

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM

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: Kim Runnels - Century Geophysical Corp.

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. \_\_\_\_\_  
7-22-04 12/3/2003 12/4/2003 7/22/2004  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 001-29044.00.D1  
County: Allen  
W/2 SE NE NE Sec. 9 Twp. 26 S. R. 20  East  West  
959 feet from S N (circle one) Line of Section  
509 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Fewins Well #: A4-9  
Field Name: Cherokee Basin Coal Area  
Producing Formation: Cherokee Coal  
Elevation: Ground: 1001' Kelly Bushing: \_\_\_\_\_  
Total Depth: 1125' Plug Back Total Depth: 1111.1'  
Amount of Surface Pipe Set and Cemented at 22.4 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet

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Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.  
ALT II W/HM 2-12-07

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ 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

**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,  
20 04  
Notary Public: Debra Jell  
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: Fewins Well #: A4-9  
 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)

CASING RECORD <input checked="" 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	# Sacks Used	Type and Percent Additives
Surface Csg	10 1/2"	8 5/8" New	21	22.4'	60/40 POZ	5	
Production	7 7/8"	5 1/2 " New LS	15.5	1111.1'	60/40 POZ	220	2sks 2%gel, &Gilsonite
							1/4 # per sk Floseal

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 checked="" type="checkbox"/> Plug Off Zone	924'-930'; 932'-934'	Portland A	125 sxs	squeezed to 500 psi, Cal.Chloride
	880'-890'	Portland A	100 sxs	squeezed to 750 psi, Cal Chloride

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	868' - 873'; 799'-802'; 737'-734'; 686'-684';	total materials used: 15,000# 20/40 sand,	all
4	660'-655'; 639'-636'; 610'-608'	1500 gals 15% acid, 1350 bbls water,	perf'd
		6 gals inhibitor, 7.5 gals FE-1, 3 gals Biocide 575	intervals

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TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
		<input type="checkbox"/> Flowing <input checked="" 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
	n/a	none		n/a	

Disposition of Gas  Vented  Sold  Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_

# Oilwell Fracturing Services, Inc.

## TREATMENT REPORT

Invoice No. PK 36649 Station PAWHUSKA Date 07-22-04, 19  

Owner RIVER GAS CHANUTE LLC Lease FEWINS Well No. A4-9

Pool \_\_\_\_\_ County ALLEN State KANSAS

Loc. \_\_\_\_\_ Formation RIVERTON

<b>Pipe Data—</b>		<b>Perforating Data—</b>		<b>Production—</b>	
T.D. _____	P.B. <u>875</u>	Shots/Ft. <u>40 / 5</u>		Oil _____	Water _____
Csg. Size <u>5.5</u>	Wt. <u>15.5</u>	From <u>868</u>	To <u>873</u>	Present _____	_____
Csg. Depth _____	Sks. Cement _____	From _____	To _____	<b>Previous Treatments</b>	
Tbg. Size _____	Depth _____	From _____	To _____	_____	_____
Packer Type _____	Annulus Vol. _____	From _____	To _____	_____	_____
Csg. Vol. <u>20.8</u>	Tbg. Vol. _____	From _____	To _____	_____	_____

### Detailed Record of Treatment

**Materials Used**

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

**Fluids Used**

Acid _____	500 GALS.
Breakdown _____	18 WATER
Frac _____	351 WATER
Flush _____	40 WATER

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Time	Csg. Pressure	Tbg.	Bbls. of Fluid		Inj. Rate	Remarks
			Out of Tanks	In Form.		
9:47	0		0		6.3	<b>Safety Meeting</b> PUMP 100 GALS. ACID
9:48	0		2.5		6.3	LOAD HOLE WITH TREATED FRESH WATER
9:50	2400		20		.5	PRESSURE TEST PLUG
9:51	2400		20		0	RELEASE PRESSURE & RIG OFF WELL
10:27	0		0		2.5	LOAD HOLE
10:30	1650		5		1.0	BREAK FORMATION & EST. RATE
10:30	1300		5		6.8	PUMP 400 GALS. ACID
10:31	1100		15		6.8	START PAD @ 6 BPM
10:35	750		40		11.7	INCREASE RATE @ 12 BPM
10:37	800		65		16.1	INCREASE RATE @ 16 BPM
10:39	900		90			START 20/40 SAND @ 1/4 PPG
10:40	900		110			20/40 ON FORMATION @ 1/4 PPG
10:42	900		140			START 20/40 @ 1/2 PPG

