



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 # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2: _____
City: DENVER State: CO Zip: 80202 + _____
Contact Person: CLAYTON CAMOZZI
Phone: (303) 831-4673
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: TIM HEDRICK
Purchaser: _____

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>4/7/2012</u>	<u>4/12/2012</u>	<u>4/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-165-21965-00-00

Spot Description: _____

SW NW NE SW Sec. 22 Twp. 16 S. R. 16 East West

2020 Feet from North / South Line of Section

1380 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Rush

Lease Name: HOSS ET AL Well #: 1-22

Field Name: _____

Producing Formation: N/A

Elevation: Ground: 1934 Kelly Bushing: 1944

Total Depth: 3639 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 821 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: 35000 ppm Fluid volume: 560 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: TDI, INC.

Lease Name: DREILING B #1 License #: 4787

Quarter SW Sec. 22 Twp. 14 S. R. 16 East West

County: ELLIS Permit #: D25112

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: 07/31/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Gerritor Date: 08/03/2012