

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 3273

Name: Herman L. Loeb

Address P. O. Box 524

City/State/Zip Lawrenceville, IL 62439

Purchaser:

Operator Contact Person: George A. Payne

Phone (812) 853-3813

Contractor: Name: Clarke Corp

License: 5105

Wellsite Geologist: None

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Herman L. Loeb

Well Name: McKee #9

Comp. Date Old Total Depth

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBT
 Casing Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

Oct 16, 2002

Spud Date Date Reached TD Completion Date

API NO. 15- 007-22525-0001

County Barber

SW NW Sec. 28 Twp. 33S Rge. 13 E W

1910 Feet from S/N (circle one) Line of Section

3350 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name McKee Well # 9

Field Name Medicine Lodge

Producing Formation Elgin

Elevation: Ground 1660 ft KB 1671 ft

Total Depth 5,100 ft PBT

Amount of Surface Pipe Set and Cemented at 403 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 _____

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 on 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 George A. Payne

Title Petroleum Engineer Date 8/6/2003

Subscribed and sworn to before me this 14 day of AUGUST, 2003.

Notary Public Ronnie Carlson Lucas

Date Commission Expires 4-6-06

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution	KCC	SWD/Rep	NGPA
	KGS	Plug	Other (Specify)

Operator Name Herman L. Loeb

Lease Name McKee

Well # 9

Sec. 28 Twp. 33S Rge. 13

 East West

County Barber

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken
(Attach Additional Sheets.) Yes No Log Formation (Top), Depth and Datum Sample

Samples Sent to Geological Survey

 Yes No

Name Top Datum

Cores Taken

 Yes No

Formation tops submitted with original completion ACO-1

Electric Log Run
(Submit Copy.) Yes No

List All E.Logs Run:

Logs filed with original completion ACO-1

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"	24	403	Light & Std	285	3% CaCl
Production	7 7/8"	5 1/2"	15.5	5,099	Midcon & EA2	275	Gilsonite

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
	Cast iron bridge plug @ 3820'	
3	3708-3714'	None

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8"	3,754	None		

Date of First, Resumed Production, SWD or Inj. Oct 16, 2002	Producing Method	<input checked="" 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
		400			

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
	<input type="checkbox"/> Other (Specify) _____	_____