

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32302
Name: Key Gas Corp.
Address: 155 N. Market Suite 900
City/State/Zip: Wichita, KS 67202
Purchaser: _____
Operator Contact Person: Rod Andersen
Phone: (316) 265-2270
Contractor: Name: Key Gas Corp.
License: 32302
Wellsite Geologist: _____
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
4-28-04 5-6-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

KANSAS CORPORATION COMMISSION
WICHITA, KS

AUG 20 2004

API No. 15 - 165-21759-00-00
County: Rush
C-NE Sec. 33 Twp. 16 S. R. 16 East West
1320 feet from S (N) (circle one) Line of Section
1320 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Scheuerman Well #: 1
Field Name: Reichel
Producing Formation: Topeka
Elevation: Ground: 2032 Kelly Bushing: 2037
Total Depth: 3100 Plug Back Total Depth: 3100
Amount of Surface Pipe Set and Cemented at 1035 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 _____ ppm Fluid volume _____ bbls
Dewatering method used Evaporate
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

KANSAS CORPORATION COMMISSION
RECEIVED
AUG 20 2004

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: Rod Andersen
Title: Geologist Date: 8/20/04
Subscribed and sworn to before me this 20 day of AUG
2004
Notary Public: Bonita Danner
Date Commission Expires: 3-17-08

BONITA DANNER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-17-08
Wireline Log Received
Geologist Report Received
DIC Distribution

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____

Operator Name: Key Gas Corp. Lease Name: Scheuerman Well #: 1

Sec. 33 Twp. 17 S. R. 16 East West County: Rush

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time fool 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)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Herington	1945	+92
Towanda	2069	+32
Topeka	2944	-907

List All E. Logs Run:
)ual Porosity
)ual Induction

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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4	8 5/8	24	1035	60/40 POZ common	250 200	
Production	7 7/8	4 1/2		8062	common	250	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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
4	3014-18	1000 Gal HCL	

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumerd 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
		50 MCF			

Disposition of Gas _____ **METHOD OF COMPLETION** _____ Production Interval _____

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Sumit ACO-18.) Other (Specify) _____