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Arrival Date 7-22-04 Time 8:00 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	51005 54008	<b>KCC</b>	
BRENT	51004	<b>AUG 3 0 2004</b>	
STEWART CONNER	56004 59003	<b>CONFIDENTIAL</b>	

**Treatment Resume**

Avg. Inj. Rate _____	14	BPM
Avg. Trt. Press. _____	900	psi
Hydraulic HP Used _____	309	
Total Fluid Pumped _____	421	
Maximum Pressure _____	2400	psi
Minimum Pressure _____	750	psi
I. S. I. P. _____	500	psi

RANDY ALLEN

GAIL DILLEY

CALVIN KASTNING



# Oilwell Fracturing Services, Inc.

## TREATMENT REPORT

Invoice No. PK 36649 Station PAWHUSKA Date 7-22-04 19  

Owner RIVER GAS CHANUTE LLC Lease FEWINS Well No. A-4-9

Pool \_\_\_\_\_ County ALLEN State KANSAS

Loc. \_\_\_\_\_ Formation UNKNOWN

<b>Pipe Data—</b>		<b>Perforating Data—</b>		<b>Production—</b>	
T.D. _____	P.B. <u>828</u>	Shots/Ft. _____		Oil _____	Water _____
Csg. Size <u>5.5</u>	Wt. <u>15.5</u>	From <u>684</u>	To <u>686</u>	Present _____	
Csg. Depth _____	Sks. Cement _____	From <u>734</u>	To <u>737</u>	<b>Previous Treatments</b>	
Tbg. Size _____	Depth _____	From <u>799</u>	To <u>802</u>		
Packer Type _____	Annulus Vol. _____	From _____	To _____		
Csg. Vol. <u>19.70</u>	Tbg. Vol. _____	From _____	To _____		

### Detailed Record of Treatment

**Materials Used**

Quan.	Type	Quan.	Type
500 GALS. 15%		1 GAL. BIOCIDE 575	
1 GAL. IB-1		5000 LBS. 20/40 SAND	
1 GAL. NE-3		70 1" BALL SEALERS	
2 1/2 GALS. FE-1			

**Fluids Used**

Acid	500
Breakdown	56 WATER
Frac	375
Flush	25

Time	Csg. Pressure Tbg.	Bbls. of Fluid		Inj. Rate	Remarks
		Out of Tanks	In Form.		
12:47	0	0		6.8	<i>Safety Meeting</i> PUMP 100 GALS. ACID
12:47	0	2.5		6.8	LOAD HOLE W/WATER
12:50	2500	18		.5	PRESSURE TEST PLUG
12:51		18		0	RIG OFF WELL & PERFORATE
2:10	0	0		3.5	LOAD HOLE W/WATER
2:11	1100	2		.5	BREAK FORMATION
2:12	1000	3		6.3	EST. RATE
2:14	800	10		6.3	PUMP 400 GALS. ACID W/30 BALLS
2:16	800	20		6.3	START FLUSH W/20 BALLS
2:17	1200	26		5.8	BALLS ON PERFS
2:18	2500	36		5.8	BALLS ON PERFS
2:20	2100	50		5.0	FLUSH IN & JOB COMPLETE

Arrival Date 7-22-04 Time 8:00 AM Left Location: Date \_\_\_\_\_ Time \_\_\_\_\_ Round Trip Miles 250  
(See Reverse Side for Additional Treatment Remarks)

**Equipment Used**

Name	Unit No.	Name	Unit No.
PAUL STONE	54018 51005		
BRENT SCHULER	51004		
STEWART CONNER	56004 59003		

