



KANSAS CORPORATION COMMISSION 1102805  
OIL & GAS CONSERVATION DIVISION

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 # 3911  
Name: Rama Operating Co., Inc.  
Address 1: 101 S MAIN ST  
Address 2: \_\_\_\_\_  
City: STAFFORD State: KS Zip: 67578 + 1429  
Contact Person: Robin L. Austin  
Phone: ( 620 ) 234-5191  
CONTRACTOR: License # 5142  
Name: Sterling Drilling Company  
Wellsite Geologist: Josh Austin  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SLOW
- 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: Rama Operating Co  
Well Name: Andrews 7-24  
Original Comp. Date: 07/18/2008 Original Total Depth: 4496

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>11/11/2012</u>	<u>11/13/2012</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-151-22307-00-01

Spot Description: \_\_\_\_\_  
NW SW SE SE Sec. 24 Twp. 29 S. R. 14  East  West  
465 Feet from  North /  South Line of Section  
1285 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Pratt

Lease Name: Andrews OWWO Well #: 7-24

Field Name: \_\_\_\_\_

Producing Formation: Plugged

Elevation: Ground: 1953 Kelly Bushing: 1961

Total Depth: 749 Plug Back Total Depth: 0

Amount of Surface Pipe Set and Cemented at: 312 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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.

Submitted Electronically

**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: Deanna Garrison Date: 11/30/2012



1102805

Operator Name: Rama Operating Co., Inc. Lease Name: Andrews OWWO Well #: 7-24  
 Sec. 24 Twp. 29 S. R. 14  East  West County: Pratt

**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 type="checkbox"/> Yes <input checked="" 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>red bed</td> <td>335</td> <td>+1626</td> </tr> </table>	Name	Top	Datum	red bed	335	+1626
Name	Top	Datum					
red bed	335	+1626					

CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
— Perforate				
— Protect Casing	-			
— Plug Back TD				
— 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
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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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

<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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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## TREATMENT REPORT

Customer: **Kama Operating Co, Inc** Lease No.: \_\_\_\_\_ Date: **11-12-12**  
 Lease: **Andrews, O.W.W.O.** Well #: **7-24**  
 Field Order #: **7300** Station: **Pratt, Kansas** Casing Depth: **1/2 Drill Pipe** County: **Pratt** State: **Kansas**  
 Type Job: **C.C.S.P.W. - Plug To Abandon** Formation: \_\_\_\_\_ Legal Description: **24-293-14W**

PIPE DATA		PERFORATING DATA		CEMENT USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	120 sacs	60/40 Poz with 405 lb	Rate	Press	ISIP	
Depth	Depth	From	To	138 lb. 7 gal., 6.92 Gal./5 ft., 1.43 CU. FT./5 ft.	Max		5 Min.	
Volume	Volume	From	To		Min		10 Min.	
Max Press	Max Press	From	To		Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush: <b>none</b>	Gas Volume		Total Load	

Customer Representative: **Robin Austin** Station Manager: **David Scott** Treater: **Clarence R. Messick**  
 Service Units: 37,216 19,903 19,905 19,831 19,862  
 Driver Names: **Messick** **Mattal** **Calloway**

Time A.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:45					Trucks on location and hold safety meeting
8:40		150		4	1st Plug 340 Feet - 50 sacs cement.
3:45		-0-	12		Start mixing cement.
					Stop pumping.
1:00		-0-		4	2nd Plug 60 Feet - 20 sacs cement
					Start mixing cement.
1:03		-0-	5	4	Cement circulated to surface
:20		-0-	7.5	3	Stop pumping.
					Plug Rat and Mouse holes
:45					Washup pump truck
					Job Complete
					Thank You
					Clarence, Mike, Scott