



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1046311

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Merchant Copy

INVOICE

THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES!

Page: 1		Invoice: 10162983	
Special :		Time:	14:29:00
Instructions :		Ship Date:	08/30/10
		Invoice Date:	08/30/10
Sale rep #: MARILYN		Acct rep code:	Cus Date: 09/08/10
Sold To: SIRIUS ENERGY CORP 526 COUNTRYPLACE SOUTH ABILENE, TX 79606-7032		Ship To: SIRIUS ENERGY CORP (325) 665-9152	
		(325) 665-9152	
Customer #: 0001860	Customer PO:	Order By:	

8TH

T 137

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
60.00	60.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	5.7900 BAG	5,7900	347.40
60.00	60.00	P	BAG	CPPC	PORTLAND CEMENT-94#	9.4900 BAG	9,4900	569.40

Surface casing and production casing are cemented with company tools.

6 sacks portland cement are used for surface casing.
33 sacks portland cement and 33 sacks fly ash are used for production casing (=40% kol seal).

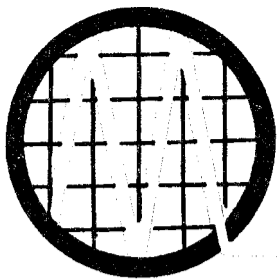
The remaining cement and fly ash from this ticket are used for plugging purposes as per the submitted CP-1 and CP-4.

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$916.80
SHIP VIA Customer Pick up					
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	916.80
x <i>Randy Jeter</i>				Non-taxable	0.00
				Tax #	
				Sales tax	78.10

TOTAL \$992.90

1 - Merchant Copy





INVOICE
MIDWEST SURVEYS
 LOGGING • PERFORATING • CONSULTING SERVICES
 P. O. Box 68
 Osawatomie, KS 66064
 913/755-2128

31
 OUR NO.
 22789

SOLD TO

Sirius Energy Corp.
 526 Country Place South
 Abilene, TX 79606

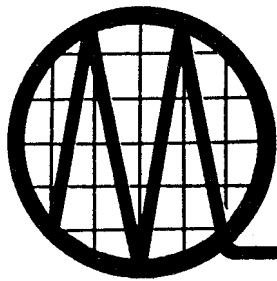
SHIPPED TO

West VanWinkle Lease # N-17
 Anderson County, Ks

PLEASE USE THIS INVOICE FOR PAYMENT
NO MONTHLY STATEMENTS RENDERED

CUSTOMER ORDER NO.	SALESMAN	DATE SHIPPED	SHIPPED VIA	INVOICE DATE	TERMS
Randy Teter		9/03/10			
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1 ea	Gamma Ray / Neutron / CCL				\$ 450.00
61 ea	2" DML RTG 180° Phase				
	Two (2) Perforations Per Foot				
	Minimum Charge -- Ten (10) Perforations				\$ 635.00
	Fifty One (51) Additional Perforations @ \$ 20.00 ea				\$ 1020.00
	Two (2) Additional Runs @ \$385.00 ea				\$ 770.00
	Perforated at: 649.0 to 678.0				
	NET DUE UPON RECEIPT				
	<small>Late Charge of 1-1/2% per Month on Accounts over 30 Days.</small>				
				TOTAL	\$ 2875.00

White-Customer Canary-Accounting



MIDWEST SURVEYS
LOGGING • PERFORATING • M.I.T. SERVICES

22789

P. O. Box 68
Osawatomie, KS 66064
913 / 755-2128

Date 9/03/2010

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered GR/NEU/ECL & Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Sirius Energy Corporation By _____
Customer's Authorized Representative

Charge to Sirius Energy Corporation Customer's Order No. Randy Teter

Mailing Address _____

Well or Job Name and Number West Van Winkle County Anderson N-17 State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1 ea	Gamma Ray Neutron Tool	\$ 450.00
61 ea	2" DMG RTG 180° Phase	
	Two (2) Perforations Per Foot	
	Minimum Charge - Ten (10) Perforations	\$ 635.00
	Fifty One (51) Additional Perforations @ 20.00 ea	\$ 1020.00
	Two (2) Additional Runs @ 385.00 ea	\$ 770.00
	Perforated At 6480 To 6780	

Total \$ 2875.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Served by: S. Wundersch

Customer's Name Sirius Energy Corporation Date 9/03/10
By _____
Customer's Authorized Representative

White — Customer Canary — Accounting