

CONFIDENTIAL

ORIGINAL

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

11/24/12

OPERATOR: License # 5316
Name: FALCON EXPLORATION INC.
Address 1: 125 N. MARKET, SUITE 1252
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: DEREK PATTERSON
Purchaser: NA

KCC
NOV 24 2010
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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 #: _____
8/08/2010 8/23/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 025-21511-0000
Spot Description: _____
SW SW NE SE Sec. 21 Twp. 30 S. R. 22 East West
1,550 Feet from North / South Line of Section
1,090 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: CLARK
Lease Name: TUCKER Well #: 1-21(SE)
Field Name: WC
Producing Formation: NA
Elevation: Ground: 2369 Kelly Bushing: 2379
Total Depth: 6030 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 278 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/ _____ **RECEIVED** sx cmt.

NOV 29 2010
KCC WICHITA
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 38000 ppm Fluid volume: _____ bbls
Dewatering method used: HAULED OFF FREE FLUIDS
Location of fluid disposal if hauled offsite: _____
Operator Name: SHAWN HAYDEN
Lease Name: LIZ SMITH License #: 33562
Quarter _____ Sec. 26 Twp. 30 S. R. 34 East West
County: HASKELL Permit #: D26802

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.
Signature: _____
Title: PRESIDENT Date: 11/24/10

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 11/24/10 - 11/24/12
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: _____ Date: _____