

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

ORIGINAL

API NO. 15- 15-039-21048-00-00

County Decatur

NW-SE5W5W Sec. 6 Twp. 35 Rge. 24 E

365 Feet from S (circle one) Line of Section

870 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Wents Well # 6-1

Field Name _____

Producing Formation LKC

Elevation: Ground 2640 KB 2645

Total Depth 3851 PBDT _____

Amount of Surface Pipe Set and Cemented at 263 Feet

Multiple Stage Cementing Collar Used? Yes X No _____

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ 6X cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

ATP Log - 3/17/09

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. _____ E/W _____

County _____ Docket No. _____

Operator License # 6861

Name: Rons oil operations Inc

Address 1889-200 Avenue
P

City/State/Zip Penook Mo 67659

Purchaser: NCRA

Operator Contact Person: Ron Nickelson

Phone (785) 421-2409

Contractor: Name: W W Dielling

License: 33575

Wellsite Geologist: Richard Bell

Signature Type of Completion
 New Well Re-Entry Workover

Oil SMD SLOW Temp. Abd.
 Gas ENHR SIGM
 Dry Other (Core, WSM, Expl., Cathodic, etc)

Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening _____ Re-perf. _____ Conv. to Inj/SMD
Plug Back _____ PBDT _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SMD or Inj?) Docket No. _____

3-5-08 3-10-08 4-17-08
Start Date Date Reached TD Completion Date

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. Rules 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 2 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 Pres Date 3/12/09

Subscribed and sworn to before me this 12th day of MARCH, 2009.

Notary Public Charles J. Yelton

Notary Commission Expires May 3, 2010



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution:
KCC SMD/Rep NGPA
KGS Plug Other (Specify)

RECEIVED

Operator Name Ron's Oil Operations Inc.

Lease Name Wentz

Well # 6-1

Sec. 6 Twp. 3-5 Rge. 26
 East
 West

County Decatur

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 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:

Log Formation (Top), Depth and Datums Sample
 Name Wentz 6-1 Top LKC 3583 Datum

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
<u>oil</u>	<u>7 7/8</u>	<u>4 1/2</u>	<u>10.5</u>	<u>3869</u>	<u>ASC</u>	<u>170</u>	<u>2 7/8 gal 10% salt</u>
<u>surface</u>	<u>12 1/4</u>	<u>8 5/8</u>	<u>23</u>	<u>263</u>	<u>Common</u>	<u>170</u>	<u>2 7/8 gal 3" CC</u>

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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)	
		Amount	Depth
<u>4 shots</u>	<u>3761-65 - 3731-36</u>	<u>2000 gal 15% acid</u>	

RECEIVED
 MAR 13 2009

TUBING RECORD			Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			<u>2 3/8</u>	<u>3825</u>	<u>0</u>			
Date of First, Resumed Production, SMD or Inj.			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
<u>4-17-08</u>								
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	<u>40</u>	<u>40</u>			<u>3</u>			<u>33</u>

KCC WICHITA

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
 Production Interval: Other (Specify) _____

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 (____) _____

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion

____ New Well ____ Re-Entry ____ Workover

____ Oil ____ SLD ____ SLOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

____ Deepening ____ Re-perf. ____ Conv. to Inj/SLD
____ Plug Back ____ PBTB
____ Commingled ____ Docket No. _____
____ Dual Completion ____ Docket No. _____
____ Other (SLD or Inj?) ____ Docket No. _____

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- _____

County _____

____ - ____ - ____ Sec. ____ Twp. ____ Rge. ____ E
____ W

____ Feet from S/W (circle one) Line of Section

____ Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name _____ Well # _____

Field Name _____

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth _____ PBTB _____

Amount of Surface Pipe Set and Cemented at _____ 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)

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. ____ E/W

County _____ Docket No. _____

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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 _____ Date _____

Subscribed and sworn to before me this ____ day of _____, 19 ____.

Notary Public _____

Date Commission Expires _____

K.C.C. OFFICE USE ONLY		
F	____	Letter of Confidentiality Attached
C	____	Wireline Log Received
C	____	Geologist Report Received
Distribution		
____	KCC	____ SLD/Rep
____	KGS	____ Plug
____		____ NGPA
____		____ Other
(Specify)		