

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 # 31772
 Name: Black Star 231 Corp
 Address: 2300 Main Street, Suite 900
 City/State/Zip: Kansas City, Missouri, 64108
 Purchaser: N/A
 Operator Contact Person: Jim Pryor
 Phone: (816) 448-3600
 Contractor: Name: Three Rivers Drilling, LLC
 License: 33217
 Wellsite Geologist: David Griffin
 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. _____

12-23-06	12-30-06	12-30-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-073-24051-0000
 County: Greenwood
 CSE SE NE Sec. 35 Twp. 27 S. R. 9 East West
2970 fsl _____ feet from S / N (circle one) Line of Section
330 fel _____ feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Schoenthal Well #: 1-06
 Field Name: W/C
 Producing Formation: Absent
 Elevation: Ground: 1257 Kelly Bushing: _____
 Total Depth: 2368 Plug Back Total Depth: D&A Plugged to surface
 Amount of Surface Pipe Set and Cemented at 200.4 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/ Plugged with 115 sxs cmt. _____ sxs cmt.

Drilling Fluid Management Plan PA A14 II NH 6-18-08
 (Data must be collected from the Reserve Pit)
 Chloride content 12,000 ppm Fluid volume 135 bbls
 Dewatering method used haul and evaporation
 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: [Signature]
 Title: President Date: 1-11-07
 Subscribed and sworn to before me this 11 day of January
 20 07.
 Notary Public: Dana A. Vaughn
 Date Commission Expires: 1/25/09

KCC Office Use ONLY

Letter of Confidentiality Received Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
JAN 16 2007

KCC WICHITA

[Notary Seal: Dana A. Vaughn, Notary Public, State of Kansas]

Operator Name: Black Star 231 Corp Lease Name: Schoenthal Well #: 1-06
 Sec. 35 Twp. 27 S. R. 9 East West County: Greenwood

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input checked="" type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>BKC</td> <td>1699</td> <td>-442</td> </tr> <tr> <td>Ardmore</td> <td>2110</td> <td>-853</td> </tr> <tr> <td>Miss</td> <td>2328</td> <td>-1064</td> </tr> </table>	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample	Name	Top	Datum	BKC	1699	-442	Ardmore	2110	-853	Miss	2328	-1064
<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample														
Name	Top	Datum														
BKC	1699	-442														
Ardmore	2110	-853														
Miss	2328	-1064														

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	12 1/4"	8 5/8"	23#	200.4'	Class A CMT	100	2% GEL, 3% CALC

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				

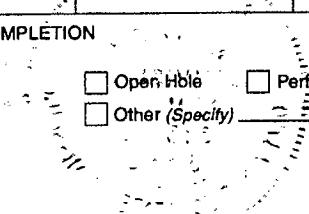
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	D&A		

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

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
	<input type="checkbox"/> Flowing <input 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
	D&A				

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented, <input checked="" type="checkbox"/> Sold, <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled



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

TICKET NUMBER 16655
 LOCATION Luceta
 FOREMAN Steve Mead

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-30-06	1164	Schoenthal 1-06	35	27	9E	GW
CUSTOMER			TRUCK #			
Black Star Corp			DRIVER			
MAILING ADDRESS			TRUCK #			
5703 NW 90th Terrace			DRIVER			
CITY			STATE			
Kansas City			MO.			
ZIP CODE			64154			
JOB TYPE <u>Plug Job</u>		HOLE SIZE <u>7 7/8</u>	HOLE DEPTH	CASING SIZE & WEIGHT		
CASING DEPTH		DRILL PIPE <u>4 1/2</u>	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING		
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI	RATE		

REMARKS: Safety Meeting: Rig up to 4 1/2 Drillpipe. Break Circulation with Fresh Water.
 Spot 15 sks AT 2328' Displace with mud. Pull out Drill pipe. Rig
 up to Drillpipe. Spot 15 sks Plug AT 1973' Displace with Drilling mud. Pull Drill
 Pipe. Rig up to 4 1/2 Drillpipe. Spot 15 sks Plug AT 1668' Pull out Drill pipe. Rig
 up to Drillpipe 70 sks Cement 250' To Surface. Lay out Rest of Drill
 Pipe. Tap well off. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405n	1	PUMP CHARGE	800.00	800.00
5446	20	MILEAGE	3.15	63.00
1131	115 sks	60/40 Poz Mix cement	9.35	1075.25
1118A	400	4% Gel	.14	56.00
5407		Tax Mileage Bulk Truck	275.00	275.00
			RECEIVED	
			JAN 16 2007	
			KCC WICHITA	
			Sub Total	2269.25
			SALES TAX 6.3%	142.70
			ESTIMATED TOTAL	2411.95

AUTHORIZATION Called by Dave Farthing

TITLE

DATE

211242

CONSOLIDATED OIL WELL SERVICES, ~~INC.~~ ^{LLC}

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER 16628

LOCATION Eureka

FOREMAN Troy Stricker

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-24-06	11604	Schoenthal 1-06	35	27	9	GW
CUSTOMER <u>Blank Star Corp</u>			TRUCK #			
MAILING ADDRESS <u>5705 NW 90th Terrace</u>			DRIVER			
CITY <u>Kansas City</u>			TRUCK #			
STATE <u>Mo.</u>			DRIVER			
ZIP CODE <u>64154</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 208' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 200' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8" SLURRY VOL 24.9 Bbl WATER gal/sk 6.5" CEMENT LEFT in CASING 20'
 DISPLACEMENT 11.5 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Break circulation w/ water. Mixed 100sks Class "A" Cement w/ 2% Gel, 3% Cacl₂ + 1/4" Floccle @ 14.8 lbs/sk. Displace Cement w/ 11.5 Bbl Water. Shut casing in w/ Good Cement Returns to surface = 6 Bbl slurry to Pit.
Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	620.00	620.00
5406	20	MILEAGE	3.15	63.00
11045	100sks	Class "A" Cement	11.25	1125.00
1118A	200"	Gel 2%	.14"	28.00
1102	300"	Cacl ₂ 3%	.64"	192.00
1107	25"	Floccle 1/4" #11K	1.80"	45.00
5407	4.7 Ton	Ton-Mileage Bulk Truck	m/c	275.00
			RECEIVED	
			JAN 16 2007	
			KCC WICHITA	
			Sub Total 2348.00	
			632 SALES TAX 81.58	
			ESTIMATED TOTAL 2435.58	

AUTHORIZATION Called by Dave Farthig TITLE _____ DATE _____

211141