

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33239
Name: River Gas Chanute, LLC
Address: 219 3600 Street
City/State/Zip: Savonburg, KS 66772
Purchaser: _____
Operator Contact Person: J. Morris
Phone: (620) 754-3627
Contractor: Name: Mc Pherson Drilling
License: 5675
Wellsite Geologist: _____

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SLOW ____ Temp. **RECEIVED**
 Gas ____ ENHR ____ SIGW **MAY 12 2005**
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc) **KCC WICHITA**

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. _____

3-28-05 4-1-05 4-9-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29165-00-00
County: Allen
NW SW SE Sec. 15 Twp. 26 S. R. 20 East West
920 feet from S / **(N)** (circle one) Line of Section
2240 feet from **(E)** / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Carlson Well #: C3-15
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Tucker
Elevation: Ground: 1028 Kelly Bushing: 1055
Total Depth: 1063 Plug Back Total Depth: 1055

Amount of Surface Pipe Set and Cemented at _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
Alternate II completion, cement circulated from 1063
feet depth to 1055 w/ 125 sx cmt.
ALT II WHM 3-19-07

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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: J. Morris
Title: _____ Date: 5/5/05
Subscribed and sworn to before me this 5th day of May,
20 05.
Notary Public: Norm Thole
Date Commission Expires: 01-26-06



KCC Office Use ONLY
____ Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: River Gas Chanute, LLC Lease Name: Carlson Well #: C3-15
 Sec. 15 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)

List All E. Logs Run:

DIL
 CDL
 CNL
 CBL

Log Formation (Top) Depth and Datum Sample

Name	Top	Datum
Kansas City LS	6	1,022
Lenepah LS	310	718
Altamont LS	335	693
Pawnee LS	432	596
Fort Scott LS	498	530
Mississippi LS	905	123

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 Casing	11"	8.625"	24#	21.4"	Portland Type A	<u>125 4</u>	n/a
Production Casing	6.75"	4.5"	9.5#	1057'	Class A Thickset	<u>125</u>	Thickset

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
3	818-823	500 gal of 10% acid 2500# sand per foot of zone	1063

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TUBING RECORD		Size	Set At	Packer At	Liner Run
		2.375"	902.70'	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
4/09/05			<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	20	30	n/a	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 _____

CONSOLIDATED OIL WELL SERVICES C.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER **33643**

FIELD TICKET REF # **26364**

LOCATION **Chanute**

FOREMAN **Wald**

**TREATMENT REPORT
 FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-7-05		Carlson 13-15	15	26 S	20 E	Allen
CUSTOMER River Gas Chanute LLC			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

WELL DATA

CASING SIZE 4 1/2	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
7 1/2 - 23	15 bel-s

TYPE OF TREATMENT

Acid & Sand Frac

CHEMICALS

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Spot 2306 gal 10% HCL on 6 in P	6	1-3	1 Ppsw / 1 pt - Brk		460	BREAKDOWN 710
2500 gal 10% HCL	78	5-1-20			470-550	START PRESSURE 800
2300 10% HCL	25	20	1/4	200	800	END PRESSURE 815
2300 10% HCL	40	20	1/4	200	805	BALL OFF PRESS
2300 10% HCL	30	20	1/4	200	815	ROCK SALT PRESS
10% HCL	10	20	1	200	815	ISIP 483
10% HCL	35	20	1	1000	809	5 MIN 379
10% HCL	130	22	1	5500	870-875	10 MIN 287
10% HCL	52	22	1 1/2	3100	875	15 MIN 179
Fld	33	22			875-875	MIN RATE 1
						MAX RATE 22
						DISPLACEMENT 13 1/2

REMARKS: 5006 gal 10% HCL Acid
 435 HCLs 10% 2% KCL 4/10/10/10/10/10
 205 HCLs 2% HCL
 96 HCLs 10% HCL

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AUTHORIZATION _____ TITLE _____ DATE _____