

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

OPERATOR: License # 34383
Name: James Rickerson dba Randi Oil Company
Address 1: 212 West Garfield
Address 2: _____
City: Iola State: KS Zip: 66749 + _____
Contact Person: James Rickerson
Phone: (620) 363-4556
CONTRACTOR: License # 33977
Name: E K Energy LLC
Wellsite Geologist: n/a
Purchaser: n/a

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 #: _____

| | | |
|-----------------------------------|------------------------|---|
| <u>August 13, 2010</u> | <u>August 18, 2010</u> | <u>August 18, 2010</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 001-30028-00-00

Spot Description: _____
NE_SW_SW_SE Sec. 6 Twp. 24 S. R. 19 East West
495 Feet from North / South Line of Section
2,155 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen

Lease Name: Shafer Well #: 3

Field Name: Iola

Producing Formation: Tucker

Elevation: Ground: 968 ft. Kelly Bushing: n/a

Total Depth: 968 ft. Plug Back Total Depth: 958 ft.

Amount of Surface Pipe Set and Cemented at: 22.8 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: surface

feet depth to: 958 ft. w/ 120 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: Drilled with fresh water - air dry

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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.

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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: Donna Shanda

Title: Agent Date: October 10, 2010

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DLC Date: 10/13/10

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Operator Name: James Rickerson dba Randi Oil Company Lease Name: Shafer Well #: 3
 Sec. 6 Twp. 24 S. R. 19 East West County: Allen

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 complete copy of all Electric Wire-line 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Drillers Log | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See attached log |
|---|--|

| 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 |
| surface | | 8-5/8" | | 22.8' | | 120 sxs | |
| production | | 4-1/2" | | 958' | | | |
| | | | | | | | |

| 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 | | | | |
| | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|----------------|-------|---------|------------|---|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |
|---|--|

| | | | | | |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|--|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

22.8'
85%

Shaffer 3

8-13-10

8-18-10

Soil & Clay 14

5 Shale 19

258 Lime 277

177 Shale 454

34 Lime 488

7 Shale 495

23 Sand 518

32 Shale 550

36 Lime 586

21 Shale 607

30 Lime 637

8 Shale 645

5 Lime 650

Ft Scott

10 Shale 660

15 Sandy Shale 675

Shale ~~68~~ 937

952-955 best shown

Basal 943

Area Oil sd 956

306'

12 Oil/Sd 968

958'

TD 968'

TD 958'
4 1/2

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KCC WICHITA

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

| Date | Invoice # |
|-----------|-----------|
| 8/22/2010 | 1102 |

| |
|---|
| Bill To |
| Randi Oil P.O. Box 3 Iola, KS 66749 |

received

| P.O. No. | Terms | Project |
|----------|-------|---------|
| | | |

| Quantity | Description | Rate | Amount |
|-------------------------------------|---|--------------|-----------------|
| 1 | <i>Shaffer Well 3</i> Shaffer 8/18/10, Well #3, circulated 120 sacks of cement to surface, pumped 626 gallons of water behind cement and shut in. | 600.00 | 600.00T |
| 1 | water truck | 100.00 | 100.00T |
| | Sales Tax | 7.30% | 51.10 |
| Thank you for your business. | | Total | \$751.10 |

pd 9/3
cf 1632

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KCC WICHITA

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

*rec'd
8/31*

| | |
|-------------|------------------|
| Date | Invoice # |
| 8/22/2010 | 1103 |

| |
|---|
| Bill To |
| Randi Oil P.O. Box 3 Iola, KS 66749 |

| | | |
|-----------------|--------------|----------------|
| P.O. No. | Terms | Project |
| | | |

| Quantity | Description | Rate | Amount |
|-------------------------------------|---|--------------|-----------------|
| | Shaffer | | |
| 6 | 8/19/10, Well #3, ran 1 inch in well, drilled cement out of 4 1/2 and washed sand out of open hole to TD. | 75.00 | 450.00T |
| 1 | wash pump | 200.00 | 200.00T |
| 1 | water truck | 100.00 | 100.00T |
| | Sales Tax | 7.30% | 54.75 |
| Thank you for your business. | | Total | \$804.75 |

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PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
802 N. INDUSTRIAL RD.
IOLA, KS 66749

received 8/31

INVOICE

Invoice Number: **27272-73**
Invoice Date: **Aug 18, 2010**
Page: **1**
Duplicate

Voice: 620-365-5588
Fax:

| |
|--|
| Bill To: |
| CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749 |

| |
|---|
| Ship to: |
| RANDI OIL P.O. BOX 3 IOLA, KS 66749 |

| Customer ID | Customer PO | Payment Terms | |
|--------------|-----------------|---------------|----------|
| CASH/C.O.D. | RANDI/SHAFFER#3 | C.O.D. | |
| Sales Rep ID | Shipping Method | Ship Date | Due Date |
| | TRUCK | | 8/18/10 |

| Quantity | Item | Description | Unit Price | Amount |
|-------------------------------|--------------|--|------------|----------|
| 60.00 | CEMENT/WATER | CEMENT & WATER PER BAG MIX 8/18/10 TICKET#27272 | 7.60 | 456.00 |
| 1.00 | TRUCKING | TRUCKING CHARGE 8/18/10 TICKET#27272 | 50.00 | 50.00 |
| 60.00 | CEMENT/WATER | CEMENT & WATER PER BAG MIX 8/18/10 TICKET#27273 | 7.60 | 456.00 |
| Subtotal | | | | 962.00 |
| Sales Tax | | | | 70.23 |
| Total Invoice Amount | | | | 1,032.23 |
| Payment/Credit Applied | | | | |
| TOTAL | | | | 1,032.23 |

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Check/Credit Memo No:

VG