

ORIGINAL

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

Operator: License # 32495
Name: Jack Edwards dba/ Edwards Oil Properties
Address: PO Box 961
City/State/Zip: McPherson, KS 67460
Purchaser: N/A
Operator Contact Person: Jack Edwards
Phone: (620) 241-5813
Contractor: Name: Scott's Well Service
License: 6819

KANSAS CORPORATION COMMISSION

AUG 20 2004

RECEIVED

Wellsite Geologist: _____
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: Jack Edwards dba/ Edwards Oil Properties

Well Name: Koehn #2
Original Comp. Date: 11/1981 Original Total Depth: 3438'
 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. _____

4/8/2004 4/20/2004 8/17/2004
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

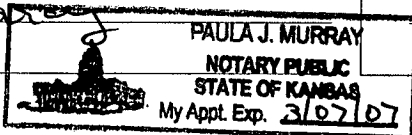
API No. 15 - 113-20,946-00-01
County: McPherson
NE NW NW Sec. 23 Twp. 19 S. R. 2 East West
4920 4950 feet from (S) N (circle one) Line of Section
4290 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Koehn Well #: 2
Field Name: Ritz-Canton
Producing Formation: N/A
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 3818' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 212 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 DWVO KJR 2/19/01
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 160 bbls
Dewatering method used vacuum truck to disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Jack Edwards dba/ Edwards Oil Properties
Lease Name: O. Russell License No.: 32495
Quarter NE Sec. 23 Twp. 19 S. R. 2 East West
County: McPherson Docket No.: D-26,102

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 this 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: [Signature]
Title: Environmental Geologist Date: August 20, 2004
Subscribed and sworn to before me this 20 day of August
2004.
Notary Public: Paula J. Murray
Date Commission Expires: 3/07/07



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

Operator Name: Jack Edwards dba/ Edwards Oil Properties Lease Name: Koehn Well #: 2
 Sec. 23 Twp. 19 S. R. 2 East West County: McPherson

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 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 <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	10-1/4"	8-5/8"	10 lb/ft	212'	common	115	N/A
Production	7-7/8"	5-1/2"	6 lb/ft	3439'	common	150	N/A

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate	2975'	common	50	none
<input type="checkbox"/> Protect Casing	3386'	common	90	none
<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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	3"	3424'	3424'	
Date of First, Resumerd Production, SWD or Enhr.		Producing Method		
N/A		N/A <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
	N/A	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 _____