



KANSAS CORPORATION COMMISSION 1046312
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34170
Name: Sirius Energy Corp.
Address 1: 526 COUNTRY PL, SOUTH
Address 2: _____
City: ABILENE State: TX Zip: 79606 + 7032
Contact Person: Randy Teter
Phone: (785) 4488571
CONTRACTOR: License # 32079
Name: Leis, John E.
Wellsite Geologist: n/a
Purchaser: Pacer Energy Marketing

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 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 #: _____

<u>08/30/2010</u>	<u>08/30/2010</u>	<u>08/30/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-24888-00-00

Spot Description: _____

SW NE NE SW Sec. 13 Twp. 21 S. R. 20 East West
2,102 Feet from North / South Line of Section
3,240 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Anderson

Lease Name: West Van Winkle Well #: N-18

Field Name: _____

Producing Formation: Squirrel sand

Elevation: Ground: 1054 Kelly Bushing: 1059

Total Depth: 720 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 720

feet depth to: 0 w/ 66 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

Submitted Electronically

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: NAOMI JAMES Date: 11/02/2010



1046312

Operator Name: Sirius Energy Corp. Lease Name: West Van Winkle Well #: N-18

Sec. 13 Twp. 21 S. R. 20 East West County: Anderson

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma ray / Neutron / CCL	<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>Squirrel sand</td> <td>666.0</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Squirrel sand	666.0	GL
Name	Top	Datum					
Squirrel sand	666.0	GL					

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	9.875	7	20	21	Portland	6	
Production	5.625	2.875	6.5	714	OWC	66	kol seal 40%

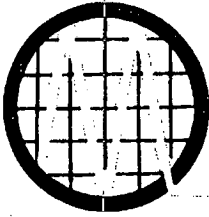
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-			
	-			

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 09/14/2010	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. 5	Gas Mcf	Water Bbls. 20	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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INVOICE
MIDWEST SURVEYS
 LOGGING · PERFORATING · CONSULTING SERVICES
 P. O. Box 68
 Osawatomie, KS 66064
 913 / 755-2128

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OUR NO.
22788

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Sirius Energy Corp.
526 Country Place South
Abilene, TX 79606

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West VanWinkle LEase # N-18
Anderson County, Ks

PLEASE USE THIS INVOICE FOR PAYMENT
NO MONTHLY STATEMENTS RENDERED

CUSTOMER ORDER NO.	SALESMAN	DATE SHIPPED	SHIPPED VIA	INVOICE DATE	TERMS
Randy Teter		9/03/10			
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1 ea	Gamma Ray / Neutron / CCL				\$ 450.00
34 ea	2" DML RTG 180° Phase Two (2) Perforations Per Foot Minimum Charge --- Ten (10) perforations Twenty Four (24) Additonal Perforations @ \$ 20.00 ea One (1) Additional Run				\$ 635.00
	Perforated at: 666.0 to 682.0				\$ 480.00
					\$ 385.00
NET DUE UPON RECEIPT				TOTAL	\$ 1950.00
<small>Late Charge of 1-1/2% per Month on Accounts over 30 Days.</small>					

White-Customer Canary-Accounting

GARNETT TRUE VALUE HOMECENTER
 410 N Maple
 Garnett, KS 66032
 (785) 448-7106 FAX (785) 448-7135

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1	Invoice: 10162908
Special : Instructions :	Time: 13:30:30 Ship Date: 08/27/10 Invoice Date: 08/27/10 Due Date: 09/08/10
Sale rep #: MARLIN MARLIN BRUBAKER	Acct rep code:
Sold To: SIRIUS ENERGY CORP 528 COUNTRYPLACE SOUTH ABILENE, TX 79609-7032	Ship To: SIRIUS ENERGY CORP (325) 665-9152 (325) 665-9152
Customer #: 0001860	Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
60.00	60.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	5.7900 BAG	5.7900	347.40
60.00	60.00	P	BAG	CPPC	PORTLAND CEMENT-84#	9.4900 BAG	9.4900	569.40

Surface casing and production casing are cemented with company tools.

6 sacks portland cement are used for surface casing.
 33 sacks portland cement and 33 sacks fly ash are used for production casing (=40% kol seal).

The remaining cement and fly ash from this ticket are used for plugging purposes as per the submitted CP-1 and CP-4.

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION	Taxable 816.80 Non-taxable 0.00 Tax # _____	Sales total \$916.80 Sales tax 76.10 TOTAL \$992.90
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1 - Merchant Copy

