

FORM MUST BE TYPED

Side One

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 3911
Name RAMA Operating Co., Inc.
Address P.O. Box 159
City/State/Zip Stafford, KS 67578
Purchaser N/A
Operator Contact Person Robin L Austin
Phone (316) 234-5191
Contractor: Name
License
Wellsite Geologist NONE
Designate Type of Completion

New Well Re-Entry XXX Workover
Oil Swd SIOW Temp. Abd.
Gas X ENHR SIGW
Dry Other (Core, WSW, Expl., Cathodic, Etc.)

If Workover/Re-Entry: old well info as follows:

Operator GRUENERWALD & ASSOCIATES, INC.
Well Name ADAMS # 2
Comp Date 07/16/67 Old Total Depth 6310'
Deepening Re-Perf. XXX Conv. to Inj/Swd
XXX Plug Back 6208' PBTB
Commingled Docket NO.
Dual Completion Docket NO.
XXX Other (SWD or Inj?) Docket NO. E-27,818
10/4/00 10/8/00
Spud Date Date Reached TD Completion Date County Stafford Docket No E-25331

API NO. 15-119-20,005-000 drilled in 1967
County Meade
C Sw Sw Sec 2 Twp 35s Rge 30
661 Feet from S Line of Section
4620 Feet from E Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE (SE) NW OR SW (CIRCLE ONE)
Lease Name Adams Well # 2
Field Name West Adams Ranch Pool
Producing Formation ST. LOUIS
Elevation: Ground 2463 KB 2471
Total Depth 6310 PBTB
Amount of Surface Pipe Set and Cemented at 1309 Ft
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set Ft
If Alternate II Completion, cement circulated from Ft
depth to w/ sx cmt.

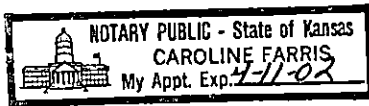
Drilling Fluid Management Plan Rework g# 12/27/02
(Data must be collected from the Reserve Pit)
Chloride content ppm Fluid volume bb
Dewatering method used
Location of fluid disposal if hauled offsite:

Operator Name
Lease Name License No.
Quarter Sec Twp S Rng
County Stafford Docket No E-25331

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 KS. Market, Room 2078, Wichita, KS 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 on 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. 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 [Signature]
Title Vice-president Date 6/6/01
Subscribed and sworn to before me this 6 day of June 2001.
Notary Public Caroline Farris
Date Commission Expires 4-11-02

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC SWD/Rep NGPA
KGS Plug Other
(Specify)
Form ACO-1 (7-91)



SIDE TWO

Operator Name RAMA Operating Co., Inc. Lease Name Adams Well # 2

East County Meade
 Sec. 2 Twp. 35s Rge 30 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of Log.

Drill Stem Tests Taken (Attach Additional Sheets:)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent To Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		#	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		#	
List All E. Logs Run:	<u>NONE</u>			

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	10 3/4	8 5/8	24	1309		800	3% gel
Production	7 7/8	5 1/2	15.5	6310		175	

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 (Amount and Kind of Material Used) Depth	
4	6139-6205			
	<u>CIBP @ 6208'</u>			
4	<u>6211'-6220' + 6227'-6232'</u>			

TUBING RECORD Size 2 3/8 Set At 6100 Packer At 6100 Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. June 4, 2001 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls. Gas N/A Mcf Water 750 Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18) METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled INJECTION Production Interval 6139'-6205'