



**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 MITCHELL  
 Phone: ( 316 ) 262-1378  
 CONTRACTOR: License # 5142  
 Name: Sterling Drilling Company  
 Wellsite Geologist: DAVE WILLIAMS  
 Purchaser: NA

API No. 15 - 15-069-20345-00-00

Spot Description: \_\_\_\_\_  
 SW SE NW NE Sec. 17 Twp. 28 S. R. 29  East  West  
1000 Feet from  North /  South Line of Section  
1710 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: Gray

Lease Name: ROBERTSON Well #: 1-17(NE)

Field Name: WC

Producing Formation: NA

Elevation: Ground: 2792 Kelly Bushing: 2805

Total Depth: 5460 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 1871 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.

Designate Type of Completion:

- New Well  Re-Entry  Workover
- Oil  WSW  SWD  SLOW  
 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>05/03/2011</u>	<u>05/17/2011</u>	<u>05/19/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)

Chloride content: 4300 ppm Fluid volume: 1000 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: HAYDEN OPERATING

Lease Name: LIZ SMITH License #: 33562

Quarter NE Sec. 17 Twp. 28 S. R. 29  East  West

County: HASKELL Permit #: D26802

**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: 08/18/2011
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 08/18/2011