

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1046317

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
-	
Purchaser:	Producing Formation:
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? Yes No
OG GSW Temp. Abd.	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 SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operation
Dual Completion Permit #:	Operator Name:
☐ SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec Twp S. R East _ West
GSW Permit #:	County: Permit #:
Spud Date or         Date Reached TD         Completion Date or           Recompletion Date         Recompletion Date         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 Approved by: Date:

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

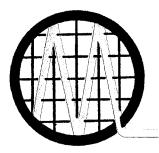
**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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 - Specify Footage of Each							Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
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	
DISPOSITION OF GAS:				METHOD	OF COMPLE	TION:		PRODUCTION INTERVAL:			
Vented Solo		Jsed on Lease		Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)							
(If vented, Su	bmit ACC	)-18.)		Other (Specify)							



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES P.O. Box 68 • Osawatomie, KS 66064 Phone 913-755-2128 • Fax 913-755-6533

# **Perforation Record**

Company:	Sirius Energy Corp.
Lease/Field:	West Van Winkle Lease
Well:	V-23
County, State:	Anderson County, Kansas
Service Order #:	22766
Purchase Order #:	N/A
Date:	8/30/2010
Perforated @:	659.0 to 669.0 21 Perfs 670.0 to 680.0 21 Perfs 693.0 to 703.0 21 Perfs
Type of Jet, Gun or Charge	2" DML RTG 180 Degree Phase
Number of Jets, Guns or Charges:	Sixty Three (63)
Casing Size:	2 7/8"

				1 - Me	erchant Cor	v		TOTAL	\$992.90
				Customer Pick		Taxable Non-ta: Tax #			\$916.80 76.10
<b>1</b>			d for p d CP-4	00 0	purposes a		ne subn		
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			face c npany		nd producti	on casi	ng are c	emented	l with
60.00 60.00	60.00 P	BAG C BAG C	PFA	FLY ASH M	X 80 LBS PER BAG CEMENT-94#		5.7900 BA 9.4900 BA		347,40 569,40
RDER	SHIP L		ITEM#		ESCRIPTION		Alt Price/Uom	PRICE	T 13
	Customer #:	0001860		Cus	(325) 665-9152 tomer PO:		Order By:		871
	520	COUNT	RGY CORP RYPLACE S X 79606-703		(325) 665-9152	SIRIUS ENER	IGY CORP		
	Special Instructions Sale rep #:	: : : WAYNE	WAYNE ST	ANLEY	Acc	t rep code:	Time: Ship D Invoice Due D:	Date: 08/25/10	
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