

SEP 30 2010

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM KCC WICHITA
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33677
Name: Canary Operating Corporation
Address 1: 11184 Antioch Road Suite 286
Address 2: _____
City: Overland Park State: ks Zip: 66210 + _____
Contact Person: Steve Allee
Phone: (913) 239-8960
CONTRACTOR: License # 33799 33677
Name: RLC-Drilling, Inc. Canary Operating
Wellsite Geologist: Rex Ashlock
Purchaser: Canary Pipeline Corp.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

02/01/2008 02/02/2008 02/04/2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 121-28552-0000
Spot Description: _____
sw - se - se Sec. 13 Twp. 16 S. R. 24 East West
330 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Brugger Well #: 63-13-16-24
Field Name: Paola-Rantoul
Producing Formation: Lexington, Summit, Mulky
Elevation: Ground: 1052 Kelly Bushing: _____
Total Depth: 631 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: 514
feet depth to: surface w/ 139 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: na ppm Fluid volume: _____ bbls
Dewatering method used: evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: [Signature]
Title: agent Date: 09/27/2010

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 10/11/10

Operator Name: Canary Operating Corporation Lease Name: Brugger Well #: 63-13-16-24
 Sec. 13 Twp. 16 S. R. 24 East West County: Miami

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 complete copy of all Electric Wire-line 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: none	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Base Kansas City</td> <td>291</td> <td></td> </tr> <tr> <td>Lexington</td> <td>514</td> <td></td> </tr> <tr> <td>Summit</td> <td>554</td> <td></td> </tr> <tr> <td>Mulky</td> <td>576</td> <td></td> </tr> </table> <div style="text-align: right; font-size: 1.2em; font-weight: bold; margin-top: 20px;"> RECEIVED SEP 30 2010 KCC WICHITA </div>	Name	Top	Datum	Base Kansas City	291		Lexington	514		Summit	554		Mulky	576	
Name	Top	Datum														
Base Kansas City	291															
Lexington	514															
Summit	554															
Mulky	576															

CASING RECORD <input type="checkbox"/> New <input checked="" 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	13"	10.75"	40.50	20	portland	5	none
production	9.875"	7.0	20	512	portland	139	2%gel 3%CaCl2

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
	open hole completed from 512-631		
	open hole drilled with 6.25" bit		

TUBING RECORD: Size: <u>1" to be set at 600' +/-</u> Set At: _____ Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. will up date when prod. lines installed		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. 0	Gas Mcf na	Water Bbls. na
Gas-Oil Ratio na		Gravity na	

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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 512-631
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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 15966
 LOCATION Ottawa KS
 FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/4/08	2642	Brugger # 63-0	13	16	24	M1
CUSTOMER Canary Operating Corp			TRUCK #			
MAILING ADDRESS 7230 W 162nd Ste A			DRIVER			
CITY Stillwell			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66085			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 9 1/2 HOLE DEPTH 514 CASING SIZE & WEIGHT 7"
 CASING DEPTH 512' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20' +
 DISPLACEMENT 21 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Mix Pump 200 # Premium Gel
Flush. Mix Pump 14 BBLs Tell tale dye ahead of
147 SKs Class A Cement 2% Gel 2% Calcium Chloride.
Displace 7" Casing clean w/ 20 BBLs Fresh Water
+ Pit water. Shut in casing.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump 164		275.00
5406	40 mi	MILEAGE Pump Truck 164		138.00
5407A	6.909 Ton	Ton Mileage 503		315.00
5502C	3 hrs	60 BBL Vac Truck 369		282.00
1104B	139 SKs SKs	Class A Cement		1793.00
1118B	476 #	Premium Gel		76.00
1102	276 #	Calcium Chloride		193.00
Sub Total				3672.51
Tax @ 6.3%				135.01
RECEIVED				
SEP 30 2010				
KCG WICHITA				

AUTHORIZATION *R. P. [Signature]*

TITLE 220099

SALES TAX ESTIMATE TOTAL 3807.61
 DATE 2/4/08