

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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: Forrest Energy  
 License: 33436  
 Wellsite Geologist: \_\_\_\_\_  
 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/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. \_\_\_\_\_  
9-22-04    9-25-04    Not as yet  
 Spud Date or    Date Reached TD    Completion Date or  
 Recompletion Date       Recompletion Date

RECEIVED  
 KANSAS CORPORATION COMMISSION  
 AUG 17 2005  
 CONSERVATION DIVISION  
 WICHITA, KS

API No. 15 - 165-21768-00-00  
 County: Rush  
N/2S/2NE Sec. 26 Twp. 16 S. R. 17  East  West  
1650 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: Stegman Well #: 1  
 Field Name: Reichel  
 Producing Formation: Chase  
 Elevation: Ground: 2000 Kelly Bushing: 2006  
 Total Depth: 2200 Plug Back Total Depth: 2190  
 Amount of Surface Pipe Set and Cemented at 849 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.  
ACT 1 WITHIN 5-17-08

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
 Dewatering method used Evaporate & Fill  
 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 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: 12/21/04  
 Subscribed and sworn to before me this 21 day of DECEMBER,  
2004  
 Notary Public: Bonita Danner  
 Date Commission Expires: 3-17-08

**KCC Office Use ONLY**

NO Letter of Confidentiality Attached  
 If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received  
 Geologist Report Received

**BONITA DANNER**  
 NOTARY PUBLIC  
 STATE OF KANSAS  
 My Appt. Exp. 3-17-08



Operator Name: Key Gas Corp. Lease Name: Stegman Well #: 1  
 Sec. 26 Twp. 16 S. R. 17  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 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run: Dual Induction Dual Porosity	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Herington</td> <td>1968</td> <td>+138</td> </tr> <tr> <td>Winfield</td> <td>2014</td> <td>-8</td> </tr> <tr> <td>Towanda</td> <td>2098</td> <td>-92</td> </tr> <tr> <td>Ft. Riley</td> <td>2132</td> <td>-126</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Herington	1968	+138	Winfield	2014	-8	Towanda	2098	-92	Ft. Riley	2132	-126
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample																	
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CASING RECORD <input 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	# Sacjs Used	Type and Percent Additives
Surface	12 1/2"	8 5/8	24	850'	common	450sx	3%cc
Production	7 7/8	4 1/2		2090	common	150sx	

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	1968-1984	500 gal. HCL	
4	2032-2036	500 gal HCL	
4	2016-2020	500 gal HCL	

TUBING RECORD	Size <u>none</u>	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>
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Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i>
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FIELD ORDER N<sup>o</sup> 24968

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

DATE 9-22 2004

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
To Treat Well As Follows: Lease Stegman Well No. 1 Customer Order No. \_\_\_\_\_  
Sec. Twp. Range \_\_\_\_\_ County RUSH 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 \_\_\_\_\_ By \_\_\_\_\_  
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
1030	40	MILEAGE Pump Truck	2 <sup>50</sup>	100 <sup>00</sup>
1031	1	Pump Charge		500 <sup>00</sup>
1031	1	WOODEN Plug		75 <sup>00</sup>
ELE	1	ALUM. BAFFLE		105 <sup>00</sup>
4001	450	Common	7 <sup>15</sup>	3217 <sup>15</sup>
4051	15	CALCIUM Chloride 390	25 <sup>00</sup>	375 <sup>00</sup>
RECEIVED KANSAS CORPORATION COMMISSION AUG 17 2005 CONSERVATION DIVISION WICHITA, KS				
4000	450	Bulk Charge	1 <sup>00</sup>	450 <sup>00</sup>
4001		Bulk Truck Miles <u>21.15 F x 60m = 1269</u>	.85	1078 <sup>65</sup>
Process License Fee on _____ Gallons				
TOTAL BILLING				

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 DIPMAN  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS

