

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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, Kansas 67202
Purchaser: _____
Operator Contact Person: Rod Andersen
Phone: (316) 265-2270
Contractor: Name: Kizzar Well Service
License: 7868
Wellsite Geologist: None

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: Continental Oil Company
Well Name: #1 Regnier

Original Comp. Date: 4/3/46 Original Total Depth: 4998
 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. _____
9/10/01 9/13/01 9-21-01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 083-10034-0001
County: Hodgeman
-NW- NW SW Sec. 2 Twp. 24 S. R. 21 East West
2310 feet from S / N (circle one) Line of Section
325 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Regnier Well #: 2
Field Name: _____
Producing Formation: Chase
Elevation: Ground: 2331 Kelly Bushing: 2336
Total Depth: 2625 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 193 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.

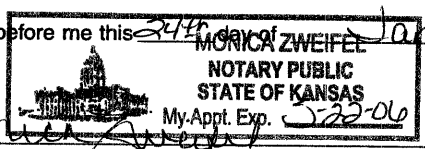
Drilling Fluid Management Plan ALT I Water
(Data must be collected from the Reserve Pit) 4-3-07
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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KANSAS CORPORATION COMMISSION
JAN 24 2003
CONSERVATION DIVISION
WICHITA, KS

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: 1/21/03
Subscribed and sworn to before me this 24th day of January,
2003
Notary Public: Morica Zweifel My Appt. Exp. 5-22-06
Date Commission Expires: 5-22-06



KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
NO Geologist Report Received
____ UIC Distribution

Operator Name: Key Gas Corp. Lease Name: Regnier Well #: 2

Sec. 2 Twp. 24 S. R. 21 East West County: Hodgeman

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Herington</td> <td>2452</td> <td>-116</td> </tr> <tr> <td>Winfield</td> <td>2510</td> <td>-170</td> </tr> </tbody> </table>	Name	Top	Datum	Herington	2452	-116	Winfield	2510	-170
Name	Top	Datum								
Herington	2452	-116								
Winfield	2510	-170								

Gamma Ray Neutron Log

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		16"		193	unknown	unknown	
production	9 7/8	4 1/2	9	2786			

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	2506-2511	2466-2471	2457-2462	500 gal HCL	

TUBING RECORD	Size	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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other *(Specify)*



FIELD ORDER # 21035

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

DATE 9-04 19 01

IS AUTHORIZED BY: Key Gas (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease TC-1111R Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Hodgeman 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
1034	74	Mileage 4-26	2.00	148.00
1031	1	Pump Charge Well Well 4-26		450.00
1036	74	Mileage 4-30	2.00	148.00
1031	1	Pump Charge 4-30		450.00
1031	120	Mileage Tools R.T.	.60	72.00
1031	1	110 Packer		700.00
1031	1	HD Plug		650.00
1031	1	Stripper Head		140.00
1031	1	Float Shoe		285.00
1031	1	Howco Weld		22.00
1031	74	Mileage Pump Truck 5-03	2.00	148.00
1031	1	Pump Charge 5-03		700.00
1031	74	Mileage	6.00	1587.00
1031		Bulk Charge	2.50	250.00
1031		Bulk Truck Miles 1.75 T - 24 mi - 26.95 TM	1.80	495.00
		Process License Fee on _____ Gallons		0.00
TOTAL BILLING				16645.60

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KANSAS CORPORATION COMMISSION

FEB 11 2003

CONSERVATION DIVISION
WICHITA, KS

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

Well Owner, Operator or Agent

Remarks

NET 30 DAYS

KEN'S 11999

