



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- 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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- 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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ Date: _____

1063944



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Sample Name Top Datum
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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
<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 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 <i>(Explain)</i> _____
-------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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 <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Raymond Oil Company, Inc.
Well Name	Rose E 1
Doc ID	1063944

All Electric Logs Run

Neutron Density
Sonic
DIL
MEL

Diamond Testing

General information Report

General Information

Company Name RAYMOND OIL COMPANY, INC.

Contact	TED MCHENRY	Job Number	
Well Name	ROSE 'E' #1	Representative	ROGER D. FRIEDLY
Unique Well ID	DST #1 LKC 200' 4,107' - 4,130'	Well Operator	RAYMOND OIL COMPANY, INC.
Surface Location	SEC 2-14S-32W LOGAN COUNTY, KS	Report Date	2011/06/06
Well License Number		Prepared By	ROGER D. FRIEDLY
Field	WILDCAT		
Well Type	Vertical		

Test Type	CONVENTIONAL DRILL-STEM TEST		
Formation	DST #1 LKC 200' 4,107' - 4,130'		
Well Fluid Type	01 Oil	Start Test Time	11:53:00
		Final Test Time	19:37:00
Start Test Date	2011/06/06		
Final Test Date	2011/06/06		
Gauge Name	1150		
Gauge Serial Number			

Test Results

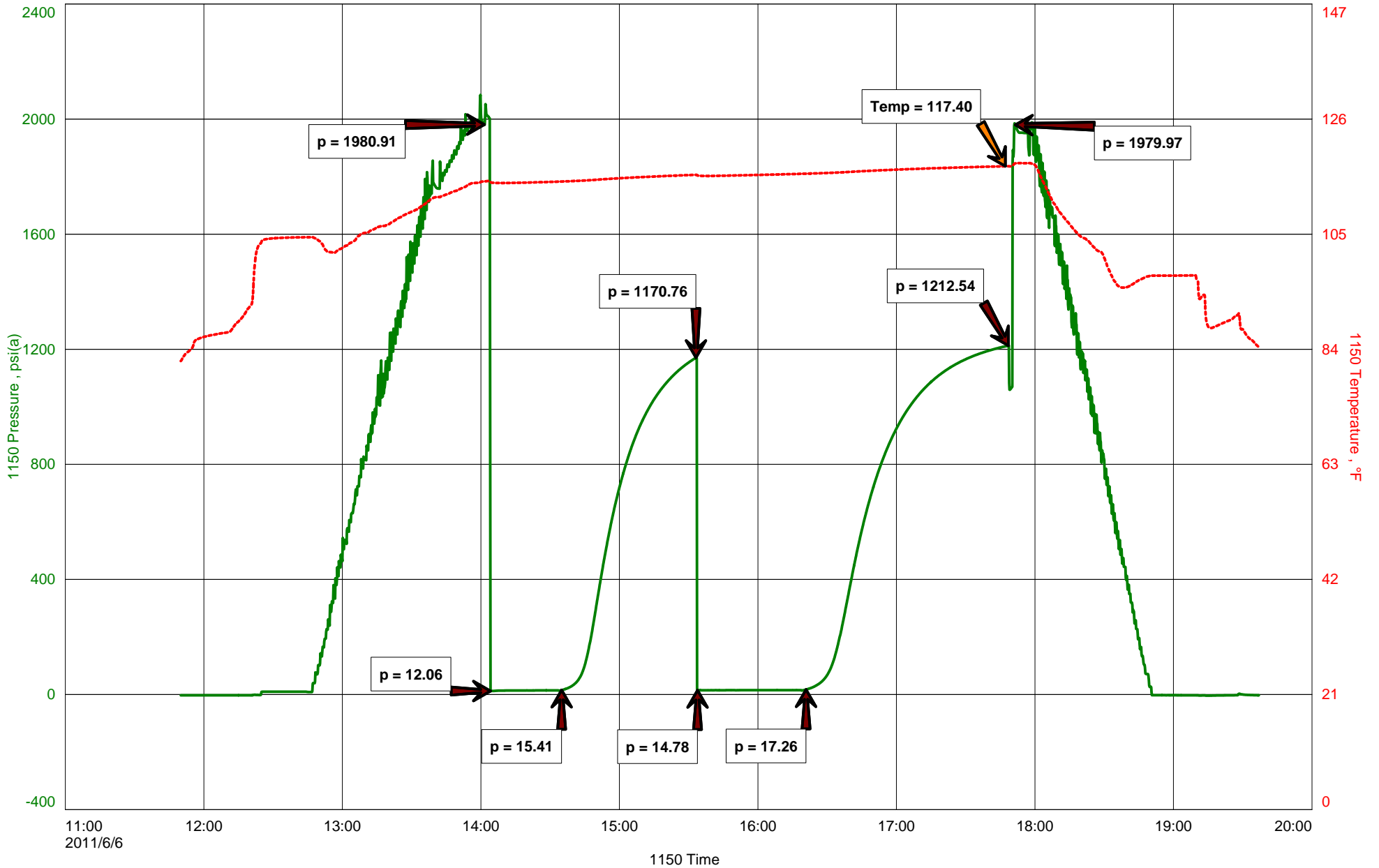
RECOVERED: 3' DRILLING MUD 100% MUD

TOOL SAMPLE: 100% DM

RAYMOND OIL COMPANY, INC.
DST #1 LKC 200' 4,107' - 4,130'
Start Test Date: 2011/06/06
Final Test Date: 2011/06/06

ROSE 'E' #1
Formation: DST #1 LKC 200' 4,107' - 4,130'
Pool: WILDCAT

ROSE 'E' #1





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313

DRILL -STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State KANSAS
 Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____ A.M. _____ P.M. Time Started Off Bottom _____ A.M. _____ P.M. Maximum Temperature _____
 Initial Hydrostatic Pressure (A) _____ P.S.I.
 Initial Flow Period Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period Minutes _____ (D) _____ P.S.I.
 Final Flow Period Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Diamond Testing

General information Report

General Information

Company Name RAYMOND OIL COMPANY, INC.

