

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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

12/8/11

OPERATOR: License # 33513

Name: FIVE STAR ENERGY, INC

Address 1: 215 E. 14TH

Address 2: _____

City: HARPER State: KS Zip: 67058

Contact Person: HOWARD SHORT

Phone: (620) 896-2710

CONTRACTOR: License # 30891

Name: LEIKER WELL SERVICE

Wellsite Geologist: JEFF BURK

Purchaser: PLAINS (OIL) ONEOK (GAS)

Designate Type of Completion:

- New Well
- Re-Entry
- Workover
- Oil
- Gas
- OG
- CM (Coal Bed Methane)
- Cathodic
- WSW
- D&A
- Other (Core, Expl., etc.): _____
- SWD
- ENHR
- GSW
- SLOW
- SIGW
- Temp. Abd.

If Workover/Re-entry: Old Well Info as follows:

Operator: FIVE STAR ENERGY

Well Name: FINCHAM 1-30

Original Comp. Date: _____ Original Total Depth: 6150

- 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 #: _____

Spud Date or Recompletion Date: 9/9/10 Date Reached TD: _____ Completion Date or Recompletion Date: 9/9/10

API No. 15 - 119,20,650 - 0001

Spot Description: _____

SE SESE Sec. 30 Twp. 34 S. R. 26 East West

330 Feet from North / South Line of Section

330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: MEADE

Lease Name: FINCHAM Well #: 1-30

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: Howard Short

Title: pres Date: 12-6-10

KCC Office Use ONLY

- Letter of Confidentiality Received Date: 12/8/10 - 12/8/11 RECEIVED
 - Confidential Release Date: _____
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
 - ALT I II III Approved by: _____ Date: _____
- DEC 08 2010
12-8-10
KCC WICHITA