

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

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: Kim Runnels - Century Geophysical Corp.

Designate Type of Completion:
 _____ 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: River Gas Chanute, LLC
 Well Name: Fewins A2-9

Original Comp. Date: 3/12/04 Original Total Depth: 1165'
 _____ 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. _____

7-14-04 12/3/2003 12/4/2003 7/14/2004
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 001-29047.00.0
 County: Allen
N/2 NE NW Sec. 9 Twp. 26 S. R. 20 East West
360 feet from S / (N) (circle one) Line of Section
2018 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 #: A2-9

Field Name: Cherokee Basin Coal Area
 Producing Formation: Cherokee Coal
 Elevation: Ground: 997' Kelly Bushing: _____
 Total Depth: 1165' Plug Back Total Depth: 1162.45'
 Amount of Surface Pipe Set and Cemented at 22.5' 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 ALTIWHM
 (Data must be collected from the Reserve Pit) 2-12-07
 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

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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
04
 Notary Public: Debra Jolt
 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 #: A2-9
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: CNL/CDL (previously submitted)	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: right; font-size: 24pt; font-weight: bold;">KCC</div> <div style="text-align: right; font-size: 18pt; font-weight: bold;">AUG 30 2004</div> <div style="text-align: right; font-size: 24pt; font-weight: bold; opacity: 0.5;">RECEIVED CONFIDENTIAL</div> <div style="text-align: right; font-size: 18pt; font-weight: bold; opacity: 0.5;">SEP 03 2004</div> <div style="text-align: right; font-size: 24pt; font-weight: bold; opacity: 0.5;">KCC WICHITA</div>
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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 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 <i>(Amount and Kind of Material Used)</i>	Depth
4	881' - 886'; 810'-814'; 782'-784'; 763'-766'; 698'-701'; 649'-652'; 622'-626'	total material: 32,000# 20/40 sand, 1500 gals 15% Acid, 1370 bbls water, 154 ball sealers, 3 gals inhibitor; 3 gals biocide, 7 1/2 gals iron seq. agent.	perfd'd intervals

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 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 36600 Station PAWHUSKA Date 07-14-04, 19

Owner RIVER GAS CHANUTE LLC Lease FEWINS Well No. A-2-9

Pool _____ County ALLEN State KANSAS

Loc. _____ Formation RIVERTON

Pipe Data—		Perforating Data—		Production—	
T.D. _____	P.B. _____	Shots/Ft. <u>20/5</u>		Oil _____	Water _____
Csg. Size <u>5.5</u>	Wt. <u>15.5</u>	From <u>881</u>	To <u>886</u>	Present _____	
Csg. Depth _____	Sks. Cement _____	From _____	To _____	Previous Treatments	
Tbg. Size _____	Depth _____	From _____	To _____		
Packer Type _____	Annulus Vol. _____	From _____	To _____		
Csg. Vol. _____	Tbg. Vol. _____	From _____	To _____		

Detailed Record of Treatment

Materials Used	Quan.	Type	Quan.	Type
500 GALS. 15%			1 GAL. BIO 575	
1 GAL. IB-1			20/40 SAND	
1 GAL. NE-3			1" BALLSEALERS	
2 1/2 GALS. FE-1				

Fluids Used	
Acid	500
Breakdown	29 WATER
Frac	370 WATER
Flush	30 FRESH WATER

Time	Csg. Pressure Tbg.	Bbls. of Fluid		Inj. Rate	Remarks
		Out of Tanks	In Form.		
9:54	0	0		4	PUMP 100 GALS. ACID
9:56	0	2.5		4	LOAD HOLE W/TREATED FRESH WATER
10:00	0	21		0	RIG OFF WELL & PERFORATE
10:46	0	0		5.5	LOAD HOLE W/TREATED FRESH WATER
10:47	1200	4		.5	BREAK FORMATION
10:48	1150	5		6.5	EST. RATE @ 6 BPM
10:49	1150	10		6.5	PUMP 400 GALS. ACID
10:50	450	20		6.5	START PAD @ 6 BPM
10:54	450	45		12.2	INCREASE RATE @ 12 BPM
10:56	500	70		16.1	INCREASE RATE @ 16 BPM
10:59	600	120		16.1	START 20/40 SAND @ 1/4 PPG
11:00	600	141		16.1	20/40 ON FORMATION @ 1/4 PPG
11:02	600	170		16.1	INCREASE 20/40 @ 1/2 PPG

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Safety Meeting SEP 03 2004

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Arrival Date 7-14-04 Time 8:30 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 SCHULER	51004		
STEWART	56004 59003		

Treatment Resume

Avg. Inj. Rate	14.3	BPM
Avg. Trt. Press.	600	psi
Hydraulic HP Used	211	
Total Fluid Pumped	441	
Maximum Pressure	1200	psi
Minimum Pressure	300	psi
I. S. I. P.	350	psi

RANDY ALLEN

STEVE DILLEY

CALVIN KASTNING

Oilwell Fracturing Services, Inc.

TREATMENT REPORT

Invoice No. PK 36600 Station PAWHUSKA Date 07-15-04, 19

Owner RIVER GAS CHANUTE LLC Lease FEWINS Well No.

