



KANSAS CORPORATION COMMISSION 1059214
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 31652
Name: Norstar Petroleum, Inc.
Address 1: 88 INVERNESS CIRCLE EAST, Unit F104
Address 2: _____
City: ENGLEWOOD State: CO Zip: 80112 + _____
Contact Person: Clark D. Parrott
Phone: (303) 925-0696
CONTRACTOR: License # 31652
Name: Norstar Petroleum, Inc.
Wellsite Geologist: M. Bradford Rine
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 #: _____

<u>4/19/2011</u>	<u>4/28/2011</u>	<u>5/12/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-193-20794-00-00
Spot Description: _____
SW NW SE NE Sec. 24 Twp. 10 S. R. 35 East West
1712 Feet from North / South Line of Section
1290 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Thomas
Lease Name: Curtis Well #: 1-24
Field Name: _____
Producing Formation: Toronto
Elevation: Ground: 3242 Kelly Bushing: 3247
Total Depth: 4870 Plug Back Total Depth: 4808
Amount of Surface Pipe Set and Cemented at: 260 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2750 Feet
If Alternate II completion, cement circulated from: 2750
feet depth to: 0 w/ 355 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 8000 ppm Fluid volume: 1000 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: 07/08/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 07/12/2011