

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

*ORIGINAL*

*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: Roger Martin  
Purchaser: Coffeyville Resources

API No. 15 - 015-23,884-0000  
Spot Description: \_\_\_\_\_  
Approx. NE SE SW Sec. 5 Twp. 25 S. R. 3  East  West  
1,175 Feet from  North /  South Line of Section  
2,240 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Butler  
Lease Name: Roth Well #: 2  
Field Name: \_\_\_\_\_  
Producing Formation: Mississippian  
Elevation: Ground: 1326 Kelly Bushing: 1336  
Total Depth: 2802' Plug Back Total Depth: 2801'  
Amount of Surface Pipe Set and Cemented at: 225 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.

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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 #: \_\_\_\_\_  
11-10-10 11-16-10 12-9-10  
Spud Date or Date Reached TD Completion Date or Recompletion Date

**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: NJ Date: 1-19-11

Operator Name: Range Oil Company, Inc. Lease Name: Roth Well #: 2  
 Sec. 5 Twp. 25 S. R. 3  East  West County: Butler

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**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 (2) 2744' to 2755' 30-30-60-60 Rec: 1' CO + 120' HWCM (40% water, 60% mud) IFP 17-35 ISIP 591 FFP 38-67 FSIP 594 T: 106 F	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>1752</td> <td>-416</td> </tr> <tr> <td>Lansing</td> <td>2040</td> <td>-704</td> </tr> <tr> <td>Kansas City</td> <td>2304</td> <td>-968</td> </tr> <tr> <td>Conglomerate</td> <td>2735</td> <td>-1399</td> </tr> <tr> <td>Mississippian</td> <td>2741</td> <td>-1405</td> </tr> <tr> <td>LTD</td> <td>2802</td> <td>-1466</td> </tr> </table>	Name	Top	Datum	Heebner	1752	-416	Lansing	2040	-704	Kansas City	2304	-968	Conglomerate	2735	-1399	Mississippian	2741	-1405	LTD	2802	-1466
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LTD	2802	-1466																				

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#	225	common	125	3% CaCl
Production	7 7/8	4 1/2	10.5#	2800	Thick-set	150	

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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 (Amount and Kind of Material Used)	Depth
four	2748' to 2752'	250 gal (15% MCA) 1000 gal (18% FE-NE)	2748-52'

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>2765'</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. <u>20</u>	Gas Mcf <u>40</u>	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 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) _____	PRODUCTION INTERVAL: <u>2748' to 2752'</u>
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. 884, Chanute, KS 66720  
. 31-9210 or 800-467-8676

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-10-10	6942	Roth #2	5	25S	26	Butler
CUSTOMER			TRUCK #			
Range Oil Co. Inc			520			
MAILING ADDRESS			DRIVER			
125 N MARKET ST #120			John			
CITY			TRUCK #			
Wichita			442			
STATE			DRIVER			
KS			Ted Sill (Eldorado)			
ZIP CODE			RATE			
17202						

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>230</u>	CASING SIZE & WEIGHT <u>8 3/8</u>
CASING DEPTH <u>228'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14.6*</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING
DISPLACEMENT <u>13 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety Meeting: Rig up to 8 3/8 casing Break Circulation with Fresh water Pump 5 bbls Water ahead. Mix 125 sks Class A Cement w/ 2% Cactz, 2% Gel & 1/4" Floccula per/sk at 14.6\* per/sk. Shut down. Release Plug. Displace with 13 bbls Fresh water. Shut well in. Good cement returns to surface. 5 bbl slurry top.  
Job complete Rig down

*Thank you.*

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
541015	1	PUMP CHARGE	225.00	225.00
5446	40	MILEAGE	3.65	146.00
11045	125 sks	Class A Cement	13.50	1687.50
1102	350 #	3% Cactz	.75	262.50
1118B	235 #	2% Gel	.20	47.00
1107	30 #	1/4" Floccula. per/sk	2.10	63.00
5407		Ten Mileage Bulk Truck	MIC	315.00
4432	1	8 3/8 Wooden Plug	77.00	77.00
4132	2	8 3/8 Centralizers	66.00	132.00
			Subtotal	3455.00
			SALES TAX	148.62
			ESTIMATED TOTAL	3603.62

Revin 3737

038010

AUTHORIZATION

*[Signature]*

TITLE

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.



**CONSOLIDATED**  
Oil Well Services, LLC

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

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

**ENTERED**

KCC

**COPY**

TICKET NUMBER 29988

LOCATION EUREKA

FOREMAN KEVIN McCoy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-17-10	6942	Roth # 2	5	25 S	3E	Butler
CUSTOMER RANGE OIL Company, INC.			TRUCK #      DRIVER      TRUCK #      DRIVER 445      SHANNON 479      ALLEN B 437      DAVE			
MAILING ADDRESS 125 N. MARKET Ste 1120						
CITY Wichita	STATE KS	ZIP CODE 67202				
SAFETY Meeting KM DG SF AB						

JOB TYPE Longstring  HOLE SIZE 7 7/8 HOLE DEPTH 2800' CASING SIZE & WEIGHT 4 1/2 10.5 New  
 CASING DEPTH 2800' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5\* SLURRY VOL 47 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 9'  
 DISPLACEMENT 45.4 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. Pump 15 BBL Metasilicate Pre Flush, 5 BBL water spacer. Mixed 150 sks Thick Set Cement w/ 5" Kol-Seal /sk @ 13.5\*/gal, yield 1.75. Shut down. wash out pump & lines. Release Latch down Plug. Displace Plug to Seat w/ 45.4 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.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126 A	150 sks	THICK Set Cement	17.00	2550.00
1110 A	750 "	Kol-Seal 5" /sk	.42 "	315.00
1111 A	100 "	Metasilicate Pre Flush	1.80	180.00
5407 A	8.25 Tons	40 miles Buck Delv.	1.20	396.00
5502 C	4 Hrs	80 BBL VAC TRUCK	100.00	400.00
1123	3000 gals	City water	14.90/1000	44.70
4453	1	4 1/2 Latch down Plug	221.00	221.00
4226	1	4 1/2 AFU insert float Valve	154.00	154.00
4129	6	4 1/2 x 7 7/8 Centralizers	40.00	240.00
			Sub Total	5571.70
			SALES TAX 6.55%	242.67
			ESTIMATED TOTAL	5814.37

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AUTHORIZATION Sary Reed 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.