

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
October 2008  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32705  
Name: Raney Oil Co., LLC  
Address 1: 3425 Tam Oshanter DR.  
Address 2: \_\_\_\_\_  
City: Lawrence State: KS Zip: 66047 + \_\_\_\_\_  
Contact Person: Thomas Raney  
Phone: (785) 749-0672  
CONTRACTOR: License # 32810 SERVICES  
Name: Professional Pulling, LLC  
Wellsite Geologist: NA  
Purchaser: Coffeyville Resources  
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.)

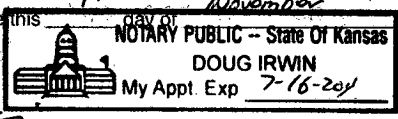
If Workover/Re-entry: Old Well Info as follows:  
Operator: Raney Oil Co., LLC  
Well Name: Sutor B-2  
Original Comp. Date: 2/08 3/27/09 Original Total Depth: 3850 3744  
 Deepening  Re-perf.  Conv. to Enhr.  Conv. to SWD  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled \_\_\_\_\_ Docket No.: \_\_\_\_\_  
 Dual Completion \_\_\_\_\_ Docket No.: \_\_\_\_\_  
 Other (SWD or Enhr.?) \_\_\_\_\_ Docket No.: D-30487.0  
10/09 10/05/09 10/09 10/13/09  
Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date Jr  
Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

API No. 15 - D-30487 163-02093-0002  
Spot Description: NW-NE-NE  
NW NE NE Sec. 13 Twp. 10 S. R. 20  East  West  
4950 Feet from  North /  South Line of Section  
990 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Rooks  
Lease Name: Sutor Well #: B-2  
Field Name: Marcotte  
Producing Formation: Arbuckle  
Elevation: Ground: 2227 Kelly Bushing: \_\_\_\_\_  
Total Depth: 3967 Plug Back Total Depth: NA  
Amount of Surface Pipe Set and Cemented at: 245 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/ \_\_\_\_\_ <sup>sx cmt.</sup> W20-Dlg-11/19/10

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: na 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 one copy 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  
Title: member Date: 11.8.09  
Subscribed and sworn to before me this 9th day of November  
20 09  
Notary Public: Doug Irwin  
Date Commission Expires: 7-16-2011



(Alien PI by REC 10/29/09)  
KCC Office Use ONLY  
 Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
**RECEIVED**  
NOV 12 2009

Operator Name: Raney Oil Co., LLC Lease Name: Sutor Well #: B-2  
 Sec. 13 Twp. 10 S. R. 20  East  West County: Rooks

**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 ( Attach additional Sheets )  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 ( Submit Cop )  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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
Surface		8 5/8		245'		150	
Production		5 1/2		3742'		150	
Liner		4 1/2		3720		100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3745		100	Squeeze Arbuckle porosity

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record ( mount and ind of Material sed )	Depth

TUBING RECORD:	Size: <u>2 3/8</u>	Set At: <u>3713</u>	Packer At: <u>3713</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>10/1/09</u> <u>10/30/09</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravty
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease ( If vented, Submit C )	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify ) _____	PRODUCTION INTERVAL: <u>Injection Zone 3835-3967</u>
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*See telegram w/ open on 11/30/09.*

**RECEIVED**  
**NOV 12 2009**  
**KCC WICHITA**