

ORIGINAL

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: Forrest Energy
License: 33436
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. _____

<u>7-11-2004</u>	<u>7-14-2004</u>	<u>Not as yet Plugged</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 145-21495-00-00
County: Pawnee
E/2NWSW Sec. 18 Twp. 21 S. R. 15 East West
1980 feet from S / N (circle one) Line of Section
990 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Unruh Well #: 2

Field Name: _____

Producing Formation: Chase

Elevation: Ground: 1963 Kelly Bushing: 1968

Total Depth: 2250 Plug Back Total Depth: 2235

Amount of Surface Pipe Set and Cemented at 950 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ sx cmt.

ALT I WITH 4/21/06

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: _____ **RECEIVED**
KANSAS CORPORATION COMMISSION

Lease Name: _____ License: SEP 15 2005

Quarter _____ Sec. _____ Twp. _____ S. R. 9-15-2005 East West

County: _____ Docket No.: WICHITA, KS
CONSERVATION DIVISION

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

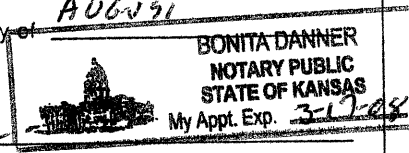
Title: Geologist Date: 8/8/05

Subscribed and sworn to before me this 17 day of AUGUST

2005

Notary Public: Bonita Danner

Date Commission Expires: 3-17-08



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Key Gas Corp. Lease Name: Unruh
 Sec. 18 Twp 21 S. R. 15 East West County: Pawnee

ORIGINAL

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:
 Dual Porosity
 Dual Induction

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name	Top Datum
	Herington	1905 +63
	Winfield	1954 +14
	Towanda	2024 -56
	Ft. Riley	2070 -102

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
Surface	12 1/2	8 5/8	24	950	60/40 poz common	250sx 200sx	2% gel 3% cc
Production	7 7/8	4 1/2		2235		250 200	2% gel

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	2122-30	500 gal HCL	
4	2154-80	500 gal. HCL	

Casing Record	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Method 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

Position of Gas METHOD OF COMPLETION Production Interval

Completed Sold Used on Lease (If vented, Submit ACO-13.)
 Open Hole Perf. Dually Comp. Commingled
 Other (Specify)



TREATMENT REPORT

Acid Stage No.

Date 7-11-04 District CB F. O. No. 24736
 Company KEY GAS CORPORATION
 Well Name & No. UNBUN 2
 Location PAWNEE Field KS
 County PAWNEE State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush Bbl./Gal.
 Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.

Casing: Size 8 5/8 Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. Swung at ft.
 Perforated from ft. to ft.

Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
 Pump Trucks, No. Used: Std. Sp. Twin
 Auxiliary Equipment
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type
 Gals. lb.

Open Hole Size T.D. ft. P.B. to ft.

Company Representative MARK DIPMAN Treater A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
11:30				ON LOCATION
:				SET 8 5/8 @ 952'
:				40' shoe JT.
:				MIX CEMENT
:				250 60/40 P02 2% bel 3% CC
:				200 Common 3% CC
:				102 BBTS STURRY
:				Displace Cement
:				58 BBTS
:				Cement Did Circulate
:				Plug Down @ 14:45 pm
:				JOB Complete
:				Thank You
:				A.G. CURTIS

RECEIVED
 KANSAS CORPORATION COMMISSION
 SEP 15 2005
 CONSERVATION DIVISION
 WICHITA KS



FIELD ORDER N^o 24736

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 7-11 2004

IS AUTHORIZED BY: Key Gas Corporation
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease UNRUH Well No. 2 Customer Order No. _____

