

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

9/7/12

OPERATOR: License # 5120
Name: Range Oil Company, Inc.
Address 1: 125 N. Market, Suite 1120
Address 2: _____
City: Wichita State: KS Zip: 67202
Contact Person: John Washburn
Phone: (316) 265-6231
CONTRACTOR: License # 30141
Name: Summit Drilling Co.
Wellsite Geologist: Roger Martin
Purchaser: Coffeyville Resources LLC

KCC

SEP 07 2010

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RECEIVED

SEP 09 2010

KCC WICHITA

API No. 15 - 015-23,872-0000

Spot Description: _____

Approx. NW SE NW Sec. 16 Twp. 27 S. R. 6 East West

1,660 Feet from North / South Line of Section

1,740 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Butler

Lease Name: Seglem Well #: 2

Field Name: Reynolds-Schaffer

Producing Formation: Viola

Elevation: Ground: 1387 Kelly Bushing: 1397

Total Depth: 3128' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 213 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.

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1100 ppm Fluid volume: 400 bbls

Dewatering method used: evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

<u>7-30-10</u>	<u>8-6-10</u>	<u>9-2-10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion 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. 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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: John M. Washburn

Title: Exploration Manager Date: 9-7-10

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 9/7/10 - 9/7/12
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____