



CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed
 Form must be Signed
 All blanks must be Filled

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: _____

API No. 15 - 15-165-21891-00-00
 Spot Description: _____
SW NW SW NE Sec. 3 Twp. 17 S. R. 16 East West
1,830 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: Rush
 Lease Name: YARMER ET AL Well #: 1-3
 Field Name: _____
 Producing Formation: LANSING
 Elevation: Ground: 1974 Kelly Bushing: 1984
 Total Depth: 3718 Plug Back Total Depth: 3577
 Amount of Surface Pipe Set and Cemented at: 1086 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.

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 #: _____

<u>07/27/2010</u>	<u>08/05/2010</u>	<u>08/13/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 44000 ppm Fluid volume: 1000 bbls
 Dewatering method used: Hauled to Disposal
 Location of fluid disposal if hauled offsite:
 Operator Name: SAM GARY JR & ASSOCIATES
 Lease Name: MATTHAEI TRUST License #: 3882
 Quarter SW Sec. 19 Twp. 18 S. R. 9 East West
 County: RICE Permit #: 15165218810000

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: 11/23/2010

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 11/30/2010

Rec'd