

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1053666

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         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:	Amount of Surface Pipe Set and Cemented at:       Feet         Multiple Stage Cementing Collar Used?       Yes         If yes, show depth set:       Feet         If Alternate II completion, cement circulated from:       feet depth to:         w/
Operator:	
Vell 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         Conv. to GSW       Plug Back:       Plug Back Total Depth         Commingled       Permit #:       Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:
Dual Completion Permit #:	License #:
SWD         Permit #:	Quarter Sec TwpS. R East West
ENHR         Permit #:           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

	Side Two	1
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	No		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ 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	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge P Each Interval I		e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHR			۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
			1							
DISPOSITIC	ON OF (	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)		
(If vented, Sub	mit ACC	)-18.)		Other (Specify)						

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

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Merchant Copy INVOICE THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES!

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Page: 1			Invoice: 10*	165632
Special : Instructions : Sale rep #: JOE		Acct rep code:	Time: Ship Date:	13:58:53 11/08/10 11/08/10 12/08/10
Sold To: SIRIUS ENERGY CORP 526 COUNTRYPLACE SOUTH ABILENE, TX 79606-7032	Ship To (325) 665-9152	SIRIUS ENERGY (		
	(325) 665-9152			
Customer #: 0001860	Customer PO:	Order	Бу:	
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ORDER	SHIP L U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
33.00 31.00	33.00 P BAG 31.00 P BAG	CPFA CPPC	FLY ASH MIX 80 LBS PER BAG PORTLAND CEMENT-94#	6.2900 BAG 8.9900 BAG	6.2900 8.9900	207.57
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1				i   :		

			× Randy Let	· · - · - · - · - · - · - · - · - ·	<sup>0</sup> Sales tax	40.36
			FILLED BY CHECKED BY DATE SHI SHIP VIA Customer Pick up RECEIVED COMPLETE AND IN GOOD (		Sales total	\$486.26
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		;	for production casing (=40%	1		
		İ	6 sacks portland cement are 33 sacks portland cement an	nd 33 sacks fly ash are used	 : 	
		ļ	Surface casing and production company tools.		:	
	i 1	1	Surface casing and production	on cacing are comented with	•	

# 1 - Merchant Copy



