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MAY 17 2002

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
September 1999
Form Must Be TypedWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5399
 Name: American Energies Corporation
 Address: 155 North Market, Suite 710
 City/State/Zip: Wichita, Kansas 67202
 Purchaser: _____
 Operator Contact Person: Alan L. DeGood, President
 Phone: (316) 263-5785
 Contractor: Name: L & S Well Service
 License: 32450
 Wellsite Geologist: None
 Designate Type of Completion:
 _____ New Well _____ Re-Entry _____ Workover
 _____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
 _____ Gas _____ ENHR _____ SIGW
 _____ Dry ☒ Other (Core, WSW, Expl., Cathodic, etc)
Strat Test
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
 _____ Plug Back _____ Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____
4/18/02 4/18/02
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 017-20825-0000
 County: Chase
C SE NW - Sec. 1 Twp. 20 S. R. 7 ☒ East ☐ West
3300 feet from S N (circle one) Line of Section
1980 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Reehling Trust Well #: B-2
 Field Name: Elmdale
 Producing Formation: Lansing
 Elevation: Ground: 1402 Kelly Bushing: None
 Total Depth: 161 Plug Back Total Depth: _____
No
~~Surface~~ Surface Pipe Set ~~was~~ Cemented at 161' to surface feet
w 40 sx
 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 - **No Pits**
 (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 No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Alan L. DeGood
 Title: President Date: _____

Subscribed and sworn to before me this 15th day of May

19 2002
 Notary Public: Melinda S. Wooten
 Date Commission Expires: 3-12-04 Melinda S. Wooten

KCC Office Use ONLY

_____ Letter of Confidentiality Attached
 If Denied, Yes ☐ Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

Operator Name: American Energies Corporation Lease Name: Reehling Trust Well #: B-2
Sec. 1 Twp. 20 S. R. 7 ☒ East ☐ West County: Chase

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No
(Submit Copy)

List All E. Logs Run:
Gamma Ray Correlation

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

See Attached Sheet

CASING RECORD ☐ New ☐ 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	# Sacs Used	Type and Percent Additives
None	No ground water, drilled by air, encountered no water						

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 (Amount and Kind of Material Used)	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

Disposition of Gas ☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
(If vented, Submit ACO-18.) ☐ Other (Specify) _____