

CONFIDENTIAL COMPLETION FORM

1085683

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # 3882 | API No. 15 - 15-167-23778-00-00 |
|---|---|
| Name: Samuel Gary Jr. & Associates, Inc. | Spot Description: |
| Address 1: 1515 WYNKOOP, STE 700 | W2_SE_SW_SE_Sec. 29 Twp. 15 S. R. 15 ☐ East West |
| Address 2: | 330 Feet from North / South Line of Section |
| City: DENVER State: CO Zip: 80202 + | 1780 Feet from 🗹 East / 🗌 West Line of Section |
| Contact Person: CLAYTON CAMOZZI | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (303) 831-4673 | □ne □nw ☑se □sw |
| CONTRACTOR: License # 5822 | County: Russell |
| Name: Val Energy, Inc. | Lease Name: KRAFT Well #: 1-29 |
| Wellsite Geologist: TIM HEDRICK | Field Name: |
| Purchaser: SAMUEL GARY JR & ASSOCIATES, INC. | Producing Formation: LANSING, PLEASANTON |
| Designate Type of Completion: | Elevation: Ground: 1924 Kelly Bushing: 1934 |
| ✓ New Well Re-Entry Workover | Total Depth: 3600 Plug Back Total Depth: |
| ✓ Oil □ wsw □ swb □ slow | Amount of Surface Pipe Set and Cemented at: 609 Feet |
| Gas D&A ENHR SIGW | Multiple Stage Cementing Collar Used? Yes No |
| ☐ OG ☐ GSW ☐ Temp. Abd. | If yes, show depth set:Feet |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: |
| Cathodic Other (Core, Expl., etc.): | feet depth to:w/sx cmt |
| If Workover/Re-entry: Old Well Info as follows: | sx din |
| Operator: | |
| Well Name: | Dritting Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth; | |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD | Chloride content: 47000 ppm Fluid volume: 800 bbls |
| ☐ Conv. to GSW | Dewatering method used: Hauled to Disposal |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | Operator Name: CRAIG, WARD DBA CRAIG OIL COMPANY |
| Dual Completion Permit #: | Lease Name: RUBIN NUSS License #: 31341 |
| SWD Permit #: | Quarter SW Sec. 5 Twp 16 S. R. 14 East Wes |
| ENHR Permit #: | County: BARTON Permit #: D09153 |
| GSW Permit #: | |
| Spud Date or Date Reached TD Completion Date or | |
| | |

AFFIDAVIT

Recompletion Date

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

Recompletion Date

| KCC Office Use ONLY | |
|--|--|
| Letter of Confidentiality Received Date: 06/26/2012 | |
| Confidential Release Date: | |
| ☑ Wireline Log Received | |
| Geologist Report Received | |
| UIC Distribution | |
| ALT I II Approved by: NACHI JAMES Date: 06/26/2012 | |