Contact	TED MCHENRY	Job Number	
Well Name	ROSE 'E' #1	Representative	ROGER D. FRIEDLY
Unique Well ID	DST #2 ALTA / MYRICK ST 4,214' - 4,360'	Well Operator	RAYMOND OIL COMPANY, INC.
Surface Location	SEC 2-14S-32W LOGAN COUNTY, KS	Report Date	2011/06/08
Well License Number		Prepared By	ROGER D. FRIEDLY
Field	WILDCAT		
Well Type	Vertical		

Test Type	CONVENTIONAL DRILL-STEM TEST		
Formation	DST #2 ALTA / MYRICK ST 4,214' - 4,360'		
Well Fluid Type	01 Oil	Start Test Time	21:31:00
		Final Test Time	05:51:00
Start Test Date	2011/06/07		
Final Test Date	2011/06/08		
Gauge Name	8471		
Gauge Serial Number			

Test Results

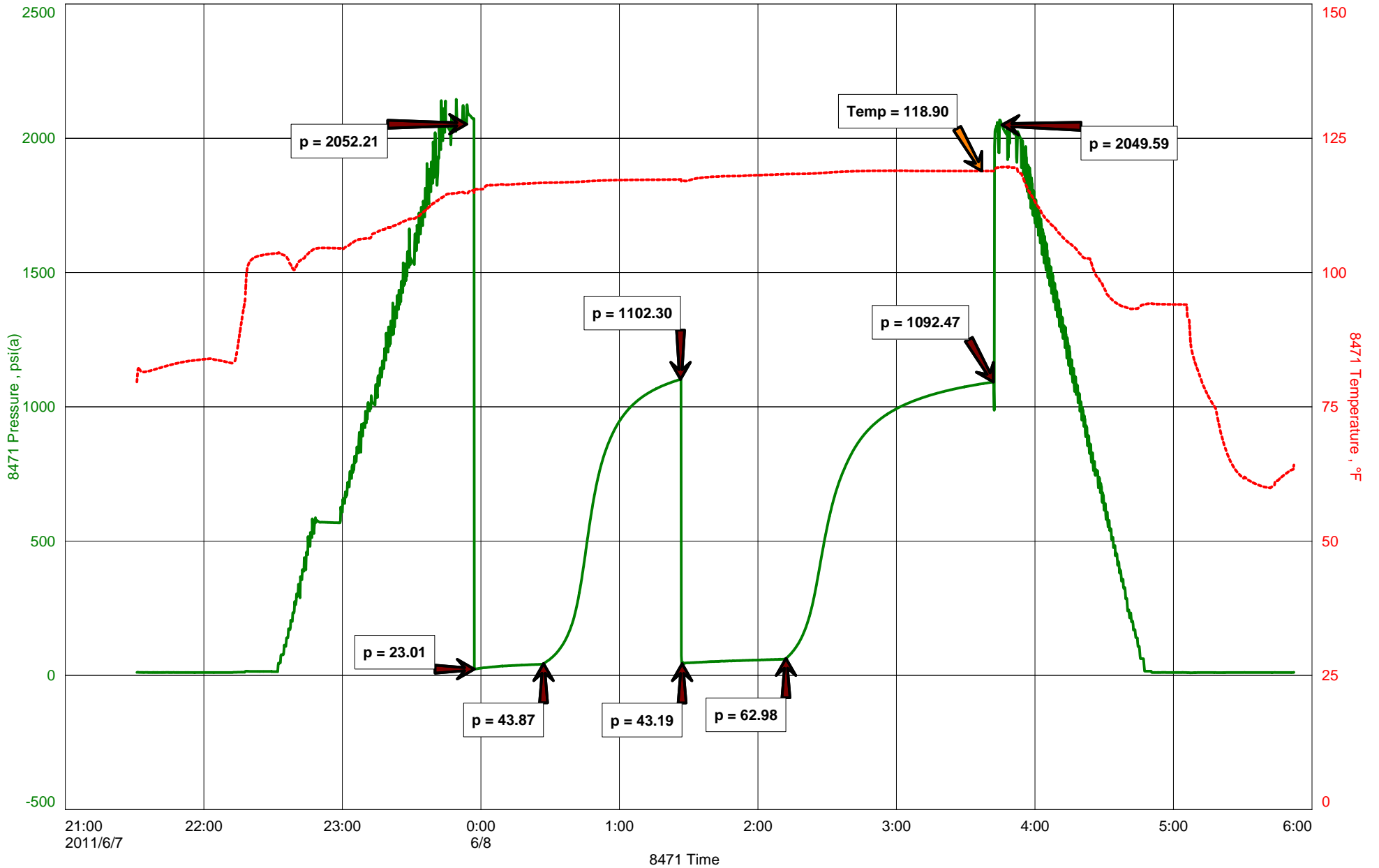
RECOVERED: 220' GAS IN PIPE
93' HG&OCM 4% GAS, 34% OIL, 62% MUD
93' TOTAL FLUID

TOOL SAMPLE: 50% OIL, 50% MUD

RAYMOND OIL COMPANY, INC.
DST #2 ALTA / MYRICK ST 4,214' - 4,360'
Start Test Date: 2011/06/07
Final Test Date: 2011/06/08

