

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

3/10/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30931

Name: Daystar Petroleum, Inc.

Address 1: PO Box 360

Address 2: _____

City: Valley Center State: KS Zip: 67147 + 0360

Contact Person: Charles Schmidt

Phone: (316) 755-3492

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: Coffeyville Resources

Designate Type of Completion:

- New Well
 - Re-Entry
 - Workover
 - Oil
 - SWD
 - SIOW
 - Gas
 - ENHR
 - SIGW
 - CM (Coal Bed Methane)
 - Temp. Abd.
 - Dry
 - Other _____
- (Core, WSW, Expl., Cathodic, etc.)

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

Operator: Walken Energy, LLC

Well Name: BC Gray 6

Original Comp. Date: 8/4/46 Original Total Depth: 3154

Deepening Re-perf. Conv. to Enhr. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled _____ Docket No.: _____

Dual Completion _____ Docket No.: _____

Other (SWD or Enhr.?) _____ Docket No.: _____

11/30/2009 12/04/2009

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-159-01738-00-01

Spot Description: _____

SE SW SW Sec. 19 Twp. 18 S. R. 7 East West

330 Feet from North / South Line of Section

990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Rice

Lease Name: BC Gray Well #: 6

Field Name: Geneseo-Edwards

Producing Formation: Arbuckle

Elevation: Ground: 1697 Kelly Bushing: _____

Total Depth: 3154 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 198 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 WO NJ 3-23-10
(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 No.: _____

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

County: _____ Docket No.: _____

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.

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.

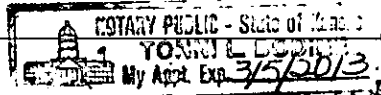
Signature: [Signature]

Title: Superintendent Date: 3/9/10

Subscribed and sworn to before me this 9th day of March

20 10
Notary Public: [Signature]

Date Commission Expires: _____



KCC Office Use ONLY

Y Letter of Confidentiality Received
If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

RECEIVED
MAR 15 2010
3-15-10
KCC WICHITA

Operator Name: Daystar Petroleum, Inc. Lease Name: BC Gray Well #: 6
 Sec. 19 Twp. 18 S. R. 7 East West County: Rice

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 copy of all Electric Wireline 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Lansing</td> <td>2754</td> <td></td> </tr> <tr> <td>Arbuckle</td> <td>3134</td> <td>-1437</td> </tr> <tr> <td>Total Depth</td> <td>3154</td> <td></td> </tr> </table>	Name	Top	Datum	Lansing	2754		Arbuckle	3134	-1437	Total Depth	3154	
Name	Top	Datum											
Lansing	2754												
Arbuckle	3134	-1437											
Total Depth	3154												

KCC
MAR 10 2010

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"	10 3/4	40	198		200	
Production	8 5/8"	6	18	3135		300	

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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
	3135 - 3154 Open Hole		

TUBING RECORD:	Size: <u>2 7/8"</u>	Set At: <u>3078</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>12/6/09</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.	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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3135 - 3154 Open Hole</u> <div style="text-align: right; border: 1px solid black; padding: 5px; font-weight: bold;">RECEIVED</div>
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MAR 15 2010
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