

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed
Shiloh

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: Carol Sears
Phone: (303) 350-1255
Contractor: Name: BC Steel
License: 33711
Wellsite Geologist: Chris Ryan

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>7/21/06</u> | <u>7/24/06</u> | <u>7/31/06</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 001-29437-00-00
County: Allen
 - - sw - sw Sec. 36 Twp. 26 S. R. 17 East West
535 feet from (S) N (circle one) Line of Section
715 feet from E (W) (circle one) Line of Section

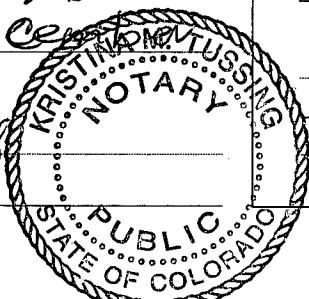
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Offenbacher Well #: 13-36
Field Name: Humboldt-Chanute
Producing Formation: Riverton Coal
Elevation: Ground: 979 Kelly Bushing: _____
Total Depth: 1205 Plug Back Total Depth: _____
Amount of Surface Pipe Set 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 Alt II KGR 10/31/07
(Data must be collected from the Reserve Pit)
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: Carol A. Sears
Title: Land Administrator Date: 12/5/06
Subscribed and sworn to before me this 5th day of December
2006
Notary Public: Christine M. Irving
Date Commission Expires: 5-22-08



KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received _____
Geologist Report Received _____
UIC Distribution **KANSAS CORPORATION COMMISSION**
RECEIVED
DEC 06 2006

Operator Name: Admiral Bay (USA) Inc. Lease Name: Offenbacher Well #: 13-36 Shiloh
 Sec. 36 Twp. 26 S. R. 17 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray, Dual Induction, Neutron Density, Mudlog | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Excello</td> <td>705'</td> <td>274</td> </tr> <tr> <td>Riverton Coal</td> <td>1092'</td> <td>-113</td> </tr> <tr> <td>Mississippian</td> <td>1101'</td> <td>-122</td> </tr> </table> | Name | Top | Datum | Excello | 705' | 274 | Riverton Coal | 1092' | -113 | Mississippian | 1101' | -122 |
| Name | Top | Datum | | | | | | | | | | | |
| Excello | 705' | 274 | | | | | | | | | | | |
| Riverton Coal | 1092' | -113 | | | | | | | | | | | |
| Mississippian | 1101' | -122 | | | | | | | | | | | |

| CASING RECORD <input checked="" 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 | 21 | Portland | 130 | |
| Production | 6 3/4 | 4 1/2 | 9.5 | 1194 | Thickset | 137 | Kol & Flo seal; gel |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 |
| 4 | 1091' to 1094' | 3000# 20/40 sand; 3000# 12/20 sand; 500 bbls | 1091-1094 |
| | | 200 gal 15% HCL acid | |
| | | | |
| | | | |

| | | | | |
|---|-----------|--|-------------|--|
| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr. 9/29/06 | | Producing Method <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 <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | Production Interval |
|--|--|---------------------|

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KANSAS CORPORATION COMMISSION
DEC 06 2006
 CONSERVATION DIVISION
 WICHITA, KS

08776

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 520-431-9210 OR 800-467-8676

TICKET NUMBER
 LOCATION Ottawa KS
 FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------------|------------|--------------------|----------|----------|---------|--------|
| 7-31-06 | 1067 | OFFenbeck# 13-36 | 36 | 26 | 17 | AL |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| Admiral Bay Resources | | | 506 | Fred | | |
| MAILING ADDRESS | | | 164 | Ric Arb | | |
| 410 N. State | | | 237 | Gar And | | |
| CITY | STATE | ZIP CODE | 505-7106 | Matmad | | |
| Jola | KS | 66749 | | | | |

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1205 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1194' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2 Plug
 DISPLACEMENT 19 BBLs DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Wash down last 8' casing. Mix + Pump 200# Premium Gel Flush. Mix + Pump 13 BBLs Tell tale dye Ahead of 137 sks Thickset Cement w/ 5# Kol Seal 1/4# Flo Seal per sack. Flush pump + lines clean. Displace 4 1/2" Rubber plug to casing TD. with 19 BBL Fresh water Pressure to 700# PSF. Release Pressure to Set Float Valve. Check plug depth w/ measuring line.

Fred Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE Cement Pump 164 | | 800.00 |
| 5406 | -0- | MILEAGE Pump Truck 164 | | N/C |
| 5407 A | 6.439 Ton | Ton Mileage 237 | | 473.27 |
| 5501 C | 3 hrs | Transport 505-7106 | | 294.00 |
| 1126 A | 130 sks | Thickset Cement | | 1904.50 |
| 1118 B | 200# | Premium Gel | | 28.00 |
| 1110 A | 685# | Kol Seal | | 246.60 |
| 1107 | 34# | Flo-Seal | | 68.20 |
| 4404 | 1 | 4 1/2# Rubber Plug | | 40.00 |
| Sub Total | | | | 3847.27 |
| RECEIVED KANSAS CORPORATION COMMISSION DEC 06 2006 | | | | 143.66 |
| CONSERVATION DIVISION WICHITA, KS | | | | |
| SALES TAX | | | | |
| ESTIMATED TOTAL | | | | 3991.23 |

AUTHORIZATION _____

TITLE WOT# 207598

DATE _____