



# 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: Joe Baker

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: Phillips Exploration  
Well Name: Standiford 1-25  
Original Comp. Date: 04/05/2012 Original Total Depth: 3600  
 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 #: \_\_\_\_\_  
09/20/2012 10/17/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-035-24455-00-01  
Spot Description: \_\_\_\_\_  
SE NW NE Sec. 25 Twp. 32 S. R. 5  East  West  
990 Feet from  North /  South Line of Section  
1650 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Cowley  
Lease Name: Standiford Well #: 1-25  
Field Name: \_\_\_\_\_  
Producing Formation: MISS  
Elevation: Ground: 1292 Kelly Bushing: 1302  
Total Depth: 3600 Plug Back Total Depth: 3576  
Amount of Surface Pipe Set and Cemented at: 214 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: 31000 ppm Fluid volume: 1800 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: 10/18/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 11/16/2012