



KANSAS CORPORATION COMMISSION 1076929
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 # 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>02/24/2012</u>	<u>03/05/2012</u>	<u>3/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23842-00-00
Spot Description: _____
N2 SE NW NW Sec. 32 Twp. 31 S. R. 11 East West
940 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: WHELAN Well #: 1-32
Field Name: _____
Producing Formation: MISS
Elevation: Ground: 1566 Kelly Bushing: 1577
Total Depth: 4782 Plug Back Total Depth: 4759
Amount of Surface Pipe Set and Cemented at: 225 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: 18000 ppm Fluid volume: 1200 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: VAL ENERGY
Lease Name: PYLE SWD License #: 5822
Quarter SW Sec. 3 Twp. 33 S. R. 12 East West
County: BARBER Permit #: D30750

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: 04/02/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 04/02/2012