

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

OPERATOR: License # 30253

Name: Cyclone Petroleum, Inc.

Address 1: 1030 W. Main

Address 2: _____

City: Jenks State: OK Zip: 74037 + _____

Contact Person: James Haver

Phone: (918) 291-3200

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- | | | |
|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|------------------------------------|-----------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| | | <input type="checkbox"/> Conv. to GSW | |

Plug Back: _____ Plug Back Total Depth _____

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

8/31/10 9/10/10 9/11/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15-015-23864-00-00

Spot Description: _____

_____-NW/NW Sec. 30 Twp. 27 S R. 8 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: Butler

Lease Name: Shriver Well #: 1

Field Name: Wildcat

Producing Formation: Arbuckle

Elevation: Ground: 1537 Kelly Bushing: _____

Total Depth: 3310 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: _____

James Haver

Title: President Date: 4.20.11

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: DG Date: 4/26/11

Operator Name: Cyclone Petroleum, Inc. Lease Name: Shriver Well #: 1

Sec. 30 Twp. 27 S. R. 8 East West County: Butler

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Micro Log, Compensated Density Sidewall Neutron Log, Dual Induction Induction LL3/GR 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>Miss. Lm.</td> <td>2776</td> <td>(-1230)</td> </tr> <tr> <td>Miss.</td> <td>2784</td> <td>(-1238)</td> </tr> <tr> <td>Kinkerhook</td> <td>3170</td> <td>(-1623)</td> </tr> <tr> <td>Viola. ord.</td> <td>3229</td> <td>(-1683)</td> </tr> <tr> <td>Simpson SS.</td> <td>3239</td> <td>(-1693)</td> </tr> <tr> <td>Arbuckle</td> <td>3276</td> <td>(-1730)</td> </tr> </table>	Name	Top	Datum	Miss. Lm.	2776	(-1230)	Miss.	2784	(-1238)	Kinkerhook	3170	(-1623)	Viola. ord.	3229	(-1683)	Simpson SS.	3239	(-1693)	Arbuckle	3276	(-1730)
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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		221	Class A	120	3% Cac

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

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APR 22 2011
KCC WICHITA

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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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Well files



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 236577

Invoice Date: 09/15/2010 Terms:

Page 1

CYCLONE PETROLEUM INC (2004)
7030C S. LEWIS ST. SUITE 541
TULSA OK 74136
(918)291-3200

SHIVER #1
28507
09-11-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	110.00	11.3500	1248.50
1118B	PREMIUM GEL / BENTONITE	440.00	.2000	88.00

Description	Hours	Unit Price	Total
485 P & A NEW WELL	1.00	925.00	925.00
485 EQUIPMENT MILEAGE (ONE WAY)	24.00	3.65	87.60
485 CASING FOOTAGE	810.00	.20	162.00
491 MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts:	1336.50	Freight:	.00	Tax:	87.54	AR	2913.64
Labor:	.00	Misc:	.00	Total:	2913.64		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 28507 WR
LOCATION El Dorado #80
FOREMAN WARRISTORM

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-11-10	12616	SRIVER #1	30	27S	8E	SEMER
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Cyclovec Petro Incorp			485	ALAN		
MAILING ADDRESS			491	KELSO		
7030C S Lewis St Ste 541						
CITY	STATE	ZIP CODE				
TULSA	OK	74136				

JOB TYPE Plug B HOLE SIZE 7 7/8 HOLE DEPTH 3310 CASING SIZE & WEIGHT 4 1/2 XH
 CASING DEPTH 0 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 47.07 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting - Ripped to 4 1/2 Drill Pipe - For plugging well.
3259
~~330~~ - 35 sks + 4 bbls WATER + 35 bbls Mud
230 35 sks + 2 bbls WATER
60 ft 35 sks to SURFACE
Whole 15 sks -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
545N	1	PUMP CHARGE	925.00	925.00
5406	24	MILEAGE	3.65	87.60
5402	810	Footage	.20	162.00
1131	110	sk	11.35	1248.50
1118B	440	lbs Gel	.20	88.00
5407	1	Bulk Delivery	315.00	315.00
		Subtotal		2826.10
		SALES TAX		
		ESTIMATED TOTAL		

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APR 22 2011
KCC WICHITA

RAVIN 3737
AUTHORIZATION TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.