ROSE 'E' #1
Formation: DST #2 ALTA / MYRICK ST 4,214' - 4,360'
Pool: WILDCAT

ROSE 'E' #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313

DRILL -STEM TEST TICKET

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State KANSAS
Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks: _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____ A.M. _____ P.M. Time Started Off Bottom _____ A.M. _____ P.M. Maximum Temperature _____
Initial Hydrostatic Pressure (A) _____ P.S.I.
Initial Flow Period Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period Minutes _____ (D) _____ P.S.I.
Final Flow Period Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure (H) _____ P.S.I.

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Diamond Testing

General information Report

General Information

Company Name RAYMOND OIL COMPANY, INC.

Contact TED MCHENRY
Well Name ROSE 'E' #1
Unique Well ID DST #3 FT SCOTT / CHERO. 4,358' - 4,420'
Surface Location AEC 2-14S-32W LOGAN COUNTY, KS
Well License Number
Field WILDCAT
Well Type Vertical

Job Number
Representative ROGER D. FRIEDLY
Well Operator RAYMOND OIL COMPANY, INC.
Report Date 2011/06/08
Prepared By ROGER D. FRIEDLY

Test Type CONVENTIONAL DRILL-STEM TEST
Formation DST #3 FT SCOTT / CHERO. 4,358' - 4,420'
Well Fluid Type 01 Oil
Start Test Date 2011/06/08
Final Test Date 2011/06/09

Start Test Time 16:16:00
Final Test Time 00:21:00

Gauge Name 8471
Gauge Serial Number

Test Results

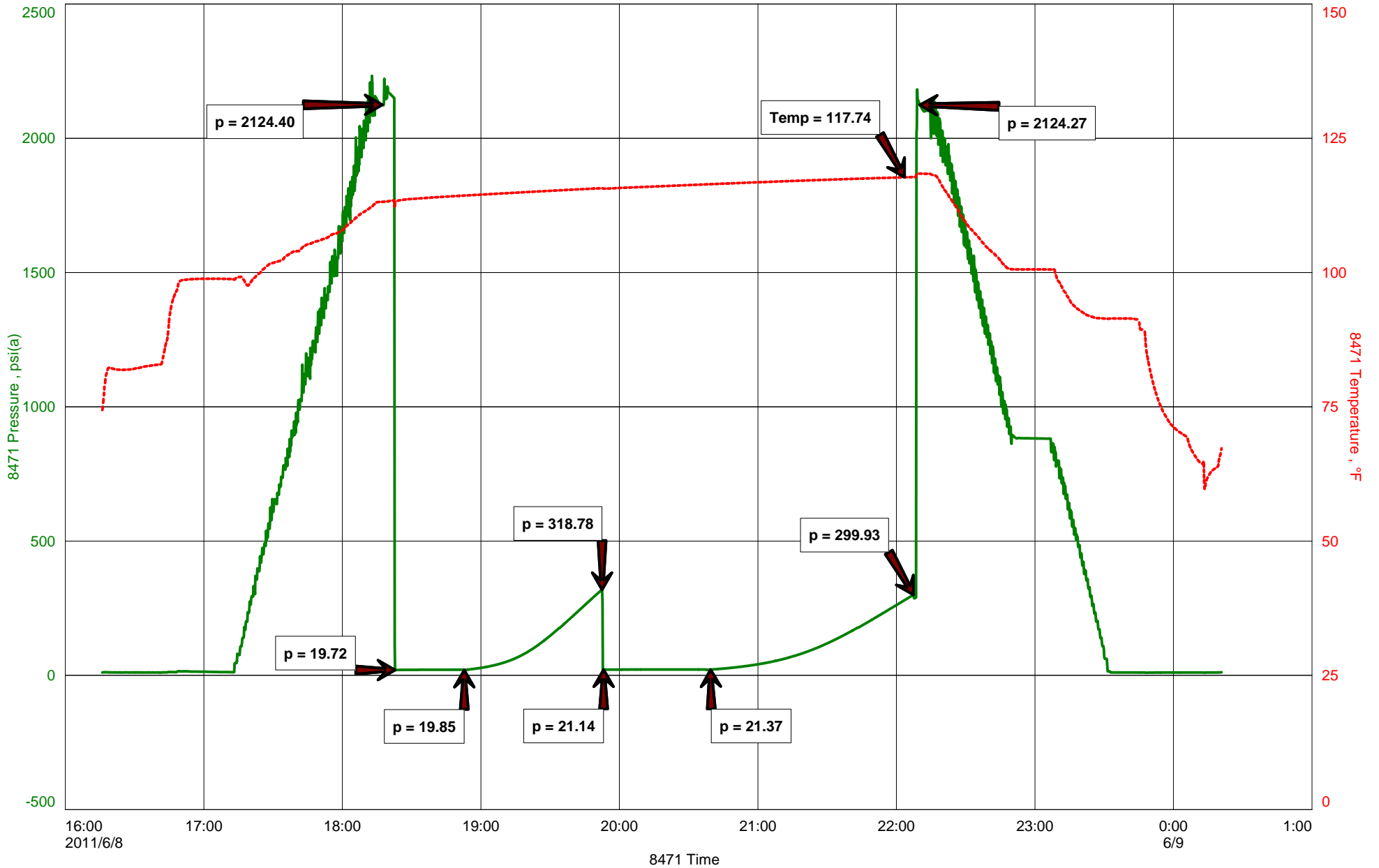
RECOVERED: 3' SLTOCM 1% OIL, 99% MUD

TOOL SAMPLE: 2% OIL, 98% MUD

RAYMOND OIL COMPANY, INC.
DST #3 FT SCOTT / CHERO. 4,358' - 4,420'
Start Test Date: 2011/06/08
Final Test Date: 2011/06/09

