

CONFIDENTIAL KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33239
Name: River Gas Chanute, LLC
Address: 509 Energy Center Blvd Suite 804
City/State/Zip: Northport, AL 35473
Purchaser: _____
Operator Contact Person: Randy Allen
Phone: (205) 345-9063
Contractor: Name: Pense Bros. Drilling Co., Inc.
License: 32980
Wellsite Geologist: George Bledsoe

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: _____
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. _____

7-16-04
9/20/03 9/24/03 7/16/2004
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29021-0001
County: Allen
SW NW SE SE Sec. 9 Twp. 26 S. R. 20 East West
1726 feet from (S) N (circle one) Line of Section
2268 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Swanson Well #: C3-9

Field Name: Siebert
Producing Formation: Cherokee Coals
Elevation: Ground: 1001 Kelly Bushing: 1001
Total Depth: 1135' Plug Back Total Depth: 1127.1
Amount of Surface Pipe Set and Cemented at 22.1 Feet
Multiple Stage Cementing Collar Used? Yes No
Yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____
to depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT II WAM
(Data must be collected from the Reserve Pit) 7-12-07
Chloride content _____ ppm Fluid volume 60 bbls
Dewatering method used disposal well

Location of fluid disposal if hauled offsite: _____
Operator Name: River Gas Chanute, LLC
Lease Name: Fewins A4-9 Disp. Well License No.: _____
Quarter N/2 Sec. 9 Twp. 26 S. R. 20 East West
County: Allen Docket No.: #D-28,290

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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: _____
Title: _____ Date: 8/30/04
Subscribed and sworn to before me this 30 day of August,
2004.
Notary Public: Debra Lott
Date Commission Expires: 4-11-05

KCC Office Use ONLY

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

Operator Name: River Gas Chanute, LLC Lease Name: Swanson Well #: C3-9
 Sec. 9 Twp. 26 S. R. 20 East West County: Allen

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

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List All E. Logs Run:

CNL/CDL (previously submitted)
5" Deep Guard

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	# Sacs Used	Type and Percent Additives
Surface Csg	12 1/4"	8 5/8"	24	22.1'	Portland	7	
Production Csg	7 7/8	5 1/2"	17	1127.1	Class A	190	6% Gypsum, 2% Cal, 2% Gel

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	884' - 890'	total materials used: 10,100# 20/40 sand,	all perf'd
4	821'-817'; 812'-810'; 747' -744'	1000 gals 15% Acid, 855 bbls water,	intervals
		6 gals Inhibitor, 3 gals Biocide, 71 1" ball	
		sealers.	

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

Date of First, Resumerd 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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify)

Oilwell Fracturing Services, Inc.

TREATMENT REPORT

Invoice No. PK 36601 Station PAWHUSKA Date 07-16-04, 19

Owner RIVER GAS CHANUTE LLC Lease SWANSON Well No. C-3-9

Pool _____ County ALLEN State KANSAS

Loc. _____ Formation UNKNOWN

Pipe Data—		Perforating Data—		Production—	
T.D. _____	P.B. <u>847</u>	Shots/Ft. <u>36-9</u>		Oil _____	Water _____
Csg. Size <u>5.5</u>	Wt. <u>15.5</u>	From <u>744</u>	To <u>747</u>	Present _____	
Csg. Depth _____	Sks. Cement _____	From <u>810</u>	To <u>812</u>	Previous Treatments	
Tbg. Size <u>2 7/8"</u>	Depth <u>7135</u>	From <u>817</u>	To <u>821</u>		
Packer Type _____	Annulus Vol. _____	From _____	To _____		
Csg. Vol. _____	Tbg. Vol. <u>4.1</u>	From _____	To _____		

Detailed Record of Treatment

Materials Used

Quan.	Type	Quan.	Type
500 GALS. 15%		1 GAL. BIO 575	KCC
1 1/2 GALS. IB-1		5500 LBS. 20/40 SAND	
1 GAL. NE-3		2 1/2 GALS. FE-1	AUG 3 0 2004

Fluids Used

Acid	<u>500 GAL. ACID</u>
Breckdown	<u>56 WATER</u>
Frac	<u>384 WATER</u>
Flush	<u>20 WATER</u>

