



CONFIDENTIAL

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

WELL COMPLETION FORM

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>1/6/2011</u>	<u>1/11/2011</u>	<u>1/26/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23637-00-00

Spot Description: _____
W2 SE SE NW Sec. 30 Twp. 33 S. R. 10 East West
2,310 Feet from North / South Line of Section
3,220 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: FAUCETT COHOE Well #: 3-30

Field Name: _____

Producing Formation: MISS

Elevation: Ground: 1515 Kelly Bushing: 1526

Total Depth: 4740 Plug Back Total Depth: 4700

Amount of Surface Pipe Set and Cemented at: 205 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: 31000 ppm Fluid volume: 1800 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: VAL ENERGY

Lease Name: MEYER SWD License #: 5822

Quarter SE Sec. 13 Twp. 34 S. R. 11 East West

County: BARBER Permit #: D28864

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: 8/08/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 03/15/2011