

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED ORIGINAL
AUG 25 2010

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM KCC WICHITA
WELL HISTORY - DESCRIPTION OF WELL & LEASE

8/25/12

OPERATOR: License # 5316
Name: FALCON EXPLORATION INC.
Address 1: 125 N. MARKET, SUITE 1252
Address 2: _____
City: WICHITA State: KS Zip: 67202
Contact Person: MICHEAL S MITCHELL
Phone: (316) 262-1378
CONTRACTOR: License # 5822
Name: VAL ENERGY INC.
Wellsite Geologist: KEITH REAVIS
Purchaser: NCRA/LOST RIVER RESOURCES

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

5/8/10 5/23/10 7/9/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 025-21506-0000
Spot Description: _____
SW SW SW SW Sec. 27 Twp. 30 S. R. 22 East West
100 Feet from North / South Line of Section
170 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: CLARK
Lease Name: BARNHARDT Well #: 1-27
Field Name: WC
Producing Formation: MORROW
Elevation: Ground: 2353 Kelly Bushing: 2363
Total Depth: 6022 Plug Back Total Depth: 5800
Amount of Surface Pipe Set and Cemented at: 681 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

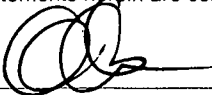
(Data must be collected from the Reserve Pit)

Chloride content: 15000 ppm Fluid volume: _____ bbls
Dewatering method used: HAULED OFF FREE FLUIDS
Location of fluid disposal if hauled offsite: _____
Operator Name: DILLCO FLUID SERVICE
Lease Name: FELDMAN License #: 6652
Quarter _____ Sec. 18 Twp. 34 S. R. 28 East West
County: MEADE Permit #: D23094

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: 8/24/10

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 8/25/10 - 8/25/12
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____