

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

ORIGINAL

Operator: License # 3456

Name: AFG ENERGY, INC.

Address P.O. Box 458

City/State/Zip Hays, Kansas 67601

Purchaser: N/A

Operator Contact Person: Terry W. Piesker

Phone (785) 625-6374

Contractor: Name: Discovery Drilling, Inc.

License: 31548

Wellsite Geologist: Ron Nelson

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: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back _____ PBID _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

10/17/97 10/24/97 10/24/97

Spud Date Date Reached TD Completion Date

API NO. 15- 19 5-22196 0000

County Trego plugged 10/24/97

140N. S/2 N/2. SW Sec. 34 Twp. 12S Rge. 21W X

1790 Feet from S/2 (circle one) Line of Section

3970 Feet from E/2 (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)

Lease Name Schoenthaler Well # 4

Field Name Ridgeway South

Producing Formation None

Elevation: Ground 2209 KB 2217

Total Depth 3950 PBID _____

Amount of Surface Pipe Set and Cemented at 272.20 F

Multiple Stage Cementing Collar Used? Yes X

If yes, show depth set _____ F

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx c.

Drilling Fluid Management Plan D&ALT 1 JR 2-16-98
(Data must be collected from the Reserve Pit)

Chloride content 16,000PPM ppm Fluid volume 1500 bl

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. S Rng. E/L

County _____ Docket No. _____

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.

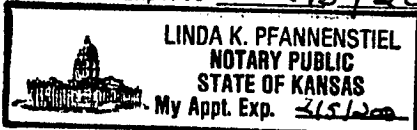
Signature Terry W. Piesker

Title Production Manager Date 12-10-97

Subscribed and sworn to before me this 10th day of Dec. 19 97.

Notary Public Linda K. Pfannenstiel

Date Commission Expires 2/15/2000



Rec'd 12-10-1997

K.C.C. OFFICE USE ONLY			
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached	
C	<input checked="" type="checkbox"/>	Wireline Log Received	
C	<input checked="" type="checkbox"/>	Geologist Report Received	
		Distribution	
<input type="checkbox"/>	KCC	<input type="checkbox"/>	SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/>	Plug
<input type="checkbox"/>		<input type="checkbox"/>	NGPA
<input type="checkbox"/>		<input type="checkbox"/>	Other
(Specify)			

Operator Name AFG ENERGY, INC.

Lease Name Schoenthaler

Well # 4

Sec. 34 Twp. 12s Rge. 21w

East
 West

County Trego

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests of interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static or hydrostatic pressure, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra if more space is needed. Attach copy of log.

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:

Compensated Neutron Density

Dual Induction

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Anhy -	1585	+632
Topeka	3238	-1021
Heebner	3463	-1246
Toronto	3486	-1269
L-KC	3499	-1282
B-L-KC	3742	-1525
Marmation	3806	-1589
Arbuckle	3876	-1659

CASING RECORD

New Used

Report all strings set-conductor, surface, interwallate, 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 Pipe	12 1/4	8 5/8	20	272.20	60/40Poz	160	2%Gel&3%CC

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

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

Date of First, Resumed Production, SWD or Inj.	Producing Method
<u>D&A</u>	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> 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 _____

ORIGINAL

- Schoenthaler #4

DST's

15-195-22196

DST #1 -

3566' - 3580'

30 - 30 - 8 - 0

Wk blow.

Recovery -

10' Mud.

IF -

44 - 45

FF -

0

SIP -

623

DST #2 -

3812' - 3834'

30 - 45 - 30 - 45

1st opn. -

BOB in 5"

2nd opn. -

BOB in 6"

Rec. -

120' M W

750' SW - BHT - 124°

IF -

98 - 307

FF -

339 - 439

SIP -

937 - 883

DST #3 -

3844' - 3881'

30 - 30 - 0

Wk blow 9"

Rec. -

5' OSM

IF -

22 - 22

SIP -

623

BHT - 118°

ALLIED CEMENTING CO., INC.

