

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1046326

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:
5	
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
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or	
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 III Approved by: Date:						

	Side Two	1046326					
Operator Name:	Lease Name:	Well #:					
Sec TwpS. R East _ West	County:						

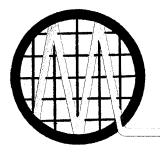
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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 Sheets)		Yes	No		og Formatio	n (Top), Depth an	Sample	
Samples Sent to Geolog	,	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	☐ Yes ☐ Yes ☐ Yes	No No No						
List All E. Logs Run:								
		Report all		RECORD Ne	ew Used	ion etc		
Purpose of String Size Hole Drilled		Size Ca Set (In C	sing	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated								ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Size: Set At: Packer At:				At:	Liner R	un:	No		
Date of First, Resumed Production, SWD or ENHR.			ર .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. Gas		Gas	Gas Mcf Wate		ər	Bbls.	Gas-Oil Ratio	Gravity	
									1	
DISPOSITION OF GAS:				METHOD OF COMPLETION: PRODUCTION INT			PRODUCTION INTER	RVAL:		
			Open Hole	Perf.	Uually (Submit)		Commingled (Submit ACO-4)			
(If vented, Subm		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:	Ewing "B" Lease
Well:	# V-17
County, State:	Anderson County, Kansas
Service Order #:	22764
Purchase Order #	N/A
Date:	8/30/2010
Perforated @:	642.0 to 650.0 17 Perfs 659.0 to 678.0 40 Perfs
Type of Jet, Gun or Charge	2" DML RTG 180 Degree Phase
Number of Jets, Guns or Charges:	Fifty Seven (57)
Casing Size:	2 7/8"

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	Special Instructions		E WAYNE STA		Acct rep coo	ie:	Time: Ship Dat Invoice D Due Date	nate: 08/19/10	
	Sold To: SII	RIUS EN 6 COUN	IERGY CORP ITRYPLACE SC TX 79606-7032	UTH (325) 66	Ship To: SIRIUS 5-9152		CORP		
	Customer #:	00018	30	Customer PO:		Orde	r By:	popirne01	8TH T 137
ORDER	SHIP L	U/M	ITEM#	DESCRIPTIO	N	Aít	Price/Uom	PRICE	EXTENSION
60.00 60.00	60.00 P 60.00 P		CPFA CPPC	FLY ASH MIX 80 LBS PE PORTLAND CEMENT-94			5.7900 bag 9.4900 bag	5.7900 9.4900	347.40 569.40
		co 6 s 33	mpany t sacks po sacks p	sing and proc ools. rtland cemen ortland ceme ion casing (=/	t are use nt and 3	ed for 3 sacł	surface	e casin	g.
		Th us	e remaii	ning cement a ugging purpo	and fly a	sh fror			
			FILLED BY SHIP VIA RE	CHECKED BY DATE SHIPP Customer Pick up CEEVED COMPLETE AND IN GOOD CO CEEVED COMPLETE AND IN GOOD CO CEEVED COMPLETE AND IN GOOD CO		Taxable Non-taxable Tax #	916.80 0.00	Sales total Sales tax	\$916.80 76.10
			_	0				TOTAL	\$992.90
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