

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1046312

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

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	Sec TwpS. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
C C	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
☐ OG	bd. If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion Permit #:	Operator Name:
SWD         Permit #:	License #:
ENHR Permit #:	Quarter Sec Two S R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or Recompletion Date	

#### 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:

	Side Two				
Operator Name:	Lease Name:	Well #:			
Sec TwpS. 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 (Attach Additional She	eets)	Yes I	ю	Lo Nam	-	n (Top), Depth and		Sample Datum
Samples Sent to Geolog	gical Survey	Yes I	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	Yes IN Yes IN Yes IN	No					
List All E. Logs Run:								
			SING RECORD					
		Report all string	s set-conductor,	surface, inte	rmediate, producti	on, etc.		-
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		eight s. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

#### ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	<b>λ</b> .	Producing M	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Solo		Jsed on Lease		Open Hole	Perf.	Dually (Submit )	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACC	)-18.)		Other (Specify)						

			INVOI DWEST G • PERFORATING • P. O. Bo Osawatomie, 913 / 755	SURVEY CONSULTING SERV DX 68 , KS 66064	S -	З <sub>ОИР</sub> 227		- -
S O L D T O L	Abilene, TX	7 Place Sout X 79606			Ander E D T O L PLEASE US	VanWinkle LE son COunty, E THIS INVOICE F HLY STATEMENTS	OR PAY	MENT ERED
CUSTOMER ORDER		SALESMAN	DATE SHIPPED	SHIPPED VIA		INVOICE DATE	TERM	8
Randy Te	eter	<u> </u>	9/03/10 DESCRIPTION			PRICE		MOUNT
1 ea 34 ea	2" DML RTG Two (2) Per Minimum Cha Twenty Four One (1) Add	rforations P arge Ten	er Foot (10) perfora tonal Perfora		00 ea		\$	450.00 635.00 480.00 385.00
			T DUE UPON RECEI			TOTAL	\$	1950.00

White-Customer Canary-Accounting

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	Service Order and Delivery Receipt	OUR NO.		
	MIDWEST SURVEYS LOGGING • PERFORATING • M.I.T. SERVICES P. O. Box 68 Osawatomie, KS 66064 913 / 755-2128	22788		
	Date	9/03/2010		
services orde	CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipme ered hereon or as verbally directed, under the terms and conditions printed o which I have read and understand and which I accept as Customer or as Cust	ent or perform the n the reverse side		
Service and/or	Equipment Ordered GRI NIEU/CCL & Perforate			
SIGN BEFORE	COMMENCEMENT OF WORK			
Customer's Na	ame Sirius Energy Corporation By Customer's An	uthorized Representative		
Charge to	Sirius Energy Corporation Orde	tomer's er No. Kandy Teter		
Mailing Addres				
Well or Job Na and Number .	West VanWinKle County Anderson State Kan N-18	Saj		
QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE		
1 en 34 a	2" DML RTG 180° Phore	450,00		
014	Two (2) Perforation, Per Foot			
8		× 635.00		
	Minimum Charge - Ten (10) Perforation, Twenty Four (24) Additional Perforation, @ 20a	\$ 480.00		
	One (1) Addie famial Run	\$ 385.00		
	Perforated At 666.0 To 682.0			
<b></b>				
• •	Tc	1950 ~~		
	The above described service and/or materia hereby accepted and approved for payment. Customer's Name Since S	1		

Serviced by: 5 Windbsch

White --- Customer

By ......Date 9/03/105 Customer's Authorized Representative Canary — Accounting

				410 N Maple mett, KS 66032	DMECENTE		1 1	lerchant C NVOIC	Ē
			6a 785] 448-7	106 FAX (785) 4	48-7135		THIS	COPY MUST RE RCHANT AT ALL	MAIN AT TIMES!
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ale rep #:	M	ARLIN	MARLIN BRU	JBAKER				09/08/10	
5	26 (	COUN	FRYPLACE SO		665-9152	ENERG	ач сонр		
Customer I	+ 0	00186	0	Customer PO:			Order By:		817H
				,			All Price/Hom		EXTENSION
_							5.7900 BAG	5.7900	347.40
							9.4900 bag	9.4900	569.40
					ction casin	g ar	e cemen	ted wit	n
6	sa	acks	portlan	nd cement a	re used fo	r su	face cas	ing.	
33	3 8	sacl	s portla	and cement	and 33 sa	cks	fly ash a	re usec	1
fo	r	oro	luction (	casing (=40	% kol seal	).			
TI	he	rei	haining	dement and	d fly ash fro	om t	his ticke	t are	
us	se	d fc	r pluggi						
	-		FILLED B	Y CHECKED BY DATE	SHIPPED DRIVER			Sales total	\$916.8
			CHIPMA	Customer Pick in					
				RECEIVED COMPLETE AND IN G	000 CONDITION —		e 916.8 xable 0.0	0 Sales tax	76.1
				wing an				TOTAL	\$992.9
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