

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

1/13/12

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.)

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.: _____
12/8/2010 12/15/2010 1/10/11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-23634-00-00

Spot Description: _____
S2 SW NW NE Sec. 34 Twp. 34 S. R. 11 ☐ East ☒ West
1120 Feet from ☒ North / ☐ South Line of Section
2310 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☐ SE ☐ SW
County: BARBER
Lease Name: KERSTEN Well #: 1-34
Field Name: UNKNOWN

Producing Formation: MISSISSIPPI
Elevation: Ground: 1323 Kelly Bushing: 1334
Total Depth: 5065 Plug Back Total Depth: 4759
Amount of Surface Pipe Set and Cemented at: 209 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

(Data must be collected from the Reserve Pit)

Chloride content: 39000 ppm Fluid volume: 1800 bbls
Dewatering method used: HAUL OFF
Location of fluid disposal if hauled offsite: _____
Operator Name: VAL ENERGY INC
Lease Name: MARY DIEL 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: 1/13/11
Subscribed and sworn to before me this 13 day of JANUARY,
20 11.
Notary Public: [Signature]
Date Commission Expires: 2/24/2014

NOTARY PUBLIC - State of Kansas
BRANDI WYER
My Appt. Expires 2/24/2014

KCC Office Use ONLY

☒ Letter of Confidentiality Received 1/13/11 - 1/13/12
If Denied, Yes ☐ Date: _____
☒ Wireline Log Received
☒ Geologist Report Received
_____ UIC Distribution
RECEIVED
JAN 13 2011

KCC WICHITA