

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: Blackjack Drilling
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>8/21/0606</u>	<u>8/22/06</u>	<u>8/24/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29491-00-00
County: Allen
SW NE NE Sec. 35 Twp. 28 S. R. 17 East West
970 feet from S / (N) (circle one) Line of Section
790 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Wood Well #: 1-35
Field Name: Humboldt-Chanut

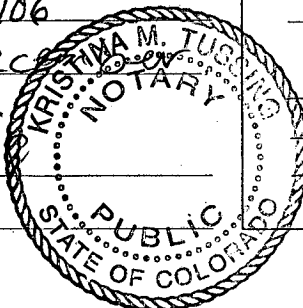
Producing Formation: Riverton Coal
Elevation: Ground: 950' Kelly Bushing: _____
Total Depth: 1160' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmf.

Drilling Fluid Management Plan
(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: Kristina M. Tustin
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

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 06 2006

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Admiral Bay (USA) Inc. Lease Name: Wood Well #: 1-35
 Sec. 35 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, Density-Neutron, Mud Log	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Excello</td> <td>674</td> <td>276</td> </tr> <tr> <td>Riverton Coal</td> <td>1043</td> <td>-93</td> </tr> <tr> <td>Mississippian</td> <td>1060</td> <td>-110</td> </tr> </table>	Name	Top	Datum	Excello	674	276	Riverton Coal	1043	-93	Mississippian	1060	-110
Name	Top	Datum											
Excello	674	276											
Riverton Coal	1043	-93											
Mississippian	1060	-110											

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		Portland	126	
Production	6 3/4	4 1/2	9.5	1153	Thickset		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
	1042.5' - 1045.5' 13 perfs	not fraced	
		RECEIVED KANSAS CORPORATION COMMISSION FEB 25 2009 CONSERVATION DIVISION WICHITA, KS	

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. N/A		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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DEC 06 2006
CONSERVATION DIVISION
WICHITA, KS

CEMENTING WORK ORDER

CONSOLIDATED OIL WELL SERVICES, INC.
Phone (620) 431-9210 Chanute, Kansas 66720

DAY Thursday
DATE 8/24/06
Month / Day / Time

NAME OF CUSTOMER: Admiral Bay

LEASE # Wood WELL # #1-35

JOB DESCRIPTION: cem

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

DEPTH OF WELL: 1160

TYPE OF RIG: AIR MUD

AMOUNT OF CEMENT NEEDED 133 sks Thickset

% OF GEL NEEDED: _____

MATERIALS: 126 sks cem, 665# kolseal, 33# floseal
200# gel

TRUCKS: VAC TRANSPORT

LOCATION OF JOB: _____

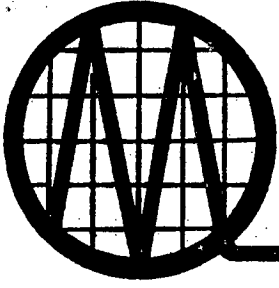
506-FM, 368-CK, 195-GA, 505/T106-AH

ORDER TAKEN BY: Jim Green

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DEC 06 2006

CONSERVATION DIVISION
WICHITA, KS



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: Woods Lease

Well: # 1-35

County, State: Allen County, Kansas

Service Order #: 17441

Purchase Order #: N/A

Date: 8/29/2006

Perforated @: 1042.5 to 1045.5

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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KANSAS CORPORATION COMMISSION

DEC 06 2006

CONSERVATION DIVISION
WICHITA, KS

FAX 303 617-7442

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

TICKET NUMBER 08812
 LOCATION Ottawa KS
 FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-24-06	1067	Wood # 1-35	35	26	17	AL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Admiral Bay Resources MAILING ADDRESS 410 N. State CITY Tola STATE KS ZIP CODE 66749			506	Fred Mad		
			368	Gasken		
			195	Gar And		
			505-T106	All Hic		

