

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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

11/4/12

OPERATOR: License # 5316
Name: FALCON EXPLORATION INC.
Address 1: 125 N. MARKET, SUITE 1252
Address 2: _____
City: WICHITA State: KS Zip: 67202 + _____
Contact Person: MICHEAL S MITCHELL
Phone: (316) 262-1378
CONTRACTOR: License # 5822
Name: VAL ENERGY INC.
Wellsite Geologist: KEITH REAVIS
Purchaser: _____

KCC
NOV 04 2010
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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.): Lost Hole

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 #: _____
7/18/10 8/03/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-025-21510-0000
Spot Description: _____
SW SE NW NE Sec. 27 Twp. 30 S. R. 22 East West
1,280 Feet from North / South Line of Section
1,680 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: CLARK
Lease Name: GILES LAND Well #: 2-27(NE)
Field Name: WC
Producing Formation: NA
Elevation: Ground: 2296 Kelly Bushing: 2306
Total Depth: 5420 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 691 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: 6700 ppm Fluid volume: 900 bbls
Dewatering method used: HAULED OFF
Location of fluid disposal if hauled offsite: _____
Operator Name: SHAWN HAYDEN
Lease Name: LIZ SMITH License #: 33562
Quarter _____ Sec. 26 Twp. 30 S. R. 34 East West
County: HASKELL Permit #: D26802

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.
Signature: _____
Title: PRESIDENT Date: 11-4-10

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 11/4/10 - 11/4/12
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NS Date: 11-5/10
PA

Operator Name: FALCON EXPLORATION INC. Lease Name: GILES LAND Well #: 2-27(NE)
 Sec. 27 Twp. 30 S. R. 22 East West County: CLARK

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: MEL;CDL/CNL;DIL/BHCS	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>LANSING</td> <td>4516</td> <td>-2210</td> </tr> <tr> <td>PAWNEE</td> <td>5062</td> <td>-2756</td> </tr> <tr> <td>CHEROKEE</td> <td>5116</td> <td>-2810</td> </tr> <tr> <td>MRW-ATOKA</td> <td>5218</td> <td>-2912</td> </tr> <tr> <td>MISS</td> <td>5241</td> <td>-2935</td> </tr> </table>	Name	Top	Datum	LANSING	4516	-2210	PAWNEE	5062	-2756	CHEROKEE	5116	-2810	MRW-ATOKA	5218	-2912	MISS	5241	-2935
Name	Top	Datum																	
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MRW-ATOKA	5218	-2912																	
MISS	5241	-2935																	

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
CONDUCTOR	32"	20"		45'	GROUT		
SURFACE	12-1/4"	8-5/8"	24#	691	65/35;CLASS 'A'	225;350	6% gel, 2% cc

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 041804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

KCC
NOV 04 2010

SERVICE POINT:

Russell

CONFIDENTIAL

DATE <u>7-18-10</u>	SEC <u>27</u>	TWP. <u>30</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00pm</u>	JOB FINISH <u>11:30pm</u>
LEASE <u>Giles Land</u>	WELL # <u>227</u>	LOCATION <u>Bucklin 3rd 9s WINTO</u>			COUNTY <u>Clerk</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Jal #1
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 691
 CASING SIZE 8 1/2 DEPTH 691
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 42.50
 CEMENT LEFT IN CSG. 42.50
 PERFS.
 DISPLACEMENT 41 1/4 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 225 65/35 390K 6%66 1
250 com 3%66 14#10
100 com 2%66 1
 COMMON 350 @ 15.45 5407.50
 POZMIX @
 GEL 6 @ 20.80 124.80
 CHLORIDE 16 @ 58.20 931.20
 ASC @
225 Lite @ 14.05 3161.25
Flo Seal 56 @ 2.50 140.00

EQUIPMENT
 PUMP TRUCK CEMENTER Craig
 # 398 HELPER Paul
 BULK TRUCK
 # 482 DRIVER Alvin
 BULK TRUCK
 # 381 DRIVER Alvin

RECEIVED

NOV 04 2010

KCC WICHITA

HANDLING 287 @ 2.40 688.80
 MILEAGE 110 1/2 hr. 1435.00
 TOTAL 11888.55

REMARKS:

Increase @ 648.50 For Circulation
Mix 225SK 65/35 6%66 3%66 14#10
By 150 com 3%66 2%66 1. Displace
Plug. Plug tested 500ps. 20 Circulation 20
Cement Release Pressure Del. Flow field. Mixed
100SK 3%66 2%66 1 + 150 Common Cement
Circulated.

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE 991.00
 EXTRA FOOTAGE 391 @ .75 293.25
 MILEAGE 50 @ 7.00 350.00
 MANIFOLD @
 @
 @

TOTAL 1634.25

CHARGE TO: Falcon Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

Thanks!

PLUG & FLOAT EQUIPMENT

8 1/2
1 FEV Insert @ 158.00
3 Baskets @ 221.00 663.00
Rubber Plug @ 79.00
 @
 @
 TOTAL 895.00

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 1634.25
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE _____