9305

Federal Tax I.D.#

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

ORIGINAL

15-195-22196-00-00

DATE <i>10-17-97</i>	SEG <i>34</i>	TWP <i>12</i>	RANGE <i>23</i>	CALLED OUT <i>8:00am</i>	ON LOCATION <i>10:30am</i>	JOB START <i>12:30am</i>	JOB FINISH <i>1:00am</i>
LEASE <i>Schoenthaer</i>	WELL # <i>4</i>	LOCATION <i>LS Rigg RT 70</i>			COUNTY <i>rego</i>	STATE <i>KS</i>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR *Discovery Drilling*

TYPE OF JOB *SURFACE*

HOLE SIZE *12 1/4* T.D.

CASING SIZE *8 3/8* DEPTH *272*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15*

PERFS.

DISPLACEMENT

OWNER

CEMENT

AMOUNT ORDERED

160 lb 69/40 3% CC 2% Gel

COMMON	<i>96</i>	@	<i>6.35</i>	<i>609.60</i>
POZMIX	<i>64</i>	@	<i>3.25</i>	<i>208.00</i>
GEL	<i>3</i>	@	<i>9.50</i>	<i>28.50</i>
CHLORIDE	<i>5</i>	@	<i>28.00</i>	<i>140.00</i>
		@		
		@		
		@		
		@		
		@		
HANDLING		@	<i>1.05</i>	<i>168.00</i>
MILEAGE	<i>44/58</i>	/	<i>Mile</i>	<i>131.40</i>
TOTAL				<i>1288.50</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Billie*

177 HELPER *Will*

BULK TRUCK

DRIVER

BULK TRUCK

291 DRIVER *DAVE*

REMARKS:

add @ 272'

Cem. w/ 160 lb 69/40 3%.

pump plug w/ 16.3 bbls water.

Cem. did cur.

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<i>470.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>21</i>	@	<i>2.85</i>
PLUG	<i>8 3/8 Surf</i>	@	<i>45.00</i>
		@	
		@	
TOTAL <i>574.85</i>			

CHARGE TO: *AFG Energy Inc.*

STREET *Box 458*

CITY *Hays* STATE *Kansas* ZIP *67601*

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE *Thomas AL*

TOTAL	
TAX	
TOTAL CHARGE	
DISCOUNT	IF PAID IN 30 DAYS

PRINTED NAME

ALLIED CEMENTING CO., INC.

9393

Federal Tax I.D.#

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: R

ORIGINAL

15-195-22196-00-00-00

DATE <u>10-24-97</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>4:00 pm</u>	JOB START <u>4:30 pm</u>	JOB FINISH <u>6:30 PM</u>
LEASE <u>Schoenthal</u>	WELL # <u>4</u>	LOCATION <u>Riga 1S1E 1/2N</u>		COUNTY <u>Shawnee</u>	STATE <u>Ks</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Discovery

TYPE OF JOB Re

HOLE SIZE 7 7/8 T.D. 3950

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 1650

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 200 @ 9/40 67c gal
1/4 lb Pls seal

COMMON	<u>120</u>	@	<u>6 35</u>	<u>762 00</u>
POZMIX	<u>80</u>	@	<u>3 25</u>	<u>260 00</u>
GEL	<u>10</u>	@	<u>9 50</u>	<u>95 00</u>
CHLORIDE		@		
<u>Fluorid</u>	<u>50</u>	@	<u>1 15</u>	<u>57 50</u>
		@		
		@		
		@		
		@		
		@		
HANDLING		@	<u>1 05</u>	<u>240 00</u>
MILEAGE	<u>44 1/2 mi</u>			<u>176 00</u>
TOTAL				<u>1560 50</u>

EQUIPMENT

PUMP TRUCK CEMENTER Mark

153 HELPER Paul

BULK TRUCK

282 DRIVER Darin

BULK TRUCK

_____ DRIVER _____

REMARKS:

SERVICE

25 sy @ 16 25

100 sy @ 8 75

40 sy @ 3 25

10 sy @ 40

15 sy @ Bathole

10 sy @ Mousehole

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 470 00

EXTRA FOOTAGE _____ @ _____

MILEAGE 22 @ 2 85 62 70

PLUG 8 7/8 Dryhole @ 23 00

_____ @ _____

_____ @ _____

TOTAL 555 70

CHARGE TO: ATG Energy

STREET Box 158

CITY Hays STATE Kansas ZIP 67601

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE

Thomas Al

PRINTED NAME