



CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34320
 Name: Lasso Energy LLC
 Address 1: PO Box 465
 Address 2: 1125 South Main
 City: Chase State: KS Zip: 67524 + 0465
 Contact Person: Bruce Kelso
 Phone: (620) 259-4000
 CONTRACTOR: License # 5822
 Name: Val Energy, Inc.
 Wellsite Geologist: Sean Deenihan
 Purchaser: NCRA

API No. 15 - 15-097-21714-00-00
 Spot Description: NE NE SE NW
NE NE SE NW Sec. 5 Twp. 30 S. R. 18 East West
1390 Feet from North / South Line of Section
2690 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Kiowa
 Lease Name: McClaren Well #: 1
 Field Name: Nichols
 Producing Formation: Mississippi Lime, Mississippi Chert, Cherokee Lime
 Elevation: Ground: 2212 Kelly Bushing: 2222
 Total Depth: 5691 Plug Back Total Depth: 5613
 Amount of Surface Pipe Set and Cemented at: 477 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 cm.

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 #: _____

01/15/2012	01/24/2012	04/18/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content: 7500 ppm Fluid volume: 3170 bbls
 Dewatering method used: Hauled to Disposal
 Location of fluid disposal if hauled offsite:
 Operator Name: ROBERT RESOURCES
 Lease Name: MARY SWD License #: 32781
 Quarter NE Sec. 16 Twp. 29 S. R. 18 East West
 County: KIOWA Permit #: D-28396

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: 05/11/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 05/14/2012