

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32302
Name: Key Gas Corp.
Address: 505 S. Broadway Suite 200
City/State/Zip: Wichita, Kansas 67202
Purchaser: _____
Operator Contact Person: Rod Andersen
Phone: (316) 265-2270
Contractor: Name: Forrest Energy
License: 33436

Wellsite Geologist: _____
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: _____

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. _____

5/1/05 5/8/05 10/15/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15-165-21779-0000
Rush
County: _____

S/2 SE Sec. 23 Twp. 16 S. R. 17 East West
660 feet from (S) N (circle one) Line of Section
1320 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Stremel Well #: 1
Field Name: Reichel

Producing Formation: Chase
Elevation: Ground: 2010 Kelly Bushing: 2016
Total Depth: 2200 Plug Back Total Depth: 2150
Amount of Surface Pipe Set and Cemented at 803 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 AH I NH 6-18-08
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used Evaporate

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: Rod Andersen
Title: Geologist Date: 1/8/07
Subscribed and sworn to before me this 8th day of JAN
2007
Notary Public: Patricia Knight France

Date Commission Expires: 3/30/2010
PATRICIA KNIGHT FRANCE
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 03/30/10

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

RECEIVED
JAN 10 2007
KCC WICHITA

Operator Name: KeyGas1Corp. Lease Name: Stremel Well #: 1
 Sec. 23 Twp. 16 S. R. 17 East West County: Rush

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction Compensated Density neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Herington</td> <td>1980</td> <td>36</td> </tr> <tr> <td>Winfield</td> <td>2038</td> <td>- 22</td> </tr> <tr> <td>Towanda</td> <td>2108</td> <td>- 92</td> </tr> </tbody> </table>	Name	Top	Datum	Herington	1980	36	Winfield	2038	- 22	Towanda	2108	- 92
Name	Top	Datum											
Herington	1980	36											
Winfield	2038	- 22											
Towanda	2108	- 92											

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	24	803	common	400	3% CaCl
Production	7 7/8	4 1/2		2150	common	100	

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	2112-2120	2038-2052	1,000 gas HCL	
4	2000-2006	1980-1994			

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed 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, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

COPELAND

Acid & Cement



POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

INVOICE

BURRTON, KS
 (620) 463-5161
 FAX (620) 463-2104

GREAT BEND, KS
 (620) 793-3366
 FAX (620) 793-3536

INVOICE NUMBER

0025476-IN

Completion OK

KEY GAS CO.
 BILL TO: 155 N MARKET
 STE 900
 WICHITA

LEASE: STREMEL 1

KS 67202

CBJV#2 - 550290

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS
05/11/05	25476		05/09/05		
QUANTITY	U/M	ITEM NO / DESCRIPTION	D.C	PRICE	EXTENSION
40.00	MI	PUMP TRUCK MILEAGE	.00%	2.50	100.00
1.00	EA	PUMP CHARGE	.00%	1,000.00	1,000.00
1.00	DIA	4 1/2 PLUG	.00%	55.00	55.00
1.00	EA	4 1/2 INSERT FLOAT VALVE	.00%	110.00	110.00
1.00	EA	AUTO FILL UP	.00%	55.00	55.00
5.00	EA	CENTRALIZERS	.00%	55.00	275.00
50.00	GAL	CFR-2	.00%	9.00	450.00
5.00	GAL	FLUID LOSS	.00%	100.00	500.00
100.00	SAX	COMMON CEMENT	.00%	7.50	750.00
3.00	GAL	KCL - LIQUID	.00%	20.00	60.00
150.00	EA	BULK CHARGE - MINIMUM	.00%	1.00	150.00
376.00	MI	BULK TRUCK - TON MILES	.00%	.85	319.60
1.00	EA	10% FUEL SURCHARGE	.00%	141.96	141.96

FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND/OR BULK CHARGES ONLY.

Gresseil Oil Field Service, Inc. reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

