



KANSAS CORPORATION COMMISSION 1087990
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL **WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5822
Name: Val Energy, Inc.
Address 1: 200 W DOUGLAS AVE STE 520
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 3005
Contact Person: TODD ALLAM
Phone: (316) 263-6688
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: STEVE VAN BUSKIRK
Purchaser: MACLASKEY

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 #: _____

7/2/2012	7/12/2012	8/13/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23904-00-00
Spot Description: _____
SW NE NE NW Sec. 33 Twp. 33 S. R. 10 East West
400 Feet from North / South Line of Section
2145 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: BERNICE SPICER Well #: 2-33
Field Name: _____
Producing Formation: MISS
Elevation: Ground: 1413 Kelly Bushing: 1424
Total Depth: 4900 Plug Back Total Depth: 4884
Amount of Surface Pipe Set and Cemented at: 223 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: 41000 ppm Fluid volume: 1800 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: VAL ENERGY
Lease Name: CATHY SWD License #: 5822
Quarter NE Sec. 25 Twp. 33 S. R. 11 East West
County: BARBER Permit #: D23329

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: 08/16/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gerrard Date: 08/22/2012