



KANSAS CORPORATION COMMISSION 1092388
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 # 3372
Name: Dixon Energy, Inc.
Address 1: 8100 E 22ND N BLDG 300, Ste 200
Address 2: _____
City: WICHITA State: KS Zip: 67226 + _____
Contact Person: Mike Dixon
Phone: (316) 264-9632
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Mike Dixon
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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: Dixon #1
Original Comp. Date: 04/02/1982 Original Total Depth: 4870

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>08/01/2012</u>	<u>08/04/2012</u>	<u>08/09/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-21420-00-01

Spot Description: _____
SW NE NE SW Sec. 16 Twp. 32 S. R. 12 East West

2180 Feet from North / South Line of Section

3270 Feet from East / West Line of Section

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

County: Barber

Lease Name: Lonker Well #: 2

Field Name: _____

Producing Formation: Mississippian

Elevation: Ground: 1619 Kelly Bushing: 1638

Total Depth: 4880 Plug Back Total Depth: 4825

Amount of Surface Pipe Set and Cemented at: 245 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: 77000 ppm Fluid volume: 800 bbls

Dewatering method used: Evaporated

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

- Letter of Confidentiality Received
Date: 10/05/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 10/09/2012