



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 # 5316
Name: Falcon Exploration, Inc.
Address 1: 125 N MARKET STE 1252
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 1719
Contact Person: MICHEAL S MITCHELL
Phone: (316) 262-1378
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: DAVE WILLIAMS
Purchaser: NA

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>01/17/2011</u>	<u>01/31/2011</u>	<u>02/01/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-069-20336-00-00

Spot Description: _____
SW SE NE SW Sec. 33 Twp. 27 S. R. 30 East West
1,500 Feet from North / South Line of Section
2,000 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Gray

Lease Name: DAVIS Well #: 1-33(SW)

Field Name: WC

Producing Formation: NA

Elevation: Ground: 2809 Kelly Bushing: 2822

Total Depth: 5456 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1856 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: Haul Off Pit

Location of fluid disposal if hauled offsite:

Operator Name: FALCON EXPLORATION INC.

Lease Name: DAVIS #1-33(SW) License #: 5316

Quarter SW Sec. 33 Twp. 27 S. R. 30 East West

County: GRAY Permit #: 15-069-20336

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: 05/09/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/10/2011