

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

ORIGINAL

Operator: License # 3911

Name: RAMA Operating Co., Inc.

Address P.O. Box 459

Stafford, KS 67578

City/State/Zip

Purchaser: N/A

Operator Contact Person: Robin Austin

Phone (316) 234-5191

Contractor: Name: Stepco Well Servicing

License: 9764

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIDW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

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

SUNRAY MID-CONTINENT OIL CO.

Operator: RAMA

Well Name: Cudney #4

Comp. Date 6-9-61 Old Total Depth 4470

Deepening Re-perf. Conv. to Inj SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. R-26,994

9-16-94 9-26-94
Date of START Date Reached TD Completion Date of
OF WORKOVER WORKOVER

API NO. 15- 4-6261 N/A
County Edwards
G SE NE Sec. 35 Twp. 25 Rge. 16 X W
1880 Feet from 30 (circle one) Line of Section
760 Feet from EX (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(NE) SE, NW or SW (circle one)
Lease Name Cudney Well # 4
Field Name Wil
INJECTION
Formation CONGLOMERATE
Elevation: Ground 2059 KB _____
Total Depth 4470 PBTD 4468
Amount of Surface Pipe Set and Cemented at 351 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 cnt.
Drilling Fluid Management Plan REWORK J 1-8-97
(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 No. _____
Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 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 10-19-94

Subscribed and sworn to before me this 19 day of October 19 94.

Notary Public Caroline Farris

Date Commission Expires 4-11-98

NOTARY PUBLIC - State of Kansas
CAROLINE FARRIS
My Appt. Exp. 4-11-98

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SVD/Rep NGPA
 KGS Plug Other (Specify)
10-21-94
1994
KANSAS CORPORATION COMMISSION

Operator Name RAMA Operating Co., Inc. Lease Name Cudney Well # 4

Sec. 35 Twp. 25 Rge. 16 East West
 County Edwards

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 Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | None | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Conglomerate 4366' | | |
| Electric Log Run (Submit Copy.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| List All E.Logs Run: | None | | | |

| 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 |
| Surface | 12 | 8-5/8" | | 351 | | 350 | |
| Production | 7-7/8 | 4 1/2" | 10.5 | 4468 | | 125 | |

| 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 | | Acid, Fracture, Shot, Cement Squeeze Record | |
|----------------|---|------|---|-------|
| | Specify Footage of Each Interval Perforated | | (Amount and Kind of Material Used) | Depth |
| 4 Per. | 4360 | 4381 | None | |

| | | | | | | | | | | | |
|--|-----|-------|---|-----------|-----------|---|-------|----|-------|---------------|---------|
| TUBING RECORD | | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | | 2-3/8 | 4300' | 4300' | | | | | | | |
| Date of First, Resumed Production, SWD or Inj. | | | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | | | | | | |
| 10-26-94 | | | | | | | | | | | |
| Estimated Production Per 24 Hours | Oil | N/A | Bbls. | Gas | N/A | Mcf | Water | 80 | 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. Other (Specify) _____

Injection Commingled Production Interval 4360'-4381'