Sec. Twp. Range _____ County Pawnee State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>1101</u>	<u>25</u>	<u>MILEAGE Pump Truck</u>	<u>2.50</u>	<u>62.50</u>
<u>1100</u>	<u>1</u>	<u>Pump Charge</u>		<u>500.00</u>
<u>1107</u>	<u>1</u>	<u>BAFFLE PLATE 8 5/8</u>		<u>80.00</u>
<u>1108</u>	<u>1</u>	<u>WOODEN PLUG 8 5/8</u>		<u>75.00</u>
<u>4000</u>	<u>250</u>	<u>60/40 P22 29.6el</u>	<u>6.00</u>	<u>1500.00</u>
<u>4001</u>	<u>200</u>	<u>Common</u>	<u>7.35</u>	<u>1470.00</u>
<u>4051</u>	<u>15</u>	<u>Calcium Chloride 3%</u>	<u>25.00</u>	<u>375.00</u>
RECEIVED				
KANSAS CORPORATION COMMISSION				
SEP 15 2005				
CONSERVATION DIVISION WICHITA, KS				
<u>1100</u>	<u>4.50</u>	Bulk Charge	<u>1.00</u>	<u>450.00</u>
<u>1101</u>		Bulk Truck Miles <u>20T x 70m = 1400Tm</u>	<u>.85</u>	<u>1190.00</u>
		Process License Fee on _____ Gallons		
TOTAL BILLING				<u>5702.50</u>

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A.G. CURTIS

Station GB

MARK DIPPOLD
Well Owner, Operator or Agent

Remarks _____

002
KCC WICHITA
KCC DISTRICT 1
04/21/06 FRI 14:34 FAX 6202258885

RECEIVED
KANSAS CORPORATION COMMISSION

APR 21 2006

CONSERVATION DIVISION
WICHITA, KS

KANSAS CORPORATION COMMISSION
Temporary Abandonment Well Application

All Requested Information Must Be Shown

1-145-200
RECEIVED
KANSAS CORPORATION COMMISSION
OCT 14 2005
CONSERVATION DIVISION
WICHITA, KS

All information must be typed

OPERATOR LIC.# 32302
DATE 9/15/05
OPERATOR NAME Key Gas Corp.
MAILING ADDRESS 155 N. Market Suite 900
CITY, STATE Wichita, Kansas ZIP 67202
CONTACT PERSON Rod Andersen PHONE (316) 265-2270
PURCHASER (If Known) OLD: _____ NEW: _____

LEASE NAME Unruh SEC. 18 TWP. 21 R. 15 E/W COUNTY Raw
WELL # 2 SPOT LOCATION E/2NWSW 1980 FEET FROM S/W LINE OF SECTION (circle one above)
API NO. 15-145-21495 990 FEET FROM E/W LINE OF SECTION (circle one above)
TYPE OF WELL* gas TOTAL DEPTH 2250
DATE DRILLED 7/11/04 DATE SHUT-IN 2/15/05
DOCKET NO. IF SMD OR ENHR _____

*TYPE OF WELL INDEX (circle one): OIL GAS SLD ENHR USW Other

SURFACE CASING

OTHER CASING

TEMPORARY ABANDONMENT	PLUG BACK DEPTH	PLUG BACK METHOD	DEPTH TO FLUID FROM SURFACE	GL/DF/XB ELEVATION	SIZE	DEPTH	CEMENT AMOUNT	CONDITION OF CASING	OTHER CASING			
									SIZE	DEPTH	CEMENT AMOUNT	CONDITION OF CASING
				1963	85/8	990	450	good	41/2	2350	450	good
REASON FOR TA REQUEST: <u>needs re-work before hook-up</u>												

DEPTH AND TYPE OF TOOLS/JUNK IN HOLE _____
TYPE COMPLETION: ALT. I [] ALT. II [] DEPTH _____ CEMENT AMOUNTS _____
TUBING IN HOLE: _____ INCH AT _____ FEET
PACKER TYPE: _____ SIZE _____ INCH SET AT _____ FEET

GEOLOGICAL DATA: FORMATION NAME _____ FORMATION TOP _____ FORMATION BASE _____
1. _____ At: _____ to _____ feet Perforation [] or Open Hole []
2. _____ At: _____ to _____ feet Perforation [] or Open Hole []
3. _____ At: _____ to _____ feet Perforation [] or Open Hole []

DO NOT WRITE IN THIS SPACE - KCC USE ONLY
DATE TESTED _____ RESULTS _____ DATE PLUGGED _____ DATE REPAIRED _____ DATE PUT BACK IN SERVICE _____
REVIEW COMPLETED BY: _____ T.A. APPROVED: YES [✓] DENIED []

RECEIVED
OCT 27 2005
KCC Dodge City

10/31/05
M

In all applications complete other side - form must be signed and notarized