



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 # 31938
 Name: Indian Oil Co., Inc.
 Address 1: PO BOX 209
 Address 2: 2507 SE US 160 HWY
 City: MEDICINE LODGE State: KS Zip: 67104 + 0209
 Contact Person: Joscelyn Nittler
 Phone: (620) 886-3763
 CONTRACTOR: License # 5822
 Name: Val Energy, Inc.
 Wellsite Geologist: Scott Alberg
 Purchaser: Oneok; Sunoco

API No. 15 - 15-007-20680-00-01

Spot Description: _____
E2 E2 NW Sec. 30 Twp. 31 S. R. 11 East West
3960 Feet from North / South Line of Section
2970 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Barber
 Lease Name: Chain Ranch OWWO Well #: 1
 Field Name: Whelan

Producing Formation: Mississippi
 Elevation: Ground: 1546 Kelly Bushing: 1556
 Total Depth: 4500 Plug Back Total Depth: 4476
 Amount of Surface Pipe Set and Cemented at: 211 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.

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: Graves Drilling

Well Name: Chain Ranch 1

Original Comp. Date: 11/1/1978 Original Total Depth: 4369
 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 #: _____

3/5/2012	3/8/2012	4/5/2012
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: _____ 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>06/21/2012</u>
<input type="checkbox"/>	Confidential Release Date: _____
<input type="checkbox"/>	Wireline Log Received
<input 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>06/21/2012</u>