



**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<br>Recompletion Date | Date Reached TD | Completion Date or<br>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: \_\_\_\_\_



1069829

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone |                  |                |              |                            |
|                                                                                      |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

|                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

# 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>10176383</b>                                                   |          |
| Special :                                                                              |                | Time:                                                                      | 10:48:58 |
| Instructions :                                                                         |                | Ship Date:                                                                 | 09/15/11 |
|                                                                                        |                | Invoice Date:                                                              | 09/15/11 |
| Sale rep #: MARILYN                                                                    | Acct rep code: | Due Date:                                                                  | 10/08/11 |
| Sold To: <b>SIRIUS ENERGY CORP</b><br>526 COUNTRYPLACE SOUTH<br>ABILENE, TX 79606-7032 |                | Ship To: <b>SIRIUS ENERGY CORP</b><br>(325) 666-9152<br><br>(325) 665-9152 |          |
| Customer #: 0001860                                                                    | Customer PO:   | Order By:                                                                  |          |

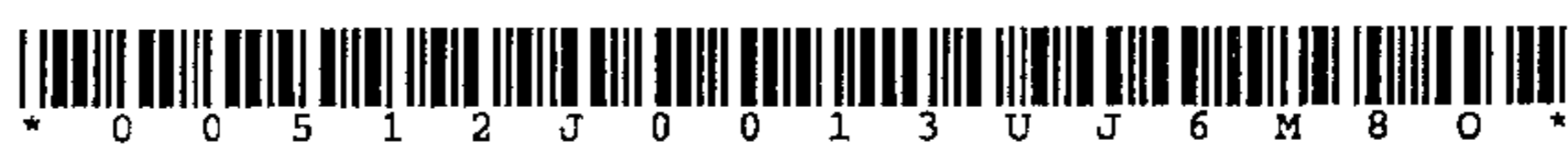
8TH  
T 138  
popimg01

| ORDER | SHIP  | L | U/M | ITEM# | DESCRIPTION         | Alt Price/Uom | PRICE   | EXTENSION |
|-------|-------|---|-----|-------|---------------------|---------------|---------|-----------|
| 42.00 | 42.00 | P | BAG | CPCM  | CONCRETE MIX-80#    | 3.9900 BAG    | 3.9900  | 167.58    |
| -4.00 | -4.00 | P | PL  | CPMP  | MONARCH PALLET      | 15.0000 PL    | 15.0000 | -60.00    |
| 6.00  | 6.00  | P | BAG | CPPC  | PORTLAND CEMENT-94# | 9.9900 BAG    | 9.9900  | 59.94     |

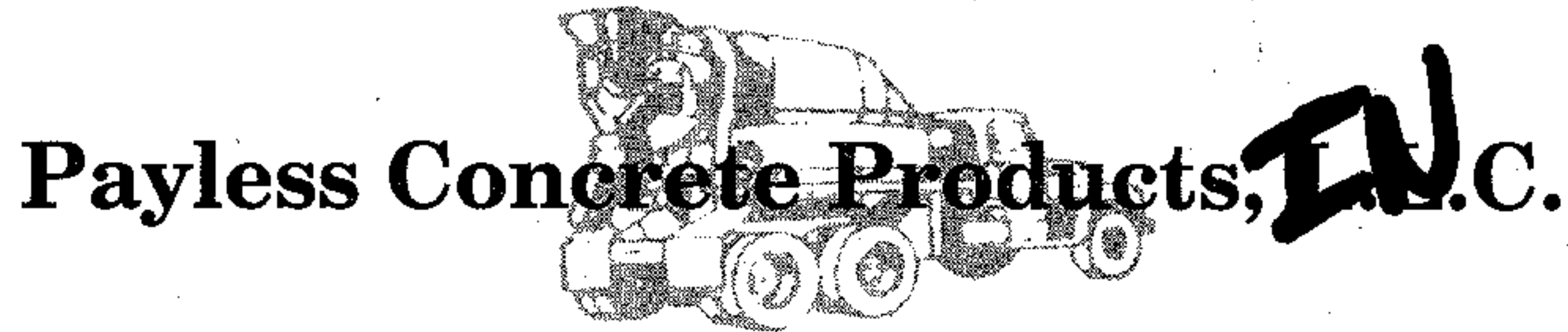
|                                         |            |              |        |             |          |
|-----------------------------------------|------------|--------------|--------|-------------|----------|
| FILLED BY                               | CHECKED BY | DATE SHIPPED | DRIVER | Sales total | \$167.52 |
| SHIP VIA Customer Pick up               |            |              |        |             |          |
| RECEIVED COMPLETE AND IN GOOD CONDITION |            |              |        |             |          |
| <i>x Randy Leter</i>                    |            |              |        | Taxable     | 167.52   |
|                                         |            |              |        | Non-taxable | 0.00     |
|                                         |            |              |        | Tax #       |          |
|                                         |            |              |        | Sales tax   | 13.91    |

**TOTAL \$181.43**

1 - Merchant Copy



802 N. Industrial Rd.  
P.O. Box 664  
Iola, Kansas 66749  
Phone: (620) 365-5588



**CONDITIONS**  
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

**NOTICE TO OWNER**  
Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SI007  
SIRIUS ENERGY CORP.  
526 COUNTRY PLACE SOUTH

SI9/12  
LEASE: EWING B LEASE  
169 N TO 1400 RD E 4.5 MI  
NORTH GATE

ABILENE TX  
79606-7032

LANDOWNER:

| TIME      | FORMULA | LOAD SIZE  | YARDS ORDERED | % CAL      | DRIVER/TRUCK | % AIR         | PLANT/TRANSACTION # |
|-----------|---------|------------|---------------|------------|--------------|---------------|---------------------|
| 01:23:25p | WELL II | 8.00 yd    | 16.00 yd      | 0.00       | SE 34        | 0.00          | ANDCO               |
| DATE      | LOAD #  | YARDS DEL. | BATCH#        | WATER TRIM | SLUMP        | TICKET NUMBER |                     |
| 09-12-11  | 1       | 8.00 yd    | 18353         | 6/yd -70.0 | 4.00 in      | 30127         |                     |

**WARNING**  
**IRRITATING TO THE SKIN AND EYES**  
Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water, If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/HR.

**PROPERTY DAMAGE RELEASE**  
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE relieving him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

SIGNED

X \_\_\_\_\_

**Excessive Water is Detrimental to Concrete Performance**  
H<sub>2</sub>O Added By Request/Authorized By \_\_\_\_\_  
GAL X \_\_\_\_\_

WEIGHMASTER: \_\_\_\_\_

**NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.**

LOAD RECEIVED BY:  
X Randy Leter

| QUANTITY        | CODE     | DESCRIPTION              | UNIT PRICE | EXTENDED PRICE    |
|-----------------|----------|--------------------------|------------|-------------------|
| 8.00            | WELL II  | WELL (10 SACKS PER UNIT) | 76.00      | 608.00            |
| <del>2.50</del> | TRUCKING | TRUCKING CHARGE          | 55.00      | <del>137.50</del> |
| 2.75            |          |                          |            | 151.25            |

| RETURNED TO PLANT | LEFT JOB     | FINISH UNLOADING | DELAY EXPLANATION/CYLINDER TEST TAKEN                                                                           | TIME ALLOWED |
|-------------------|--------------|------------------|-----------------------------------------------------------------------------------------------------------------|--------------|
| 4:30              | 4:00         |                  | 1. JOB NOT READY<br>2. SLOW POUR OR PUMP<br>3. TRUCK AHEAD ON JOB<br>4. CONTRACTOR BROKE DOWN<br>5. ADDED WATER |              |
|                   |              | START UNLOADING  | 6. TRUCK BROKE DOWN<br>7. ACCIDENT<br>8. CITATION<br>9. OTHER                                                   |              |
| 1:43              | 2:15         |                  |                                                                                                                 |              |
| TOTAL ROUND TRIP  | TOTAL AT JOB | UNLOADING TIME   |                                                                                                                 | DELAY TIME   |
| 2.75              |              |                  |                                                                                                                 |              |

759.25

Subtotal \$ 745.50  
Tax % 7.8000 58.15  
Total \$ 803.65  
Order # 11 5922 803.65

ADDITIONAL CHARGE 1 \_\_\_\_\_  
ADDITIONAL CHARGE 2 \_\_\_\_\_

**GRAND TOTAL** \$ 818.42