

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

Operator: License # 3911
Name RAMA Operating Co., Inc.
Address P.O. Box 159
City/State/Zip Stafford, KS 67578
Purchaser _____
Operator Contact Person Robin L. Austin
Phone(620) 234-5191
Contractor: Name Sterling Drilling Company
License 5142
Wellsite Geologist _____
Designate Type of Completion
☐ New Well ☒ Re-Entry ☐ Workover
☐ Oil ☐ Swd ☐ SIOW ☐ Temp. Abd.
☒ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, Etc.)

If Workover/Re-Entry: old well info as follows:
Operator Lebsack Oil Production, Inc.
Well Name Deselms 1-OWWO
Comp Date 12/11/84 Old Total Depth 4210
Deepening ☐ Re-Perf. ☐ Conv. to Inj/swd ☐
Plug Back ☐ PBTD ☐
Commingled ☐ Docket NO. _____
Dual Completion ☐ Docket NO. _____
Other (SWD or Inj?) ☐ Docket NO. _____
1/28/02 1/31/02 2/15/02
Spud Date 1/28/02 Date Reached TD 1/31/02 Completion Date 2/15/02

API NO. 15-185-22133-00-02
County Stafford
C - N/2 - Ne - Ne Sec 16 Twp 25 Rge 12 W
330 Feet from N Line of Section
660 Feet from E Line of Section
Footages Calculated from Nearest Outside Section Corner:
(NE) SE, NW OR SW (CIRCLE ONE)
Lease Name _____ Deselms _____ Well # 1-OWWO
Field Name Union Center Ext.
Producing Formation Violet
Elevation: Ground 1875 KB 1884
Total Depth 4050 PBTD _____
Amount of Surface Pipe Set and Cemented at 293 Ft
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set _____ Ft
If Alternate II Completion, cement circulated from _____ Ft
depth to _____ w/ _____ sx cmt.
Drilling Fluid Management Plan See 1 on 4-16-03
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 160 bbls
Dewatering method used _____ Hauled Off Location _____
Location of fluid disposal if hauled offsite: _____
Operator Name Gee Oil
Lease Name Rodgers License No. 32482
Nw Quarter Sec 34 Twp 23 S Rng 13 W
County Stafford Docket No D-23,350

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 KS. Market, Room 2078, Wichita, KS 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 [Signature]
Title Vice-president Date 4/9/02
Subscribed and sworn to before me this 9th day of April 2002
Notary Public Cavalius Faus
Date Commission Expires 7-11-02

K.C.C. OFFICE USE ONLY
F ☒ Letter of Confidentiality Attached
C ☒ Wireline Log Received
C ☒ Geologist Report Received
Distribution
KCC _____ SWD/Rep _____ NGPA _____
KGS _____ Plug _____ Other _____
(Specify)
Form ACO-1 (7-91)

Operator Name RAMA Operating Co., Inc. Lease Name Deselms Well # 1-OWWO

East County Stafford

Sec. 16 Twp. 25s Rge 12

☒ 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
Samples Sent To Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heeb.	3371 -1487
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	3359 -1675
		Viola Lime	3978 -2094

miss ch 3950

List All E. Logs Run:

CASING RECORD							
<input type="checkbox"/> New <input checked="" 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	24	293		225	3% C.C.
Production	7 7/8	5 1/2	14	4073	ASC #5	80	Mud Flush

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	
Perf.	3950-60 2/ft.		250 gal 15% mud acid	
			frac with 10,000 # - 350 Bbl. Gel	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	3965		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method			
2/25/02		<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	110	80		

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	3950-60
(If vented, submit ACO-18)	<input type="checkbox"/> Other (Specify)	