ROSE 'E' #1
Formation: DST #3 FT SCOTT / CHERO. 4,358' - 4,420'
Pool: WILDCAT

ROSE 'E' #1





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313

DRILL -STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State KANSAS
 Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____ A.M. _____ P.M. Time Started Off Bottom _____ A.M. _____ P.M. Maximum Temperature _____
 Initial Hydrostatic Pressure (A) _____ P.S.I.
 Initial Flow Period Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period Minutes _____ (D) _____ P.S.I.
 Final Flow Period Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure (H) _____ P.S.I.

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Diamond Testing

General information Report

General Information

Company Name RAYMOND OIL COMPANY, INC.

Contact	TED MCHENRY	Job Number	
Well Name	ROSE 'E' #1	Representative	ROGER D. FRIEDLY
Unique Well ID	DST #4 JOHNSON 4,418' - 4,468'	Well Operator	RAYMOND OIL COMPANY, INC.
Surface Location	SEC 2-14S-32W LOGAN COUNTY, KS	Report Date	2011/06/09
Well License Number		Prepared By	ROGER D. FRIEDLY
Field	WILDCAT		
Well Type	Vertical		

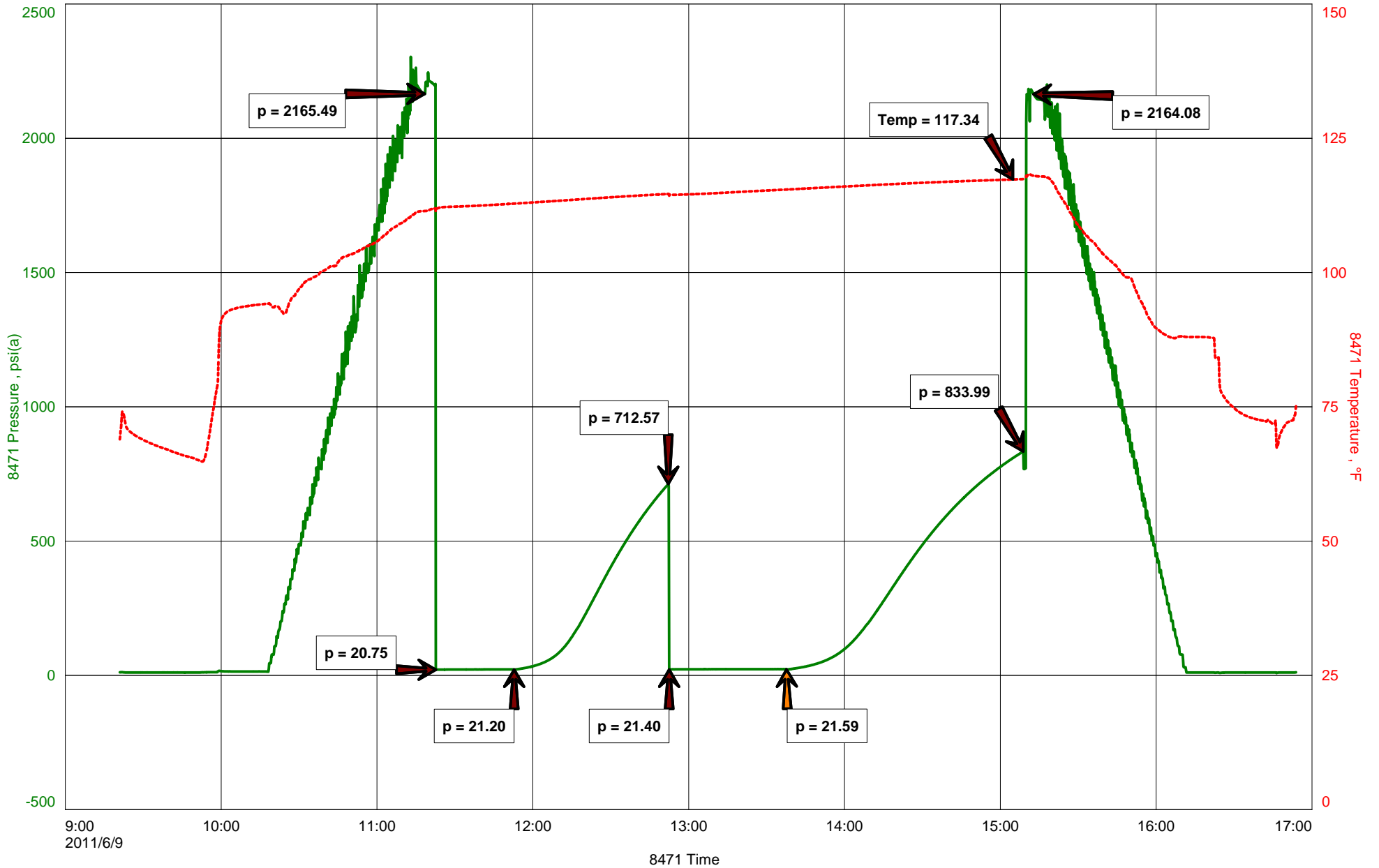
Test Type	CONVENTIONAL DRILL-STEM TEST		
Formation	DST #4 JOHNSON 4,418' - 4,468'		
Well Fluid Type	01 Oil	Start Test Time	09:21:00
		Final Test Time	16:54:00
Start Test Date	2011/06/09		
Final Test Date	2011/06/09		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED: 5' DM 100% MUD - FEW OIL SPECKS

