



KANSAS CORPORATION COMMISSION 1085614
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34472
Name: Sunflower Energy, LLC
Address 1: 10801 MASTIN, STE 920
Address 2: _____
City: OVERLAND PARK State: KS Zip: 66210 + _____
Contact Person: David E. Rice
Phone: (620) 624-0156
CONTRACTOR: License # 33793
Name: H2 Drilling LLC
Wellsite Geologist: Austin Garner
Purchaser: _____

API No. 15 - 15-069-20146-00-01
Spot Description: _____
SW SW Sec. 30 Twp. 25 S. R. 28 East West
660 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gray
Lease Name: IRISK Well #: 1 OWWO
Field Name: _____
Producing Formation: Pawnee
Elevation: Ground: 2776 Kelly Bushing: 2788
Total Depth: 4990 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 411 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: Gear Petroleum Company, Inc.
Well Name: Irsik 'G' #1
Original Comp. Date: 11/27/1981 Original Total Depth: 5250
 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 #: _____
4/12/2012 4/23/2012 6/25/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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: 07/06/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT Approved by: NAOMI JAMES Date: 07/09/2012