


KANSAS CORPORATION COMMISSION 1069682
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
 June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 SLOW
 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>09/02/2011</u> | <u>09/09/2011</u> | <u>09/09/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-003-25100-00-00

Spot Description: _____
NW NE SE SW Sec. 13 Twp. 21 S. R. 20 East West
1153 Feet from North / South Line of Section
3215 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 #: F-16

Field Name: _____

Producing Formation: Squirrelsand

Elevation: Ground: 1064 Kelly Bushing: 0

Total Depth: 715 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 cmt.

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

Letter of Confidentiality Received

Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garrick Date: 12/08/2011



1069682

Operator Name: Sirius Energy Corp. Lease Name: West Van Winkle Well #: F-16
 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

Gamma Ray / Neutron / CCL

Log Formation (Top), Depth and Datum Sample

| | | |
|---------------|-----|-------|
| Name | Top | Datum |
| Squirrel sand | 668 | gl |

| 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 | 718 | OWC | 66 | Kol seal 40% |

| 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 (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

| | | | | | |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravily |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|--|---|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|---|

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: **10175891**

Special : Time: 14:07:38
Instructions : Ship Date: 09/01/11
Sale rep #: MIKE Accd rep code: Invoice Date: 09/01/11
Date Date: 10/08/11

Sold To: SIRIUS ENERGY CORP Ship To: SIRIUS ENERGY CORP
528 COUNTRYPLACE SOUTH (325) 665-8152
ABILENE, TX 79608-7032 (325) 665-8152

Customer #: 0001860 Customer PO: Order By:

| ORDER | SHIP | L | U/M | ITEM# | DESCRIPTION | All Price/Uom | PRICE | EXTENSION |
|-------|------|---|-----|-------|---------------------|---------------|--------|-----------|
| 6.00 | 8.00 | P | BAG | CPPC | PORTLAND CEMENT-94# | 9.9900 BAG | 9.9900 | 59.94 |

| | | | | | |
|---------------------------|------------|--------------|--------|---|----------------|
| FILLED BY | CHECKED BY | DATE SHIPPED | DRIVER | Sales total | \$59.94 |
| SHIP VIA Customer Pick up | | | | RECEIVED COMPLETE AND IN GOOD CONDITION | |
| X <i>Randy Jeter</i> | | | | Taxable | 59.94 |
| | | | | Non-taxable | 0.00 |
| | | | | Tax # | |
| | | | | Sales tax | 4.98 |
| | | | | TOTAL | \$64.92 |

1 - Merchant Copy



802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588



CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

NOTICE TO OWNER
Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SI007
SIRIUS ENERGY CORP.
526 COUNTRY PLACE SOUTH

ABILENE TX
79606-7032

NORTH GATE
SI4/20
LEASE: WEST VAN WINKLE
169 N TO 1400 RD E 5.5 MI @ TEE
S 1 MI TO 1300 RD TO DOUBLE
WHITE GATE 60 IN WEST GATE
LANDOWNER: CHARLIE FOLTZ

SHIP TO:

| TIME | FORMULA | LOAD SIZE | YARDS ORDERED | % CAL | DRIVER/TRUCK | % AIR | PLANT/TRANSACTION # |
|-----------|---------|-----------|---------------|--------|--------------|---------|---------------------|
| 09:21:10a | WELL II | 8.00 yd | 15.00 yd | 0.00 | MK 35 | 0.00 | RNDCO |
| DATE | Date | LOAD # | YARDS DEL. | BATCH# | WATER TRIM | SLUMP | TICKET NUMBER |
| 09-08-11 | Today | 1 | 8.00 yd | 18285 | 6/yd -70.0 | 4.00 in | 30082 |

WARNING
IRRITATING TO THE SKIN AND EYES
Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water, If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS A PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting any such bills.

All accounts not paid within 30 days of delivery will be interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A 2% Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$10/Hr.

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer-The driver of the truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in the load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE relieving him and the supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not silt the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and the supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of the order.

SIGNED
X _____

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By

GAL X _____

WEIGHMASTER _____

LOAD RECEIVED BY: _____

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

SIGNED
X _____

| QUANTITY | CODE | DESCRIPTION | UNIT PRICE | EXTENDED PRICE |
|-----------------|----------|--------------------------|------------|-------------------|
| 8.00 | WELL II | WELL (10 SACKS PER UNIT) | 76.00 | 608.00 |
| 2.50 | TRUCKING | TRUCKING CHARGE | 55.00 | 137.50 |
| 3.5 | | | | \$192.50 |

| RETURNED TO PLANT | LEFT JOB | FINISH UNLOADING | DELAY EXPLANATION/CYLINDER TEST TAKEN | TIME ALLOWED | SubTotal \$ |
|-------------------|--------------|------------------|---|--------------|--------------------------------|
| 1:16 | 12:32 | 12:24 | 1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER | | 745.50 |
| | ARRIVED JOB | START UNLOADING | 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER | | Tax % 7.800 |
| 9:40 | 10:18 | 10:40 | | TIME DUE | Total \$ 803.50 |
| TOTAL ROUND TRIP | TOTAL AT JOB | UNLOADING TIME | | DELAY TIME | Order \$ 862.44 |
| 3.5 | | | | | ADDITIONAL CHARGE 1 _____ |
| | | | | | ADDITIONAL CHARGE 2 _____ |
| | | | | | GRAND TOTAL ▶ \$ 862.94 |