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Time	Csg.	Pressure Tbg.	Bbbls. of Fluid		Inj. Rate	Remarks
			Out of Tanks	In Form.		
10:51	2450		3		.50	Safety Meeting PRESSURE TEST PLUG
11:38	0		0		4.5	PUMP 5 BBLS. WATER
11:39	0		5		3.5	PUMP 100 GALS. ACID
11:40	0		7.5		3.5	PUMP 4.5 BBLS. WATER
11:42	0		12		3.5	SHUT DOWN & SET PACKER
11:57	0		0		2.0	LOAD HOLE W/WATER
11:58	1600		1		.5	BREAK FORMATION
12:00	1000		1		6.3	EST. RATE AT 6 BPM
12:01	900		10		6.3	PUMP 400 GALS. ACID W/BALLS
12:02	850		15		6.3	BALLS ON PERFS.
12:03	850		20		6.3	START FLUSH W/BALLS
12:03	875		25		6.3	BALLS ON PERFS.
12:06	900		53		6.3	FLUSH IN
12:07						SURGE BALLS (OVER PLEASE)

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Arrival Date 7-16-04 Time 7:30 AM Left Location: Date _____ Time _____ Round Trip Miles _____

(See Reverse Side for Additional Treatment Remarks)

Equipment Used

Name	Unit No.	Name	Unit No.
PAUL STONE	54008-51005		
BRENT S	51004		
STEWART	56004-59003		

Treatment Resume

Avg. Inj. Rate	<u>13</u>	BPM
Avg. Trt. Press.	<u>1500</u>	psi
Hydraulic HP Used	<u>705</u>	
Total Fluid Pumped	<u>472</u>	
Maximum Pressure	<u>2450</u>	psi
Minimum Pressure	<u>800</u>	psi
I. S. I. P.	<u>550</u>	psi

RANDY ALLEN

STEVE DILLEY

CALVIN KASTNING

Oilwell Fracturing Services, Inc.

TREATMENT REPORT

Invoice No. PK 36601 Station PAWHUSKA Date 07-15-04, 19__
 Owner RIVER GAS CHANUTE LLC Lease SWANSON Well No. C3-9
 Pool _____ County ALLEN State KANSAS
 Loc. _____ Formation RIVERTON

Pipe Data—		Perforating Data—		Production—	
T.D. _____	P.B. _____	Shots/Ft. <u>24/6</u>		Oil _____	Water _____
Csg. Size <u>5.5</u>	Wt. <u>15.5</u>	From <u>884</u>	To <u>890</u>	Present _____	
Csg. Depth _____	Sks. Cement _____	From _____	To _____	Previous Treatments	
Tbg. Size _____	Depth _____	From _____	To _____		
Packer Type _____	Annulus Vol. _____	From _____	To _____		
Csg. Vol. <u>21.0</u>	Tbg. Vol. _____	From _____	To _____		

Detailed Record of Treatment

Materials Used		Type		Quan.	Type
500 GALS. 15%				1 GAL. BIO 575	
1 1/2 GALS. IB-1				5000 LBS. 20/40 SAND	KCC
1 GAL. NE-3					AUG 3 0 2004
2 1/2 GALS. FE-1					

Fluids Used	
Acid	500
Breakdown	19 WATER
Frac	346 WATER
Flush	30 WATER

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Time	Csg. Pressure	Tbg.	Bbls. of Fluid		Inj. Rate	Remarks
			Out of Tanks	In Form.		
5:14	0		0		4.5	Safety Meeting
5:15	0		2.5		4.5	PUMP 100 GALS. ACID
5:18	2400		21		.5	LOAD HOLE W/TREATED FRESH WATER
5:19	2400		21			PRESSURE TEST PLUG
5:57	0		0		3	RIG OFF WELL
6:00	2200		2		.5	LOAD HOLE W/WATER
6:01	1900		2		6	BREAK FORMATION
6:02	400		12		6.3	PUMP 400 GALS. ACID @ 6 BPM
6:06	350		36		12	START PAD @ 6 BPM
6:08	450		61		16.1	INCREASE RATE @ 12 BPM
6:09	600		86		16.1	INCREASE RATE @ 16 BPM
6:10	600		107		16.1	START 20/40 @ 1/2 PPG
6:13	600		136		16.1	20/40 ON FORMATION 1/4 PPG
						START 20/40 @ 1/2 PPG (OVER PLEASE)

Arrival Date 7-15-04 Time 3:30 Left Location: Date _____ Time _____ Round Trip Miles _____
 (See Reverse Side for Additional Treatment Remarks)

Equipment Used

Name	Unit No.	Name	Unit No.
PAUL STONE	54008 51005		
BRENT S	51004		
STEWART C	56004 59003		

Treatment Resume

Avg. Inj. Rate	<u>14</u>	BPM
Avg. Trt. Press.	<u>600</u>	psi
Hydraulic HP Used	<u>205</u>	
Total Fluid Pumped	<u>407</u>	
Maximum Pressure	<u>2400</u>	psi
Minimum Pressure	<u>350</u>	psi
I. S. I. P.	<u>350</u>	psi

RANDY ALLEN

STEVE DILLEY

CALVIN KASTNING

