



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 # 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: Atlas

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 #:

11/8/2011 11/17/2011 02/21/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-007-23786-00-00
Spot Description:
NW, NW, NE Sec. 13 Twp. 35 S. R. 12 [ ] East [ ] West
330 Feet from [ ] North / [ ] South Line of Section
2310 Feet from [ ] East / [ ] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[ ] NE [ ] NW [ ] SE [ ] SW
County: Barber
Lease Name: Stateline Well #: 1
Field Name:
Producing Formation: Mississippi
Elevation: Ground: 1376 Kelly Bushing: 1387
Total Depth: 5384 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 209 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: 3900 ppm Fluid volume: 4000 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 #: 15-007-0567-0001

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: 03/05/2012
[ ] Confidential Release Date:
[ ] Wireline Log Received
[ ] Geologist Report Received
[ ] UIC Distribution
ALT [ ] I [ ] II [ ] III Approved by: NAOMI JAMEE Date: 03/06/2012