MAY,
20 08.
Notary Public: Rosann M Schippers
Date Commission Expires: 9/28/11

ROSANN M. SCHIPPERS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9/28/11

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
____ UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
MAY 15 2008

CONSERVATION DIVISION
WICHITA, KS

ORIGINAL

Side Two

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Operator Name: FALCON EXPLORATION, INC.

Lease Name: WESLEY

Well #:

Sec. 26 Twp. 13 S. R. 30 East West

County: GOVE

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 Yes No (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No (Submit Copy)

List All E. Logs Run:

DIL;BHCS;MEL;CDL/CNL

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
ANHYDRITE	2284	+589
B/ANHY	2317	+556
LANSING	3898	-1025
BKC	4193	-1320
PAWNEE	4306	-1433
CHEROKEE	4401	-1528
MISS	4486	-1613

CASING RECORD New 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#	333 KB	60/40 POZ	225	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 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

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify)

ALLIED CEMENTING CO., INC. 30781

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

SERVICE POINT: Great Oakley Bend

DATE <u>2.20.08</u>	SEC. <u>26</u>	TWP. <u>13</u>	RANGE <u>30</u>	CALLED OUT <u>1:00 PM</u>	ON LOCATION <u>4:30 PM</u>	JOB START <u>7:00 PM</u>	JOB FINISH <u>8:00 PM</u>
LEASE <u>Wesley</u>		WELL # <u>3</u>	LOCATION <u>Glove 4 south to road "O"</u>		COUNTY <u>Glove</u>	STATE <u>Kansas</u>	
OLD OR (NEW) (Circle one)			<u>7 west, south into</u>				

CONTRACTOR Val Drilling Rig# 4
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 333'
 CASING SIZE 8 5/8 NEW 23" DEPTH 333'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 20.2 ~~CONFIDENTIAL~~
 EQUIPMENT MAY 14 2008
Y.B.
 PUMP TRUCK CEMENTER J.D. Drilling
 # 181 HELPER Tyler Wintz
 BULK TRUCK _____
 # 260 DRIVER Joe Dannebohm
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER Falcon Exploration Inc.
 CEMENT
 AMOUNT ORDERED 2.25 pk Common
3% cc 2% Gel
 COMMON 225 @ 14.20 3195.00
 POZMIX _____ @ _____
 GEL 5 @ 18.75 93.75
 CHLORIDE 7 @ 52.45 367.15
 ASC _____ @ _____
 _____ @ _____
 RECEIVED @ _____
 KANSAS CORPORATION COMMISSION @ _____
 MAY 15 2008 @ _____
 CONSERVATION DIVISION @ _____
 WICHITA, KS @ _____
 HANDLING 237 @ 2.15 509.55
 MILEAGE 40.9.237 853.20
Oakley
 TOTAL 5018.65

REMARKS:

Ran 8 5/8 casing to bottom, Break circulation with rig mud. Hook up to pump truck & mixed 2.25 pk Common 3% cc 2% Gel. Shut down & change valves over on manifold. Release 8 5/8 TWP & displace with 20.2 BBLs fresh H₂O. Cement did circulate, shut in manifold. Circ 6 BBLs cement to pit.

SERVICE

DEPTH OF JOB 333'
 PUMP TRUCK CHARGE _____ 917.00
 EXTRA FOOTAGE 33 @ .80 26.40
 MILEAGE 40 @ 7.00 280.00
 MANIFOLD _____ @ _____
 Head rental _____ @ 113.00
 _____ @ _____
 TOTAL 1336.40

PLUG & FLOAT EQUIPMENT

1.8% TWP @ 68.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 68.00

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

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X [Signature]

SIGNATURE X Tim Fabricius
 PRINTED NAME

Thank you!

