



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 # 5822

Name: Val Energy, Inc.

Address 1: 200 W DOUGLAS AVE STE 520

Address 2: _____

City: WICHITA State: KS Zip: 67202 + 3005

Contact Person: TODD ALLAM

Phone: (316) 263-6688

CONTRACTOR: License # 5822

Name: Val Energy, Inc.

Wellsite Geologist: ZEB STEWART

Purchaser: MACLASKEY

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>07/28/2011</u>	<u>08/2/2011</u>	<u>08/17/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23735-00-00

Spot Description: _____

 NW, NW, NW Sec. 22 Twp. 31 S. R. 13 East West

330 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: SMITH Well #: 1-22

Field Name: _____

Producing Formation: VIOLA

Elevation: Ground: 1626 Kelly Bushing: 1637

Total Depth: 4600 Plug Back Total Depth: 4580

Amount of Surface Pipe Set and Cemented at: 226 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: 41000 ppm Fluid volume: 1800 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: VAL ENERGY

Lease Name: MADDIX TRUST License #: 5822

Quarter NW Sec. 11 Twp. 31 S. R. 12 East West

County: BARBER Permit #: D30751

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: 09/08/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 09/09/2011