Pool County ALLEN State KANSAS

Loc. Formation UNKNOWN

Pipe Data—		Perforating Data—		Production—	
T.D. <u> </u>	P.B. <u>725</u>	Shots/Ft. <u>40/10</u>		Oil <u> </u>	Water <u> </u>
Csg. Size <u>5.5</u>	Wt. <u>15.5</u>	From <u>698</u>	To <u>701</u>	Present <u> </u>	
Csg. Depth <u> </u>	Sks. Cement <u> </u>	From <u>649</u>	To <u>652</u>	Previous Treatments	
Tbg. Size <u> </u>	Depth <u> </u>	From <u>622</u>	To <u>626</u>		
Packer Type <u> </u>	Annulus Vol. <u> </u>	From <u> </u>	To <u> </u>		
Csg. Vol. <u>17.25</u>	Tbg. Vol. <u> </u>	From <u> </u>	To <u> </u>		

Detailed Record of Treatment

Materials Used

Quan.	Type	Quan.	Type
500 GALS. 15%		1 GAL. BIO 575	
1 GAL. IB-1		80 1" BALL SEALERS	
1 GAL. NE-3		5500 LBS. 20/40 SAND	
2 1/2 GALS. FE-1			

Fluids Used

Acid	500 ACID
Breakdown	51 WATER
Frac	385 WATER
Flush	30 WATER

Time	Csg.	Pressure Tbg.	Bbls. of Fluid		Inj. Rate	Remarks
			Out of Tanks	In Form.		
7:40	0				3	Safety Meeting
7:41	0		2.5		3	PUMP 100 GALS. ACID
7:45	2500		17		.5	LOAD HOLE W/WATER
7:46	2500		17		0	PRESSURE TEST PLUG
9:30	0		0		3	RIG OFF WELL
9:31	1000		2		.5	LOAD HOLE W/WATER
9:32	1200		10		6.3	BREAK FORMATION & EST. RATE
9:34	1000		20		6.3	PUMP 400 GALS. ACID W/BALLS 38 EA.
9:35	1900		27		6	START FLUSH W/BALLS 22 EACH
9:37	2450		37		5.8	BALLS ON PERFS.
9:39	3300		46		2	BALLS ON PERFS.
						FLUSH IN & WELL BALLED OUT

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Arrival Date 7-15-04 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 C	56004 59003		

Treatment Resume

Avg. Inj. Rate	14	BPM
Avg. Trt. Press.	850	psi
Hydraulic HP Used	292	
Total Fluid Pumped	478	
Maximum Pressure	3300	psi
Minimum Pressure	700	psi
I. S. I. P.	500	psi

RANDY ALLEN

STEVE DILLEY

CALVIN KASTNING

Oilwell Fracturing Services, Inc.

TREATMENT REPORT

Invoice No. PK 36600 Station PAWHUSKA Date 07-14-04, 19

Owner RIVER GAS CHANUTE LLC Lease FEWINS Well No. A2-9

Pool _____ County ALLEN State KANSAS

Loc. _____ Formation _____

Pipe Data—		Perforating Data—		Production—	
T.D. _____	P.B. <u>844</u>	Shots/Ft. <u>36/9</u>		Oil _____	Water _____
Csg. Size <u>5.5</u>	Wt. <u>15.5</u>	From <u>763</u>	To <u>766</u>	Present _____	
Csg. Depth _____	Sks. Cement _____	From <u>782</u>	To <u>784</u>	Previous Treatments	
Tbg. Size _____	Depth _____	From <u>810</u>	To <u>814</u>		
Packer Type _____	Annulus Vol. _____	From _____	To _____		
Csg. Vol. _____	Tbg. Vol. _____	From _____	To _____		

Detailed Record of Treatment

Materials Used		Fluids Used	
Quan.	Type	Quan.	Type
500 GALS. 15%		70 1" BALL SEALERS	
1 GAL. IB-1		1 GAL. BIO 575	
1 GAL. NE-3		16000 LBS. 20/40 SAND	
		Acid <u>500 GALS.</u>	
		Breakdown <u>57 WATER</u>	
		Frac <u>384 WATER</u>	
		Flush <u>30 WATER</u>	

Time	Pressure		Bbls. of Fluid		Inj. Rate	Remarks
	Csg.	Tbg.	Out of Tanks	In Form.		
2:44	0		0		2.0	<i>Safety Meeting</i> PUMP 8 BBLs. WATER
2:48	0		8		1.9	PUMP 100 GALS. ACID
2:49	0		10.5		1.9	PUMP 6 BBLs. WATER
2:52	0		17		1.9	RIG OFF WELL
3:23	2450		0		1.0	PRESSURE TEST PLUG
3:25	2450		2			RIG OFF WELL
5:05	0		0		3.5	LOAD HOLE W/TREATED WATER
5:06	1900		1		.5	BREAK FORMATION
5:07	500		2		6.3	ESTABLISH RATE W/WATER
5:08	450		10		6.3	PUMP 400 GALS. ACID W/30 BALLS
5:10	400		20		6.3	START FLUSH W/24 BALLS
5:13	2700		38		5.8	BALLS ON PERFS.
5:14	1600		45		5.0	BALLS ON PERFS.
5:15	1550		50		5.8	FLUSH IN & JOB COMPLETE

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SEP 03 2004

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Arrival Date _____ Time _____ 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 SCHULER	51004		
STEWART CONNER	56004 59003		

Treatment Resume

Avg. Inj. Rate	<u>14</u>	BPM
Avg. Trt. Press.	<u>550</u>	psi
Hydraulic HP Used	<u>215</u>	
Total Fluid Pumped	<u>483</u>	
Maximum Pressure	<u>2700</u>	psi
Minimum Pressure	<u>300</u>	psi
I. S. I. P.	<u>550</u>	psi

RANDY ALLEN

STEVE DILLEY

CALVIN KASTNING

