

ORIGINAL

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

Form ACO-1
October 2008
Form Must Be Typed

OPERATOR: License # 5446
Name: BENJAMIN M. GILES
Address 1: 532 SOUTH MARKET
Address 2: _____
City: WICHITA State: KS Zip: 67202 + _____
Contact Person: BEN GILES
Phone: (316) 265-1992
CONTRACTOR: License # 5446
Name: BEN GILES - COMPANY TOOLS
Wellsite Geologist: WILLIAM A. VAIL
Purchaser: MACLASKEY OILFIELD SERVICE
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.)

API No. 15 - 015-01016-00-01
Spot Description: _____
SE NW SE Sec. 10 Twp. 26 S. R. 4 East West
1650 Feet from North / South Line of Section
1650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: BUTLER
Lease Name: RALSTON Well #: 2
Field Name: EL DORADO
Producing Formation: ARBUCKLE
Elevation: Ground: 1348 Kelly Bushing: _____
Total Depth: 2417 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 45 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: SEE EXCEPTION LETTER
feet depth to: _____ w/ _____ sx cmt.

If Workover/Re-entry: Old Well Info as follows:
Operator: WHITE & ELLIS DRILLING, INC.
Well Name: RALSTON #2
Original Comp. Date: 11/10/1950 Original Total Depth: 2401-2407
 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.: _____
07/15/2008 07/22/2008 07/29/2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: ALLOWED TO DRY
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.

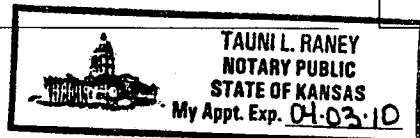
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Benjamin M. Giles
Title: OWNER / OPERATOR Date: 11-9-09
Subscribed and sworn to before me this 9th day of November
20 09
Notary Public: Tauni J. Raney
Date Commission Expires: 04/03/10

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

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KANSAS CORPORATION COMMISSION

NOV 09 2009


TAUNI L. RANEY
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 04-03-10

CONSERVATION DIVISION
WICHITA, KS

Operator Name: BENJAMIN M. GILES Lease Name: RALSTON Well #: 2
Sec. 10 Twp. 26 S. R. 4 East West County: BUTLER

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input 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	SEE ATTACHED LOG	
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

List All E. Logs Run: *REC'D 1 LOG W/ ACQ1:
ATTACHED RADIO ACT. LOG*

W/G/09

CASING RECORD New 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
	CASING WAS	ALL IN PLACE	8	45			
	THIS WAS A	WASHDOWN OF AN	OLD HOLE				
		5"		2395'			

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			NONE	

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
	DEEPENED OLD HOLE 16 FT.		
	PRODUCING OPEN HOLE AT 2417		

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NOV 09 2009
CONSERVATION DIVISION
WICHITA, KS

TUBING RECORD: Size: 2 3/8 UPSET Set At: 2396 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. AUG. 30, 2008 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. <u>14</u>	Gas Mcf <u>0</u>	Water Bbls. <u>120</u>	Gas-Oil Ratio	Gravity <u>33</u>
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" 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>2401 - 2417</u>
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