



KANSAS CORPORATION COMMISSION 1071495
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 # 5316
Name: Falcon Exploration, Inc.
Address 1: 125 N MARKET STE 1252
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 1719
Contact Person: CYNDE WOLF
Phone: (316) 262-1378
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: KEITH REAVIS
Purchaser: NCRA

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>09/23/2011</u>	<u>10/06/2011</u>	<u>11/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-069-20348-00-00
Spot Description: _____
N2 NW SW NW Sec. 5 Twp. 28 S. R. 30 East West
1460 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: Gray
Lease Name: Smith Well #: #1-5 (NW)
Field Name: _____
Producing Formation: NA
Elevation: Ground: 2819 Kelly Bushing: 2832
Total Depth: 5550 Plug Back Total Depth: 5322
Amount of Surface Pipe Set and Cemented at: 1882 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: 2700 ppm Fluid volume: 850 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. 26 Twp. 30 S. R. 34 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: 01/12/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 01/17/2012