

ORIC 1

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5399
Name: American Energies Corporation
Address 155 N. Market, Suite 710
Wichita, KS 67202
City/State/Zip _____
Purchaser: None
Operator Contact Person: Alan L. DeGood, President

Phone (316) 263-5785
Contractor: Name: Basye Well Service
License: 5670
Wellsite Geologist: Frank Mize
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: Rains & Williamson
Well Name: Scully
Comp. Date 1/4/87 Old Total Depth 3167'
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
11-3-99 11-10-99 11-15-99
Spud Date Date Reached TD Completion Date

API NO. 15- 115-21238-0001
County Marion
SW - SW - NE - sec. 19 Twp. 18S Rge. 2E E W
2970 Feet from SW (circle one) Line of Section
2310 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Scully Well # #1 OWWO
Field Name Wildcat
Producing Formation Mississippi
Elevation: Ground 1414 KB 1419
Total Depth 2672 PBSD 2657
Amount of Surface Pipe Set and Cemented at 8 5/8" @ 256' Feet
Sample Stage Cementing Collar Used? Yes No
If Yes, show depth set _____ Feet
Alternate II completion, cement circulated from _____
Set depth to _____ w/ _____ sx cmt.
Drilling Fluid Management Plan W H M Co. 28-07
(Data must be collected from the Reserve Pit)
Fresh Water
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

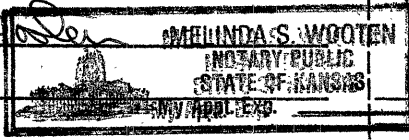
RECEIVED
STATE CORPORATION COMMISSION
FEB - 9 2000
Wichita, Kansas

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 2/8/00
Subscribed and sworn to before me this 8th day of February
19 2000
Notary Public Melinda S. Wooten
Date Commission Expires 3-12-2000

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC SWD/Rep NGPA
KGS Plug Other (Specify)



Operator Name American Energies Corporation Lease Name Scully #1 OWWO Well # _____
 Sec. 19 Twp. 18S Rge. 2E East County Marion
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No (Attach Additional Sheets.) Log Formation (Top), Depth and Datum Sample Name Top Datum

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No (Submit Copy.)

List All E.Logs Run:
 Gamma Ray Cement

See attached scout card

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	# Sacks Used	Type and Percent Additives
Surface	12 1/4	8 5/8"	20#	256'	Class A	180	
Production	7 7/8	4 1/2"	9.5#	2672'	Surefill	75	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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
2 sh/ft.	2623-2628	500 gal. 15% MCA	
2 sh/ft.	2630-2638		

TUBING RECORD Size None Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		30	150 BW		

Disposition of Gas: Shut-in Gas Well Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

METHOD OF COMPLETION: _____

Production Interval 2623-2638