



KANSAS CORPORATION COMMISSION 1053018
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

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: _____

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>2/26/2011</u>	<u>3/4/2011</u>	<u>3/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23649-00-00
Spot Description: _____
N2 NW NW SW Sec. 26 Twp. 34 S. R. 11 East West
2,540 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: BROWN-ROLFE Well #: 3-26
Field Name: _____
Producing Formation: MISSISSIPPI
Elevation: Ground: 1309 Kelly Bushing: 1320
Total Depth: 4770 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 219 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: 65000 ppm Fluid volume: 900 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: VAL ENERGY
Lease Name: LEYSA SWD License #: 5822
Quarter SW Sec. 22 Twp. 34 S. R. 11 East West
County: BARBER Permit #: D30724

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: 05/06/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/06/2011