

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

COPY

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

IND

Operator: License # 6861
 Name: RON'S OIL OPERATIONS, INC
 Address: 1889 200TH AVE
 City/State/Zip: PENOKEE KS 67659
 Purchaser: _____
 Operator Contact Person: RON NICKELSON
 Phone: (785) 421-2409
 Contractor: Name: ANDERSON DRILLING
 License: 33237
 Wellsite Geologist: Richard Bell
 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: _____
 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>10-28-05</u>	<u>11-07-05</u>	<u>11-07-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 039-20943-00-00
 County: DECATUR
SE SW NW NW Sec. 27 Twp. 4 S. R. 30 East West
1155 feet from S (N) (circle one) Line of Section
430 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: PHILLIPS Well #: 27-1
 Field Name: _____
 Producing Formation: _____
 Elevation: Ground: 2857 Kelly Bushing: _____
 Total Depth: 4210 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 255' @ 260' W/175 sxs 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 OUT# KJR 12/13/07
 (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. 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: Ron Nickelson
 Title: Operator Date: 6-28-06
 Subscribed and sworn to before me this 28th day of June,
2006
 Notary Public: Rita A. Anderson
 Date Commission Expires: Jan 21, 2008

KCC Office Use ONLY

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

RECEIVED
JUN 29 2006

NOTARY PUBLIC
STATE OF KANSAS
RITA A. ANDERSON
 NOTARY PUBLIC
 STATE OF KANSAS
 My App. Exp. 1-21-08

KCC WICHITA

Operator Name: RON'S OIL OPERATIONS, INC Lease Name: PHILLIPS Well #: 27-1
 Sec. 27 Twp. 4 S. R. 30 East West County: DECATUR

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Dual Induction log FracGinder Radiation Guard log Dual Condensated Porosity log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>2644</td> <td>+218</td> </tr> <tr> <td>B. Abhydrite</td> <td>2677</td> <td>+ 185</td> </tr> <tr> <td>Topeka</td> <td>3730</td> <td>- 868</td> </tr> <tr> <td>Heebner</td> <td>3899</td> <td>-1037</td> </tr> <tr> <td>Toronto</td> <td>3933</td> <td>-1071</td> </tr> <tr> <td>Lansing</td> <td>3952</td> <td>-1090</td> </tr> <tr> <td>B. K.C.</td> <td>4156</td> <td>-1294</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	2644	+218	B. Abhydrite	2677	+ 185	Topeka	3730	- 868	Heebner	3899	-1037	Toronto	3933	-1071	Lansing	3952	-1090	B. K.C.	4156	-1294
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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"		260	COM	175	3% CC; 2% GEL

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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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JUN 29 2006
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Signature: Ron Nickelson
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 Subscribed and sworn to before me this 28th day of June,
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KCC Office Use ONLY

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 If Denied, Yes Date: _____
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NOTARY PUBLIC
STATE OF KANSAS
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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

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