



KANSAS CORPORATION COMMISSION 1103961
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5316
Name: Falcon Exploration, Inc.
Address 1: 125 N MARKET STE 1252
Address 2:
City: WICHITA State: KS Zip: 67202 + 1719
Contact Person: CYNDE WOLF
Phone: (316) 262-1378
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: KEITH REAVIS
Purchaser: NA

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: _____

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 #: _____

08/22/2012 9/02/2012 9/02/2012

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-069-20389-00-00

Spot Description: _____

NW NE NW NW Sec. 34 Twp. 28 S. R. 30 East West

250 Feet from North / South Line of Section

940 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Gray

Lease Name: RCJ Well #: 1-34(NW)

Field Name: _____

Producing Formation: NA

Elevation: Ground: 2727 Kelly Bushing: 2740

Total Depth: 5425 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1859 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: 8700 ppm Fluid volume: 70 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: MAX PAPAY LLC

Lease Name: SNEED License #: 34021

Quarter NW Sec. 14 Twp. 34 S. R. 30 East West

County: MEADE Permit #: D27876

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: 12/06/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 12/07/2012