

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
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: **CONSERVATION DIVISION WICHITA, KS**
 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. _____

4-17-04 4-25-04 _____
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 165-21760-00-00
County: Rush
C. SE Sec. 33 Twp. 17 S. R. 16 East West
1320 feet from N (circle one) Line of Section
1320 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

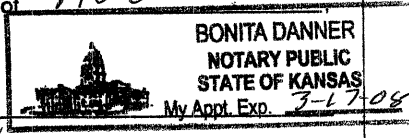
Lease Name: Pumphrey Well #: 1
Field Name: Reichel
Producing Formation: _____
Elevation: Ground: 2046 Kelly Bushing: 2051
Total Depth: 3105 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1059 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan *Alt I with 4-3-07*
(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: _____
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: [Signature]
Title: Geologist Date: 8/20/09
Subscribed and sworn to before me this 20 day of Aug
2009
Notary Public: [Signature]
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

11110

Operator Name: Key Gas Corp. Lease Name: Pumphrey 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)

List All E. Logs Run:
 Dual Induction
 Dual Porosity

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Herington	1956	+95
Winfield	2002	+49
Towanda	2072	-21
Topeka	3022	-971

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	1059	60/40 POZ Common	300 200	
Production	7 7/8	4 1/2		3106	common	200	

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	3022-3028	1000 gal	

UBING 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 Water Bbls. Gas-Oil Ratio Gravity

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



FIELD ORDER N^o 24480

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

DATE 4-24 2004

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

Address _____ City _____ State _____

To Treat Well As Follows: Lease Pumphrey Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Allen 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 80 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
1030	25	MILEAGE PUMP TRUCK	2.00	50.00
1151	1	PUMP CHARGE		800.00
1109	1	WIPER PLUG		45.00
1155	5	BATACIDE	25.00	125.00
1117	2	KCL	15.00	30.00
2101	200	COMMON	7.05	1410.00
1117	1200	SALT	.15	180.00
1117	10	CFR 117L	50.00	500.00
1117	50	CFR 2	9.00	450.00
1117	1	GUIDE SHOE		125.00
1117	8	CENTRALIZER	45.00	360.00
1117	1	INSPT FLOAS VALVE AUTO FILLUP		150.00
1117	200	Bulk Charge	1.00	200.00
1117		Bulk Truck Miles: 9.4 T x 25 M = 235 TM	185	192.10
		Process License Fee on _____ Gallons		
TOTAL BILLING				4617.10

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 services 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 _____

NET 30 DAYS



FIELD ORDER N^o 24471

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

DATE 1-20 2004

IS AUTHORIZED BY: Key Gas Corp (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well _____ Well No. 1 Customer Order No. _____
 As Follows: Lease Pumphrey
 Sec. Twp. _____ County RUSH State KS
 Range _____

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the heretofore 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	RECEIVED	UNIT COST	AMOUNT
4111	40	MILEAGE	KANSAS CORPORATION COMMISSION	2.00	80.00
4110	1	PUMP CHARGE	AUG 20 2004		500.00
4111	1	WOODEN PLUG	CONSERVATION DIVISION WICHITA, KS		50.00
4100	300	60/40 Poz 2 1/2 Gal		5.85	1755.00
4101	300	COMMON		7.05	1410.00
4101	15	Calcium Chloride		25.00	375.00
		Cement 8 5/8 1060'			
4100	500	Bulk Charge		1.00	500.00
4101		Bulk Truck Miles 22.67 x 40 = 907.7M		.85	768.90
		Process License Fee on _____ Gallons			
		TOTAL BILLING			5438.40

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 GH R155
 Well Owner, Operator or Agent

Remarks _____ NET 30 DAYS
 KEN'S #41801