

CONFIDENTIAL

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

ORIGINAL

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

10/15/12

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: Frank Mize
Purchaser: _____

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OCT 15 2010
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API No. 15 - 015-23,882-00-00
Spot Description: _____
Approx. SW NW SE Sec. 27 Twp. 23 S. R. 4 East West
1,700 Feet from North / South Line of Section
2,260 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Butler
Lease Name: Harvey A Well #: 1
Field Name: _____
Producing Formation: _____
Elevation: Ground: 1389 Kelly Bushing: 1399
Total Depth: 2220 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 #: _____
10-5-10 10-11-10 10-11-10
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 900 ppm Fluid volume: 450 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: 10-15-10

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 10/15/10 - 10/15/12
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: US Date: 10-31-10
PA RECEIVED

OCT 18 2010
KCC WICHITA

KCC
OCT 15 2010
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Operator Name: Range Oil Company, Inc. Lease Name: Harvey A Well #: 1

Sec. 27 Twp. 23 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

DST (1) 1787' to 1801' 30-30-60-60 Mis-run
DST (2) 1788' to 1801' 30-30-60-60 Rec: 5' FO + 10' HOCM (38% oil, 62% mud) + 100' MCW (38% mud, 62% water) + 415' SMCW (4% mud, 96% water)
IFP 20-145 ISIP 616 FFP 153-265 FSIP 615 T: 88 F

<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Name	Top	Datum
Heebner	1521'	-122
Lansing	1785'	-386
Kansas City	2046'	-647
BKC	2191'	-792
Total Depth	2220'	-821

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
Surface	12 1/4	8 5/8	23	213'	common	200	3% CaCl

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

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 type="checkbox"/> Open Hole <input 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: _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
OCT 18 2010
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

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



KCC
ENTERED OCT 15 2010

TICKET NUMBER 29205

CONFIDENTIAL LOCATION Eureka

FOREMAN Tom Strickler

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
10-5-10	6942	Harvey #1				Butler																
CUSTOMER Range Oil Co. Inc.			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>S20</td> <td>Cliff Cs.</td> <td></td> <td></td> </tr> <tr> <td>S15</td> <td>John S. J.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	S20	Cliff Cs.			S15	John S. J.						
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S15	John S. J.																					
MAILING ADDRESS 125 N. Market Ste 1120																						
CITY Wichita	STATE Ks	ZIP CODE 67202																				

Safety Meeting

JOB TYPE Surface 'c' HOLE SIZE 12 1/4" HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 218' K.R. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15' SLURRY VOL _____ WATER gal/sk 65° CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.75 gpm DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Brake circulation w/ Rig. had 80% Returns. Rigged up to Cement. Mixed 200sk Class A Cement w/ 3% Cade, 2% Gel + 1/2" Flocc @ 15#/gal. Mixed 1sk of Hulls in lead Cement. Displaced w/ 12.75 gpm Water. Final Pump Pressure 200 PSI. Good Cement to surface = 10 gpm Slurry to pit. Shut casing in @ 200 PSI.

Job Complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	40	MILEAGE	3.65	146.00
11045	200 SKS	Class A Cement	13.50	2700.00
1102	565 #	3% Cade	.75 #	423.75
1118R	375 #	2% Gel	.20 #	75.00
1107	100 #	1/2" Flocc 1sk	2.10 #	210.00
1105	50 #	Cottonseed Hulls	.39 #	19.50
4432	1	8 5/8" wooden Ply	77.00	77.00
4132	2	8 5/8" Centralizers	66.00	132.00
4106	1	8 5/8" Basket	306.00	306.00
5407A	9.4 Ton	Ton-mileage	KCC WICHITA 1.20	451.20
		Thurs	Sub Total	5265.45
		6.55%	SALES TAX	258.29
			ESTIMATED TOTAL	5523.74

Ravin 3737

031115

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

ENTERED

TICKET NUMBER 29197
LOCATION Eureka vs El Dorado
FOREMAN Rex Ledford

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
10-11-10	6942	Harvey A #2	27	23	46	Butler
CUSTOMER Range Oil Company Inc.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 125 N. Market Ste 120						
CITY STATE ZIP CODE Wichita KS 67202			K.V.			

JOB TYPE R.T.A 0' HOLE SIZE _____ HOLE DEPTH 2220' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14" SLURRY VOL _____ WATER gal/sk 7.0 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to drill pipe. Plugging order as follows:
35 SKS @ 260'
25 SKS @ 60' to surface

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"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54050	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1131	60 SKS	60/40 Pozmix cement	11.35	681.00
11196	205'	4% gel	.21	41.00
5407	2.6	ton mileage bulk tax	m/c	315.00
			RECEIVED	
			OCT 18 2010	
			KCC WICHITA	
			subtotal	2108.00
			6.55% SALES TAX	47.80
			ESTIMATED TOTAL	2155.80

AVIN 3737
 AUTHORIZATION Dan C TITLE 231056 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.