

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

8/12/12

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: NA

KCC
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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 #: _____

4/21/2010 5/06/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 025-21499-0000

Spot Description: _____
NE NE NE SW Sec. 19 Twp. 30 S. R. 22 East West
2,360 Feet from North / South Line of Section
2,500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: CLARK

Lease Name: SWAYZE Well #: 3-19

Field Name: WC

Producing Formation: _____

Elevation: Ground: 2456 Kelly Bushing: 2466

Total Depth: 6122 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 683 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: RECEIVED

feet depth to: _____ w/ _____ / _____ sx fnt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

KCC WICHITA

Chloride content: 26500 ppm Fluid volume: _____ bbls

Dewatering method used: HAUL OFF FREE FLUIDS; ALLOW TO DRY

Location of fluid disposal if hauled offsite: _____

Operator Name: HAYDEN OPERATING

Lease Name: LIZ SMITH License #: 33562

Quarter _____ Sec. 26 Twp. 30 S. R. 34 East West

County: HASKELL Permit #: D26802

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: 8/11/2010

KCC Office Use ONLY

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

RECEIVED

AUG 12 2010