



KANSAS CORPORATION COMMISSION 1091030
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 # 30253
Name: Cyclone Petroleum, Incorporated
Address 1: 1030 W. MAIN
Address 2: _____
City: JENKS State: OK Zip: 74037 + _____
Contact Person: James Haver
Phone: (918) 291-3200
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: None
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>01/04/2011</u>	<u>01/08/2011</u>	<u>01/08/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-035-24386-00-00
Spot Description: SW NE SW NW
SW NE SW NW Sec. 29 Twp. 34 S. R. 3 East West
1760 Feet from North / South Line of Section
810 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Cowley
Lease Name: PETERS Well #: 29-6

Field Name: _____
Producing Formation: None

Elevation: Ground: 1132 Kelly Bushing: 1142

Total Depth: 3484 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 360 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 2500 ppm Fluid volume: 400 bbls

Dewatering method used: Haul Off Pit

Location of fluid disposal if hauled offsite:

Operator Name: Cyclone Petroleum, Inc

Lease Name: Peters License #: 30253

Quarter NW Sec. 29 Twp. 34 S. R. 3 East West

County: Cowley Permit #: Drilling Pit

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 Garrison Date: 08/23/2012



1091030

Operator Name: Cyclone Petroleum, Incorporated Lease Name: PETERS Well #: 29-6
 Sec. 29 Twp. 34 S. R. 3 East West County: Cowley

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Cleveland</td> <td>3005</td> <td>-1863</td> </tr> </table>	Name	Top	Datum	Cleveland	3005	-1863
Name	Top	Datum					
Cleveland	3005	-1863					

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	12.25	8.625	23	310	Class A	210	3% Caclz, 2% gel, 1/4 # Flocculnt

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 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

14318

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 239094

Invoice Date: 01/13/2011 Terms:

Page 1

CYCLONE PETROLEUM INC (2004)
7030C S. LEWIS ST. SUITE 541
TULSA OK 74136
(918)291-3200

PETERS 29-6
30158
01-04-11

50046

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	210.00	13.5000	2835.00
1102	CALCIUM CHLORIDE (50#)	600.00	.7500	450.00
1118B	PREMIUM GEL / BENTONITE	400.00	.2000	80.00
1107	FLO-SEAL (25#)	53.00	2.1000	111.30
4432	8 5/8" WOODEN PLUG	1.00	77.0000	77.00

Description	Hours	Unit Price	Total
515 TON MILEAGE DELIVERY	789.60	1.20	947.52
520 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
520 EQUIPMENT MILEAGE (ONE WAY)	80.00	3.65	292.00

Parts: 3553.30 Freight: .00 Tax: 241.63 AR 5759.45
Labor: .00 Misc: .00 Total: 5759.45
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7884

GILLETTE, WY
307/686-4914

OKMLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5289

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30158 *WR*

LOCATION Eureka KS

FOREMAN Rick Laddford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-4-11	2616	Peters 29-6	29	34	3E	Cowley
CUSTOMER		Cyclone Petroleum Inc. Safety meeting OK OK	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			520	Cliff		
CITY			575	Allen B.		
STATE						
ZIP CODE						
Tulsa						
OK						
74136						

JOB TYPE surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 311' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 308' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15* SLURRY VOL 51 bbl WATER gal/sk 6.5 CEMENT LEFT IN CASING 20'
 DISPLACEMENT 18 1/2 bbl DISPLACEMENT PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 8 5/8" casing. Break circulation w/ 15 bbl fresh water. Mixed 210 sacks class "A" cement w/ 370 cackz, 290 gel + 1/4" flocc 1/sk @ 15*/gal. shut down, release 8 5/8" wooden plug. Displace w/ 18 1/2 bbls fresh water. Shut well in w/ grad cement returns to surface. 9 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	225.00	225.00
54016	80	MILEAGE	3.65	292.00
11045	210 sacks	class "A" cement	13.50	2835.00
1102	600*	370 cackz	.25	150.00
11186	400*	290 gel	.20	80.00
1107	53*	1/4" flocc 1/sk	2.10	111.30
5402A	9.87	ton mileage back tax	1.20	947.52
4432	1	8 5/8" wooden plug	77.00	77.00
			Subtotal	5517.82
			SALES TAX	241.68
			ESTIMATED TOTAL	5759.45

Revin 3737 AUTHORIZATION Dawn Doyle TITLE _____ DATE 1/4/11
 10:15 am 239094

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

14314

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 239099

Invoice Date: 01/13/2011 Terms:

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CYCLONE PETROLEUM INC (2004)
7030C S. LEWIS ST. SUITE 541
TULSA OK 74136
(918) 291-3200

PETERS 29-54
30121
01-08-11

50044

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	85.00	11.3500	964.75
1118B	PREMIUM GEL / BENTONITE	290.00	.2000	58.00
Description		Hours	Unit Price	Total
445	P & A NEW WELL	1.00	925.00	925.00
445	EQUIPMENT MILEAGE (ONE WAY)	80.00	3.65	292.00
479	TON MILEAGE DELIVERY	292.80	1.20	351.36

Parts: 1022.75 Freight: .00 Tax: 69.54 AR 2660.65
Labor: .00 Misc: .00 Total: 2660.65
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

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