

FORM MUST BE TYPED

Side One

ORIGINAL

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

API NO. 15-047-20174-0001
County Edwards
C - Nw - Ne - SW Sec 4 Twp 25 Rge 16 W
2310 Feet from S Line of Section
3630 Feet from E Line of Section

Operator: License # 3911
Name RAMA Operating Co., Inc.
Address P.O. Box 159
City/State/Zip Stafford, KS 67578

Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW OR SW (CIRCLE ONE)
Lease Name Wilson "B" "OWWO" Well # 3
Field Name WIL

Purchaser ONEOK
Operator Contact Person Robin L. Austin
Phone(316) 234-5191

Producing Formation Chase
Elevation: Ground 2076 KB 2085
Total Depth 2456 PBSD

Contractor: Name Sterling Drilling Company
License 5142

Amount of Surface Pipe Set and Cemented at 311 Ft
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set Ft

Wellsite Geologist 2-28-00
Designate Type of Completion
New Well X Re-Entry Workover
Oil Swd SIOW Temp. Abd.
X Gas ENHR SIGW
Dry Other (Core, WSW, Expl., Cathodic Etc.)

Depth to w/ sx cmt.
Drilling Fluid Management Plan
Data must be collected from the Reserve Pit

If Workover/Re-Entry: old well Info as follows:
Operator Cities Service Oil Co.
Well Name Wilson "B" 3
Comp Date 6/9/95 Old Total Depth 3400

Chloride content ppm Fluid volume 160 bbls
Dewatering method used Hauled Off Location
Location of fluid disposal if hauled offsite:

Deepening Re-Perf. Conv. to Inj/swd
Plug Back PBSD
Commingled Docket NO.
Dual Completion Docket NO.
Other (SWD or Inj?) Docket NO.
10/5/99 10/6/99 10/20/99

Operator Name Gee Oil Service
Lease Name Wilson License No. 3546
Sw Quarter Sec 4 Twp 25 S Rng 16 W

Spud Date Date Reached TD Completion Date County Edwards Docket No E-26670

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 [Handwritten Signature]

Title Vice-president Date 2/25/00

Subscribed and sworn to before me this 25 day of February 2000.

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

X

Operator Name RAMA Operating Co., Inc. Lease Name Wilson Well # 3
 East County Edwards
 Sec. 4 Twp. 25 Rge 16 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 checked="" 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	Her.	2134	-54
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ft. Riley	2312	-232
		Wref	2448	-368

List All E. Logs Run: CEMENT BOND

CASING RECORD							
<input type="checkbox"/> New <input checked="" 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	24	311	60/40 poz	250	3% gel
Production	7 7/8	5 1/2	14	2421	ASC #5	145	Mud Flush

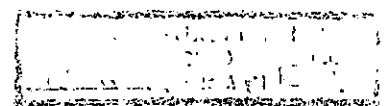
ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				
Shots Per Foot	PERFORATION RECORD-Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used) Depth	
2	2312-2316		100 gal. 15% N.E	
4	2162-2166		850 gal. 15% N.E	
4	2136-2140			

TUEING RECORD		Size <u>2 3/8</u>	Set At <u>3225</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>10/26/99</u>			Producing Method <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 <u>110</u>	Water Bbls. <u>5</u>	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

Production Interval: 2162-2166



ALLIED CEMENTING CO., INC.

2944

Federal Tax I.D.# 48-0727860

REMIT-TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: St. Bend

DATE <u>10-6-99</u>	SEC <u>4</u>	TWP. <u>25</u>	RANGE <u>16</u>	CALLED OUT <u>10:00 PM</u>	ON LOCATION <u>12:15 AM</u>	JOB START <u>2:00 AM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>Wilson B</u>		WELL # <u>3</u>		LOCATION <u>Belpre - 2 3/4 S, E 11 W into</u>		COUNTY <u>Edwards</u>	STATE <u>Ks</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Stirling Daly

TYPE OF JOB Production

HOLE SIZE 7 7/8" T.D. 2456'

CASING SIZE 5 1/2" (used 14#) DEPTH 2421'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1200 # MINIMUM 700 lb

MEAS. LINE _____ SHOE JOINT 10'

OWNER Same

CEMENT AMOUNT ORDERED 160 lbs ASC 5" Kolbeal

per sack

500 gal WFRIT flush

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MILEAGE @ _____

CEMENT LEFT IN CSG. 10'

PERFS. _____

DISPLACEMENT 5 1/4 bbls

EQUIPMENT

PUMP TRUCK # 181 CEMENTER Tim D
HELPER Bob B

BULK TRUCK # 342 DRIVER Jayson A

BULK TRUCK # _____ DRIVER _____

TOTAL _____

REMARKS:

Rem 2421' of 5 1/2" csg. Broke circulation
Set Packershoe. Pushed 500 gal WFRIT
flush followed by 1/2" oil spacer. Plugged
hole with 15 lb. Holed back to 11'
coming mixed 145 lbs ASC 5" Kolbeal / oil.
worked line clean of cement. Displaced
with flush H₂O. Landed plug @ 1200'
released and float held.

SERVICE

DEPTH OF JOB 2421'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

PLUG 1- 5 1/2" Packershoe @ _____

_____ @ _____

_____ @ _____

CONSERVATION DIVISION
Wichita, Kansas

TOTAL _____

CHARGE TO: RAMA Operating Co. Inc.

STREET P.O. Box 159

CITY Stafford STATE Ks ZIP 67578

FLOAT EQUIPMENT

1- 5 1/2" Packershoe @ _____

1- 5 1/2" AFIS cement @ _____

3- 5 1/2" Centralizers @ _____

1- 5 1/2" Borelog @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment
and furnish cementer and helper to assist owner or
contractor to do work as is listed. The above work was
done to satisfaction and supervision of owner agent or
contractor. I have read & understand the "TERMS AND
CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X R. D. Austin

SIGNATURE X Robin Austin
PRINTED NAME