



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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 # 5822

Name: Val Energy, Inc.

Wellsite Geologist: KEITH REAVIS

Purchaser: NCRA

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>02/11/2012</u>	<u>02/23/2012</u>	<u>03/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-069-20364-00-00

Spot Description: _____

W2_SW_SW_SE Sec. 8 Twp. 28 S. R. 30 East West

330 Feet from North / South Line of Section

2520 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Gray

Lease Name: KENNETH DIRKS Well #: 2-8(SE)

Field Name: WC

Producing Formation: NA

Elevation: Ground: 2809 Kelly Bushing: 2819

Total Depth: 5548 Plug Back Total Depth: 5278

Amount of Surface Pipe Set and Cemented at: 1869 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: 4200 ppm Fluid volume: 120 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: SHAWN HAYDEN

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: 06/05/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 06/05/2012