

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

COPY

Operator: License # 5146

Name: Rains & Williamson Oil Co., Inc.

Address 220 West Douglas, Suite 435

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: Juanita Green

Phone (316) 265-9686

Contractor: Name: Mallard JV, Inc.

License: 4958

Wellsite Geologist: Monte R. Marrs

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S10W Temp. Abd.
 Gas ENHR S16W
 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 PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

5-7-92 5-14-92 5-14-92
Spud Date Date Reached TD Completion Date

API NO. 15- 135-23,670

County Ness

SE. SE. SE. Sec. 26 Twp. 16S Rge. 27 X V

330 Feet from S/X (circle one) Line of Section

330 Feet from E/X (circle one) Line of Section

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

Lease Name UMMEL RANCH Well # #3

Field Name Unnamed

Producing Formation _____

Elevation: Ground 2351 GL KB 2359 KB

Total Depth 4396' PSTD _____

Amount of Surface Pipe Set and Cemented at 258.71' 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 cat.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) AIT-D OPA

Chloride content 32,000 ppm Fluid volume 80 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. S Rng. E/W

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 Wilson Rains

Title WILSON RAINS, PRESIDENT Date 5-27-92

Subscribed and sworn to before me this 27th day of May 1992

Notary Public Teresa L. Burleigh-Smith
Teresa L. Burleigh-Smith Notary Public
Date Commission Expires 7-2-94

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution 17 1992
 KCC SVD/Rep NPPA
 KGS Plug Other (Specify) _____
Wichita

Operator Name RAINS & WILLIAMSON OIL CO., INC Name UMMEL RANCH Well # #3

Sec. 26 Top. 16S Rge. 21 East West County Ness

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.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

| Name | Formation (Top), Depth and Datum | |
|----------------|----------------------------------|---------|
| | Top | Datum |
| Anhydrite | 1652 | (+ 707) |
| B/Anhydrite | 1691 | (+ 668) |
| Heebner | 3759 | (-1400) |
| Lansing | 3800 | (-1441) |
| Cherokee Shale | 4267 | (-1908) |
| L.T.D. | 4398 | (-2039) |

| 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" | 25# | 258.71' | 60-40 poz. | 150 | 2% gel, 3% cc. |
| | | | | | | | |

| ADDITIONAL CEMENTING/SQUEEZE RECORD | | | | |
|-------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | | | | |
| ___ Plug Back TD | | | | |
| ___ Plug Off Zone | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type | | Acid, Fracture, Shot, Cement Squeeze Record | |
|----------------|---|--|---|-------|
| | Specify Footage of Each Interval Perforated | | (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 Flowing Pumping Gas Lift 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, submit ACO-18.)

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

Production Interval _____