



# 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: NA

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>01/18/2012</u>	<u>01/28/2012</u>	<u>01/29/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-069-20360-00-00  
 Spot Description: \_\_\_\_\_  
NW NE NW SE Sec. 5 Twp. 28 S. R. 30  East  West  
2570 Feet from  North /  South Line of Section  
1850 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
 County: Gray  
 Lease Name: EMERY JOSSERAND Well #: 1-5(SE)  
 Field Name: \_\_\_\_\_  
 Producing Formation: NA  
 Elevation: Ground: 2810 Kelly Bushing: 2823  
 Total Depth: 5375 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at: 1875 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
 Dewatering method used: \_\_\_\_\_  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 County: \_\_\_\_\_ Permit #: \_\_\_\_\_

### 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>05/08/2012</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>05/08/2012</u>