

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED

FEB 16 2010

KCC WICHITA

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32730

Name: Four Star Oil & Gas Company

Address 1: P. O. Box 36366

Address 2: _____

City: Houston State: TX Zip: 77236 + _____

Contact Person: Alexis Smith

Phone: (281) 561-3732

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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: Four Star Oil & Gas Company

Well Name: Thurrow Unit

Original Comp. Date: 12/30/1978 Original Total Depth: 3100'

____ 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.: _____

11/04/2009 11/08/2009

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 189-20424-00-01

Spot Description: C NW/4

____ -C -NW Sec. 28 Twp. 31 S. R. 36 East West

1320' Feet from North / South Line of Section

50' Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Stevens

Lease Name: Thurrow Unit Well #: 2

Field Name: _____

Producing Formation: Chase & Council Grove

Elevation: Ground: _____ Kelly Bushing: 3072'

Total Depth: 3100' Plug Back Total Depth: 3057'

Amount of Surface Pipe Set and Cemented at: 629' 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 owno- Alt I NR
(Data must be collected from the Reserve Pit) 2-17-10

Chloride content: _____ ppm Fluid volume: _____ 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.: _____

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: Regulatory Specialist Date: 11/19/2009

Subscribed and sworn to before me this 15th day of February

20 10

Notary Public Shannon Logan



KCC Office Use ONLY

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

Operator Name: Four Star Oil & Gas Company Lease Name: Thurrow Unit Well #: 2
 Sec. 28 Twp. 31 S. R. 36 East West County: Stevens

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: Compensated Density 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Sand</td> <td>Surface</td> <td>320'</td> </tr> <tr> <td>Sand & Shale</td> <td>320'</td> <td>630'</td> </tr> <tr> <td>Sand</td> <td>630'</td> <td>1840'</td> </tr> <tr> <td>Lime & Shale</td> <td>1840'</td> <td>3100'</td> </tr> </table>	Name	Top	Datum	Sand	Surface	320'	Sand & Shale	320'	630'	Sand	630'	1840'	Lime & Shale	1840'	3100'
Name	Top	Datum														
Sand	Surface	320'														
Sand & Shale	320'	630'														
Sand	630'	1840'														
Lime & Shale	1840'	3100'														

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 1/4"	8 5/8"	24#	629'	65-35 Class H	250, 150	3% of CaCl3
Production	7 7/8"	5 1/2"	14#	3099'	65-35 Pozmix	550, 150	

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 (Amount and Kind of Material Used)	Depth
4	2757'-2765'	13 BBLS of 2% KCL	
4	2715'-2735'	13 BBLS of 2% KCL	
4	2682'-2688'	11 BBLS of 2% KCL	
4	2666'-2674'	11 BBLS of 2% KCL	
4	2635'-2641'	11 BBLS of 2% KCL	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>3003'</u> Packer At: <u> </u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>11/08/2009</u>	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. <u>0</u> Gas Mcf <u>41</u> Water Bbls. <u>8</u> Gas-Oil Ratio <u>N/A</u> Gravity <u>N/A</u>

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) <u> </u>	PRODUCTION INTERVAL: Chase Council Grove
--	--	--

