

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1053582

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 Cast / 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:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
☐ OG	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 #:	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 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 Approved by: Date:

	Side Two	1053582			
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		Datum	
Samples Sent to Geolog	Yes I	No	Nam	e		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	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 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							Depth		
TUBING RECORD: Size: Set At:					Packer At: Liner Run:				No	
Date of First, Resumed Production, SWD or ENHR.				Producing N	_	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		Gas Mcf Wate		er	Bbls.	Gas-Oil Ratio	Gravity			
						1			1	
DISPOSITION OF GAS:				METHOD OF COMPLETIC		TION:		PRODUCTION IN	TERVAL:	
Vented Sold Used on Lease			Open Hole Perf. Dually (Submit)			r Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)				Other (Specify)						

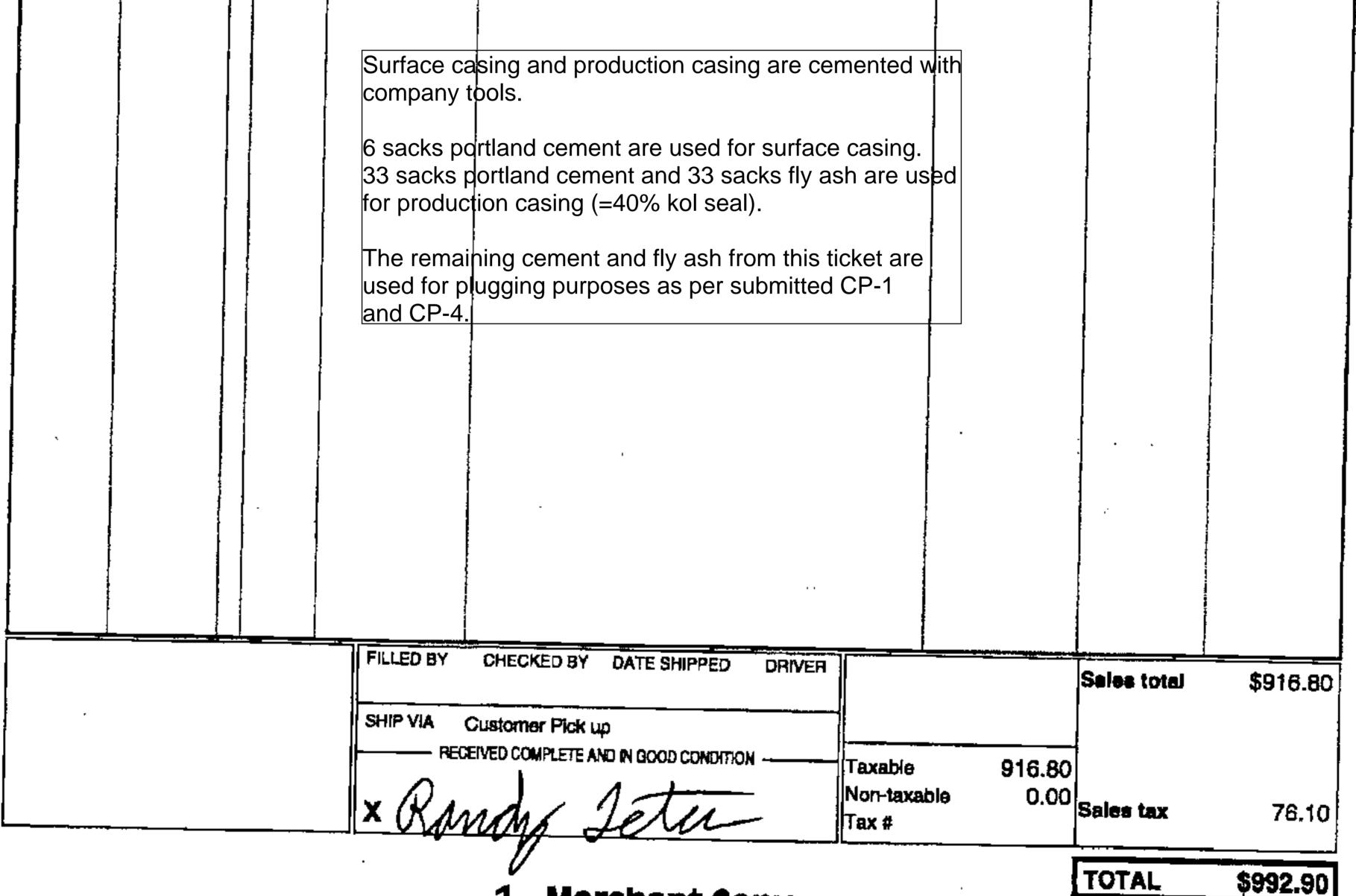
GARNETT TRUE VALUE HOMECENTER 410 N Maple Garnett, KS 66032 {785} 448-7106 FAX (785) 448-7135

and the constraints of a second second second

1 10 and 201

Merchant Copy INVOICE THIS COPY MUST REMAIN AT

	<u> </u>							MCM		
	Page	: 1					Invoio	ə: 10 ⁻	65406	5
	Special : Instructions : : Sale rep #: MARLIN MARLIN BRUBAKER					Time: 13:44: Ship Date: 11/02/ Invoice Date: 11/02/ Acct rep code: Due Date: 12/08/1				7 0
	Sold To: SIRIUS ENERGY CORP 526 COUNTRYPLACE SOUTH ABILENE, TX 79606-7032					Ship To: SIR (325) 685-9152	IUS ENERGY CORP			
	[(325) 665-9152				1
	Custome	r#:	00018	60	Custor	ner PO:	Order By:			
RDER	SHIP		1104					···	popimg01	8TH T17
			U/M	ITEM#		SCRIPTION	Alt Price/Uo	m	PRICE	EXTENSION
60.00 60.00	60.00 60.00		BAG BAG	CPFA CPPC	FLY ASH MIX PORTLAND C	80 LBS PER BAG EMENT-94#	6.2900 8.9900		6.2900 8.9900	377.40 539.40









ORDER