

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

15-191-22426-00-00

Operator: License # 32302
Name: Key Gas Corp.
Address: 155 N. Market Suite 900
City/State/Zip: Wichita, KS 67202
Purchaser: _____
Operator Contact Person: Rod Andersen
Phone: (316) 265-2270
Contractor Name: Ace Drill N
License: 33006

API No. 15 - 191-00287-00-01
County: Sumner
SW-SW Sec. 10 Twp. 33 S. R. 4 East West
760' feet from (S) N (circle one) Line of Section
660' feet from E / (W) (circle one) Line of Section

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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KCC WICHITA

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Pearce Well #: 1
Field Name: Pearce
Producing Formation: _____
Elevation: Ground: 1269 Kelly Bushing: 1272
Total Depth: 3255 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 316 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.

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. _____
2-25-04 3-6-04 3-6-04
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan AIF I MR
(Data must be collected from the Reserve Pit) 10-22-08
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used Evaporate & Fill
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: 12/20/04
Subscribed and sworn to before me this 20 day of DECEMBER
0004
Notary Public: Bonita Danner
Date Commission Expires: 3-17-08

KCC Office Use ONLY

N Letter of Confidentiality Attached
If Denied, Yes Date: _____
Wireline Log Received _____
Geologist Report Received _____
LIC Distribution _____

BONITA DANNER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-17-08

Operator Name: Key Gas Corp. Lease Name: Pearce Well #: 1
 Sec. 10 Twp. 33 S. R. 4 East West County: Sumner

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name	Datum
	Topeka	2414 -1140
	Heebner	2794 -1522
	Iatan	3128 -1856
	Stalnaker	3144 -1872

CASING RECORD New 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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4	8 5/8	24#	316	60/40 POZ		

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, Cemen: Squeeze Record (Amount and Kind of Material Used)	Depth

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

Kind of First, Resumerd Production, SWD or Enhr.	Producing Method	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
Estimated Production Per 24 Hours						

Position of Gas Sold Used on Lease (If vented, Sumit ACO-18.)

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

Production Interval