

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: Steven Tedesco
 Phone: (303) 350-1255
 Contractor: Name: BC Steel
 License: 33711
 Wellsite Geologist: Brian Walsh
 Designate Type of Completion:
 ___ New Well ___ Re-Entry ___ Workover
 ___ Oil ___ SWD ___ SIOW ___ 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. _____
 9/19/06 9/22/06 9/25/06
 Spud Date or 9/22/06 9/25/06
 Recompletion Date Date Reached TD Completion Date or
 Recompletion Date

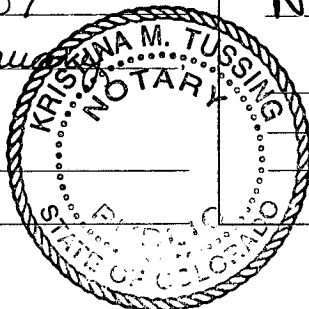
API No. 15 - 001-29373-00-00
 County: Allen
 SE ___ NW ___ SE ___ SE ___ Sec. 19 Twp. 26 S. R. 18 East West
680 feet from N (circle one) Line of Section
745 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Middendorf Well #: 16-19
 Field Name: Humboldt-Chanute
 Producing Formation: _____
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 1134' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1125'
 feet depth to surface w/ 133 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

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Operator Name: Admiral Bay (USA) Inc. Lease Name: Middendorf Well #: 16-19
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:	No logs			

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	20	Portland	133	
Production	6 3/4	4 1/2	9.5	1125	Thickset	133	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.			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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

RECEIVED
 KANSAS CORPORATION COMMISS
JAN 30 2007
 CONSERVATION DIVISION
 WICHITA, KS

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

TICKET NUMBER 08891
LOCATION Ottawa KS
FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-06/067		Middendorf # 16-19	19	26	18	AL
CUSTOMER			TRUCK #			
Admiral Bay Resources			506	Driver	TRUCK #	DRIVER
MAILING ADDRESS			495	Fremade		
410 N. State			510	Raskan		
CITY	STATE	ZIP CODE	505-7106	Max Mad		
Jola	KS	66749				

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1134' CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 9125' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2 plug
DISPLACEMENT 17.86 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM.

REMARKS: Check casing depth w/ measuring line. Establish Circulation
Mix + Pump 200# Premium Gels Flush. Mix + Pump 12 BBL
Tell tale dye ahead of 140 SKS Thickset Cement w/
5" Kol Seal 1/4" Flo Seal. Flush pump + lines clean. Displace
4 1/2" rubber plug to casing TD w/ 17.86 BBLs Fresh
Water. Pressure to 650# psi. Release pressure to
set Float Valve. Check plug depth w/ measuring line.

Fred

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump.	495	800.00
5406	70 mi	MILEAGE Pump Truck	495	220.50
5407A	6.58 Ton	Ton Mileage	510	483.63
5502C	2 1/2 hrs	Transport	505-7106	245.00
1126A	133 sks	Thickset Cement		1948.45
1118B	200#	Premium Gel		28.00
1110A	700#	Kol Seal		252.00
1107	35#	Flo Seal		63.00
4404	1	4 1/2" Rubber Plug		40.00
		Sub Total		4080.58
		RECEIVED	Tap @ 6.3%	146.88
		KANSAS CORPORATION COMMISSION		
		JAN 30 2007		
		CONSERVATION DIVISION	SALES TAX	
		WICHITA, KS	ESTIMATED TOTAL	4227.46

AUTHORIZATION _____ TITLE WOT# 209373 DATE _____

ION

EMENDING WORK ORDER

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

DAY Monday
DATE 9/25/2006
Month / Day / Time

NAME OF CUSTOMER: Admiral Bay

LEASE # Middendorf WELL # 16-19

JOB DESCRIPTION: cem

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

DEPTH OF WELL: 1134

TYPE OF RIG: AIR MUD

AMOUNT OF CEMENT NEEDED 140 sks thickset

% OF GEL NEEDED: _____

MATERIALS: 133 sks thickset, 700# kolseal, 35# floseal, 200# gel

TRUCKS: VAC TRANSPORT

LOCATION OF JOB: _____

506-FM, 495-CK, 510-RB, 505/T106-MM

ORDER TAKEN BY: Jim Green

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 30 2007

CONSERVATION DIVISION
WICHITA, KS