



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32457 Name: Abercrombie Energy, LLC Address 1: 10209 W. CENTRAL, STE 2 Address 2: City: WICHITA State: KS Zip: 67212 Contact Person: Gary Misak Phone: (316) 262-1841 CONTRACTOR: License # 5822 Name: Val Energy, Inc. Wellsite Geologist: Wes Hansen Purchaser: Designate Type of Completion: [X] New Well [ ] Re-Entry [ ] Workover [X] 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 #: 11/03/2012 11/15/2012 1/11/2013 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-171-20918-00-00 Spot Description: NE SE NW SE Sec. 9 Twp. 20 S. R. 34 [ ] East [X] West 1800 Feet from [ ] North [X] South Line of Section 1390 Feet from [X] East [ ] West Line of Section Footages Calculated from Nearest Outside Section Corner: [ ] NE [ ] NW [X] SE [ ] SW County: Scott Lease Name: MOORE Well #: 1-9 Field Name: Wildcat Producing Formation: Maramton Elevation: Ground: 3060 Kelly Bushing: 3069 Total Depth: 4982 Plug Back Total Depth: 4936 Amount of Surface Pipe Set and Cemented at: 301 Feet Multiple Stage Cementing Collar Used? [X] Yes [ ] No If yes, show depth set: 2262 Feet If Alternate II completion, cement circulated from: feet depth to: 200 w/ 450 sx crnt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: 19000 ppm Fluid volume: 1000 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 [X] Letter of Confidentiality Received Date: 01/18/2013 [ ] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [ ] UIC Distribution ALT [ ] I [X] II [ ] III Approved by: NAOMI JAMES Date: 01/18/2013