

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5822
Name: VAL ENERGY INC.
Address 1: 200 W. DOUGLAS SUITE 520
Address 2: _____
City: WICHITA State: KS Zip: 67202 + _____
Contact Person: K. TODD ALLAM
Phone: (316) 263-6688
CONTRACTOR: License # 5822
Name: VAL ENERGY INC.
Wellsite Geologist: NONE
Purchaser: MACLASKEY

Designate Type of Completion:
____ New Well Re-Entry ____ Workover
 Oil ____ SWD ____ SLOW
____ 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: AMERICAN ENERGIES CORP
Well Name: MADDIX TRUST "I"
Original Comp. Date: 04/04/03 Original Total Depth: 4708
____ Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD
 Plug Back: 4549 Plug Back Total Depth
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
7/14/2010 7/15/2010 8/4/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22737-00-01
Spot Description: _____
NW NE SE SE Sec. 10 Twp. 31 S. R. 13 East West
1312 Feet from North / South Line of Section
625 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: BARBER
Lease Name: MADDIX TRUST Well #: 1-10
Field Name: UNKNOWN
Producing Formation: MISSISSIPPI
Elevation: Ground: 1660 Kelly Bushing: 1670
Total Depth: 4591 Plug Back Total Depth: 4549
Amount of Surface Pipe Set and Cemented at: 0 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: 94000 ppm Fluid volume: 800 bbls
Dewatering method used: HAUL OFF
Location of fluid disposal if hauled offsite:
Operator Name: VAL ENERGY INC
Lease Name: MARY DIEL SWD License No.: 5822
Quarter _____ Sec. 29 Twp. 34S S. R. 11 East West
County: BARBER Docket No.: D30438

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: OPERATIONS Date: 9/17/10
Subscribed and sworn to before me this 17 day of Sept,
20 10.
Notary Public: [Signature]
Date Commission Expires: 2/24/14

KCC Office Use ONLY
 Letter of Confidentiality Received 9/17/10 - 9/17/11
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
SEP 17 2010

NOTARY PUBLIC - State of Kansas
BRANDI WYER
My Annt. Expires 2/24/14

KCC WICHITA