

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

And

COPY

Operator: License # 32705
Name: Raney Oil Company, LLC
Address: 3425 Tam O'Shanter Dr.
City/State/Zip: Lawrence, KS 66047
Purchaser: NCRA
Operator Contact Person: Thomas Raney
Phone: (785) 749-0672
Contractor: Name: Murfin Drilling Co.
License: 30606
Wellsite Geologist: Roger Welty

**RECEIVED
SEP 25 2003**

KCC WICHITA

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: Coop Refining Association
Well Name: Billinger #1
Original Comp. Date: 10-31-57 Original Total Depth: 4060
 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. _____

5.30:08 6/9/03 6/9/03
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 065021670001
County: Graham
NE NE SW Sec. 9 Twp. 10 S. R. 25 East West
2310 feet from (S) N (circle one) Line of Section
2970 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Bellerive Well #: 1

Field Name: Elrick
Producing Formation: LKC
Elevation: Ground: 2528 2533 Kelly Bushing: 2533 2539
Total Depth: 4060 Plug Back Total Depth: 4046

Amount of Surface Pipe Set and Cemented at 215 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2169 Feet
If Alternate II completion, cement circulated from 2169
feet depth to 0 w/ 200 sx cmt.

Drilling Fluid Management Plan *Well re-entry on 10.2.03*
(Data must be collected from the Reserve Pit)

Chloride content 20,000 ppm Fluid volume 400 bbls
Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

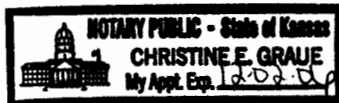
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Raney Oil, LLC
Title: member Date: 9/23/03
Subscribed and sworn to before me this 23 day of September, 2003.
Notary Public: Christine E Graue
Date Commission Expires: 12.02.06

KCC Office Use ONLY

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



COPY

Operator Name: Raney Oil Company, LLC Lease Name: Bellerive Well #: 1
 Sec. 9 Twp. 10 S. R. 25 East West County: Graham

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name</td> <td style="width:30%;">Top</td> <td style="width:40%;">Datum</td> </tr> <tr> <td>ANH</td> <td>2165</td> <td>+374</td> </tr> <tr> <td>Heeb</td> <td>3777</td> <td>-1238</td> </tr> <tr> <td>Lans</td> <td>3819</td> <td>-1280</td> </tr> <tr> <td>B/KC</td> <td>4050</td> <td>-1511</td> </tr> <tr> <td>TD</td> <td>4060</td> <td>-1521</td> </tr> </table>	Name	Top	Datum	ANH	2165	+374	Heeb	3777	-1238	Lans	3819	-1280	B/KC	4050	-1511	TD	4060	-1521
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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	# Sacjs Used	Type and Percent Additives
production		4 1/2	10.5#	4167	AA2	200	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, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	4017-4020	500 gal 15%	
4	3997-4004	500 gal 15%	
4	3978-3980	500 gal 15%	

TUBING RECORD	Size 2 3/8	Set At 4150	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>6/20/03</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 1.5	Gas Mcf --	Water Bbls. 3.5	Gas-Oil Ratio 33
				Gravity 36

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____