

FORM MUST BE TYPED

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 Republic Natural Gas
Operator Contact Person Robin L. Austin
Phone (316) 234-5191

Contractor: Name
License

Wellsite Geologist

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

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

Operator W. L. Kirkman, Inc.
Well Name McFadden #1
Comp Date 11/14/80 Old Total Depth #
Deepening X Re-Perf. Conv. to Inj/swd
Plug Back PBTB
Commingled Docket NO.
Dual Completion Docket NO.
Other (SWD or Inj?) Docket NO.

Spud Date 8/20/95 Date Reached TD 8/21/95 Completion Date

API NO. 185-21,111000
County Stafford
SW - SE - SE Sec 10 Twp 25S Rge 12 W
330 Feet from S Line of Section
990 Feet from E Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW OR SW (CIRCLE ONE)

Lease Name McFadden Well # 1

Field Name Union Center

Producing Formation Viola

Elevation: Ground 1866 KB 1874

Total Depth 4245 PBTB 4225

Amount of Surface Pipe Set and Cemented at 366 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 X w/ ex cmt.

Drilling Fluid Management Plan REWORK 87 5-9-96

(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 RELEASED

Lease Name DEC 11 1996 License No.

Quarter Sec Twp S Rng

FROM CONFIDENTIAL

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 11/3/95

Subscribed and sworn to before me this 8 day of April 1996.

Notary Public Caroline Farris

Date Commission Expires 1-98
NOTARY PUBLIC - State of Kansas
CAROLINE FARRIS
My Appt. Exp. 1-11-98

K.C.C. OFFICE USE ONLY: 1995
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)

Operator Name RAMA Operating Co., Inc. Lease Name McFadden Well # 1
 East County Stafford
 Sec. 10 Twp. 25 Rge 12 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							
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	8-5/8		366		300	
Production	7-7/8	4-1/2		4225		275	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" 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 (Amount and Kind of Material Used)	
4	3956-3960			Depth

TUBING RECORD									
Size	Set At	Packer At	Liner Run						
2-3/8	3820	3820	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
Date of First, Resumed Production, SWD or Inj.			Producing Method						
9/5/95			<input checked="" 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				
	0	210	2						

Disposition of Gas: Vented Sold Used on Lease

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: 3956-60

(If vented, submit ACO-18)

