



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 #: _____

1/17/2011 1/21/2011 2/8/2011

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

API No. 15 - 15-007-23638-00-00

Spot Description: _____

E2 W2 W2 NW Sec. 32 Twp. 33 S. R. 10 East West

1,320 Feet from North / South Line of Section

495 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: CIRCLE Well #: 3-32

Field Name: _____

Producing Formation: MISSISSIPPI

Elevation: Ground: 1463 Kelly Bushing: 1474

Total Depth: 4750 Plug Back Total Depth: 4703

Amount of Surface Pipe Set and Cemented at: 224 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: 38500 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: 03/08/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 03/15/2011