

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

9/17/11

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 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: AMERICAN ENERGIES CORP

Well Name: PARR "A" #1

Original Comp. Date: 3-19-03 Original Total Depth: 4675

Deepening Re-perf. Conv. to Enhr. Conv. to SWD

Plug Back: 4380 Plug Back Total Depth

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

7/8/2010 7/10/2010 7/28/2010

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-22734-00-01

Spot Description: _____

SW NE NW SE Sec. 15 Twp. 31 S. R. 13 East West

2045 Feet from North / South Line of Section

1700 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: BARBER

Lease Name: PARR A Well #: 1-15

Field Name: NURSE

Producing Formation: MISSISSIPPI

Elevation: Ground: 1614 Kelly Bushing: 1625

Total Depth: 4398 Plug Back Total Depth: 4380

Amount of Surface Pipe Set and Cemented at: NO RECORD 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: 85000 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
2/24/14

KCC WICHITA