



KANSAS CORPORATION COMMISSION 1072977
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 3372
Name: Dixon Energy, Inc.
Address 1: 8100 E 22ND N BLDG 300, Ste 200
Address 2: _____
City: WICHITA State: KS Zip: 67226 + _____
Contact Person: Mike Dixon
Phone: (316) 264-9632
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Ryan Dixon
Purchaser: Plains Marketing

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>10/28/2011</u>	<u>11/5/2011</u>	<u>1/2/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23796-00-00
Spot Description: _____
SW SW SW Sec. 16 Twp. 32 S. R. 12 East West
330 Feet from North / South Line of Section
4950 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Lonker Well #: 1
Field Name: _____
Producing Formation: Mississippian
Elevation: Ground: 1627 Kelly Bushing: 1642
Total Depth: 4650 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 224 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: 39000 ppm Fluid volume: 1800 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Wolsey Petroleum
Lease Name: Clarke SWD License #: 33168
Quarter NE Sec. 8 Twp. 32 S. R. 12 East West
County: Barber Permit #: 28492

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	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>01/27/2012</u>
<input type="checkbox"/> Confidential Release Date:	_____
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>02/03/2012</u>