

JAN 23 2002

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONSERVATION DIVISION
Wichita, Kansas

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

32302

Operator: License # _____
Name: Key Gas Corp.
Address: 410 Urban Drive
City/State/Zip: Hutchinson, Kansas 67501
Purchaser: _____
Operator Contact Person: Rod Andersen
Phone: (620) 662-6977
Contractor: Name: Kizzar
License: 7868
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: Benson Mineral Group

Well Name: Steffen

Original Comp. Date: 11/3/83 Original Total Depth: 2350
____ 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. _____

6-25-01 7-18-01 7/25/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 145-21061-00-01
County: Pawnee

N/2- SE -SW Sec. 8 Twp 21 S. R. 20 East West
1170 feet from S N (circle one) Line of Section
1980 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Steffen Well #: 3
Field Name: Steffen South

Producing Formation: Krider
Elevation: Ground: 2116 Kelly Bushing: 2121
Total Depth: 2350 Plug Back Total Depth: 2346
Amount of Surface Pipe Set and Cemented at 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 ALT I WTHM
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 4-3-07 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 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: _____ Date: 1-23-02

Subscribed and sworn to before me this 23RD day of JANUARY, 2002.

Notary Public: Janice K. Bright

Date Commission Expires: 3-26-05

KCC Office Use ONLY

- ____ Letter of Confidentiality Attached
- If Denied, Yes Date: _____
- Wireline Log Received
- ____ Geologist Report Received
- ____ UIC Distribution

JANICE K. BRIGHT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

Operator Name: Key Gas Corp. Lease Name: Steffen Well #: 3
 Sec. 8 Twp. 21 S. R. 20 East West County: Pawnee

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 type="checkbox"/> Yes <input checked="" 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: <u>Gamma Ray/ Neutron</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Herington</td> <td>2196</td> <td>-75</td> </tr> <tr> <td>Krider</td> <td>2232</td> <td>-111</td> </tr> <tr> <td>Townada</td> <td>2314</td> <td>-193</td> </tr> </table>	Name	Top	Datum	Herington	2196	-75	Krider	2232	-111	Townada	2314	-193
Name	Top	Datum											
Herington	2196	-75											
Krider	2232	-111											
Townada	2314	-193											

CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacks Used	Type and Percent Additives
Production	7 7/8	4 1/2		2344		250	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2224-30			

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		500 gals HCL	2224@30

TUBING RECORD	Size <u>2 7/8</u>	Set At <u>2220</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>7/26/01</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf <u>200</u>	Water Bbls. <u>2 BWPD</u>	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION

Production Interval Open Hole Perf. Dually Comp. Commingled Other (Specify) _____