



KANSAS CORPORATION COMMISSION 1046310
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

API No. 15 - 15-003-24899-00-00
Spot Description: _____
SE NE NE SW Sec. 13 Twp. 21 S. R. 20 East West
2,225 Feet from North / South Line of Section
2,785 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-15
Field Name: Bush City Shoestring
Producing Formation: Squirrel sand
Elevation: Ground: 1047 Kelly Bushing: 1052
Total Depth: 730 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: 730
feet depth to: 0 w/ 66 sx cmt.

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>09/06/2010</u>	<u>09/06/2010</u>	<u>09/06/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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



1046310

Operator Name: Sirius Energy Corp. Lease Name: West Van Winkle Well #: N-15
 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>634</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Squirrel sand	634	GL
Name	Top	Datum					
Squirrel sand	634	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	724	OWC	66	Kol seal 40%

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. <u>09/14/2010</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>5</u> Gas Mcf _____ Water Bbls. <u>20</u> 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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: 10162930
Special :	Time: 09:56:25
Instructions :	Ship Date: 08/28/10
Sale rep #: WAYNE WAYNE STANLEY	Invoice Date: 08/28/10
	Due Date: 09/08/10
Sold To: SIRIUS ENERGY CORP 526 COUNTRYPLACE SOUTH ABILENE, TX 79606-7032	Ship To: SIRIUS ENERGY CORP (325) 665-9152
Customer #: 0001860	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-94#	9.4900 BAG	9.4900	569.40

Surface casing and production casing are cemented with company tools.

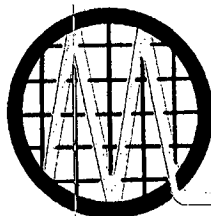
6 sacks portland cement are used for surface casing.
 33 sacks portland cement and 33 sacks fly ash are used for production casing (=40% kol seal).

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	Sales total	\$916.80
SHIP V/A Customer Pick up				Taxable	916.80
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
x <i>Bandy Jeter</i>				Tax #	
				Sales tax	76.10
				TOTAL	\$992.90

1 - Merchant Copy





MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P.O. Box 68 • Osawatomie, KS 66064

Phone 913-755-2128 • Fax 913-755-6533

Perforation Record

Company: Sirius Energy Corp.

Lease/Field: West Van Winkle Lease

Well: # N-15

County, State: Anderson County, Kansas

Service Order #: 22811

Purchase Order #: N/A

Date: 9/10/2010

Perforated @: 641.5 to 651.5 21 Perfs
652.5 to 662.5 21 Perfs
663.5 to 673.5 21 Perfs

Type of Jet, Gun or Charge: 2" DML RTG 180 Degree Phase

Number of Jets, Guns or Charges: Sixty Three (63)

Casing Size: 2 7/8"