

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 6861  
Name: Ron's Oil Operations Inc.  
Address 1: 1889 200th ave  
Address 2: \_\_\_\_\_  
City: Penokee State: KS Zip: 67659 + \_\_\_\_\_  
Contact Person: Ron Nickelson  
Phone: ( 785 ) 421-2315  
CONTRACTOR: License # 2237 33237  
Name: A & A Drilling Anderson Drilling  
Wellsite Geologist: Rich Bell  
Purchaser: N.C.R.A.

Designate Type of Completion:  
 New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover  
 Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW  
\_\_\_\_\_ Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
\_\_\_\_\_ CM (Coal Bed Methane) \_\_\_\_\_ Temp. Abd.  
\_\_\_\_\_ 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. \_\_\_\_\_ Conv. to SWD  
\_\_\_\_\_ Plug Back: \_\_\_\_\_ Plug Back Total Depth  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Enhr.?) \_\_\_\_\_ Docket No.: \_\_\_\_\_  
2-9-09 \_\_\_\_\_ 2-16-09  
Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
Recompletion Date \_\_\_\_\_ Recompletion Date

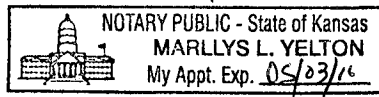
API No. 15 - 065-23531-00-00  
Spot Description: \_\_\_\_\_  
NW-SW-NE-NE Sec. 26 Twp. 9 S. R. 24  East  West  
740' Feet from  North /  South Line of Section  
1023' Feet from  East /  West Line of Section  
Footages Calculated from Nearest Section Corner:  
 NE  NW  SE  SW  
County: Graham  
Lease Name: D. Nickelson #26-1 Well #: 1  
Field Name: \_\_\_\_\_  
Producing Formation: KCL  
Elevation: Ground: 2513 Kelly Bushing: 2518  
Total Depth: 4125 Plug Back Total Depth: 4093  
Amount of Surface Pipe Set and Cemented at: 210 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 2178' Feet  
If Alternate II completion, cement circulated from: 2178  
feet depth to: 2 w/ 160 162-876-114/10 sx cmf

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
Dewatering method used: let set and soak away  
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 RI  
Title: Pres Date: 12-17-09  
Subscribed and sworn to before me this 17<sup>th</sup> day of December,  
2009.  
Notary Public: Marllys L. Yelton  
Date Commission Expires: May 3, 2010



**KCC Office Use ONLY**

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

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**DEC 21 2009**  
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Operator Name: Ron's Oil Operations Inc. Lease Name: D. Nickelson #26-1 Well #: 1  
 Sec. 26 Twp. 9 S. R. 24  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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(Attach Additional Sheets)<br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(Submit Copy)<br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top 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 |
| OIL   | 7 7/8             | 4 1/2                     | 9.5               | 4120          | COMMON         | 160          | 2% gel                     |
| SURFACE PIPE  | 12 3/4            | 8 5/8                     | 23                | 210           | COMMON         | 160          | 2% GEL                     |
|   |                   |                           |                   |               |                |              |                            |

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

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| 4              | 4033-37   | 1000 gallons 15% acid   |       |
| 4              | 3995-99   | 1000 gallons 15% acid   |       |
| 4              | 3900-04   | 1000 gallons 15% acid   |       |
|                |   |   |       |

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|  |                     |   |  |
|--|---------------------|---|--|
| TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>3920</u> Packer At: <u>NO</u> |                     | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| Date of First, Resumed Production, SWD or Enhr. <u>2/25/2009</u>           |                     | 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. <u>40</u> | Gas Mcf   | Water Bbls. <u>40</u> Gas-Oil Ratio <u>50/50</u> Gravity <u>32</u> |

|   |  |  |
|---|--|--|
| DISPOSITION OF GAS:<br><input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br>(If vented, Submit ACO-18.) | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled<br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|---|--|--|