

**CONFIDENTIAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

8/19/10

Operator: License # 5316  
Name: FALCON EXPLORATION, INC.  
Address: 125 N. MARKET, SUITE 1252  
City/State/Zip: WICHITA, KS 67202  
Purchaser: NA  
Operator Contact Person: MIKE MITCHELL  
Phone: ( 316 ) 262-1378  
Contractor: Name: VAL ENERGY INC.  
License: 5822  
Wellsite Geologist: JIM HALL

API No. 15 - 025-21090-0002  
County: CLARK  
SE SE NW NE Sec. 12 Twp. 31 S. R. 22  East  West  
4220 feet from (S) N (circle one) Line of Section  
1560 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: DECKER Well #: #7 'OWWO'  
Field Name: LEXINGTON NW

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

Producing Formation: NA  
Elevation: Ground: 2206 Kelly Bushing: 2216  
Total Depth: 6490 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 679 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.

If Workover/Re-entry: Old Well Info as follows:  
Operator: BENSON-MCCOWN & COMPANY  
Well Name: ROBERT GILES #1  
Original Comp. Date: 12/29/92 Original Total Depth: 5300  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) \_\_\_\_\_ Docket No. \_\_\_\_\_  
5/8/08 5/15/08  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

**CONFIDENTIAL**  
AUG 13 2008

KCC

Drilling Fluid Management Plan PA NH 11-20-08  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

der  
CP-23  
alt.  
m.  
syo.  
yuu  
8/19/10

WELL PLUGGED  
5/16/08

**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: \_\_\_\_\_  
Title: PRESIDENT Date: \_\_\_\_\_  
Subscribed and sworn to before me this 19 day of AUGUST,  
20 08.  
Notary Public: Rosann M Schippers  
Date Commission Expires: 9/28/11

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**AUG 19 2008**

**ROSANN M. SCHIPPERS**  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 9/28/11

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: FALCON EXPLORATION, INC. Lease Name: DECKER Well #: #7 'OWWO'  
 Sec. 12 Twp. 31 S. R. 22  East  West County: CLARK

**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:  <b>CNL/CDL;DIL;BHCS;MEL</b>	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>HEEBNER</td> <td>4281</td> <td>-2065</td> </tr> <tr> <td>LANSING</td> <td>4483</td> <td>-2267</td> </tr> <tr> <td>PAWNEE</td> <td>5030</td> <td>-2814</td> </tr> <tr> <td>MORROW SH</td> <td>5186</td> <td>-2970</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>5196</td> <td>-2980</td> </tr> <tr> <td>COWLEY FACIES</td> <td>5710</td> <td>-3494</td> </tr> <tr> <td>VIOLA</td> <td>6170</td> <td>-3954</td> </tr> <tr> <td>ARB</td> <td>6453</td> <td>-4237</td> </tr> </table>	Name	Top	Datum	HEEBNER	4281	-2065	LANSING	4483	-2267	PAWNEE	5030	-2814	MORROW SH	5186	-2970	MISSISSIPPIAN	5196	-2980	COWLEY FACIES	5710	-3494	VIOLA	6170	-3954	ARB	6453	-4237
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CASING RECORD <input 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(PREVIOUSLY SET)		8-5/8"		679		400	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_

# ALLIED CEMENTING CO., LLC. 34032

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

SERVICE POINT:  
*Medicine Lodge / S*

DATE <i>16 MAY 08</i>	SEC. <i>12</i>	TWP. <i>31s</i>	RANGE <i>22w</i>	CALLED OUT <i>3:00 AM</i>	ON LOCATION <i>6:00 AM</i>	JOB START <i>8:00 AM</i>	JOB FINISH <i>3:30 PM</i>
LEASE <i>Decker</i>	WELL # <del>XXXX</del> <i>7</i>	LOCATION <i>Sitter Jct., N to mm 25, w/into</i>			COUNTY <i>Clark</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Val #2*

TYPE OF JOB *Rotary Plug*

HOLE SIZE *7 7/8* T.D. *6490*

CASING SIZE *8 5/8* DEPTH

TUBING SIZE DEPTH

DRILL PIPE *4 1/2* DEPTH *6310*

TOOL DEPTH

PRES. MAX *800* MINIMUM *-*

MEAS. LINE SHOE JOINT *N/A*

CEMENT LEFT IN CSG. *-*

PERFS.

DISPLACEMENT *Fresh H<sub>2</sub>O & Mud*

OWNER *Falcon Expl.*

CEMENT AMOUNT ORDERED *195 sk 60:40:4% gel*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felio*

# *352* HELPER *M. Becker*

BULK TRUCK DRIVER *R. Franklin*

# *356*

BULK TRUCK DRIVER

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AUG 19 2008

COMMON	<i>117 A</i>	@	<i>14.20</i>	<i>1661.40</i>
POZMIX	<i>78</i>	@	<i>7.20</i>	<i>561.60</i>
GEL	<i>7</i>	@	<i>18.75</i>	<i>131.25</i>
CHLORIDE		@		
ASC		@		
HANDLING	<i>202</i>	@	<i>2.15</i>	<i>434.30</i>
MILEAGE	<i>65 x 202 x .09</i>			<i>1181.70</i>
TOTAL				<i>3970.25</i>

**REMARKS:**

*Pipe at 6310, Pump Spacer, Mix 50sk Cement, Disp.w/ 3 Bbls Fresh & 8 Bbls Mud, Pipe at 720, Pump Spacer, Mix 50sk Plug, Disp.w/ 3 Bbls Fresh & 10 Bbls Mud, Pipe at 720, Pump Spacer, Mix 50sk Cement, Disp.w/ 3 Bbls Fresh & 4 Bbls Mud, Pipe at 60, Mix 20sk Cement Plug Rat Hole w/ 15sk Cement, Plug Mouse Hole w/ 10 sk Cement,*

**SERVICE**

DEPTH OF JOB	<i>6310</i>		
PUMP TRUCK CHARGE			<i>2475.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>65</i>	@	<i>7.00 455.00</i>
MANIFOLD		@	
RECEIVED		@	
KANSAS CORPORATION COMMISSION		@	

CHARGE TO: *Falcon Expl.*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**AUG 19 2008**

TOTAL *2930.00*

CONSERVATION DIVISION  
WICHITA, KS

**PLUG & FLOAT EQUIPMENT**

	@	
<i>None</i>	@	
	@	
	@	
	@	

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.

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES ~~\_\_\_\_\_~~

DISCOUNT ~~\_\_\_\_\_~~ IF PAID IN 30 DAYS

PRINTED NAME *Shylyn E. Diller*

SIGNATURE *[Signature]*

**ANY APPLICABLE TAX  
WILL BE CHARGED  
UPON INVOICING**