

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, KS 67202
Purchaser: _____
Operator Contact Person: Rod Andersen
Phone: (316) 265-2270
Contractor: Name: Key Gas Corp.
License: 32302
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. _____
4-28-04 5-6-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 165-21759-00-00
County: Rush
_____ C-NE Sec. 33 Twp. 17 S. R. 16 East West
1320 feet from S / (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: Scheuerman Well #: 1
Field Name: Reichel
Producing Formation: Topeka
Elevation: Ground: 2032 Kelly Bushing: 2037
Total Depth: 3100 Plug Back Total Depth: 3109
Amount of Surface Pipe Set and Cemented at 1035 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.

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WICHITA, KS
CONSERVATION DIVISION

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) ALTI WITHM 4-3-07
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used Evaporate
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: 8/20/04
Subscribed and sworn to before me this 20 day of AUG.
2004
Notary Public: Bonita Danner
Date Commission Expires: 3-17-08

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

BONITA DANNER Wireline Log Received
NOTARY PUBLIC
STATE OF KANSAS Geologist Report Received
My Appt. Exp. 3-17-08

Operator Name: Key Gas Corp. Lease Name: Scheuerman Well #: 1
 Sec. 33 Twp. 17 S. R. 16 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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Herington	1945	+92
Towanda	2069	+32
Topeka	2944	-907

List All E. Logs Run:
 Dual Porosity
 DUal Induction

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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4	8 5/8	24	1035	60/40 POZ common	250 200	
Production	7 7/8	4 1/2		3062	common	250	

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	3014-18	1000 Gal HCL	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf 50 MCF Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas **METHOD OF COMPLETION** Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify)



FIELD ORDER N^o 24415

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

DATE 4-30 2004

ORDERED BY: Key Gas Corp (NAME OF CUSTOMER)
City _____ State _____
Well No. 1 Customer Order No. _____
County Russell 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
4101	40	MILEAGE PUMP TRUCK	2.00	80.00
4100	1	PUMP CHARGE		500.00
HOUS	1	WOODEN PLUG		50.00
ELE	1	BAFFLE PLATE		85.00
4000	250	60/40 Poz	5.85	1462.50
4001	200	Common	7.05	1410.00
4051	14	Calcium Chloride	25.00	350.00
4000	450	Bulk Charge	1.00	450.00
4001		Bulk Truck Miles $18.05 \text{ TM} \times 40 \text{ m} = 722 \text{ TM}$.85	613.70
		Process License Fee on _____ Gallons		
TOTAL BILLING				4661.20

RECEIVED
KANSAS CORPORATION COMMISSION
AUG 20 2004
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

Roger
Well Owner, Operator or Agent

Remarks _____

KEN'S #41801

NET 30 DAYS

RECEIVED BY	NET 30 DAYS	INVOICE TOTAL:	1,541.00
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FIELD ORDER N^o 24417

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

DATE 5-07 20 04

ORDERED BY: Key Gas Corp.
(NAME OF CUSTOMER)

City _____ State _____

Lease Well Schurman Well No. 1 Customer Order No. _____

Sec. Twp. _____ Range _____ County Kush 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
4101	26	MILCAGE Pump Truck	2 ⁰⁰	52 ⁰⁰
4100	1	Pump Change		800 ⁰⁰
4001	1	FLOAT Shoe w/Auto Flareup		185 ⁰⁰
4002	8	CENTRAILERS	50 ⁰⁰	400 ⁰⁰
4003	1	LATCH DOWN Plug & BAFFLE		205 ⁰⁰
4004	5	BATERCIDE	40 ⁰⁰	200 ⁰⁰
4005	2	KCL	15 ⁰⁰	30 ⁰⁰
4006		Common RECEIVED	7 ⁰⁵	1762 ⁵⁰
4007		SALT KANSAS CORPORATION COMMISSION	15	180 ⁰⁰
4008		CEC 117L AUG 20 2004	50 ⁰⁰	500 ⁰⁰
4009		CEC 110 CONSERVATION DIVISION	9 ⁰⁰	450 ⁰⁰
4010		Process License Fee on _____ Gallons	1 ⁰⁰	250 ⁰⁰
4011		Process License Fee 11.75 x 26 = 305.50 TM	1.85	259 ⁶⁸
TOTAL BILLING				5274¹⁸

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.

Representative A.G. CURTIS
GB

Roger
Well Owner, Operator or Agent

NET 30 DAYS

NET 30 DAYS	INVOICE TOTAL:	82.38
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