



CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2: _____
City: DENVER State: CO Zip: 80202 + _____
Contact Person: CLAYTON CAMOZZI
Phone: (303) 831-4673
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: TIM HEDRICK
Purchaser: GARY-WILLIAMS ENERGY CORPORATION

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 #: _____
06/02/2010 06/11/2010 06/17/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. ~~10~~ - 15-165-21881-00-00
Spot Description: _____
SW NE SE NE Sec. 8 Twp. 16 S. R. 16 East West
1,752 Feet from North / South Line of Section
576 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rush
Lease Name: DOME LIVING TRUST ET AL Well #: 1-8
Field Name: _____
Producing Formation: LANSING
Elevation: Ground: 1930 Kelly Bushing: 1940
Total Depth: 3593 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1083 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: 8000 ppm Fluid volume: 720 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: SAMUEL GARY JR AND ASSOCIATES, INC
Lease Name: MATTHAEI TRUST License #: 3882
Quarter SW Sec. 19 Twp. 18 S. R. 9 East West
County: RICE Permit #: 15165218810000

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.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 09/30/2010
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 10/01/2010