

KANSAS CORPORATION COMMISSION  
OIL & GAS DIVISION

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JUL 09 2004

Form ACO-1

September 1999

Form Must Be Typed

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

ORIGINAL

Operator: License # 32471 5399  
Name: American Energios Corp.  
Address: P.O. Box 3726  
City/State/Zip: Ft. Smith, Arkansas 72913-3726  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Kent Crisler  
Phone: (316) 620 326-1932  
Contractor: Name: Summit Drilling  
License: 30141  
Wellsite Geologist: Kent Crisler  
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. \_\_\_\_\_  

10/7/2003	10/15/03	10/15/03
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API NO. 15 - 191-22418-00-00  
County: Sumner  
SW SE - SE - 5 Sec. 31 S. R. 1 ☐ East ☒ West  
400 feet from (S) N (circle one) Line of Section  
850 feet from (E) W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Jewell Well #: 1 - 5  
Field Name: Unnamed  
Producing Formation: Mississippian  
Elevation: Ground: 1283 Kelly Bushing: 1293  
Total Depth: 3690 Plug Back Total Depth: 3690  
Amount of Surface Pipe Set and Cemented at 422' set @ 434' 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.

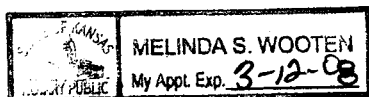
Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)

Chloride content 8000 ppm Fluid volume 150 bbls  
Dewatering method used Evaporation  
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 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: Kent Crisler  
Title: Kent Crisler Date: 7/1/2004  
Subscribed and sworn to before me this 1st day of July,  
2004  
Notary Public: Melinda S. Wooten  
Date Commission Expires: Melinda S. Wooten, Notary Exp. 3/12/08



KCC Office Use ONLY

☐ Letter of Confidentiality Attached

If Denied, Yes ☐ No ☐ Date: \_\_\_\_\_

☐ Wireline Log Received

☐ UIC Distribution

Operator Name: American Energies Corporation Lease Name: Jewel Well: 1-5  
5 Twp. 31 S. R. 1 ☐ Vest County: Sumner

INSTRUCTIONS: Show important tops and bas of formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval test, 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 charts(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline logs surveyed. Attach final geological well site report.

ORIGINAL

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)

List All E. Logs Run:

DIL and CNL Density, Bond Log

☒ Log Formation (Top), Depth and Datum ☐ Sample Datum  
 Name Top Datum  
 Kansas City 3002 -1709  
 Mississippi 3648 -2355  
 TD 3690 -2397

KB 1293

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### 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	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	20#	422'	Class 1	125	3% CC, 2% gel
Production	7 7/8"	4 1/2"	1.05#	3688'	ASC	150 sx	5# SOC

### 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
2 SPF	3663-3674	Frac 31, 611# sand + 737 bbls fluid	3663-74

TUBING RECORD	Size	Set At	Packer At	Liner Run
	203/8"	3672'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
	<input type="checkbox"/> Flowing <input checked="" 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
	7	None	20	43

Disposition of Gas ☐ Vented ☐ Open Hole ☒ Other Specify \_\_\_\_\_  
 METHOD OF COMPLETION ☐ Dually Comp. ☐ Commingled \_\_\_\_\_  
 (If vented, Sumit ACO-18.)