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

CALL COMPLETION COMMISSION ORIGINAL WELL COMPLETION **WELL HISTORY - DESCRIPTION OF WELL & LEASE**

025-21512-0000 API No. 15 - : Spot Description: _ N2_SE_NE_NW Sec. 11 Two. 31 S. R. 22 East 1 West 2,310 Footages Calculated from Nearest Outside Section Corner: □NE □NW □SE □SW County: CLARK _____Well #: 3-11(NW) **FULTON** Lease Name: Field Name: LIBERTY RIVER Producing Formation: MORROW Elevation: Ground: 2151 Kelly Bushing: 2161 Total Depth: 5862 Plug Back Total Depth: 5846 Amount of Surface Pipe Set and Cemented at: __699.7 Multiple Stage Cementing Collar Used? ☐ Yes ☑ No If yes, show depth set: _____ If Alternate II completion, cement circulated from: _____ **Drilling Fluid Management Plan** (Data must be collected from the Reserve Pit) ppm Fluid volume: _____ bbls Chloride content: Dewatering method used: ____ Location of fluid disposal if hauled offsite: Operator Name: _____ Lease Name: _____ License #: _____ Permit #:_____

FALCON EXPLORATION INC. Name: Address 1: 125 N. MARKET, SUITE 1252 _____ Feet from 🗹 North / 🗌 South Line of Section 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: NCRA Designate Type of Completion: ✓ New Well Re-Entry Workover **V** Oil ☐ wsw ☐ SIOW ☐ SWD Gas □ D&A SIGW ☐ ENHR □ og ☐ gsw Temp. Abd. CM (Coal Bed Methane) RECEIVED Cathodic Other (Core, Expl., etc.): _ feet depth to: _____ sx cmt. If Workover/Re-entry: Old Well Info as follows: NOV 2 9 2010 Operator: ___ Well Name: Original Comp. Date: _____ Original Total Depth: __ Re-perf. Conv. to ENHR Conv. to SWD Deepening Conv. to GSW Plug Back: _ _____ Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: ☐ SWD Permit #: ____ Quarter_____Sec. _____Twp.____S. R. ____ ☐ East ✓ West ☐ ENHR Permit #: _____ ☐ GSW Permit #: ___ 8/06/2010 10/08/2010 8/25/2010 Completion Date or Spud Date or Date Reached TD Recompletion Date Recompletion Date

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

OPERATOR: License #_ 5316

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

Signature:	
Title: PRESIDENT	Date: 11/24/2010