



KANSAS CORPORATION COMMISSION 1061021  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- 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:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

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 #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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: \_\_\_\_\_



1061021

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# GARNETT TRUE VALUE HOMECENTER

410 N Maple  
Garnett, KS 66032  
{785} 448-7106 FAX {785} 448-7135

Merchant Copy

## INVOICE

THIS COPY MUST REMAIN AT  
MERCHANT AT ALL TIMES!

Page: 1		Invoice: <b>10173397</b>	
Special :		Time:	13:30:04
Instructions :		Ship Date:	06/22/11
		Invoice Date:	06/22/11
Sale rep #: MARLIN MARLIN BRUBAKER	Acct rep code:	Due Date:	07/08/11
Sold To: SIRIUS ENERGY CORP 528 COUNTRYPLACE SOUTH ABILENE, TX 79606-7032		Ship To: SIRIUS ENERGY CORP (325) 665-9152  (325) 665-9152	
Customer #: 0001860	Customer PO:	Order By:	

popimg01

BTH  
T 17

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
60.00	60.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.9900 BAG	6.9900	419.40
60.00	60.00	P	BAG	CPPC	PORTLAND CEMENT-94#	9.4900 BAG	9.4900	569.40
1.00	1.00	P	EA	845295	BLU Heat Safe Glasses	17.9900 EA	17.9900	17.99

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION <i>x Randy Soter</i>		Sales total \$1006.79 Taxable 1006.79 Non-taxable 0.00 Tax # _____ Sales tax 83.57
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1 - Merchant Copy

Weight: 0 lbs.

**TOTAL \$1090.36**



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

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

Page: 1 Invoice: **10173722**  
 Special : Time: 09:23:42  
 Instructions : Ship Date: 07/01/11  
 Sale rep #: LARRY LARRY HERLOCKER Acct rep code: Invoice Date: 07/01/11  
 Due Date: 08/08/11  
 Sold To: SIRIUS ENERGY CORP Ship To: SIRIUS ENERGY CORP  
 526 COUNTRYPLACE SOUTH (325) 665-9152  
 ABILENE, TX 79606-7032 (325) 665-9152  
 Customer #: 0001860 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
6.00	6.00	P	BAG	CPPC	PORTLAND CEMENT-94#	9.9900 BAG	9.9900	59.94

FILLED BY \_\_\_\_\_ CHECKED BY \_\_\_\_\_ DATE SHIPPED \_\_\_\_\_ DRIVER \_\_\_\_\_  
 SHIP VIA Customer Pick up  
 RECEIVED COMPLETE AND IN GOOD CONDITION \_\_\_\_\_  
 Taxable 59.94  
 Non-taxable 0.00  
 Tax # \_\_\_\_\_  
 Sales total \$59.94  
 Sales tax 4.98  
**TOTAL \$64.92**

1 - Merchant Copy



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

Statement Copy  
**INVOICE**  
 PLEASE REFER TO INVOICE NUMBER  
 ON ALL CORRESPONDENCE

Page: 1 Invoice: **10173805**  
 Special : Time: 09:32:14  
 Instructions : Ship Date: 07/05/11  
 Sale rep #: LARRY LARRY HERLOCKER Acct rep code: Invoice Date: 07/05/11  
 Due Date: 08/08/11  
 Sold To: SIRIUS ENERGY CORP Ship To: SIRIUS ENERGY CORP  
 526 COUNTRYPLACE SOUTH (325) 665-9152  
 ABILENE, TX 79606-7032 (325) 665-9152  
 Customer #: 0001860 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
6.00	6.00	P	BAG	CPPC	PORTLAND CEMENT-94#	9.9900 BAG	9.9900	59.94

FILLED BY \_\_\_\_\_ CHECKED BY \_\_\_\_\_ DATE SHIPPED \_\_\_\_\_ DRIVER \_\_\_\_\_  
 SHIP VIA Customer Pick up  
 RECEIVED COMPLETE AND IN GOOD CONDITION \_\_\_\_\_  
 Taxable 59.94  
 Non-taxable 0.00  
 Tax # \_\_\_\_\_  
 Sales total \$59.94  
 Sales tax 4.98  
**TOTAL \$64.92**

3 - Statement Copy



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