

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32705
Name: Raney Oil Company, LLC
Address: 3425 Tam O'Shanter Dr.
City/State/Zip: Lawrence, KS 66047
Purchaser: Coffeyville Resources
Operator Contact Person: Thomas Raney
Phone: (785) 749-0672
Contractor: Name: TR Services
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: J B Collins

Well Name: #2 Miller
Original Comp. Date: 05/26/1981 Original Total Depth: 3830

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>8/14/06</u>	<u>8/17/06</u>	<u>8/19/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-21,433 0001
County: Graham

C E2 SW Sec. 3 Twp. 10 S. R. 21 East West
1485 feet from S N (circle one) Line of Section
3135 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Miller Well #: #2

Field Name: Cooper
Producing Formation: Arbuckle

Elevation: Ground: 2264 Kelly Bushing: 2269
Total Depth: 3870 Plug Back Total Depth: 3870

Amount of Surface Pipe Set and Cemented at 248' 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 cmf.

Drilling Fluid Management Plan *with and 12-10-07*
(Data must be collected from the Reserve Pit)
Chloride content 10,000 ppm Fluid volume 150 bbls
Dewatering method used let dry

Location of fluid disposal if hauled offsite:
Operator Name: N/A

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: R. J. O'Neil, LLC

Title: member Date: 9.1.06

Subscribed and sworn to before me this 1ST day of Sept
20 06

Notary Public: Danelle Dresslar

Date Commission Expires: 2-1-06

KCC Office Use ONLY

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

RECEIVED

NOTARY PUBLIC -- State of Kansas
DANELLE DRESSLAR
My Appt. Exp. 2/1/10

SEP 05 2006
KCC WICHITA

Operator Name: Raney Oil Company, LLC Lease Name: Miller Well #: #2
 Sec. 3 Twp. 10 S. R. 21 East West County: Graham

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 <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run:	<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:30%;">Name</td> <td style="width:30%;">Top</td> <td style="width:40%;">Datum</td> </tr> <tr> <td>ANH</td> <td>1749</td> <td>+522</td> </tr> <tr> <td>Heeb</td> <td>3471</td> <td>-1202</td> </tr> <tr> <td>Lans</td> <td>3512</td> <td>-1243</td> </tr> <tr> <td>Arb</td> <td>3826</td> <td>-1557</td> </tr> <tr> <td>TD</td> <td>3830</td> <td>-1561</td> </tr> </table>	Name	Top	Datum	ANH	1749	+522	Heeb	3471	-1202	Lans	3512	-1243	Arb	3826	-1557	TD	3830	-1561
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
<i>Casing</i> 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			248'		160	
Prod	5 1/2			3828'		150	
Liner	4 1/2			3828'		200	

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

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>3800'</u>	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First <u>Resumed</u> Production, SWD or Enhr.	Producing Method				
<u>9.1.06</u>	<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
	<u>20</u>		<u>180</u>		<u>28</u>

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18.) Other (Specify) _____

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JOB LOG

SWIFT Services, Inc.

DATE 8-9-06 PAGE NO. 1

CUSTOMER Randy Oil Co. WELL NO. #2 LEASE Miller JOB TYPE Cement liner TICKET NO. 10513

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1345							on loc setup Trks
								4 1/2" inside 5 1/2"
								4 1/2" @ 3827'
	1420	4	0				0	load csg
		2.75	59				350	hole loaded
	1440	2.75	64				350	Take in grate
	1445	2.5	0				350	start cement 125 sks @ 11.2 PPG
		2.5	69/0				150	Teent 30 sks @ 14 PPG
	1515		9					End Cnt 45 sks @ 14 PPG
								wash Ptk
								Drop Plug
	1518	3	0				0	start Displacement
	1520	2.5	7				150	catch cement
	1524	1.75	20				300	lost circ / slow rate
	1551	1.75	60.5				450 / 1100	Land Plug
								Release Pressure
								Float Held
							500	Pressure 4 1/2"
								shut in
								Hook up to 5 1/2"
	1600	1	0				400	start cement 45 sks @ 12 PPG
	1620		20				400 / 0	shut down
								sucked 2 bbl out of tub in 2 min
							0	shut in

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Thank you

Nick, Josh & Rob