

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. Adv.
 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. _____
5-12-04 5-19-04 6-10-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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AUG 20 2004
WICHITA, KS

API No. 15 - 165-21761-00-00
County: Rush
C SE Sec. 35 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

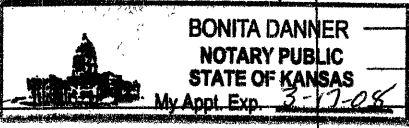
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Juno Well #: _____
Field Name: Reichel
Producing Formation: Topeka
Elevation: Ground: 2040 Kelly Bushing: 2045
Total Depth: 3125 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1033 Feet
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
(Data must be collected from the Reserve Pit) *ALTI WITHM 4-3-07*
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: 8/19/04
Subscribed and sworn to before me this 19 day of AUGUST
2004
Notary Public: Bonita Danner
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

Operator Name: Key Gas Corp. Lease Name: JUno Well #: 1
 Sec. _____ Twp. _____ S. R. _____ East West County: _____

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	1932	
Winfield	2028	
Toiwanda	2100	
Topeka	3060	

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 1/4	8 5/8	24	1033	60/40com	250 200	
Production	7 7/8	4 1/2		3042	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	3050-3060	1000 gal Hcl	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> 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 Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, Sumit ACC-18.) Other (Specify) _____



TREATMENT REPORT

Acid Stage No. _____

5-13-04 District GB F. O. No. 24493
 Company Key Gas Corp
 Name & No. Juno 1
 Location RUSH Field _____ State KS
 Pumping Size _____ Type & Wt. _____ Set at _____ ft.
 Perforation: _____ Perf. _____ to _____
 Perforation: _____ Perf. _____ to _____
 Casing Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Plug Size _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Asst. Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Blows _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal. _____
 Pump Trucks: No. Used: Std. _____ Sp. _____ Twin _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Mark Treater Ar. C. Curtis

Time	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
				8 5/8 @ 1033
				BAFFLE @ 980'
				MIX 250 SKS 60/40 P&P
				200 SKS Common
				Cement Did Circ.
				LAND Plug
				Shot DN
				JOB Complete
				Thank You
				Ar. C. Curtis

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 AUG 20 2004
 CONSERVATION DIVISION
 WICHITA, KS



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KANSAS CORPORATION COMMISSION

AUG 20 2004

FIELD ORDER N^o 24433

CONSERVATION DIVISION
BOX 438 • PLYMOUTH, KANSAS 67060
316-524-1225

DATE 5-13 20 04

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

Address _____ City _____ State _____

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

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 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
4101	32	MILEAGE Pump Truck	2.50 3.00	80.00
4100	1	Pump Charge		800.00
MA	1	8 1/2" WOODEN PLUG		65.00
HOU	1	8 1/2" BAFFLE PLATE		105.00
4000	250	60/40 Poz	5.85	1462.50
4001	200	Common	7.05	1410.00
4051	12	Calcium Chloride 3%	25.00	300.00
4200	450	Bulk Charge	1.00	450.00
4201		Bulk Truck Miles 20.4 T x .50 m = 10.20 TM	.85	867.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				5239.50

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 _____

KEN'S #41801

NET 30 DAYS



FIELD ORDER N^o 24369

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

DATE 5-19 2004

AUTHORIZED BY: Key Gas Corp
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Juno 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	30	MILEAGE Pump Truck	2.50	75.00
1031	1	Pump Charge		1000.00
1044	1	4 1/2 Float Shoe		185.00
MA	8	CENTRALIZERS	55.00	440.00
ELE	1	LATCH DOWN BAFFLE		85.00
ELE	1	LATCH DOWN PLUG		75.00
1012	10	CFR-117L	70.00	700.00
1013	50	CFR-2	9.50	475.00
1055	5	BATERCIDE	25.00	125.00
1042	2	KCL	15.00	30.00
1001	250	Common	7.05	1762.50
1102	1500	1890 SALT	.17	255.00
1200	250	Bulk Charge	1.00	250.00
1201		Bulk Truck Miles 11.75 TX 60 = 705 TM	.85	599.25
		Process License Fee on _____ Gallons		
TOTAL BILLING				6056.75

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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 6B

Roger
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS