



KANSAS CORPORATION COMMISSION 1071832
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31652
Name: Norstar Petroleum, Inc.
Address 1: 88 INVERNESS CIR E. Unit F104
Address 2: _____
City: ENGLEWOOD State: CO Zip: 80112 + _____
Contact Person: Clark D. Parrott
Phone: (303) 925-0696
CONTRACTOR: License # 4958
Name: Mallard, J. V., Inc.
Wellsite Geologist: Bob Elder
Purchaser: NCRA

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD S1OW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Cora, 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>10/24/2011</u>	<u>11/01/2011</u>	<u>12/17/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-193-20824-00-00

Spot Description: _____

NW NW NE SE Sec. 36 Twp. 10 S. R. 35 East West

2371 Feet from North / South Line of Section

1005 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Thomas

Lease Name: WJLH Koons Well #: 1-36

Field Name: _____

Producing Formation: Lansing/KC, Johnson

Elevation: Ground: 3288 Kelly Bushing: 3294

Total Depth: 4900 Plug Back Total Depth: 4839

Amount of Surface Pipe Set and Cemented at: 260 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2770 Feet

If Alternate II completion, cement circulated from: 2770
feet depth to: 0 w/ 350 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 49600 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: 01/12/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 01/17/2012