1054667

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 31938
Name: Indian Oil Co., Inc.
Address 1: PO BOX 209
Address 2: 2507 SE US 160 HWY
City: MEDICINE LODGE State: KS Zip: 67104 + 0209
Contact Person: Anthony Farrar
Phone: (620) 886-3763
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Scott Alberg
Purchaser: Sunoco/WWGG

Designate Type of Completion:
- [x] New Well
- [ ] Re-Entry
- [ ] Workover

- [ ] Oil
- [ ] WSW
- [ ] SWD
- [ ] SIOW
- [ ] Gas
- [ ] D&A
- [ ] ENHR
- [ ] SIGW
- [x] 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 #:

03/02/2011	03/12/2011	05/19/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23661-00-00
Spot Description:
NW-NE-SW Sec. 30 Twp. 31 S. R. 11 [ ] East [x] West
2310 Feet from [ ] North / [x] South Line of Section
3630 Feet from [x] East / [ ] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[ ] NE [ ] NW [x] SE [ ] SW
County: Barber
Lease Name: Lawrence Well #: 2
Field Name: Whelan
Producing Formation: Mississippi
Elevation: Ground: 1524 Kelly Bushing: 1534
Total Depth: 4460 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 313 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [x] 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: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. R. [ ] East [ ] West
County: Permit #:

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
- [x] Letter of Confidentiality Received
  Date: 06/09/2011
- [ ] Confidential Release Date:
- [x] Wireline Log Received
- [x] Geologist Report Received
- [ ] UIC Distribution

ALT [x] I [ ] II [ ] III Approved by: NAOMI JAMES Date: 06/09/2011