

FORM MUST BE TYPED

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 Republic Natural Gas

Operator Contact Person Robin L. Austin

Phone(316) 234-5191

Contractor: Name

License

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 W. L. Kirkman, Inc.

Well Name McFadden #1

Comp Date 11/14/80 Old Total Depth #

Deepening ☒ Re-Perf. Conv. to Inj/swd

Plug Back PBDT

Commingled Docket NO.

Dual Completion Docket NO.

Other (SWD or Inj?) Docket NO.

8/20/95

8/21/95

Spud Date OF START Date Reached TD

Completion Date OF

County Docket No

OF WORKOVER

WORKOVER

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

Title Vice-President Date 11/3/95

Subscribed and sworn to before me this day of

19

Notary Public

Date Commission Expires

Side One

API NO.

185-24,114-000

County

Stafford

- SW - SE - SE Sec 10 Twp 25S Rge 12 W

330 Feet from S Line of Section

990 Feet from E Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE, SE NW OR SW (CIRCLE ONE)

Lease Name McFadden Well # 1

Field Name Union Center

Producing Formation Viola

Elevation: Ground 1866 KB 1874

Total Depth 4245 PBDT 4225

Amount of Surface Pipe Set and Cemented at 366 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 REWORK 2H 5-9-96

(Data must be collected from the Reserve Pit)

Chloride content ppm Fluid volume bbls

Dewatering method used

Location of fluid disposal if hauled offsite:

Operator Name

Lease Name

License No.

Quarter Sec Twp S Rng

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)