

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: Duane Stecklein
 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: #3 Miller
 Original Comp. Date: 3/10/82 Original Total Depth: 3834
 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. _____

10/9/06	10/10/06	10/12/06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

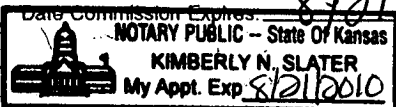
API No. 15 - 065-21.587 0001
 County: Graham
C SE SW Sec. 3 Twp. 10 S. R. 21 East West
660 feet from (S) N (circle one) Line of Section
3300 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Miller Well #: 3
 Field Name: Cooper
 Producing Formation: Arbuckle
 Elevation: Ground: 2270 Kelly Bushing: 2275
 Total Depth: 3845 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 175 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 NO NH @-19-08
 (Data must be collected from the Reserve Pit)
 Chloride content 5000 ppm Fluid volume 250 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: Member Raney Oil, LLC
 Title: Member Date: 1.7.07
 Subscribed and sworn to before me this 4th day of Jan
2007
 Notary Public Kimberly N Slater
8/21/2010



KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION

JAN 08 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Raney Oil Company, LLC Lease Name: Miller Well #: 3
 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>SC</td> <td>1744</td> <td>+ 531</td> </tr> <tr> <td>Heeb</td> <td>3476</td> <td>-1201</td> </tr> <tr> <td>LKC</td> <td>3517</td> <td>-1242</td> </tr> <tr> <td>Arb</td> <td>3831</td> <td>-1556</td> </tr> <tr> <td>TD</td> <td>3845</td> <td>-1570</td> </tr> </table>	Name	Top	Datum	SC	1744	+ 531	Heeb	3476	-1201	LKC	3517	-1242	Arb	3831	-1556	TD	3845	-1570
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CASING RECORD <input 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
Surf		8 5/8		175	Comm	130	
Prod		5 1/2		3832	Comm	150	
Liner		4 1/2		3838	Comm	200	

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				N/A

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
	N/A		

TUBING RECORD	Size 2 3/8	Set At 3830	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 10/26/06		Producing Method <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. 15	Gas Mcf	Water Bbls. 150	Gas-Oil Ratio 28

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input checked="" 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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JOB LOG

SWIFT Services, Inc.

DATE 10-03-06 PAGE NO. 1

CUSTOMER Penoy WELL NO. 3 LEASE Miller JOB TYPE 4 1/2 Liner TICKET NO. 10732

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1345							annocation discuss job. Setup 2005mD CMT 5 1/2 @ 3839, Liner 4 1/2 @ 3839
	1420	5.0	0	✓		0		Load CSE
		3.2	47	✓		300		Loaded - Core out Annus
		3.5	50	✓		500		Zig Zags
	1435	3.5	0	✓		500		Start CMT 100SKS @ 11.2
		3.5	55	✓		500		Start CMT 40SKS @ 14.0
		3.5	70	✓		500		End CMT
	1500	3.5	0	✓		500		Drop Plug - Wash PL Start Diggs
		3.5	16	-		800		
		3.5	23	-		1100		
		3.5	28	-		1300		
		3.5	33	-		1400		
		3.5	57	-		1400		
	1520	2.0	605	-		1600		Load Plug and Didn't Core CMT Release - Float Holding
				-		500		Reset CSE
	1525	1.0	0	-		300		Start CMT Down Annus 60SKS @ 13.5'
		1.7	3	-		400		
		1.7	6	-		450		
		1.7	12	-		550		
		1.7	20	-		550		
	1535			-		300		Z-SP
	1610			-		125		Hold

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Wash up
Pack-up
Tallets

Job Complete
Thank You!
Dave Blaine, Brett