**Treatment Resume**

Avg. Inj. Rate	12.4	BPM
Avg. Trt. Press.	1000	psi
Hydraulic HP Used		
Total Fluid Pumped	468	
Maximum Pressure	2500	psi
Minimum Pressure	800	psi
I. S. I. P.	500	psi

RANDY ALLEN

STEVE DILLEY

CALVIN KASTNING



# Oilwell Fracturing Services, Inc.

## TREATMENT REPORT

Invoice No. PK 36649 Station PAWHUSKA Date 07-22-04, 19\_\_  
 Owner RIVER GAS CHANUTE LLC Lease FERWINS Well No. A4-9  
 Pool \_\_\_\_\_ County ALLEN State KS  
 Loc. \_\_\_\_\_ Formation UNKNOWN

<b>Pipe Data—</b>		<b>Perforating Data—</b>		<b>Production—</b>	
T.D. _____	P.B. <u>675</u>	Shots/Ft. <u>40/10</u>		Oil _____	Water _____
Csg. Size _____	Wt. _____	From <u>608</u>	To <u>610</u>	Present _____	
Csg. Depth _____	Sks. Cement _____	From <u>636</u>	To <u>639</u>	<b>Previous Treatments</b>	
Tbg. Size _____	Depth _____	From <u>655</u>	To <u>660</u>		
Packer Type _____	Annulus Vol. _____	From _____	To _____		
Csg. Vol. <u>16.06</u>	Tbg. Vol. _____	From _____	To _____		

### Detailed Record of Treatment

**Materials Used**

Quan.	Type	Quan.	Type
500 GALS. 15%		1 GAL. BIOCID 575	
1 GAL. IB-1		5000 LBS. 20/40 SAND	<b>KCC</b>
1 GAL. NE-3		80 1" BALLSEALERS	<b>AUG 3 0 2004</b>
2 1/2 GALS. FE-1			

**Fluids Used**

Acid	500
Breakdown	51
Frac	384
Flush	30

Time	Csg.	Pressure Tbg.	Bbls. of Fluid		Inj. Rate	Remarks
			Out of Tanks	In Form.		
4:58			0		4.8	<b>Safety Meeting</b>
4:58			2.5		6.3	PUMP 100 GALS. ACID
5:01	2500		15		.5	LOAD HOLE W/WATER
5:02			15		0	PRESSURE TEST PLUG
6:34			0			RIG OFF WELL & PERFORATE
6:35	400		2			LOAD HOLE
6:35	500		2		6.3	BREAK FORMATION
6:36	550		10		6.3	EST. RATE
6:37			20		6.3	PUMP 400 GALS. ACID W/35 BALLS
6:38	1450		25		6.3	START FLUSH W/25 BALLS
6:39	1700		35		6.3	BALLS ON PERFS.
6:41	700		46		4.5	BALLS ON PERFS.
6:42	2500		48		1.0	BALLS ON PERFS. & WELL BALLED OFF

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Arrival Date 7-22-04 Time 8:00 AM Left Location: Date 7-22-04 Time \_\_\_\_\_ Round Trip Miles \_\_\_\_\_  
(See Reverse Side for Additional Treatment Remarks)

**Equipment Used**

Name	Unit No.	Name	Unit No.
PAUL STONE	54008 51005	<b>KCC</b>	
BRENT SCHULER	51004	<b>AUG 3 0 2004</b>	
STEWART CONNER	56004 59003	<b>CONFIDENTIAL</b>	

**Treatment Resume**

Avg. Inj. Rate	<u>14</u>	BPM
Avg. Trt. Press.	<u>600</u>	psi
Hydraulic HP Used	<u>206</u>	
Total Fluid Pumped	<u>477</u>	
Maximum Pressure	<u>2500</u>	psi
Minimum Pressure	<u>400</u>	psi
I. S. I. P.	<u>500</u>	psi

RANDY ALLEN

STEVE DILLEY

CALVIN KASTNING

