

~~CONFIDENTIAL~~

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

9/09/10

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 **CONFIDENTIAL**
 Designate Type of Completion: **SEP 09 2008**
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc) **CONFIDENTIAL**
 If Workover/Re-entry: Old Well Info as follows: **19 2008**
 Operator: _____
 Well Name: _____ **KCC**
 Original Comp. Date: _____ Original Total Depth: _____
 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. _____
 6/5/08 6/18/08 **PLUGGED ON 6/19/08**
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 025-21458-0000
 County: CLARK
 SW NE SW NW Sec. 13 Twp. 31 S. R. 22 East West
1940 feet from S / N (circle one) Line of Section
970 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: GILES Well #: 3-13
 Field Name: LEXINGTON NW
 Producing Formation: NA
 Elevation: Ground: 2155 Kelly Bushing: 2165
 Total Depth: 6308 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 240 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 **PA NH 12-4-08**
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume 250 bbls
 Dewatering method used HAULED FREE FLUIDS
 Location of fluid disposal if hauled offsite: _____
 Operator Name: GENE R DILL
 Lease Name: REGIER SWD License No.: 6652
 Quarter _____ Sec. 17 Twp. 33 S. R. 27 East West
 County: MEADE Docket No.: C21232

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 8TH day of SEPTEMBER
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
SEP 09 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: FALCON EXPLORATION, INC. Lease Name: GILES Well #: 3-13
 Sec. 13 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LANSING	4452	-2287
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MARMATON	4910	-2745
List All E. Logs Run:		PAWNEE	4994	-2829
CNL/CDL;DIL;BHCS;MEL		MRW SH	5148	-2983
		MISS	5167	-3002
		VIOLA	6102	-3937
		VIOLA POR	6198	-4033

CASING RECORD <input checked="" 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
CONDUCTOR	32"	20"		60'	GROUT		5X5 TINHORN
SURFACE	17-1/2"	13-3/8"	54.5#	240	CLASS A	350	3% CC 17% GEL

CONFIDENTIAL
SEP 09 2008

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 <i>(Amount and Kind of Material Used)</i>	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: _____

RECEIVED
KANSAS CORPORATION COMMISSION
SEP 09 2008
CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., LLC. 34418

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

SERVICE POINT:

Medicine Lodge, KS

DATE <i>6/19/08</i>	SEC. <i>13</i>	TWP. <i>31S</i>	RANGE <i>22W</i>	CALLED OUT <i>1:30 A.M.</i>	ON LOCATION <i>4:30 A.M.</i>	JOB START <i>7:00 A.M.</i>	JOB FINISH <i>9:00 A.M.</i>
LEASE <i>Coles</i>		WELL # <i>3-13</i>		LOCATION <i>Ashland Feeders, N to mm25</i>		COUNTY <i>Com.</i>	STATE <i>KS</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			w/into				

CONTRACTOR *Uc/HZ*

TYPE OF JOB *Rot. Plug*

BOLE SIZE *7 7/8* T.D. _____

HOUSING SIZE *8 5/8* DEPTH _____

PIPE SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH *1160*

DRILL COLLAR _____ DEPTH _____

RES. MAX _____ MINIMUM _____

WEAS. LINE _____ SHOE JOINT *1 5/8*

CEMENT LEFT IN CSG. _____

GRFS. _____

DISPLACEMENT *Mud/Fresh*

EQUIPMENT

PUMP TRUCK CEMENTER *Mark C.*

343 HELPER *Steve K.*

WATER TRUCK DRIVER *Adam A.*

313 DRIVER _____

OWNER *Falcon Expl.*

CEMENT AMOUNT ORDERED *1903x60/40.4*

COMMON	<i>114 A</i>	@	<i>14.20</i>	<i>1618.80</i>
POZMIX	<i>76</i>	@	<i>7.20</i>	<i>547.20</i>
GEL	<i>8</i>	@	<i>18.75</i>	<i>150.00</i>
CHLORIDE		@		
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>198</i>	@	<i>2.15</i>	<i>425.70</i>
MILEAGE	<i>65 x 198</i>	x	<i>.09</i>	<i>1158.30</i>
TOTAL				<i>3900.00</i>

REMARKS:

25 @ 1160' w/ 505x Dipw/mud.

15 @ 270' w/ 755x. Dipw/fresh

15 @ 60' w/ 405x.

15 @ 60' w/ 155x.

15 @ 60' w/ 105x.

SERVICE

DEPTH OF JOB	<i>1160'</i>			
PUMP TRUCK CHARGE			<i>917.00</i>	
EXTRA FOOTAGE		@		
MILEAGE	<i>65</i>	@	<i>7.00</i>	
MANIFOLD		@		
		@		
		@		
TOTAL				<i>1372.00</i>

CHARGE TO: *Falcon Expl.*

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

PRINTED NAME *X* _____

SIGNATURE *X* _____

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

RECEIVED
KANSAS CORPORATION COMMISSION
SEP 10 2008
CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., LLC. 31095

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>6-5-08</u>	SEC. <u>13</u>	TWP. <u>31S</u>	RANGE <u>22W</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION <u>8:30 AM</u>	JOB START <u>12:30 PM</u>	JOB FINISH <u>1:00 PM</u>
BASE <u>Giles</u>	WELL# <u>3-13</u>	LOCATION <u>St. Ka, KS, N on 34 to MM#25,</u>			COUNTY <u>CLARK</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>1 1/2 W, S F-10</u>				

CONTRACTOR VAL #2

TYPE OF JOB Surf/Face

PIPE SIZE 17 1/2" T.D. 245'

HOUSING SIZE 13 3/8" 48" DEPTH 245'

PIPE SIZE DEPTH CONFIDENTIAL

PIPE DEPTH SEP 09 2008

MAX 500 MINIMUM 100

BEAS. LINE SHOE JOINT 35'

EMENT LEFT IN CSG. 35'

ERFS.

DISPLACEMENT 33 Bbl Fresh water

OWNER FALCON EXPLORATION, INC.

CEMENT

AMOUNT ORDERED 350 5x class A + 3% GEL

COMMON 350 @ 14.20 4970.00

POZMIX @

GEL 7 @ 18.75 131.25

CHLORIDE 12 @ 52.45 629.40

ASC @

EQUIPMENT

PUMP TRUCK CEMENTER Thomas Demerrow

352 HELPER Mike B.

TRUCK DRIVER Newton D.

368 DRIVER

HANDLING 369 @ 2.15 793.35

MILEAGE 65 x 369 x .09 2158.65

TOTAL 8682.65

REMARKS:

near bottom, Break circulation, Pump 350 5x
class A + 3% CC + 2% GEL, stop pumps, Release Plug,
start Displacement, seal lift, stop pumps &
out JW, Displace w/ 33 Bbl Fresh
water, cement circulated to surface

Thank you

SERVICE

DEPTH OF JOB 245'

PUMP TRUCK CHARGE 0-300' 917.00

EXTRA FOOTAGE @

MILEAGE 65 @ 7.00 455.00

MANIFOLD @

Head Rental 1 @ 113.00 113.00

CHARGE TO: FALCON EXPLORATION, INC.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1485.00

13 3/8"

PLUG & FLOAT EQUIPMENT

Wooden Plug 1 @ 79.00 79.00

Centralizer 1 @ 99.00 99.00

Basket 1 @ 310.00 310.00

Baffle Plate 1 @ 186.00 186.00

TOTAL 674.00

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.

PRINTED NAME Paul G. Jones

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES [Crossed out]

DISCOUNT [Crossed out] IF PAID IN 30 DAYS

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING