

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

AUG 12 2004

KCC WICHITA

Form ACC
September 19
Form Must Be Typ

Operator: License # 6166
Name: Bill Chew, Inc.
Address: P O Box 90
City/State/Zip: Lyons, KS 67554
Purchaser: _____
Operator Contact Person: William E. Chew
Phone: (620) 257-2861
Contractor: Name: Duke Drilling Co.
License: _____
Wellsite Geologist: James Craig

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. _____
3-26-2003 4-1-2003 4.1.03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 185231830000
County: Stafford
SE SE SW 17 Sec. 9 Twp. 22 S. R. 12 East West
330 feet from (S) / N (circle one) Line of Section
2310 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Teichman Well #: 1
Field Name: Drach
Producing Formation: Arbuckle
Elevation: Ground: 1872 Kelly Bushing: 1877
Total Depth: 3679 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 275 8 5/8 F
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ F
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx c

Drilling Fluid Management Plan R+A KJR 6/15/04
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: Bob's Oil Service
Lease Name: Teichman License No.: _____
Quarter NE NE SE Sec. 8 Twp. 22 S. R. 12 East West
County: Stafford 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 82-107 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 statutes herein are complete and correct to the best of my knowledge.
Signature: William E. Chew
Title: President Date: 8/10/04
Subscribed and sworn to before me this 10 day of August, 2004.
Notary Public: Susan Clark
Date Commission Expires: 12-16-05

SUSAN CLARK
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 12-16-05

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

Operator Name: Bill Chew, Inc. Lease Name: 6166 Well #: 1
 SE SE SW Sec. 9 Twp. 22 S. R. 12 East West County: Stafford

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 checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum NA
--	---

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
NA							
<u>Surf</u>	<u>12.25</u>	<u>8.625</u>		<u>275</u>			

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	<u>NA</u>			

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
<u>NA</u>			
RECEIVED AUG 12 2004 KCC WICHITA			

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
		<input type="checkbox"/> Flowing <input 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

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 _____