TOOL SAMPLE: 100% DM - GOOD OIL SPECKS

ROSE 'E' #1





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313

DRILL -STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State KANSAS
 Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
 Initial Hydrostatic Pressure (A) _____ P.S.I.
 Initial Flow Period Minutes (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period Minutes (D) _____ P.S.I.
 Final Flow Period Minutes (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period Minutes (G) _____ P.S.I.
 Final Hydrostatic Pressure (H) _____ P.S.I.

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28024
LOCATION Oakley, KS
FOREMAN Walt Dunkel

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-31-11		Rose E #1	2	14 ^s	32 ^w	Logan
CUSTOMER Raymond Oil Co			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			463	Tosh Gurble		
CITY			566	Cory Davis		
STATE						
ZIP CODE						

JOB TYPE Surface-0 HOLE SIZE 12 1/4 HOLE DEPTH 264 CASING SIZE & WEIGHT 8 5/8 - 23#
 CASING DEPTH 261 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'-20'
 DISPLACEMENT 15 1/2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting, Rig up on L-D Dols, Hook up + circ
Mix 175 sks com, 2% cel
Displace 15 1/2 BBL H₂O @ 200#
Shot in

Cement Did Circ.

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1025 ⁰⁰	1,025 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
11045	175 SKS	Class A Cement	16 ⁸⁰	2940 ⁰⁰
1102	495#	Calcium Chloride	.84	415 ⁸⁰
1118B	330#	Bentonite	.24	79 ²⁰
5407	8.23	Ton Mileage Delivery	158	410 ⁰⁰
				4,970 ⁰⁰
		Less 15% Disc.		- 745 ⁵⁰
				4,224 ⁵⁰
		SALES TAX		227 ⁷⁴
		ESTIMATED TOTAL		4452 ²⁴

Ravin 3737

AUTHORIZATION RH Wake TITLE Tool Pusher DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28038

LOCATION Oakley KS

FOREMAN Fuzz

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-10-11	7158	Rose E #1	2	14S	32W	Logan KS
CUSTOMER Raymond Oil Co.		OAKLEY 175 E + N IN				
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Chad S - Miles		
STATE			439	Damon M		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 77/8 HOLE DEPTH 4634' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 412 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on LD #1. Mix and pump
25 SKS @ 2320'
100 SKS @ 1175'
40 SKS @ 310'
10 SKS @ 40'
30 SKS R/H

Thanks Fuzz crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 ⁰⁰	1250 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
5407	8.8 Ton	Tow mileage Delivery (min)	1 ⁵⁸	410 ⁰⁰
1131	205 SKS	60/40 pos	14 ³³	2941 ⁷⁵
1118B	705 #	Bentonite	.24	169 ²⁰
1107	51 #	Clo-seal	2 ⁶⁰	135 ⁶⁰
4432	1	8 3/8 plug	96 ⁰⁰	96 ⁰⁰
			subtotal	5102 ⁶¹
			less 15% disc	765 ³⁹
				4337 ²²
			7.8 ⁹⁰	
			SALES TAX	221. ⁴
			ESTIMATED TOTAL	4558 ⁰⁴

24/921

Ravin 3737

AUTHORIZATION Rhl Wilson TITLE Tool Pusher DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY RAYMOND OIL COMPANY, INC.

LEASE # 1 ROSE E

FIELD WILDCAT

LOCATION 746' FNL $\frac{1}{4}$ 916' FWL

SEC 2 TWSP 14s RGE 32W

COUNTY LOGAN STATE KANSAS

CONTRACTOR L.D. DRILLING

SPUD 5-31-11 COMP 6-10-11

RTD 4634 LTD 4634

MUD UP 3300 TYPE MUD CHEMICAL

ELEVATIONS

KB 2828

DF _____

GL 2823

Measurements Are All
From 2828 KB

CASING

SURFACE 8 5/8" @ 261'

