

KANSAS CORPORATION COMMISSION 1081015
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>1/12/2012</u>	<u>1/13/2012</u>	<u>1/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25268-00-00

Spot Description: _____
SW NE NW SE Sec. 13 Twp. 21 S. R. 20 East West
1991 Feet from North / South Line of Section
1928 Feet from East / West Line of Section

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

County: Anderson
Lease Name: Ewing B Well #: M-11

Field Name: _____
Producing Formation: Squirrel sand
Elevation: Ground: 1040 Kelly Bushing: 0
Total Depth: 730 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 Garrico Date: 05/16/2012



1081015

Operator Name: Sirius Energy Corp. Lease Name: Ewing B Well #: M-11
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Squirrel sand	635 GL
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Gamma Ray / Neutron / CCL			

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	722	OWC	60	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: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input checked="" 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> <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

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INVOICE

THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES!

Page: 1

Invoice: **10180539**

Special :
Instructions :

Time: 13:49:54

Ship Date: 01/10/12

Invoice Date: 01/10/12

Due Date: 02/08/12

Sale rep #: MARLIN MARLIN BRUBAKER

Acct rep code:

Sold To: SIRIUS ENERGY CORP
528 COUNTRYPLACE SOUTH
ABILENE, TX 79606-7032

Ship To: SIRIUS ENERGY CORP
(325) 665-9152
(325) 665-9152

Customer #: 0001860

Customer PO:

Order By:

874
T 17

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	All Price/Uom	PRICE	EXTENSION
60.00	60.00	P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	7.0833 BAG	7.0833	425.00
60.00	60.00	P	BAG	CPPC	PORTLAND CEMENT-94#	9.4900 BAG	9.4900	569.40

FILLED BY				CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$994.40	
SHIP VIA				Customer Pick up				Taxable	994.40
RECEIVED COMPLETE AND IN GOOD CONDITION				x <i>Randy Seter</i>				Non-taxable	0.00
								Tax #	
							Sales tax	82.54	

TOTAL \$1076.94

1 - Merchant Copy

