

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

1/27/12

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: ZEB STEWART

Purchaser: MACLASKEY

Designate Type of Completion:

- New Well Re-Entry Workover
 - Oil SWD SLOW
 - 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.: _____

10/28/2010 11/4/2010 11/22/2010

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-23602-00-00

Spot Description: _____

W2 NE NW Sec. 9 Twp. 33 S. R. 12 East West

330 Feet from North / South Line of Section

2145 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: BARBER

Lease Name: SHERRY Well #: 2-9

Field Name: MEDICINE LODGE-BOGGS

Producing Formation: MISSISSIPPI

Elevation: Ground: 1517 Kelly Bushing: 1528

Total Depth: 4875 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 206 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: 1800 bbls

Dewatering method used: HAUL OFF

Location of fluid disposal if hauled offsite: _____

Operator Name: VAL ENERGY INC

Lease Name: MARY DIEL 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: 1/27/11

Subscribed and sworn to before me this 27 day of JANUARY

20 11

Notary Public: [Signature]

Date Commission Expires: 2/20/14

KCC Office Use ONLY

- Letter of Confidentiality Received 1/27/11 - 1/27/12
- If Denied, Yes Date: _____
- Wireline Log Received RECEIVED
- Geologist Report Received JAN 27 2011
- UIC Distribution

KCC WICHITA