PRODUCTION _____

ELECTRICAL SURVEYS

DUAL IND., DENS.-N.
MICRO, SONIC

SAMPLES SAVED FROM 3400 TO 4634

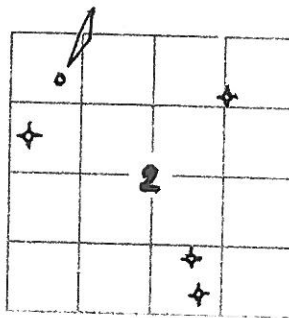
DRILLING TIME KEPT FROM 3400 TO 4634

SAMPLES EXAMINED FROM 3400 TO 4634

GEOLOGICAL SUPERVISION FROM 3600 TO 4634

GEOLOGIST ON WELL KIM B. SHOEMAKER

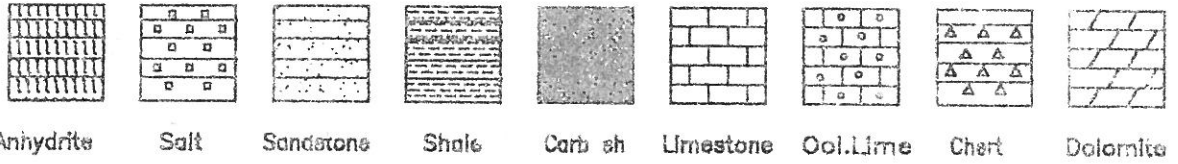
FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	2312+516	2314+514
B/ANH.	2334+494	2337+491
STOTLER	3463-635	3463-635
HEEBNER	3818-990	3818-990
LANSING	3862-1034	3861-1033
STARK	4109-1281	4109-1281
MARMATON	4209-1381	4208-1380
FORT SCOTT	4365-1537	4364-1536
CHEROKEE	4393-1565	4392-1564
MISSISSIPPI	4534-1706	4534-1706



5:31-11 SPUD
 6.1 @ 266'
 6.2 @ 1810'
 6.3 @ 2838'
 6.4 @ 3356'
 6.5 @ 3780'
 6.6 @ 4130'
 6.7 @ 4292'
 6.8 @ 4330'
 6.9 @ 4468'
 6.10 @ 4634'

API: 15-109-21006

LEGEND



SHOE01-05

DRILLING TIME IN MINUTES
 PER FOOT
 Rate of Penetration Increases

DEPTH
2250

5" 10" 15" 20" 25"

SAMPLE DESCRIPTIONS

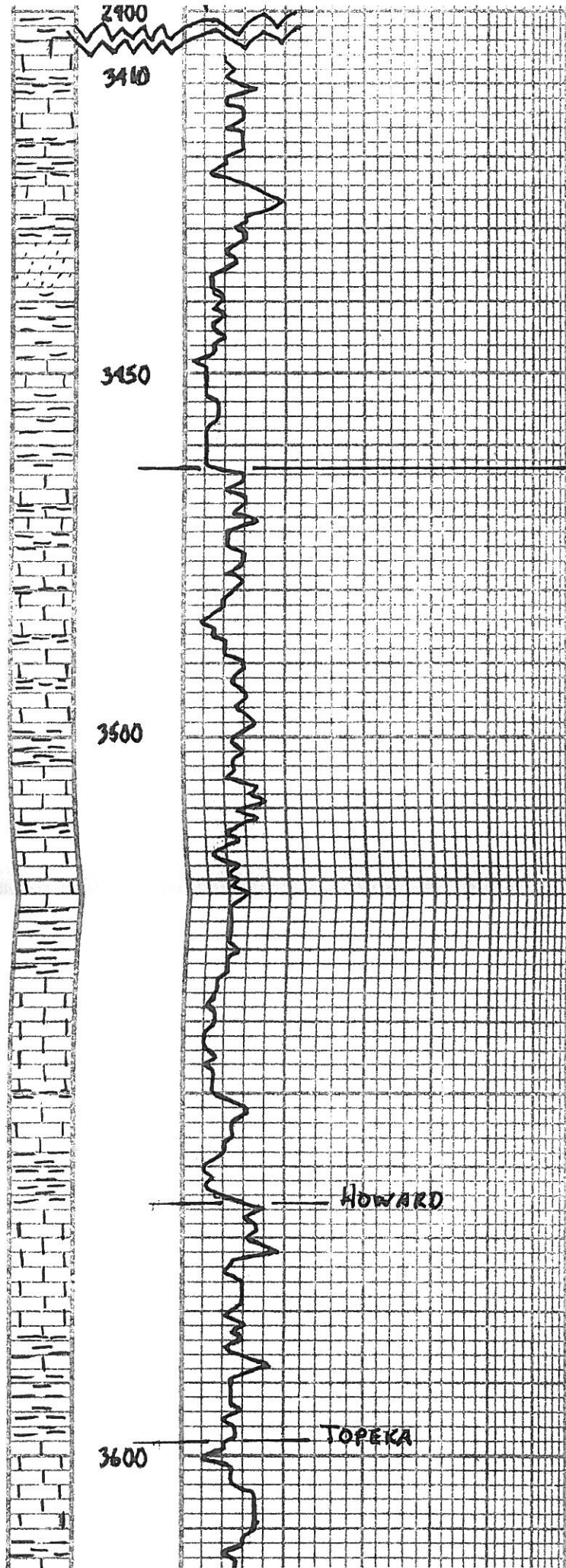
REMARKS

2300

ANHYDRITE 2314+514

B/ANH. 2337+491

LITHOLOGY



Med V 3402 Vis: 48
 wt: 8.7
 xk: 6.9
 cal: 3100

Samples are Lagged

Sh. l. G. l. Silby.

Sh. l. Blue G. l. Silby

STOTLER 3463-635

ls. wt. l. G. l. V. Sil. Foss.

ls. Tr. l. G. l. Foss.

Sh. G. l.

ls. B. G. l. Da.

Sh. G. l. l. G. l.

ls. wt. Sil. Foss. Sil. Chk.

Sh. G. l. G. l. Silby.

ls. G. l. Sil. Foss. wt. DK. Foss.

Sh. G. l. Silby.

HOWARD

TOPEKA

ls. Tr. l. G. l. Foss. G. l. G. l. Da.

3700

3800



Sh. G.

ls. To col. Foss. Colostea.

ls. F. wt. col.

ls. To ldy. Sil. Foss.

