

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

**ORIGINAL**

**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: Ted Jochems

API No. 15 - 165-21763-00-00  
County: Rush  
C NW Sec. 32 Twp. 17 S. R. 16  East  West  
1320 feet from S /  (circle one) Line of Section  
1320 feet from E /  (circle one) Line of Section

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

Lease Name: Pechanec Well #: 1  
Field Name: Reichel  
Producing Formation: Topeka  
Elevation: Ground: 2026 Kelly Bushing: 2031

Total Depth: 2138 Plug Back Total Depth: \_\_\_\_\_  
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.

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic) \_\_\_\_\_  
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. \_\_\_\_\_

5-23-04 5-29-04 5-29-04  
Spud Date or Date Reached TD Completion Date or Recompletion Date

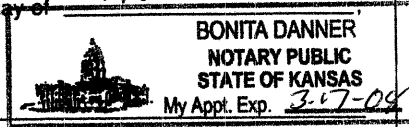
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WICHITA, KS  
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**Drilling Fluid Management Plan** *ALT I P&A*  
(Data must be collected from the Reserve Pit) *W/ 4-3-07*  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering 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: [Handwritten Signature]  
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: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: Key Gas Corp. Lease Name: Pechanec Well #: 1  
 Sec. 32 Twp. 17 S. R. 16  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 Porosity  
 Dual Induction

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Herington	1937	+94
Winfield	1984	+47
Towanda	2053	-22

**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	# Sacs Used	Type and Percent Additives
Surface	12 1/2	8 5/8	24	1035	60/40 POZ Common	250 200	

**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

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method				
	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> 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, Submit ACO-18.)*  Other (Specify) \_\_\_\_\_



FIELD ORDER № 24376

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

DATE 5-25 2004

IS AUTHORIZED BY: Key Gas Corp (NAME OF CUSTOMER)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 To Treat Well As Follows: Lease Petricneck 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  
 Well Owner or Operator \_\_\_\_\_ By \_\_\_\_\_ Agent \_\_\_\_\_

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	35	MILEAGE PUMP TRUCK	2.52	87.50
	1	PUMP CHARGE		500.00
	1	8 5/8 BAFFLE		60.00
	1	8 5/8 WOODEN PLUG		85.00
	250	60/40 P02	5.85	1462.50
	200	Common	7.05	1410.00
	15	CALCIUM CHLORIDE	25.00	375.00
	450	Bulk Charge	1.00	450.00
		Bulk Truck Miles 20.4 TX 70m = 1428 TM	.85	999.60
		Process License Fee on Gallons		
		TOTAL BILLING		5429.60

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 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. B. CURTIS  
 Station GB

MARK  
 Well Owner, Operator or Agent

Remarks \_\_\_\_\_ NET 30 DAYS

KENS #41801



FIELD ORDER # 24486

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

DATE 5-29 2004

IS AUTHORIZED BY: Key Gas Corporation  
(NAME OF CUSTOMER)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
To Treat Well As Follows: Lease IRVING PETRICK 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 \_\_\_\_\_ Agent \_\_\_\_\_  
Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>U50</u>	<u>35</u>	<u>MILPAGE PUMP TRUCK</u>	<u>2.50</u>	<u>87.50</u>
<u>T031</u>	<u>1</u>	<u>Pump Charge</u>		<u>500.00</u>
<u>T007</u>	<u>1</u>	<u>WOODEN PLUG 8 5/8</u>		<u>75.00</u>
<u>1000</u>	<u>130</u>	<u>60/40 Poz</u>	<u>5.82</u>	<u>760.50</u>
<u>4000</u>	<u>7</u>	<u>ADDITIONAL GEL</u>	<u>9.50</u>	<u>66.50</u>
<u>4200</u>	<u>130</u>	<u>Bulk Charge</u>	<u>1.00</u>	<u>130.00</u>
<u>4201</u>		<u>Bulk Truck Miles 5.72T x 70M = 400.40 TM</u>	<u>.85</u>	<u>340.34</u>
		<u>Process License Fee on _____ Gallons</u>		
		<b>TOTAL BILLING</b>		<u>1959.84</u>

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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 G.B.  
Well Owner, Operator or Agent Mark

Remarks \_\_\_\_\_ **NET 30 DAYS**

