

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33583
Name: Admiral Bay (USA) Inc.
Address: 7060B S. Tucson Way
City/State/Zip: Centennial, CO 80112
Purchaser: Southern Star
Operator Contact Person: Steven Tedesco
Phone: (303) 350-1255
Contractor: Name: BC Steel
License: 33711
Wellsite Geologist: Neil Sharp
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

<u>6/28/06</u>	<u>6/30/06</u>	<u>7/7/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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OCT 03 2006

CONSERVATION DIVISION
WICHITA, KS

API No. 15 - 001-29442-00-00
County: Allen
ne sw sw Sec. 31 Twp. 26 S. R. 18 East West
520 fsl _____ feet from S / N (circle one) Line of Section
400 fwl _____ feet from E / W (circle one) Line of Section

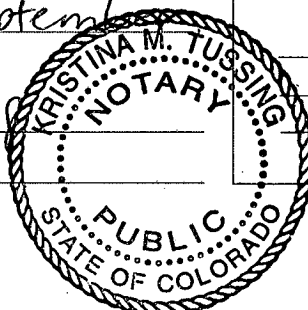
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Cox Well #: 13-31
Field Name: Humboldt-Chanute
Producing Formation: Riverton Coal
Elevation: Ground: 974 Kelly Bushing: _____
Total Depth: 1185 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented 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) ALT II with
12-10-07
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used air dry
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____
Title: President Date: 9/29/06
Subscribed and sworn to before me this 29th day of September
2006
Notary Public: _____
Date Commission Expires: 5-22-08



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Admiral Bay (USA) Inc. Lease Name: Cox Well #: 13-31
 Sec. 31 Twp. 26 S. R. 18 East West County: Allen

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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CONSERVATION DIVISION
WICHITA, KS

Gamma Ray, Neutron-Density

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
Surface	9 5/8	8 5/8	20	20	Portland	5	
Production	6 3/4	4 1/2	9.5	1177	Thickset	145	Kol & Flo seal; gel

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 (Amount and Kind of Material Used)	Depth
3	1070' to 1072'	2600# 20/40 sand; 2300# 12/20 sand; 306 bbls water	1070-1072

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
7/28/06	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

Part 2

Cox # 13-31

7/25/04

STAGE	Bbl's Pumped	Inj Rate	Proppant PPG	Sand/Stage	PSI	PSI	PSI
Wellhead	100 gal	15/6	10 Perfs.				
SOAK + STAGE			15 minutes				
Acid		2 BPM			2196		
		4 BPM			2312		
Relax		Shut down For Acid Soak. 5 minutes					
		2.3			1498		
		4			1633	1648	
		8.2			1915	2030	2070
	30 Bbls.	8.2	.12 - .14				
	20/40	12.0	.25		2553	2600	
			.15	2600 #	2509	2475	
			.75		2330		
			1		2169	2019	1976
12/20		10.8	.25 - .12		2170	2119	2389
		10.8	.15		2244		
		10.8	.75	2300 #	2196	2267	2140
		10.8	1		2708	2333	
FLUSH		11.2			2004	2085	
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TOTAL	306 Bbls.			2600 20/40			
				2300 12/20			
				4900 #			

Totals

Water 306.

Balls 0

Sand 4900 #

ISIP	1047
2.5 min	
10 min	
15 min	

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 08708
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-7-06	1067	Cox 13-31	31	26	18	AL
CUSTOMER <u>Admiral Bay</u>						
MAILING ADDRESS <u>410 N State St</u>						
CITY <u>Topeka</u>	STATE <u>Ks</u>	ZIP CODE <u>66749</u>	TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>386</u>	<u>Alamad</u>		
			<u>368</u>	<u>Caskey</u>		
			<u>5051106</u>	<u>Ric Arb</u>		
			<u>237</u>	<u>All tie</u>		

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 1185 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 1177 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established rate. Mixed & pumped 800# gel to condition hole. Mixed & pumped 12 bbl dye marker, followed by 154 qx Thickset cement with 5# Kol-seal, 1/4# flo-seal. Circulated dye to surface. Flushed pump clean. Pumped 4 1/2 plug to TD of casing. Circulated cement to surface. Set float. Checked depth with wireline.

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Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	CONSERVATION DIVISION WICHITA, KS DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	800.00
5406	70	MILEAGE	368	220.50
5402	1177	casing footage	368	NIC
5407A		ton mileage	237	531.99
5501C	4	transport	5051106	392.00
1107	39	flo-seal		70.20
1110A	770	kol seal		277.20
1126A	145	Thick set		2124.25
118B	300	premium gel		28.00
4404	1	4 1/2 rubber plug		40.00
			3.16	4484.14
			6.37%	159.99
			SALES TAX ESTIMATED TOTAL	4644.13

AUTHORIZATION WO# 206846 TITLE _____

Alan Mader

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 35054
 FIELD TICKET REF # 29971
 LOCATION Thayer
 FOREMAN Bary Wikel

TREATMENT REPORT
 FRAC & ACID

DATE <u>7-25-06</u>	CUSTOMER #	WELL NAME & NUMBER <u>COX 13-31</u>	SECTION <u>31</u>	TOWNSHIP <u>21e</u>	RANGE <u>18</u>	COUNTY <u>Mc.</u>
CUSTOMER <u>Admiral Bay Resources</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			<u>243</u>	<u>Scott</u>		
CITY			<u>449</u>	<u>Teresa</u>		
STATE			<u>459</u>	<u>Joe</u>		
ZIP			<u>489/1103</u>	<u>George</u>		
RECEIVED KANSAS CORPORATION COMMISSION OCT 03 2006 CONSERVATION DIVISION KS			<u>176</u>	<u>Andrew</u>		

WELL DATA

CASING SIZE <u>4 1/2</u>	TOTAL DEPTH <u>1150'</u>
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION <u>Riverston</u>	<u>1070-77 (9)</u>

TYPE OF TREATMENT
Acid Spot / Sand frac

CHEMICALS
Gel / Breaker
WATER FLO
15% HCL
BIOCIDE

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Prod. Prod.</u>	<u>75 BBL'S</u>	<u>4-8</u>			<u>850-694</u>	<u>450</u>
<u>15 gpm</u>	<u>SHUT DOWN</u>	<u>12</u>			<u>970-1500</u>	<u>BREAKDOWN 910#</u>
	<u>FLOW BACK (SHUT IN)</u>	<u>4</u>			<u>480#</u>	<u>START PRESSURE 2400</u>
		<u>8</u>			<u>1350-1488</u>	<u>END PRESSURE 2085</u>
		<u>12</u>			<u>1800</u>	<u>BALL OFF PRESS</u>
<u>20/40</u>		<u>11.6</u>	<u>1/2 - 1/4</u>		<u>2120-205</u>	<u>ROCK SALT PRESS</u>
			<u>1/4</u>		<u>2170-2285</u>	<u>ISIP 1047</u>
<u>FLUSH 38</u>		<u>11.5-8</u>			<u>2500-2660</u>	<u>5 MIN 572</u>
<u>SHUT DOWN - wait for Acid</u>					<u>2800-265</u>	<u>10 MIN</u>
						<u>15 MIN</u>
						<u>MIN RATE 2 gpm</u>
						<u>MAX RATE 11.2</u>
						<u>DISPLACEMENT 17.0</u>

REMARKS:
Spot 100 gal 15% pressure up to 500* - 1000* Break
to 910* soak + stage.

Calculation: 9:35 AM - Leave 1:45 PM.

AUTHORIZATION Summons TITLE _____ DATE _____

