



KANSAS CORPORATION COMMISSION 1074630
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 # 30931
Name: Daystar Petroleum, Inc.
Address 1: 522 N. MAIN ST
Address 2: PO BOX 560
City: EUREKA State: KS Zip: 67045 + 0560
Contact Person: Matt Osborn
Phone: (620) 583-5527
CONTRACTOR: License # 30141
Name: Summit Drilling Company
Wellsite Geologist: Ken Leblanc
Purchaser: Pacer Energy Marketing

API No. 15 - 15-149-20065-00-00

Spot Description: _____
NW SW SW SW Sec. 19 Twp. 7 S. R. 12 East West
340 Feet from North / South Line of Section
280 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Pottawatomie

Lease Name: Pfrang Well #: 1-19

Field Name: _____

Producing Formation: Viola

Elevation: Ground: 1294 Kelly Bushing: 1304

Total Depth: 3398 Plug Back Total Depth: 3361

Amount of Surface Pipe Set and Cemented at: 335 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.

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 #: _____

11/02/2011 11/13/2011 12/2/2011

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

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 7000 ppm Fluid volume: 100 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: 02/20/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMEE Date: 02/21/2012