

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

Operator: License # 6861Name: Ron's Oil Operations, Inc.Address RR #1, Box 194City/State/Zip Penokee, KS 67659Purchaser: FarmlandOperator Contact Person: Ron NickelsonPhone (785) 421-2409Contractor: Name: VonFeldt DrillingLicense: 9431Offsite Geologist: N/A -- WashdownDesignate Type of Completion  
 New Well  Re-Entry  Workover

<input type="checkbox"/> XX	<input type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SLOW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGN		
<input type="checkbox"/> Dry		<input type="checkbox"/> Other (Core, WSW, Expl., Cathodic, etc)		

If Workover/Reentry: Old Well Info as follows:

Operator: Reach Petroleum Corp.Well Name: Nickelson #1Comp. Dated 1-22-82 Old Total Depth 4214 Renamed well Deepening  Re-perf.  Conv. to Inj/SWD Plug Back  PSTD Casing  Docket No.  Dual Completion  Docket No.  Other (SWD or Inj?)  Docket No. 12-14-99  12-15-99  12-29-99End Date  Date Reached TD  Completion Date

Start

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 Ronald NickelsonTitle Owner Date 4-10-00Subscribed and sworn to before me this 10<sup>th</sup> day of April, 19 2000.Notary Public Becky J. KublerDate Commission Expires 6-5-2001API NO. 15- 065-21582-001County GrahamN $\frac{1}{2}$  - NE - NE - Sec. 23 Twp. 9S Rge. 24 E4950 Feet from S/N (circle one) Line of Section660 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)Lease Name Nickelson Well # 2-23Field Name Glen Oak SEProducing Formation LKCElevation: Ground 2450 KB 2458Total Depth 4045 PSTD 4045Amount of Surface Pipe Set and Cemented at 249 FeetMultiple Stage Cementing Collar Used? XX Yes        NoIf yes, show depth set 2114 FeetIf Alternate II completion, cement circulated from 2114feet depth to Surface w/ 450 sx cmt.Drilling Fluid Management Plan H.H.2 OK'd per Dist. 4  
(Data must be collected from the Reserve pit) 5-10-00 U.C.Chloride content 5,000 ppm Fluid volume 295 bblsDewatering method used evaporation

Location of fluid disposal if hauled offsite:

Operator Name Ron's Oil Operations, Inc.Lease Name Nickelson License No. 6861

NE Quarter Sec. 23 Twp. 9 S Rng. 24 E/W

County Graham Docket No. 15-065-21582-001

K.C.C. OFFICE USE ONLY	
<input type="checkbox"/> F	Letter of Confidentiality Attached
<input checked="" type="checkbox"/> C	Wireline Log Received
<input type="checkbox"/> C	Geologist Report Received
Distribution	
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug
<u>TOD</u>	
<input checked="" type="checkbox"/> NGPA	
<input type="checkbox"/> Other (Specify)	

**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 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			
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:	Gamma-Neutron CCL Gamma-Cement Bond Log			

<b>CASING RECORD</b>							
<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	10-3/4	8-5/8"		249'	Common		
Production	7-7/8	4-1/2"	10.5#	4045	Common	150	
Port COLLAR				2114'	170-Poz 255-Common	450	

**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 Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	
1 hole	3949			250	15% NE
1 hole	3925			250 gallons	15% NE
4 holes	3867 - 3869			500 gallons	15% NE
6 holes	3837 - 3840			750 gallons	15% NE
TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	3899		

Date of First, Resumed Production, SWD or Inj.	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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	11		23		36

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 type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____