



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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: ZEB STEWART

Purchaser: _____

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>4/28/2011</u>	<u>5/8/2011</u>	<u>5/27/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23685-00-00

Spot Description: _____

W2 SE Sec. 20 Twp. 34 S. R. 11 East West

1,320 Feet from North / South Line of Section

1,980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Barber

Lease Name: HILL TRUST Well #: 7-20

Field Name: _____

Producing Formation: NONE

Elevation: Ground: 1382 Kelly Bushing: 1393

Total Depth: 5950 Plug Back Total Depth: 5365

Amount of Surface Pipe Set and Cemented at: 226 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: VAL ENERGY

Lease Name: MARY DIEL SWD License #: 5822

Quarter SE Sec. 29 Twp. 34 S. R. 11 East West

County: BARBER Permit #: D30438

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: 05/13/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 05/13/2011