

RECEIVED ORIGINAL

Form ACO-1  
June 2009

JAN 05 2011 Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

1/4/12

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 Company  
Wellsite Geologist: Frank Mize  
Purchaser: Coffeyville Resources

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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 #: \_\_\_\_\_  
11-29-10 12-5-10 12-27-10  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 015-23,885 -0000  
Spot Description: \_\_\_\_\_  
Approx. SE SE Sec. 5 Twp. 25 S. R. 3  East  West  
535 Feet from  North /  South Line of Section  
365 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Butler  
Lease Name: Claassen H Well #: 1  
Field Name: \_\_\_\_\_  
Producing Formation: Mississippian  
Elevation: Ground: 1339 Kelly Bushing: 1349  
Total Depth: 2810' Plug Back Total Depth: 2806'  
Amount of Surface Pipe Set and Cemented at: 224 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.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: 1000 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 #: \_\_\_\_\_

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: 1-4-11

KCC Office Use ONLY

Letter of Confidentiality Received  
Date: 1/4/11 - 1/4/12  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: [Signature] Date: 1-19-11

Operator Name: Range Oil Company, Inc. Lease Name: Claassen H Well #: 1 JAN 05 2011  
 Sec. 5 Twp. 25 S. R. 3  East  West County: Butler CONSERVATION

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: DST (1) 2752' to 2762' Rec: 70' CO + 60' GOCM (9% gas, 17% oil, 74% mud) IFP 90-230 ISIP 570 FFP 61-198 FSIP 563 T: 107 F	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>1753</td> <td>-404</td> </tr> <tr> <td>Lansing</td> <td>2039</td> <td>-690</td> </tr> <tr> <td>Kansas City</td> <td>2312</td> <td>-963</td> </tr> <tr> <td>Conglomerate</td> <td>2741</td> <td>-1392</td> </tr> <tr> <td>Mississippian</td> <td>2745</td> <td>-1396</td> </tr> <tr> <td>LTD</td> <td>2809</td> <td>-1460</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	1753	-404	Lansing	2039	-690	Kansas City	2312	-963	Conglomerate	2741	-1392	Mississippian	2745	-1396	LTD	2809	-1460
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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	12 1/4	8 5/8	23#	224	common	125	3% CaCl
Production	7 7/8	4 1/2	10.5#	2806	Thick-set	165	

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				

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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
four	2750' to 2757'	500 gal (15% MCA) 1250 gal (18% FE-NE)	2750-57'

<b>TUBING RECORD:</b>		Size: <u>2 3/8</u>	Set At: <u>2769'</u>	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 checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	30		60		

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> <u>2750' to 2757'</u>
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**CONSOLIDATED**  
Oil Well Services, LLC

KCC  
NOV 21 2011

ENTERED COPY

TICKET NUMBER 30034

LOCATION EUREKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-6-10	6942	CLASSEN H #1	5	255	3E	Butler
CUSTOMER			Safety Meeting			
RANGE OIL Company, Inc.			KM OS.			
MAILING ADDRESS			D6			
125 N. MARKET STE 1120			JB			
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
wichita	Ks	67202	520	CLIFF S.		
			543	DAVE G.		
			436	JOHN G.		

JOB TYPE Long string O HOLE SIZE 7 7/8 HOLE DEPTH 2810' CASING SIZE & WEIGHT 4 1/2 10.5\*  
 CASING DEPTH 2796.69 G.L. DRILL PIPE 2906' RB TUBING \_\_\_\_\_ OTHER PBD 2790.81 G.L.  
 SLURRY WEIGHT 13.6\* SLURRY VOL 52 BBL WATER gal/sk 9.0 CEMENT LEFT IN CASING 5.88  
 DISPLACEMENT 44.5 BBL DISPLACEMENT PSI 800 MAX PSI 1300 Bump Plug RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ 5 BBL fresh water. Pumped 8BBL Metasilicate Pre flush, 5 BBL water spacer. mixed 165 sks Thick Set Cement w/ 5" Kol-Seal /sk @ 13.6\*/gal, yield 1.75. Shut down, wash out pump & lines. Release Latch down plug. Displace w/ 44.5 BBL fresh water. FINAL Pumping Pressure 800 psi. Bump Plug to 1300 psi. wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT RECEIVED	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126 A	165 sks	THICK Set Cement	12.00	8805.00
1110 A	825*	Kol-Seal 5" /sk	.42*	346.50
1111 A	100*	Metasilicate Pre Flush	1.80*	180.00
5407A	9.08 TONS	40 miles Buck Delv.	1.20	435.84
5502 C	4 Hrs	80 BBL VAC TRUCK	100.00	400.00
1123	3000 gals	City water	14.90/1000	447.00
4129	6	4 1/2 x 7 7/8 Centralizers	40.00	240.00
4453	1	4 1/2 Latch down Plug	221.00	221.00
		Sub Total		6744.04
		THANK YOU 6.55%	SALES TAX	251.36
			ESTIMATED TOTAL	5995.39

Revin 3737

AUTHORIZATION Doug Sheet TITLE Consultant DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.