



KANSAS CORPORATION COMMISSION 1053208
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:

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 #:

02/12/2011	02/13/2011	02/15/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-30125-00-00

Spot Description:
SE_NW_SW_NW Sec. 13 Twp. 21 S. R. 20 East West
3,349 Feet from North / South Line of Section
4,663 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 #: WW-1

Field Name:

Producing Formation: Missisipi

Elevation: Ground: 1067 Kelly Bushing: 0

Total Depth: 1202 Plug Back Total Depth: 1191

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: 21

feet depth to: 0 w/ 6 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 140 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: Deanna Garrison Date: 05/19/2011



1053208

Operator Name: Sirius Energy Corp. Lease Name: West Van Winkle Well #: WW-1
 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>Missisipi</td> <td>1135</td> <td>1135</td> </tr> </table>	Name	Top	Datum	Missisipi	1135	1135
Name	Top	Datum					
Missisipi	1135	1135					

CASING RECORD <input checked="" 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	9	8.625	28	21	50/50 POZ MIX	6	
Production	5	4.5	11.5	1197	50/50 POZ MIX	200	

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 <i>(Amount and Kind of Material Used)</i>	Depth

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

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: _____ _____
---	---	--



CONSOLIDATED
Oil Well Services, LLC

28

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 # 239571

Invoice Date: 02/16/2011 Terms: 0/0/30,n/30 Page 1

SIRIUS ENERGY CORP
526 COUNTRY PL. S
ABILENE TX 79606-7032
(325) 665-9152

WEST VANWINKLE WW-1
27372
NW 13-21-20 AN
02/15/2011

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	200.00	10.4500	2090.00
1118B	PREMIUM GEL / BENTONITE	436.00	.2000	87.20
1107A	PHENOSEAL (M) 40# BAG)	100.00	1.2200	122.00
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	975.00	975.00
495 EQUIPMENT MILEAGE (ONE WAY)	35.00	4.00	140.00
495 CASING FOOTAGE	1196.00	.00	.00
503 TON MILEAGE DELIVERY	301.00	1.26	379.26
T-106 WATER TRANSPORT (CEMENT)	4.00	112.00	448.00

Parts: 2341.20 Freight: .00 Tax: 182.62 AR 4466.08
 Labor: .00 Misc: .00 Total: 4466.08
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



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

TICKET NUMBER 27372
LOCATION Ottawa KS
FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/15/11	7996	West Van Winkle # WW-1	NW 13	21	20	AW
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Sirius Energy Corp			506	Fred	Safety Wks	
MAILING ADDRESS			495	Casey	CK	
526 Country Pl. South			505/106	Arlan	ARM	
CITY			503	Derck	DM	
Abilene TX 79606-7032						

JOB TYPE Logstring HOLE SIZE 6 3/4 HOLE DEPTH 2205 CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1196 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 19.88 DISPLACEMENT PSI _____ MIX PSI _____ RATE 58PM

REMARKS: Establish circulation, Mix & Pump 100# Premium Gel
Flush. Mix & Pump 200 sks 50/50 Por Mix Cement
w/ 2 1/2 gal 1/2" Pheno Seal / sk. Flush pump & lines clean
Displace 4 1/2" Rubber Plug to casing TD w/ 19 BBL
fresh water. Pressure to 700# PSI. Release pressure to
set float valve.

John Lee's Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	35	MILEAGE		140 ⁰⁰
5402	1196	• Casing Footage		N/C
5407A	301	Ten Miles		379 ²⁶
5801C	4 hrs	Transport.		448 ⁰⁰
1124	200 SKS	50/50 Por Mix Cement		2090 ⁰⁰
1118B	436 #	Premium Gel		872 ⁰⁰
1107A	100 #	Pheno Seal		122 ⁰⁰
4404	1	4 1/2" Rubber Plug		42 ⁰⁰
		<u>W/D # 239571</u>		
			7.8%	SALES TAX
				ESTIMATED TOTAL
				182 ⁶²
				4466 ⁰⁸

AUTHORIZATION F Karl Wiest 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.