



KANSAS CORPORATION COMMISSION 1061014  
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 #: \_\_\_\_\_

<u>06/20/2011</u>	<u>06/21/2011</u>	<u>06/21/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-24890-00-00  
Spot Description: \_\_\_\_\_  
SE NE NW SW Sec. 13 Twp. 21 S. R. 20  East  West  
2068 Feet from  North /  South Line of Section  
4185 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 #: N-22  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel sand  
Elevation: Ground: 1060 Kelly Bushing: 0  
Total Depth: 727 Plug Back Total Depth: \_\_\_\_\_  
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 cm.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 120 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>08/09/2011</u>



1061014

Operator Name: Sirius Energy Corp. Lease Name: West Van Winkle Well #: N-22  
 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  Name Top Datum Squirrel sand 675 gl
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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	9.875	7	20	21	Portland	6	
Production	5.625	2.875	6.5	723	OWC	66	Kol seal 40%

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 <i>(Explain)</i> _____					
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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# GARNETT TRUE VALUE HOMECENTER

410 N Maple  
Garnett, KS 66032  
(785) 448-7106 FAX (785) 448-7135

## Merchant Copy INVOICE

THIS COPY MUST REMAIN AT  
MERCHANT AT ALL TIMES!

Page: 1	Invoice: <b>10172856</b>
Special : Instructions :	Time: 08:35:08 Ship Date: 06/09/11 Invoice Date: 06/09/11 Due Date: 07/08/11
Sale rep #: WAYNE WAYNE STANLEY	Acct rep code:
Sold To: SIRIUS ENERGY CORP 526 COUNTRYPLACE SOUTH ABILENE, TX 79606-7032	Ship To: SIRIUS ENERGY CORP (325) 665-9162  (325) 665-9162
Customer #: 0001860	Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
33.00	33.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	7.4900 BAG	7.4900	247.17
60.00	60.00	P	BAG	GPPC	PORTLAND CEMENT-94#	9.4900 BAG	9.4900	569.40

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$816.57
SHIP VIA Customer Pick up				Taxable	816.57
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
x <i>Randy Leter</i>				Tax #	
				Sales tax	67.78

**TOTAL \$884.35**

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Merchant Copy

## INVOICE

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MERCHANT AT ALL TIMES!

Page: 1	Invoice: <b>10172765</b>
Special : Instructions : :	Time: 13:29:23 Ship Date: 08/07/11 Invoice Date: 06/07/11 Due Date: 07/08/11
Sale rep #: MARILYN	Acct rep code:
Sold To: SIRIUS ENERGY CORP 526 COUNTRYPLACE SOUTH ABILENE, TX 79806-7032	Ship To: SIRIUS ENERGY CORP (325) 665-9152  (325) 665-9152
Customer #: 0001860	Customer PO:                      Order By:

8TH  
T 121

ppimg01

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
6.00	6.00	P	BAG	CPPC	PORTLAND CEMENT-94#	9.9900 BAG	9.9900	59.94
3.00	3.00	P	EA	647752	Pure Life 24PK.5L Water	3.3300 EA	3.3300	9.99

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA Customer Pick up RECEIVED COMPLETE AND IN GOOD CONDITION <i>x Randy Jeter</i>	Sales total <b>\$69.93</b>
	Taxable 69.93 Non-taxable 0.00 Tax # _____
	Sales tax <b>5.81</b>

1 - Merchant Copy

Weight: 85 lbs.

**TOTAL \$75.74**

