

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
Phone: (918) 587-6363
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Michael Kidwell
Purchaser: NCRA
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.: _____
12/27/2009 01/07/2010 03/26/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

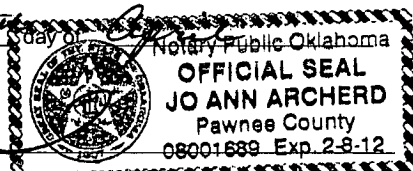
API No. 15 - 063-21818-0000
Spot Description: _____
NW SW NW SW Sec. 27 Twp. 15 S. R. 29 East West
1880 Feet from North / South Line of Section
250 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: GOVE
Lease Name: Dorothy York Unit Well #: 1-27
Field Name: Wildcat
Producing Formation: Johnson
Elevation: Ground: 2579 Kelly Bushing: 2584
Total Depth: 4402 Plug Back Total Depth: 4339
Amount of Surface Pipe Set and Cemented at: 306 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 2012
feet depth to: Surface w/ 235 Alt 2 - Dg - 6/18/10 ^{9x cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 2500 ppm Fluid volume: 1000 bbls
Dewatering method used: Allowed to dry
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: [Signature]
Title: President Date: 04/25/2010
Subscribed and sworn to before me this 25th day of April, 2010.
Notary Public: [Signature]
Date Commission Expires: Feb 8, 2012



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: 5-21-10 RECEIVED
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

MAY 21 2010
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Operator Name: Mid-Continent Energy Operating Company Lease Name: Dorothy York Unit Well #: 1-27
 Sec. 27 Twp. 15 S. R. 29 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 <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: DIL CND MEL	<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>Anhydrite</td> <td>1982</td> <td>+602</td> </tr> <tr> <td>B/Anhydrite</td> <td>2010</td> <td>+574</td> </tr> <tr> <td>Heebner</td> <td>3651</td> <td>-1067</td> </tr> <tr> <td>Lansing</td> <td>3690</td> <td>-1106</td> </tr> <tr> <td>Stark</td> <td>3932</td> <td>-1348</td> </tr> <tr> <td>Ft Scott</td> <td>4184</td> <td>-1600</td> </tr> <tr> <td>Mississippi</td> <td>4279</td> <td>-1695</td> </tr> </table>	Name	Top	Datum	Anhydrite	1982	+602	B/Anhydrite	2010	+574	Heebner	3651	-1067	Lansing	3690	-1106	Stark	3932	-1348	Ft Scott	4184	-1600	Mississippi	4279	-1695
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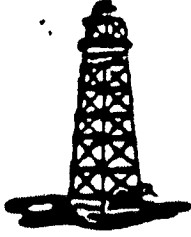
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	23	306	60/40 Poz	185	2% Gel, 3% CC
Production	7-7/8"	4-1/2"	10.5	4397	Standard	175	10% Salt, 5% Calseal, 1/2# CFR-1

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surface - 2012	MDS	235	2.6# Flocele, .10% D-air

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	4251-55' and 4260-64'		
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 21 2010 KCC WICHITA </div>	

TUBING RECORD:	Size: 2-3/8"	Set At: 4273'	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 03/26/2010		Producing Method: <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 Bbbs. 40	Gas Mcf	Water Bbbs.	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 type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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MID-CONTINENT ENERGY OPERATING COMPANY

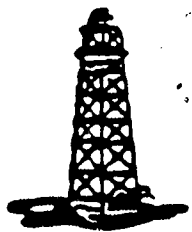
Oil and Gas Exploration,
Production and Operations

CONFIDENTIAL

DST'S
(DST Reports attached)
DOROTHY YORK UNIT #1-27 WELL
Section 27 - 15S - 29W
Gove County, Kansas

DST #1	3844 - 3906'	30 - 75 - 30 - 30		
	IFP 6-11	ISIP 524	FFP 12-15	FSIP 699
	HH 1861 - 1860			
	Rec 20' Mud			
DST #2	3901 - 3930'	30 - 75 - 60 - 90		
	IFP 14-57	ISIP 1022	FFP 60-12	FSIP 533
	HH 1896 - 1888			
	Rec 120' GIP	36' CO	31' HOCM	
DST #3	3930 - 3954'	30 - 75 - 60 - 90		
	IFP 8-53	ISIP 140	FFP 55-100	FSIP 142
	HH 1891 - 1891			
	Rec 60' GIP	5' CO	10' G&OCWM	
DST #4	3962 - 4006'	30 - 75 - 30 - 30		
	IFP 6-7	ISIP 284	FFP 7-8	FSIP 142
	HH 1910 - 1905			
	Rec 3' Mud, specs oil			
DST #5	4208 - 4264'	30 - 75 - 60 - 90		
	IFP 116-619	ISIP 898	FFP 672-840	FSIP 850
	HH 2048 - 2053			
	Rec 1330' GIP	77' CO	10' G&OCWM	

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MID-CONTINENT ENERGY OPERATING COMPANY

Oil and Gas Exploration,
Production and Operations

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April 25, 2010

Kansas Corporation Commission
Conservation Division
130 S. Market, Room 2078
Wichita, Kansas 67202

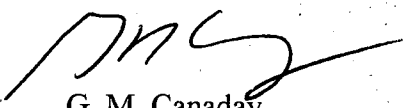
**Re: Dorothy York Unit #1-27
Section 27 – 15S – 29W
Gove County, Kansas
Well Completion Form ACO-1**

Gentlemen:

Enclosed are the original and two copies of the 'Well Completion Form' ACO-1 covering the Dorothy York Unit #1-27 well located in Section 27-15S-29W of Gove County, Kansas. Also enclosed are one (1) copy of all logs and DST's 1, 2, 3, 4 & 5. Please hold this information as "**CONFIDENTIAL**" for the maximum period of time.

