

CONFIDENTIAL

Handwritten initials and date: 11/18/08

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

DEC 17 2008

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
WICHITA, KS

ORIGINAL

OPERATOR: License # 31772

Name: Black Star 231 Corp

Address 1: 2300 Main St, Suite #900

Address 2: 5705 nw 90th Terr, KC, Mo., 64154

City: Kansas City State: MO Zip: 64154 +

Contact Person: Jim Pryor

Phone: (816) 560-7300

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CONTRACTOR: License # 32079

Name: Leise Oil Services, Inc.

Wellsite Geologist: David Griffin

Purchaser: Plains Marketing

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.)

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.: _____

10-9-08 10-9-08 10-10-08

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - 15-033-24879-00-00

Spot Description: _____

SE SW SW SW Sec. 17 Twp. 22 S. R. 19 East West

165 fsl Feet from North / South Line of Section

495'fwl Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Anderson

Lease Name: Oison Well #: 2-08

Field Name: W/C

Producing Formation: Squirrel

Elevation: Ground: 1058 Kelly Bushing: _____

Total Depth: 866' 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: 866'

feet depth to: surface w/ 122 sx cmt.

Drilling Fluid Management Plan

(Date must be collected from the Reserve Pit)

Chloride content: 1800 ppm Fluid volume: 100 bbls

Dewatering method used: 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: _____

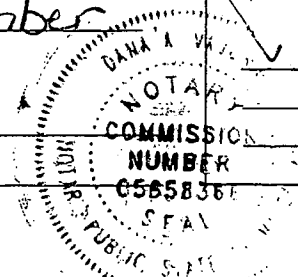
Title: President Date: _____

Subscribed and sworn to before me this 12 day of December

20 08

Notary Public: Dana A. Vaughn

Date Commission Expires: 11/25/09



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution