

ORIGINAL

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

API NO. 15- 163-22-411 - 80

County Rooks

SE - NE - NE - Sec. 30 Twp. 10S Rge. 18 E V

4290 Feet from S/N (circle one) Line of Section

ANSAS 3300 RP Feet from E/W (circle one) Line of Section

Footages calculated from Nearest Outside Section Corner:  
5-5-98 NE, SE, NW or SW (circle one)

Lease Name Dauwe Well # A-2

Field Name Ordway West

Producing Formation Injection Well - Lansing

Elevation: Ground 2082 KB 2087

Total Depth 3580 PBDT 3553 ✓

Amount of Surface Pipe Set and Cemented at 214 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set 1600 Feet

If Alternate II completion, cement circulated from 1600

feet depth to Surface w/ 300 sx cnt.

Drilling Fluid Management Plan None Rework  
(Data must be collected from the Reserve Pit) 5-7-98 U.C.

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite:

None

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rng. \_\_\_\_\_ E/W \_\_\_\_\_

County \_\_\_\_\_ Docket No. \_\_\_\_\_

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

Phone ( 316 ) 263-5785

Contractor: Name: None Cheyenne Well Svc.

License: 6454

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion

None New Well None Re-Entry X Workover

None Oil None SWD None SLOW None Temp. Abd.

None Gas X ENHR None SIGW

None Dry None Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: American Energies Corporation

Well Name: Dauwe "A" #2

Comp. Date 8-2-84 Old Total Depth 3580

None Deepening None Re-perf. X Conv. to Inj/SWD

None Plug Back \_\_\_\_\_ PBDT

None Commingled \_\_\_\_\_ Docket No. E-27,467

None Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

None Other (SWD or Inj?) Docket No. \_\_\_\_\_

Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date \_\_\_\_\_

Recompletion 3-28-98 3/29/98

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 President Date 4-30-98

Subscribed and sworn to before me this 30th day of April 19 98.

Notary Public Melinda S. Wooten  
MELINDA S. WOOTEN  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 3-12-2000

Date Commission Expires 3-12-2000

K.C.C. OFFICE USE ONLY  
F None Letter of Confidentiality Attached  
C None Wireline Log Received  
C None Geologist Report Received  
Distribution  
✓ KCC None SVD/Rep None NGPA  
KGS None Plug None Other (Specify)

ORIGINAL

SIDE TWO

Operator Name American Energies Corporation Lease Name Dauwe Well # A-2  
 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_  
 East County Rooks  
 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.) None  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No  
 Electric Log Run  Yes  No  
 (Submit Copy.)

Already on file with original ACO-1 and  
 List All E.Logs Run: Saltwater Injection  
 Application

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Anhydrite	1440	-647	
Topeka	3073	-986	
Lansing	3329	-1242	
T.D.	3580	-1493	

DST #1: 3220-3266 Times: 30-45-30-30  
 Recovered: 59' thin mud with few oil spots  
 IFP: 68-48, FFP: 78-68  
 ISIP: 971, FSIP: 864

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"		214'	common	135	
Production		5 1/2"		3572'	EA2	150	

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	
	2	3364-67'		3000 gal. of 15% reg
2	3412-16'		3000 gal. of 15% reg	3414'
2	3497-3504'		3000 gal. of 15% reg	3501'
2	3541-45'		3000 gal. of 15% reg	3542'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		2"	3553'	3322'			
Date of First, Resumed Production, SWD or Inj.			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
3/29/98			Injection well				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio Gravity
					150	bbls/day vacuum	

Disposition of Gas: \_\_\_\_\_ METHOD OF COMPLETION \_\_\_\_\_ Production Interval \_\_\_\_\_