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 JAN 10 2
 KGC WICHITA

REMIT TO: P.O. BOX 438
 Haysville, KS 67060

NET INVOICE: 3,966.56
 SALES TAX: 79.24

INVOICE TOTAL: 4,045.80

NET 30 DAYS

RECEIVED BY

KEY GAS

GRESSEIL OIL



POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

INVOICE

BLIRRTON, KS
 (620) 463-5161
 FAX (620) 463-2104

GREAT BEND, KS
 (620) 793-3366
 FAX (620) 793-3536

INVOICE NUMBER

0025465-IN

drilling

KEY GAS CO.
 BILL TO: 155 N MARKET
 STE 900
 WICHITA

LEASE: LORETTA

Strime/ID

KS 67202

505350

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS
04/30/05	25465		04/28/05		

QUANTITY	U/M	ITEM NO	DESCRIPTION	D/C	PRICE	EXTENSION
40.00	MI		MILEAGE	.00%	2.50	100.00
1.00	EA		PUMP CHARGE	.00%	500.00	500.00
1.00	EA		WOODEN PLUG	.00%	75.00	75.00
400.00	SAX		COMMON CEMENT	.00%	7.50	3,000.00
14.00	GAL		CALCIUM CHLORIDE 3%	.00%	25.00	350.00
400.00	EA		BULK CHARGE	.00%	1.00	400.00
752.00	MI		BULK TRUCK - TON MILES	.00%	.85	639.20
1.00	EA		10% FUEL SURCHARGE	.00%	123.92	123.92

FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.

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JAN 10 2007

KCC WICHITA

There will be a charge of 1.5% (18% annual rate) on all past due accounts.

CopeLand Acid & Cement is a subsidiary of Gressel Oil Field Service, Inc.

Gressel Oil Field Service, Inc. reserves a security interest in the goods sold until the same are paid for in full and reserves all the rights of a secured party under the Uniform Commercial Code.

REMIT TO: P.O. BOX 438
 Haysville, KS 67060

NET INVOICE 5,188.12
 SALES TAX 30.48
 COP-GRB INVOICE TOTAL 5,218.60

NET 30 DAYS

RECEIVED BY

7002

KEY GAS

GRESSSEL OIL

05/04/05 WED 08:29 FAX 316 524 1027



FIELD ORDER N^o 25465

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 4-28 2005

IS AUTHORIZED BY: Key Gas Corp
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease LORETTA Well No. _____ Customer Order No. _____

Sec. Twp. Range _____ County RUSH State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>4101</u>	<u>40</u>	<u>MISCAGE</u>	<u>2.50</u>	<u>100.00</u>
<u>4100</u>	<u>1</u>	<u>Pump Charge</u>		<u>500.00</u>
<u>HOV4</u>	<u>1</u>	<u>WOODEN PLUG</u>		<u>75.00</u>
<u>4101</u>	<u>400</u>	<u>COMMON</u>	<u>7.50</u>	<u>3000.00</u>
<u>4151</u>	<u>14</u>	<u>Calcium Chloride 3%</u>	<u>25.00</u>	<u>350.00</u>
<u>4100</u>	<u>400</u>	<u>Bulk Charge</u>	<u>1.00</u>	<u>400.00</u>
<u>4101</u>		<u>Bulk Truck Miles 18.8 Tx 40m = 752 Tm</u>	<u>.85</u>	<u>639.20</u>
		<u>Process License Fee on _____ Gallons</u>		
		TOTAL BILLING		

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A.G. CURTIS

Station GB

MARK

Well Owner, Operator or Agent

Remarks _____

KEN'S #41801

NET 30 DAYS

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KCC WICHITA



TREATMENT REPORT

Acid Stage No.

Date: 4-28-05 District: GB F. O. No. 25465
Company: KEY GAS CORP
Well Name & No. LORETTA
Location: _____ Field: _____
County: RUSH State: KS

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
Bkdown _____ Bbl./Gal. _____
_____ Bbl./Gal. _____
_____ Bbl./Gal. _____
_____ Bbl./Gal. _____
Flush _____ Bbl./Gal. _____
Treated from _____ ft. to _____ ft. No. ft. _____
from _____ ft. to _____ ft. No. ft. _____
from _____ ft. to _____ ft. No. ft. _____
Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal. _____
Pump Trucks, No. Used: Std. _____ Sp. _____ Twin _____
Auxiliary Equipment _____
Packer: _____ Set at _____ ft. _____
Auxiliary Tools _____
Plugging or Sealing Materials: Type _____

Casing: Size 8 5/8 Type & Wt. 24 Set at 803 ft.
Formation: _____ Perf. _____ to _____
Formation: _____ Perf. _____ to _____
Formation: _____ Perf. _____ to _____
Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
Tubing: Size & Wt. _____ Swung at _____ ft.
Perforated from _____ ft. to _____ ft.
Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Company Representative MARK

Treater A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
0800				ON LOCATION
:				
:				MIX 400 lbs cement
:				3% CC
:				Displace
:				
:				Cement Did Circulate
:				
:				
:				JOB Complete
:				Thank You
:				A.G. Curtis
:				
:				
:				

RECEIVED
JAN 10 2007
KCC WICHITA