

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5120
 Name: Range Oil Company, Inc.
 Address: 125 N. Market, Suite 1120
 City/State/Zip: Wichita, KS 67202
 Purchaser: _____
 Operator Contact Person: John Washburn
 Phone: (316) 265-6231
 Contractor: Name: Summit Drilling Co.
 License: 30141
 Wellsite Geologist: Jerry Honas
 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: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 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>2-3-05</u>	<u>2-9-04</u>	<u>2-10-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

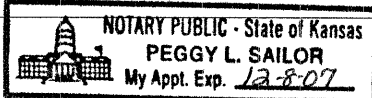
API No. 15 - 115-21,324-00-00
 County: Marion
 _____ NW NW Sec. 16 Twp. 19 S. R. 1 East West
660 feet from S (N) (circle one) Line of Section
535 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW
 Lease Name: Koehn C Well #: 1
 Field Name: wildcat
 Producing Formation: _____
 Elevation: Ground: 1556 Kelly Bushing: 1566
 Total Depth: 2908' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 264 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit) *ACT I P&A with 4-6-05*
 Chloride content 1900 ppm Fluid volume 150 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: John M. Washburn
 Title: Vice President Date: 2-15-05
 Subscribed and sworn to before me this 15th day of February,
2005.
 Notary Public: Peggy L. Sailor
 Date Commission Expires: _____



KCC Office Use ONLY

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

RECEIVED
FEB 28 2005

KCC WICHITA

Operator Name: Range Oil Company, Inc. Lease Name: Koehn C Well #: 1
 Sec. 16 Twp. 19 S. R. 1 East West County: Marion

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 or 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.

KCC
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Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run: None

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Name	Top	Datum
Heebner	2047	-481
Lansing	2285	-719
BKC	2642	-1076
Cherokee	2833	-1267
Miss-Warsaw	2882	-1316
Miss-Osage	2901	-1335
LTD	2908	-1342

DST (1) 2828' to 2895' 30-30-60-60 Rec:80' mud FP 19-58 SIP 227-438 T:106 F
 DST (2) 2893' to 2908' 30-30-60-60 Ga: 2 mcfpd Rec: 400' MSW FP 20-180 SIP 650-657 T:113 F

CASING RECORD <input checked="" 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
Surface	12 1/4	8 5/8	24	264	common	160	3 % CaCl

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
		<input type="checkbox"/> Flowing <input 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

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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SOLIDATED OIL WELL SERVICES, INC.
 W. 14TH STREET, CHANUTE, KS 66720
 431-9210 OR 800-467-8676

TICKET NUMBER 2774
 LOCATION Eureka
 FOREMAN Brad Butler

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-10-05		Koehn "C" 1	16	19	1E	Marion
CUSTOMER Range Oil Co., Inc.			Summit Drly.			
MAILING ADDRESS 125 N. Market Suite 1120						
CITY Wichita	STATE KS	ZIP CODE 67202				
TRUCK # DRIVER TRUCK # DRIVER						
			446	Rick		
			442	Anthony		
			434	Jim		

JOB TYPE P.T.A. HOLE SIZE 7 7/8" HOLE DEPTH 2908' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4" TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 4" Drill Pipe and Spot cement Plugs.

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50 SK. Plug at 300'
25 SK. Plug at 60' To Surface

75 SKs. Total of 60/40 Pozmix cement

(Put remaining water in Premix Tank)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	710.00	710.00
5406	55	MILEAGE	2.35	129.25
1131	75 SKs.	60/40 Pozmix cement	7.30	547.50
1118	3 SK	Geh 4%	12.40	37.20
5502c	7 Hrs.	80 Bbl. VAC Truck	78.00	546.00
1123	3300 GAL.	City water	11.50 P/1000	37.95
5407A	3.23 Ton	55 miles - Bulk Truck	.85	151.00
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				SALES TAX
				ESTIMATED TOTAL
				39.20
				2198.12

AUTHORIZATION Called by Don Cox

TITLE Summit Drly.

DATE _____

SOLIDATED OIL WELL SERVICES, INC.
 W. 14TH STREET, CHANUTE, KS 66720
 20-431-9210 OR 800-467-8676

TICKET NUMBER 2763
 LOCATION Fur
 FOREMAN Steve

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-4-05	6942	Kesha C-1	16	19	1E	Marion
CUSTOMER Rang Oil Co.			TRUCK #			
MAILING ADDRESS 125 N. Main St. Suite 1120			DRIVER			
CITY Wichita			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67202			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 271 CASING SIZE & WEIGHT 8 5/8 20
 CASING DEPTH 269 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 16 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: 1 Safety Meeting. Rig up to 8 5/8 casing. Break circulation
with 10 lb flush water. Pump 500 gpm. Mix 160 lbs
Regular cement with 3% coact, 1/4" Flow. Shut down & allow plug
to set. Pump with 16 lbs cement. Good cement return to surface.
10 min. Set complete. Free man.

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Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	550.00	550.00
5406	55	MILEAGE	2.35	129.25
1104	16 cks	Regular Cement	8.90	1424.00
1102	9 sks	Coact 3%	35.70	321.30
1107	2 sks	Flow. 1/4 per/sk	40.00	80.00
5407A	7.58 tons	55 miles	.85	351.56
4432	2	8 5/8 x 12 1/4 Centralizers	40.00	80.00
4432	1	8 5/8 wooden plug	50.00	50.00
			RECEIVED	
			FEB 28 2005	
			KCC WICHITA	
			SUB TOTAL	2986.77
			SALES TAX	123.18
			ESTIMATED TOTAL	3109.29

AUTHORIZATION Dan Cox TITLE 195515 DATE _____