Sh. D.K.G.

Sh. Ldy. Sil.

ls. wt. Sil. Foss. Sil. Chlly.

Sh. Ldy.

ls. wt. Ldy. Sil. Chlly.

Δ Tdy. wt.

ls. wt. To col. Foss. Sil. Chlly.

ls. To ldy. Sil. Chlly.

ls. To wt. V. Foss. Soc.

ls. To col. Sil. Colostea.

HEEBNER 3818-990
 Sh. Blue Crabs (1887-90)
 ls. To ldy. Sil. Foss.

Sh. Ldy. Col. Silly

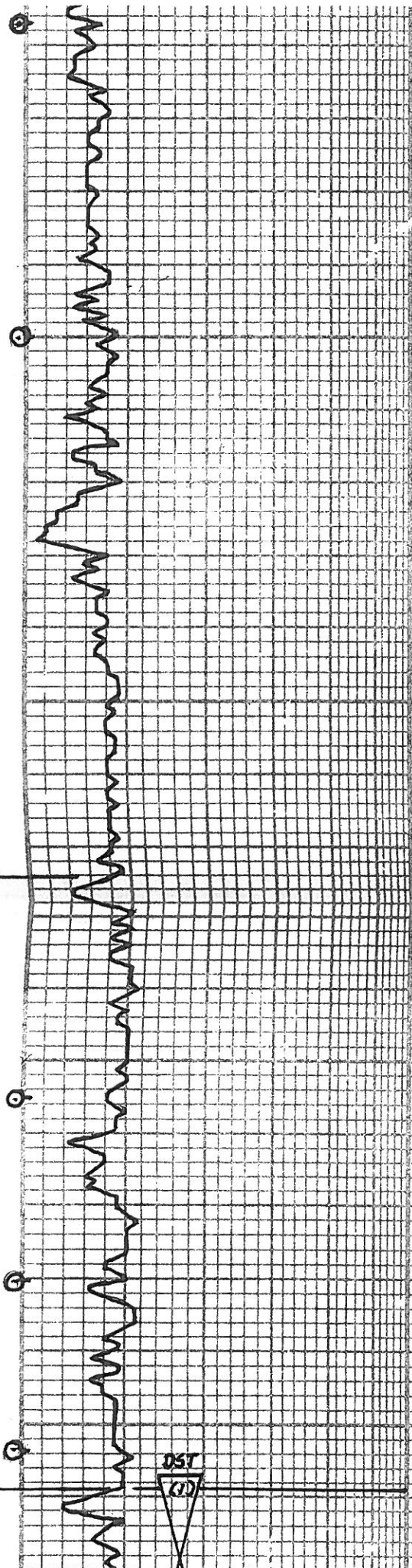
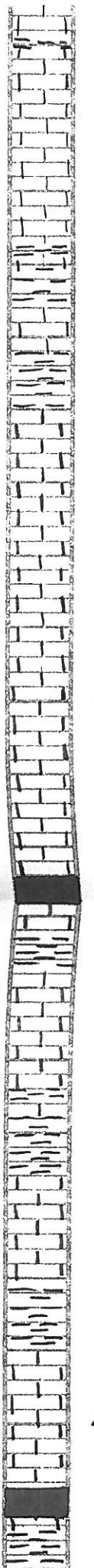
VK 59 WP B.B
TORONTO WIE 69 CAC 3100

ls. wt. V. Sil. Foss.

ldy. col. ls. To wt. Sil. Chlly.

Sh. Red Chlly.

LANSING 3861-1033



15. Tm wt. Sil. ool. Si. A. Dm. P. Kly.
 (1) p. r. m. w. l. dk. bl. ool. sil. P. P. A. B. P. Kly.
 No. 0001.

15. Tm wt. Dm. G. Kly.

Sh. G. Kly.

15. Tm. ool. Sil. A. Dm.
 Δ wt.

15. Tm wt. Sil. Foss. Si. A

Δ wt.

15. Tm. l. G. Ool. Sil. ool. G. Kly.

15. Tm wt. Sil. Foss. Si. A vs. l. G. Kly.

15. wt. Chlky.

15. l. G. Dm. vs. l. Chlky.

15. G. Dm.

MUNCIE CREEK 4024-1196
 Sh. Blk. Carb. (4024)

15. Dm. l. G. vs. l. Foss. Sil. G. Kly.

Sh. l. G. l. G.

Δ G.

15. Tm wt. SB Foss. Si. A

15. l. G. Dm.

Sh. Dm. G.

15. Dm. vs. l. Foss.

Sh. l. G. l. G.

15. wt. vs. l. Foss. vs. l. X vs. l. Chlky.

15. wt. l. G. Dm.

Sh. l. G. l. G.

Sh.

15. wt. l. G. vs. l. ool. Sil. G. Kly. vs. l. Chlky.

