

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed
Mound Valley

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: HAT Drilling LLC
License: 33734
Wellsite Geologist: Greg Bratton

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>8/7/06</u>	<u>8/8/06</u>	<u>8/10/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 099-23934-0000

County: Labette

NW SW Se NW Sec. 31 Twp. 33 S. R. 19 East West
2014 feet from S / (circle one) Line of Section
1640 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW

Lease Name: O'Brien Well #: 6-31

Field Name: Mound Valley

Producing Formation: Riverton

Elevation: Ground: 866' Kelly Bushing: _____

Total Depth: 890' 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 with
(Data must be collected from the Reserve Pit) 12-7-07

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

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.

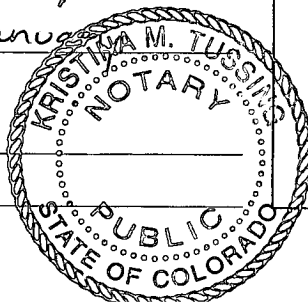
Signature: Carol A. Sears

Title: Land Administrator Date: 1/29/07

Subscribed and sworn to before me this 29th day of January
2007

Notary Public: Kristina M. Tussing

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

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CONSERVATION DIVISION
WICHITA, KS

Operator Name: Admiral Bay (USA) Inc. Lease Name: O'Brien Well #: 6-31
Sec. 31 Twp. 33 S. R. 19 [X] East [] West County: Labette

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 [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [] Yes [X] No
List All E. Logs Run: High Resolution Compensated Density Neutron Log, Gamma Ray/Neutron/CCL Log, Dual Induction LL3/GR Log

CASING RECORD [X] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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
Table with columns: Purpose (Perforate, Protect Casing, Plug Back TD, Plug Off Zone), Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives

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
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth

TUBING RECORD
Table with columns: Size, Set At, Packer At, Liner Run [] Yes [] No
Date of First, Resumerd 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 [] Vented [] Sold [] Used on Lease
METHOD OF COMPLETION [] Open Hole [] Perf. [] Dually Comp. [] Commingled [] Other (Specify)
Production Interval

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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8678

TICKET NUMBER 06592
 LOCATION B-wille
 FOREMAN Coop

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
890-06	1067	O'Brien #6-31				Labette
CUSTOMER Admiral Bay			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS						
CITY STATE ZIP CODE			Murray, TN			

JOB TYPE h.s. HOLE SIZE 6 3/4 HOLE DEPTH 890 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 886 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING -0-
 DISPLACEMENT 14 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Pumped 2 hrs gel ahead. Est circulation, pumped 95 lbs cement, flushed pump & line, displaced plug to bottom, set shoe shaker.
-Circulated cement to surface-

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>long string</u>		800.00
5406	10	MILEAGE		36.50
5402	886	Footage		150.62
5407	1	Rubber Truck		225.00
55DLC	2hr	Transpact		196.00
1176	95lb	OWC cement		1391.75
1107A	80 #	Phono Seal		80.00
1110	450 #	Wilsonite		202.00
1128	100 #	gel		14.00
1123	3400, 1	City Water		43.52
4404	1	4 1/2 Rubber Plug		40.00

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SALES TAX 116.35
 ESTIMATED TOTAL 3345.24

#208041

AUTHORIZATION _____ TITLE _____ DATE _____

• CEMENTING
WORK ORDER

CONSOLIDATED OIL WELL SERVICES, INC.

Phone (316) 431-9210 Chanute, Kansas 66720

Day Wed.

Date 8 / 9 / 8:30
MONTH DAY TIME

NAME OF CUSTOMER

Admiral Bay
Dick 432-1073 scott 620 390-1397

LEASE # _____ WELL # _____

JOB DESCRIPTION

LS x's 05
1- 350' Top-off

PIPE SIZE 4 1/2 SIZE OF HOLE 6 3/4

DEPTH OF WELL 890'

TYPE OF RIG: AIR MUD

AMT. OF CEMENT NEEDED _____

% OF GEL NEEDED _____

MATERIALS _____

TYPE OF TRUCK: VAC TRANSPORT

LOCATION OF JOB Mound Valley - 169 + 160 E. to
Gray Rd - S. to 10,000 - E. 3/4 mi. -
N. into

ORDER TAKEN BY: _____

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WICHITA, KS



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

17567

P. O. Box 68
Osawatomie, KS 66064
913/755-2128

Date 9/29/06

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Admiral Bay Resources, Inc By _____
Customer's Authorized Representative

Charge to Admiral Bay Resources, Inc Customer's Order No. Jim Morris

Mailing Address _____

Well or Job Name and Number O'Brien # 631 County Labette State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
13eg	3 3/8" DP 23 Circum Tungsten Expendable Casing Gun	
	60° Phase Four (4) Perforations per Foot	
	Minimum Charge - Ten (10) Perforations	\$ 825.00
	Three (3) Additional Perforations @ \$ 25.00 ea.	\$ 75.00
	Master Unit	\$ 75.00
Perforated at: 775.0 to 778.0		
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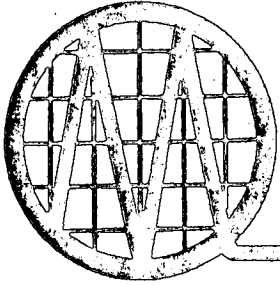
Total 975.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Customer's Name Admiral Bay Resources, Inc

Serviced by: Steve Wendish

By _____ Date 9/29/06
Customer's Authorized Representative



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P. O. Box 68 • Osawatomie, KS 66064

Phone 913-755-2128 • Fax 913-755-6533

Perforation Record

Company: Admiral Bay Resources, Inc.

Lease/Field: O'Brien Lease

Well: # 6-31

County, State: Labette County, Kansas

Service Order #: 17567

Purchase Order #: N/A

Date: 9/29/2006

Perforated @: 775.0 to 778.0

Type of Jet, Gun
or Charge: 3 3/8" DP 23 Gram Tungsten Expendable Casing Gun

Number of Jets,
Guns or Charges: Thirteen (13)

Casing Size: 4.5"

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