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JUN 14 2005

KANSAS CORPORATION COMMISSION
OIL & GAS DIVISION

Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA

WELL COMPLETION FORM

ORIGINAL

CONFIDENTIAL

Operator: License # 5399
 Name: American Energies Corporation
 Address: 155 North Market, Suite 710
 City/State/Zip: Wichita, KS 67202
 Purchaser: _____
 Operator Contact Person: Alan L. DeGood
 Phone: (316) (316) 263-5785
 Contractor: Name: American Energies Corporation
 License: 5399
 Wellsite Geologist: None

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: Brunson-Spines
 Well Name: #1 D Kaufman

Original Comp. Date: 6/3/1971 Original Total Depth: 3523
 Deepening Re-perf. Conv. To Enhr/SWD
 Plug Back 3245 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

3/7/05	3/10/05	3/10/05
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API NO. 15 - 079-20-168-00-01
 County: Harvey
 SW NW - - Sec. 1 S. R. 22-3 East West
1980' feet from S / (N) (circle one) Line of Section
660' feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW
 Lease Name: Kaufman OWWO Well #: D-1
 Field Name: Harmac

Producing Formation: Mississippi/Warsaw
 Elevation: Ground: 1448 Kelly Bushing: 1453
 Total Depth: 3522 Plug Back Total Depth: 3245

Amount of Surface Pipe Set and Cemented at 8 5/8" @ 190 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.

ALT 1 WITH 5-16-06

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 None Used
 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 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: *Alan L. DeGood*
 Title: Alan L. DeGood, President Date: 6/7/05

Subscribed and sworn to before me this 7th day of June,
2005

Notary Public: *Melinda S. Wooten*

Date Commission Expires: Melinda S. Wooten, Notary Exp. 3/12/08

MELINDA S. WOOTEN
 Notary Public • State of Kansas
 My Appt. Expires 3-12-08

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes No Date: _____
 Wireline Log Received
 UIC Distribution

Operator Name: American Energies Corporation Lease Name: Kaufman OWWO Well: D-1
 Sec. 1 Twp. 22 S. R. 3 Vest County: Harvey

INSTRUCTIONS: Show important tops and bas of formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval test, 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 charts(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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 Yes No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Dual Receiver Cement Bond/Gamma Ray Neutron	<input type="checkbox"/> Log Name Formation (Top), Depth and Datum Top <input type="checkbox"/> Sample Datum None - Workover
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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	12 1/4"	8 5/8"		190'	Unknown	175	Unknown
Production		2 7/8"	G-40	3150'	Packer		

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 SPF	3171-3175	750 gallons 15% HCL Acid	
		500 gallons MCA Acid	

TUBING RECORD	Size <u>2 1/16th</u> Set At <u>3100</u> Packer At <u>3245'</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls	Gas Mcf <u>140 MCFPD</u>	Water Bbls <u>40</u>	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> (If vented, Sumit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Other Specify	Production Interval <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled
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