

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

12/2/12

OPERATOR: License # 5822
 Name: VAL ENERGY INC.
 Address 1: 200 W. DOUGLAS SUITE 520
 Address 2: _____
 City: WICHITA State: KS Zip: 67202 + _____
 Contact Person: K. TODD ALLAM
 Phone: (316) 263-6688
 CONTRACTOR: License # 5822
 Name: VAL ENERGY INC.
 Wellsite Geologist: STEVE VAN BUSKIRK
 Purchaser: MACLASKEY
 Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SIOW _____
 _____ Gas _____ ENHR _____ SIGW _____
 _____ CM (Coal Bed Methane) _____ Temp. Abd. _____
 _____ Dry _____ Other _____
 (Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 007-23569-00-00
 Spot Description: _____
S2 .N2 .NE .SW Sec. 22 Twp. 34 S. R. 11 East West
2145 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: BARBER
 Lease Name: LEYSA Well #: 7-22
 Field Name: LANDIS
 Producing Formation: MISSISSIPPI
 Elevation: Ground: 1322 Kelly Bushing: 1333
 Total Depth: 4750 Plug Back Total Depth: 4702
 Amount of Surface Pipe Set and Cemented at: 714 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.

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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 _____
 _____ Plug Back: _____ Plug Back Total Depth _____
 _____ Commingled _____ Docket No.: _____
 _____ Dual Completion _____ Docket No.: _____
 _____ Other (SWD or Enhr.?) _____ Docket No.: _____

10/4/2010	10/9/2010	10/20/2010
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: 17900 ppm Fluid volume: 850 bbls
 Dewatering method used: HUAL OFF
 Location of fluid disposal if hauled offsite: _____
 Operator Name: VAL ENERGY INC
 Lease Name: MEYER SWD License No.: 5822
 Quarter _____ Sec. 29 Twp. 34S S. R. 11 East West
 County: BARBER Docket No.: D30438

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: [Signature]
 Title: OPERATIONS Date: 11/30/10
 Subscribed and sworn to before me this 30 day of NOVEMBER,
 20 10.
 Notary Public: [Signature]
 Date Commission Expires: 2/24/2014

KCC Office Use ONLY

Letter of Confidentiality Received 12/2/10 - 12/2/12
 If Denied, Yes Date: _____
 Wireline Log Received **RECEIVED**
 Geologist Report Received **DEC 03 2010**
 _____ UIC Distribution

NOTARY PUBLIC - State of Kansas
 BRANDI WYER
 My Appt. Expires 2/24/14

KCC WICHITA