Thank you.

Very truly yours,


G. M. Canaday
President

GMC/ja

Enclosures 3 cc Form ACO-1
1 cc DIL, CDL/CNL, MEL, Geo Logs

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CHARGE TO: MID CONTINENT ENERGY Operating
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET No **16685**

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>HAS</u>	WELL/PROJECT NO. <u>1-27</u>	LEASE <u>DOROTHY YORUM UNIT</u>	COUNTY/PARISH <u>GOVE</u>	STATE <u>KS</u>	CITY	DATE <u>01-06-10</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>VAL ENERGY 4</u>	SHIPPED VIA <u>OT</u>	DELIVERED TO <u>HAS, 2W, GOVE</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOP</u>	JOB PURPOSE <u>LONGSTRIP</u>	WELL PERMIT NO. <u>15-063-21818</u>	WELL LOCATION <u>S27, T15, R27</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #112	60	mi			5.00	300	00
578		1			Pump SERVICE	1	EA			1400.00	1400	00
221		1			LUBRICANT	2	GAL			25.00	50	00
281		1			MUD FLUSH	500	GAL			1.00	500	00
290		1			D-AIR	2	GAL			35.00	70	00
402		1			CENTRALIZER	8	EA	4 1/2	in	50.00	400	00
403		1			CMT BASKET	1	EA	4 1/2	in	180.00	180	00
404		1			PORT COLLAR	1	EA	4 1/2	in	1900.00	1900	00
406		1			LATCH DOWN PLUG & BAFFLE	1	EA	4 1/2	in	200.00	200	00
407		1			INSERT FW AT SHOE 4/1 AMU & FRL	1	EA	4 1/2	in	225.00	225	00
414		1			LIMIT CLAMP	1	EA	4 1/2	in	30.00	30	00

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X David E. Rice
 DATE SIGNED 01-06-10 TIME SIGNED 1530 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				P6-1 PAGE TOTAL	5255.00
WE UNDERSTOOD AND MET YOUR NEEDS?				P6-2	4520.86
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	9775.86
ARE YOU SATISFIED WITH OUR SERVICE?				Gove TAX 7.05%	495.83
<input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	10,271.69
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

OPERATOR DAVE ASH APPROVAL _____

Thank You!

CUSTOMER MIDCONTINENT ENERGY

WELL NO. 1-27

LEASE DOROTHY UNIT

JOB TYPE LONGSTRING

TICKET NO. 16685

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530							ONLOCATION CMT: 225515 EA-2 RTD 4400, SET P. @ 4397, SJ 40.15, TUBSET 4357 4 1/2" 10.5" NEW PORT COLLAR ON TOP # 20, 2050 FT CENT: #1, 2, 3, 4, 5, 7, 8, 60 351-59 1 LIMIT CLAMP
	1815							START CS & FLOATECH TAG BOTTOM - DROP BALL BREAK CIRC W/ RIG
	2200		7.5					PLUS RH, MH 30000
		5.5	12				200	START MW FLUSH 500 GNS
		5	20				5	" HCL "
			44					OCMT EA-2
								DROP L.D. PLUG, WASHOUT PL
		5.5	0				200	START DISP
			26				200	CMT ON BOTTOM
			55				400	
			60				500	
			65				600	
	2230		69.2				1600	LAND PLUG RELEASE
	2300							JOB COMPLETE THANK YOU! DAVE, JOSH B, LANE

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ALLIED CEMENTING CO., LLC. 038570

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

SERVICE POINT:
Russell

DATE <u>12-27-09</u>	SEC. <u>27</u>	TWP. <u>15</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00 p.m.</u>	JOB FINISH <u>8:30 p.m.</u>
LEASE <u>Dorothy York</u>	WELL # <u>1-27</u>	LOCATION <u>Dighton #4 N to CRD</u>	COUNTY <u>Gove</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)		<u>2 W 3/4 S</u>					

CONTRACTOR Val Drilling Rig # 4
 TYPE OF JOB Surface Job
 HOLE SIZE 12 1/4 T.D. 31
 CASING SIZE P 38 DEPTH 306.60
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 18.57661

OWNER _____
 CEMENT AMOUNT ORDERED 185 4% 32.00 28.60

EQUIPMENT
 PUMP TRUCK CEMENTER Steve
 # 417 HELPER John
 BULK TRUCK
 # 456-198 DRIVER Galen
 BULK TRUCK
 # DRIVER

COMMON	<u>111</u>	@	<u>13.50</u>	<u>1498.50</u>
POZMIX	<u>74</u>	@	<u>7.55</u>	<u>558.70</u>
GEL	<u>5</u>	@	<u>20.25</u>	<u>60.75</u>
CHLORIDE	<u>6</u>	@	<u>51.50</u>	<u>309.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>92</u>	@	<u>2.25</u>	<u>207.00</u>
MILEAGE	<u>110 1/2</u>	@		<u>300.00</u>
TOTAL				<u>2933.95</u>

REMARKS:
Run 75 ft of 5 1/2" string
& welded 15 ft circulation
line

Cement Circulated!

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 996.00
 EXTRA FOOTAGE @ _____
 MILEAGE 30 @ 7.00 210.00
 MANIFOLD @ _____
 @ _____
 @ _____

CHARGE TO: Mid Continent Energy
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 1206.00

Thanks!

PLUG & FLOAT EQUIPMENT
 _____ @ _____
P 5 1/2 wood plug @ _____ N-C
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

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.

PRINTED NAME Randy Martin
 SIGNATURE Randy Martin

SALES TAX (If Any) _____
 TOTAL CHARGES 1206.00
 DISCOUNT _____ IF PAID IN 30 DAYS

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