

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

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: Professional Pulling Services
License: 32810
Wellsite Geologist: N/A

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: Francis Oil Company
Well Name: #3 Gish C

Original Comp. Date: 12/16/55 Original Total Depth: 3818
 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. _____

<u>12/12/03</u>	<u>12/16/03</u>	<u>12/18/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-01796-00-01
County: Rooks
E/2, W/2, SW, NW Sec. 36 Twp. 9 S. R. 20 East West
1980-330 FSL feet from S (N) (circle one) Line of Section
540-4740 FSL feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Keas Well #: 1-B
Field Name: Marcotte

Producing Formation: Arbuckle
Elevation: Ground: 2253 Kelly Bushing: 2259
Total Depth: 3818 Plug Back Total Depth: 3818
Amount of Surface Pipe Set and Cemented at 192 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 192
feet depth to surf w/ 200 sx crnl.

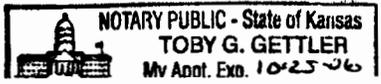
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 5,000 ppm Fluid volume 150 bbls
Dewatering method used let dry and backfill
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ 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 Co. LLC, by Thomas Raney
Title: member Date: 4/21/05
Subscribed and sworn to before me this 21 day of April
2005
Notary Public: Toby G. Gettler
Date Commission Expires: 10-25-06

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



Operator Name: Raney Oil Company, LLC Lease Name: Keas Well #: 1-B
 Sec. 36 Twp. 9 S. R. 20 East West County: Rooks

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 (Attach Additional Sheets) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run: None - OWWD	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heeb</td> <td>3472</td> <td></td> </tr> <tr> <td>LKC</td> <td>3511</td> <td></td> </tr> <tr> <td>Arb</td> <td>3811</td> <td></td> </tr> <tr> <td>TD</td> <td>3818</td> <td></td> </tr> </table>	Name	Top	Datum	Heeb	3472		LKC	3511		Arb	3811		TD	3818	
Name	Top	Datum														
Heeb	3472															
LKC	3511															
Arb	3811															
TD	3818															

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	# Sacks Used	Type and Percent Additives
Surf		8 5/8		192'			
Prod		5 1/2		3812'			
Liner		4 1/2		3810'			

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
OH			

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TUBING RECORD	Size <u>2 7/8</u>	Set At <u>3750</u>	Packer At <u>N/A</u>	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Resumerd Production, SWD or Enhr. <u>1.6.04</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. <u>6</u>	Gas Mct	Water Bbls. <u>350</u>	Gas-Oil Ratio <u>228</u>

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