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1160' CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 11530 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2 Plug
 DISPLACEMENT 18.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Wash in last 6' casing. Mix + Pump 200# Premium Gel Flush. Mix + Pump 12 1/2 BBL Tell tale dye. Follow w/ 133 sks Thickset Cement 5# Kol Seal + 1/4# Flo Seal persack. Flush pump + lines clean. Displace 4 1/2" Rubber plug to casing TD w/ 18.3 BBL Fresh Water. Pressure to 700# PSI Release pressure to set Float Valve, check plug depth w/ wireline.
Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump	368	800.00
5406	70 mi	MILEAGE Pump Truck	368	220.50
5407A	6.251 Ton	Ton Mileage.	122	459.45
5501C	3 hrs	Transport 505-T106		294.00
1126A	126 SKS	Thickset Cement		1845.90
1118B	200#	Premium Gel.		28.00
1110A	665#	Kol Seal		239.40
4107	33#	Flo Seal		59.40
4404	1	4 1/2" Rubber plug		40.00
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		KANSAS CORPORATION COMMISSION		
		FEB 25 2009		
		CONSERVATION DIVISION		
		WICHITA, KS		
		Sub Total		3986.65
		Tax @ 6.3%		
		SALES TAX		139.39
		ESTIMATED TOTAL		4126.04

SCANNED

AUTHORIZATION _____

TITLE Watt 208531

DATE _____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed
AMENDED

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33583
Name: Admiral Bay (USA) Inc.
Address 1: 7060 B S. Tucson Way
Address 2: _____
City: Centennial State: CO Zip: 80112 + _____
Contact Person: Chris Ryan
Phone: (303) 350-1255
CONTRACTOR: License # 33711
Name: Blackjack Drilling
Wellsite Geologist: Chris Ryan
Purchaser: Seminole Energy Services
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SIOW
 Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 001-29491-00-00
Spot Description: _____
_____ SW _____ NE _____ NE Sec. 35 Twp. 26 S. R. 17 East West
970 Feet from North / South Line of Section
790 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Wood Well #: 1-35
Field Name: Humboldt-Chanute
Producing Formation: Riverton Coal
Elevation: Ground: 950' Kelly Bushing: 950'
Total Depth: 1160' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1160
feet depth to: surface w/ 126 sx cmt.

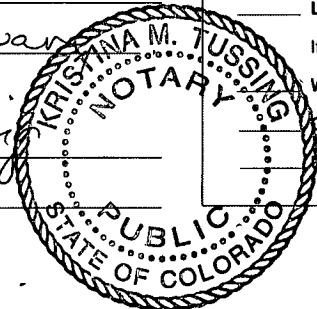
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
8/21/06 8/22/06 8/24/06
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

Drilling Fluid Management Plan
(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.: _____

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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: Business Manager Date: 2/24/09
Subscribed and sworn to before me this 24th day of February
20 09
Notary Public: [Signature]
Date Commission Expires: 5-22-11



KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 25 2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Admiral Bay (USA) Inc. Lease Name: Wood Well #: 1-35
 Sec. 35 Twp. 26 S. R. 17 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Mud Log Density Neutron	<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>674</td> <td>276</td> </tr> <tr> <td>Riverton Coal</td> <td>1043</td> <td>-93</td> </tr> <tr> <td>Mississippian</td> <td>1060</td> <td>-110</td> </tr> </table>	Name	Top	Datum	Excello	674	276	Riverton Coal	1043	-93	Mississippian	1060	-110
Name	Top	Datum											
Excello	674	276											
Riverton Coal	1043	-93											
Mississippian	1060	-110											

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	12.25	8.625		22	portland	6	
Production	6.75	4.5	9.5	1160	thickset	126	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	1042.5' to 1045.5' 13 perms	20/40 brady, 100gl. 7.5% HCL	

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 CONSERVATION DIVISION
 WICHITA, KS

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: <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: _____ _____
--	---	--