



KANSAS CORPORATION COMMISSION 1065372
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33372
Name: Future Petroleum Company LLC
Address 1: 1455 W LOOP S
Address 2: PO BOX 540225
City: HOUSTON State: TX Zip: 77254 + 0225
Contact Person: Ashley Webb
Phone: (713) 993-0774
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Roger Martin
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 #: _____
7/11/2011 7/16/2011 8/23/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-035-24423-00-00
Spot Description: NE/4
NE SW NE NE Sec. 3 Twp. 33 S. R. 5 East West
929 Feet from North / South Line of Section
685 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: West Maddix Unit Well #: 5
Field Name: _____
Producing Formation: Mississippian Chert
Elevation: Ground: 1307 Kelly Bushing: 1315
Total Depth: 3209 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 213 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: 900 ppm Fluid volume: 400 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

Letter of Confidentiality Received
Date: 10/28/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 10/31/2011