

ORIGINAL

FORM MUST BE TYPED

Side One

STATE CORPORATION COMMISSION OF KANSAS

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License #

Name

Address

City/State/Zip

Purchaser

Operator Contact Person

Phone(620)

Contractor: Name

License

Wellsite Geologist

Designate Type of Completion

New Well Re-Entry X Workover
Oil Swd SIOW Temp. Abd.
Gas X ENHR SIGW
Dry Other (Core, WSW, Expl., Cathodic, Etc.)

If Workover/Re-Entry: old well info as follows:

Operator

Well Name

Comp Date

Deepening

Plug Back

Commingled

Dual Completion

Other (SWD or Inj?)

Rama Operating

Old Total Depth

Re-Perf.

Conv. to Inj/swd

Docket NO.

Docket NO.

Docket NO.

10-2-02

PBTD

E-28,078

10-2-02

Spud Date

Date Reached TD

Completion Date

County

Docket No

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 KS. Market, Room 2078, Wichita, KS 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

Title Vice-president

Date 10/2/2002

Subscribed and sworn to before me this 2nd day of October

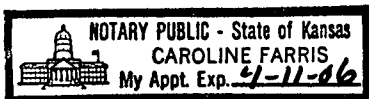
2002

Notary Public

Date Commission Expires

Handwritten signature and name: Caroline Farris

4-11-06



SIDE TWO

API NO.

15-185-23125-000 #01

County

Stafford

Nw - Se - Sw Sec 11 Twp 24s Rge 12 W

990 993 Feet from S Line of Section

625 1850 3653 Feet from E W Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE, SE, NW OR SW (CIRCLE ONE)

Lease Name

Stafford West

Well #

1

Field Name

Stafford

Producing Formation

Viola

Elevation: Ground

1866

KB

1875

Total Depth

3840

PBTD

Amount of Surface Pipe Set and Cemented at

296

Ft

Multiple Stage Cementing Collar Used?

Yes

X

No

If yes, show depth set

Ft

If Alternate II Completion, cement circulated from

Ft

depth to

w/

sx cmt.

Drilling Fluid Management Plan

(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 Rng

County

Docket No

K.C.C. OFFICE USE ONLY

F [initials] Letter of Confidentiality Attached

C Wireline Log Received

C Geologist Report Received

Distribution

KCC

SWD/Rep

NGPA

KGS

Plug

Other

(Specify)

Form ACO-1 (7-91)

Operator Name RAMA Operating Co., Inc. Lease Name Stafford West Well # 1

East County Stafford
 Sec. 11 Twp. 24s Rge 12w West

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" 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	Anhydrite	638	+1239
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3274	-1399
		Lansing	3457	-1583
		Kinderhook	3771	-1898
		Viola	3835	-1960

List All E. Logs Run:

DST #1: 3765-3840/ 30-60-30-60 Recovered: 240' GIP
 350' OWCM: 305' OMCW: IFP: 19-224; IP: 733
 FFP: 214-291; FP: 733

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	10 3/4	8 5/8	26	296	60/40	200	3% C.C.
Production	7 7/8	5 1/2	14	3836	ASC #5	125	500 gal Mud Flush

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used) Depth	
O.H.	3836-3840			

TUBING RECORD							
Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2 3/8	3770	3770					
Date of First, Resumed Production, SWD or Inj. Enhanced Recovery		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: _____