

**ORIGINAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 30931

Name: Daystar Petroleum, Inc.

Address: 1321 W. 93rd Street North

City/State/Zip: Valley Center, Kansas 67147

Purchaser: \_\_\_\_\_

Operator Contact Person: Charles Schmidt

Phone: (316) 755-3523

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: \_\_\_\_\_

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: Flacon Exploration, Inc.,

Well Name: Herd #1

Original Comp. Date: 6-26-00 Original Total Depth: 6338'

- 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. \_\_\_\_\_

01-27-06      01-27-06      1-28-06  
 Spud Date or      Date Reached TD      Completion Date or  
 Recompletion Date                Recompletion Date

API No. 15 033-21100X-00-01

County: Comanche County, Kansas

C NW SW Sec. 33 Twp. 33 S. R. 19  East  West

1980 feet from S / N (circle one) Line of Section

660 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Herd B "OWWO" Well #: 1

Field Name: Collier Flats East #1

Producing Formation: \_\_\_\_\_

Elevation: Ground: 1972' Kelly Bushing: 1985'

Total Depth: 1045' Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe existing at 762 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 cmt.

Drilling Fluid Management Plan P+A AH I MK  
(Data must be collected from the Reserve Pit) 10-22-08

Chloride content: NA ppm Fluid volume: 0 bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

Note: Not enough fluids to remove

**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: Charles Schmidt

Title: President Date: 3-8-06

Subscribed and sworn to before me this 8th day of March

Notary Public: Marsha Breitenstein  
Notary Public - State of Kansas  
My Appointment Expires 9-15-07

Date Commission Expires: September 15, 2007

**KCC Office Use ONLY**

Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

**RECEIVED**  
**MAR 09 2006**

**KCC WICHITA**

**ORIGINAL**

Operator Name: Daystar Petroleum, Inc. Lease Name: Herd B "OWWO" Well # \_\_\_\_\_  
 Sec. 33 Twp. 33 S. R. 19  East  West County: Comanche County, Kansas

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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	# Sacjs Used	Type and Percent Additives
existing conductor		13-3/8"		280'			
existing surface		8-5/8"		762'			

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit 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) _____