



CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5316

Name: Falcon Exploration, Inc.

Address 1: 125 N MARKET STE 1252

Address 2: _____

City: WICHITA State: KS Zip: 67202 + 1719

Contact Person: MICHEAL S MITCHELL

Phone: (316) 262-1378

CONTRACTOR: License # 5822

Name: Val Energy, Inc.

Wellsite Geologist: KEITH REAVIS

Purchaser: NA

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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>10/17/2010</u>	<u>10/28/2010</u>	<u>10/29/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-025-21519-00-00

Spot Description: _____

N2_S2_NE_NE Sec. 10 Twp. 31 S. R. 22 East West

700 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Clark

Lease Name: GILES RANCH Well #: 4-10

Field Name: LIBERTY RIVER

Producing Formation: NA

Elevation: Ground: 2179 Kelly Bushing: 2189

Total Depth: 5872 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 222 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: 38000 ppm Fluid volume: 160 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: SHAWN HAYDEN

Lease Name: LIZ SMITH License #: 33562

Quarter NE Sec. 26 Twp. 30 S. R. 34 East West

County: HASKELL Permit #: D26802

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	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>01/31/2011</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>02/02/2011</u>