

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS DIVISION

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JUN 24 2004

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM KCC WICHITA
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5399
 Name: American Energies Corporation
 Address: 155 North Market, Suite 710
 City/State/Zip: Wichita, KS 67202
 Purchaser: None - P & A
 Operator Contact Person: Alan L. DeGood
 Phone: (316) (316) 263-5785
 Contractor: Name: Pickrell Drilling - Rig #1
 License: 5123
 Wellsite Geologist: David Goldak
 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. _____
5/5/2004 5/12/04 5/13/04
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

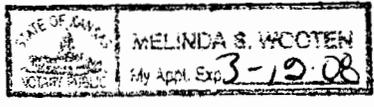
API NO. 15 - 15-095-21877-00-00
 County: Kingman
 S/2 SW - SE - 33 Sec. 28 S. R. 6 East West
360 feet from (S) N (circle one) Line of Section
1905 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Closson Well #: A #1
 Field Name: Wildcat
 Producing Formation: Mississippi
 Elevation: Ground: 1538 Kelly Bushing: 1543'
 Total Depth: 4110 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 15 jts28# 8 5/8" @ 303 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 cmf.
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content 20,000 ppm Fluid volume 1,000 bbls
 Dewatering method used Hauled
 Location of fluid disposal if hauled offsite: _____
 Operator Name: See Surface Pond waste Transfer CDP-5 Attached
 Lease Name: Watson #2 & #1 Hardy 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 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: [Signature]
 Title: Alan L. DeGood, President Date: 6/8/04
 Subscribed and sworn to before me this 8th day of June, 2004
 Notary Public: [Signature]
 Date Commission Expires: Melinda S. Wooten, Notary Exp. 3/12/08

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 UIC Distribution



ORIGINAL

Side Two

American Energies Corporation

Lease Name: Closson

Well: A #1

33

Twp. 8 S.

R.

6

Vest

County: Kingman

CONDITIONS: Show important tops and bas of formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval, 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 charts(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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See attached Drilling Report

List All E. Logs Run:
 Dual Induction
 Compensated Density/Neutron

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 1/4"	8 5/8"	28#	303'	60/40 poz	200	4 sx gel. 6 sx CC
Production	None						

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	Top Bottom			
<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
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TUBING RECORD				Liner Run	
Size	Set At	Packer At		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method				
	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Open Hole Other Specify _____

METHOD OF COMPLETION Open Hole Other Specify _____

Production Interval Dually Comp. Commingled _____

(If vented, Sumit ACO-18.)