



KANSAS CORPORATION COMMISSION 1059507
OIL & GAS CONSERVATION DIVISION

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

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Coffeyville Resources/Bluestem

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 #: _____
5/20/2011 5/30/2011 6/23/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-007-23698-00-00
Spot Description: _____
NW SE SE SE Sec. 6 Twp. 35 S. R. 11 East West
390 Feet from North / South Line of Section
395 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Boonedocker Well #: 2
Field Name: Stranathan
Producing Formation: Mississippi
Elevation: Ground: 1347 Kelly Bushing: 1358
Total Depth: 5330 Plug Back Total Depth: 5060
Amount of Surface Pipe Set and Cemented at: 270 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 cm.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 7000 ppm Fluid volume: 1800 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Val Energy
Lease Name: Paxton-Cubik License #: 5822
Quarter NW Sec. 28 Twp. 34 S. R. 11 East West
County: Barber Permit #: 15-007-00576-0001

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: 08/15/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 08/16/2011