



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5822
Name: Val Energy, Inc.
Address 1: 200 W DOUGLAS AVE STE 520
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 3005
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 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 #: _____

<u>1/26/2011</u>	<u>2/3/2011</u>	<u>3/7/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-159-22635-00-00

Spot Description: _____

NE SW NW NE Sec. 12 Twp. 21 S. R. 6 East West
695 Feet from North / South Line of Section
2,275 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Rice

Lease Name: KREHBIEL TRUST Well #: 1-12

Field Name: _____

Producing Formation: MISSISSIPPI

Elevation: Ground: 1535 Kelly Bushing: 1545

Total Depth: 3515 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 350 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: 36000 ppm Fluid volume: 1800 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: KODIAK PETROLEUM

Lease Name: WIENS 'B' License #: 9971

Quarter SW Sec. 6 Twp. 21 S. R. 5 East West

County: MCPHERSON Permit #: 26551

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

- Letter of Confidentiality Received
Date: 03/07/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 03/15/2011