

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: McGown Drilling
 License: 5786
 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. _____
 9/22/06 10/02/6 10/3/06
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

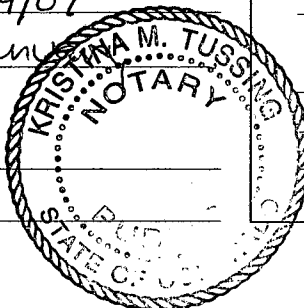
API No. 15 - 001-29505-00-00
 County: Allen
 ___ NE ___ SE ___ NW Sec. 19 Twp. 26 S. R. 18 East West
1910 feet from S / (circle one) Line of Section
1985 feet from E / (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Wolf Well #: 6-19
 Field Name: Humboldt-Chanute
 Producing Formation: NA
 Elevation: Ground: 934' Kelly Bushing: _____
 Total Depth: 1139' 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 1108'
 feet depth to Surface w/ 137 sx cmt.

Drilling Fluid Management Plan AH. II SB
 (Data must be collected from the Reserve Pit) 4-9-08
 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: 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
RECEIVED
 KANSAS CORPORATION COMMISSION
 JAN 30 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Admiral Bay (USA) Inc. Lease Name: Wolf Well #: 6-19
 Sec. 19 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction SFL/GR Log Compensated Density/Neutron Log 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>634'</td> <td>300</td> </tr> <tr> <td>Lower Bartlesville Sand</td> <td>944</td> <td>-10</td> </tr> <tr> <td>Mississippian</td> <td>1037</td> <td>-103</td> </tr> </table>	Name	Top	Datum	Excello	634'	300	Lower Bartlesville Sand	944	-10	Mississippian	1037	-103
Name	Top	Datum											
Excello	634'	300											
Lower Bartlesville Sand	944	-10											
Mississippian	1037	-103											

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	26'	Portland	197	
Production	6 3/4	4 1/2	9.5	1108'	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
	not perfed	not fraced	

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 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	RECEIVED KANSAS CORPORATION COMMISSION JAN 30 2007

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

TICKET NUMBER 08911
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-3-06	1067	Wolf 6-19	19	26	18	A1
CUSTOMER Admiral Bay			TRUCK #			
MAILING ADDRESS 410 N State St			DRIVER			
CITY Iola			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66749			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>6 3/4</u>			TRUCK #			
HOLE DEPTH <u>1139</u>			DRIVER			
CASING SIZE & WEIGHT <u>4 1/2</u>			TRUCK #			
CASING DEPTH <u>1108'</u>			DRIVER			
SLURRY WEIGHT			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/sk			TRUCK #			
CEMENT LEFT in CASING			DRIVER			
DISPLACEMENT			TRUCK #			
DISPLACEMENT PSI			DRIVER			
MIX PSI			TRUCK #			
RATE			DRIVER			

REMARKS: Established rate, mixed & pumped 200 lb gal followed by 10 bbl flush. Mixed & pumped 11 bbl dye marker followed by 145 sx thick set, 5# Kol-seal, 1/4# flo-seal. Circulated dye to surface flushed pump clean. Pumped 4 1/2 plus to casing TD. Checked depth with wireline. Set float. Circulated 5 bbl cement returns.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	800.00
5406	20	MILEAGE	495	220.50
5402	1108'	casing footage	495	NIL
5407A		Ton miles	122	500.90
5501C	4 hr	transport	505-T106	392.00
1107	36#	flo-seal		64.80
110A	225#	Kol-seal		261.00
1118B	200#	gel		28.00
1126A	137 sx	Thickset		2007.05
4404	1	4 1/2 plus		40.00
		Sub		4314.25
		6.3% SALES TAX		151.24
		ESTIMATED TOTAL		4465.49

AUTHORIZATION Wolf 209687

TITLE _____ DATE Alan Mader

COMPLETING WORK ORDER

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

DAY Tuesday
DATE 10/3/2006
Month / Day / Time

NAME OF CUSTOMER: Admiral Bay

LEASE # Wolf WELL # #6-19

JOB DESCRIPTION cem

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

DEPTH OF WELL: 1139

TYPE OF RIG: AIR MUD

AMOUNT OF CEMENT NEEDED: 145 sks thickset

% OF GEL NEEDED: _____

MATERIALS: 137 sks thickset, 725# kolseal, 36# floseal,
200# gel

TRUCKS: VAC TRANSPORT

LOCATION OF JOB _____

389-AM, 495-CK, 505/T106-RA, 122-GA

ORDER TAKEN BY: Jim Green

CEMENTING WORK ORDER

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

DAY Wednesday
DATE 9/27/2006
Month / Day / Time

NAME OF CUSTOMER: Admiral bay

LEASE # Wolf WELL # #6-19

JOB DESCRIPTION surface/repair

PIPE SIZE: 8 5/8 SIZE OF HOLE: _____

DEPTH OF WELL: 160

TYPE OF RIG: AIR MUD

AMOUNT OF CEMENT NEEDED: 36 sks Portland

% OF GEL NEEDED: 2% Gel

MATERIALS: 35 sks Portland, 68# calcium, 68# gel

TRUCKS: VAC TRANSPORT

LOCATION OF JOB _____

506-FM, 164-RA, 369-MM, 503-KH

ORDER TAKEN BY: Jim Green

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