15. Tm. G. Dm.

1000

4100

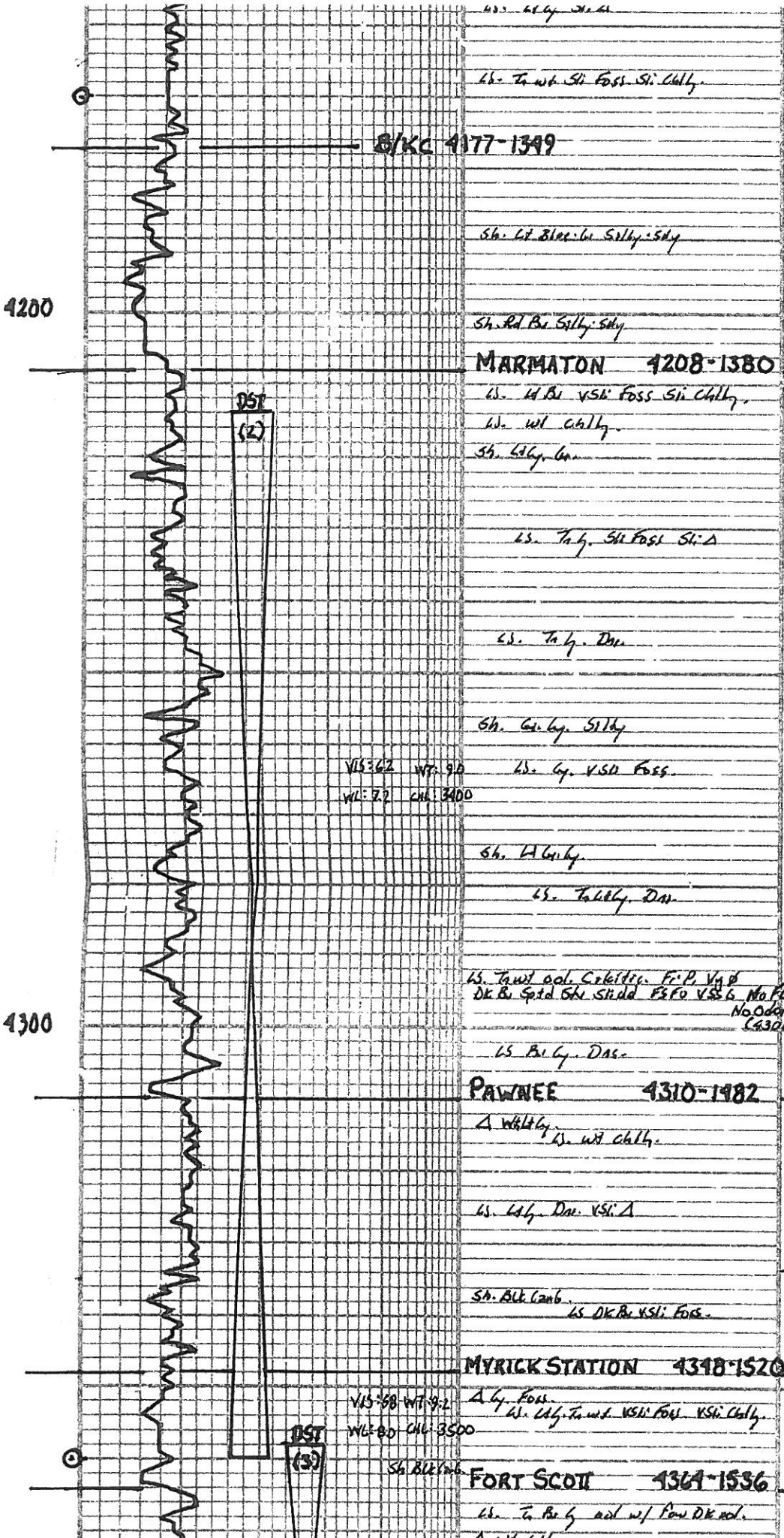


STARK 4109-1281
 Sh. Blk. Carb.

DST (1) 4107-9130
 1st OPEN: Surface blow Thruout
 2nd OPEN: No Blow

30. 60-45-90

Rec. 3' Mod
 FP: 12.15 16.17 B



8/KC 4177-1349

Sh. Lt. Blue. Gr. Silty. Sdy

Sh. Red Br. Silty. Sdy

MARMATON 4208-1380

ls. Lt. Br. vsli. Foss. Sil. Chlly.

ls. wt. chlly.

Sh. Lt. Br. Gr.

ls. Tan. Sil. Foss. Sil. Δ

ls. Tan. Dm.

Sh. Gr. G. Silty

VIS 362 WT. 910
ML: 7.2 CHL: 3400

ls. G. vsli. Foss.

Sh. Lt. G. Silty

ls. Tan. Dm.

ls. Tan. ool. Calcite. Fr. P. V. Δ
DK Br. Spid. Sil. Sh. Sil. Foss. vsli. No Floor
No. Odor (4300)

ls. Br. G. Dm.

PAWNEE 4310-1482

Δ wt. chlly.
ls. wt. chlly.

ls. Lt. G. Dm. vsli. Δ

Sh. Blk. Camb.
ls. DK Br. vsli. Foss.

MYRICK STATION 4348-1520

VIS 38 WT 92
ML 8.0 CHL 3500

Δ G. Foss.
ls. Lt. Tan. vsli. Foss. vsli. Chlly.

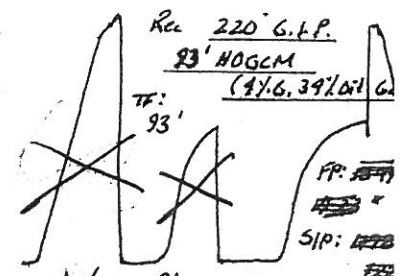
FORT SCOTT 4364-1536

ls. Tan. Br. G. ool. w/ Foss. DK ool.
Δ wt. chlly.

DST (2) 4214-4360

1st OPEN: Blow built to 9"
2nd OPEN: Bottom bucket 39 MIN.

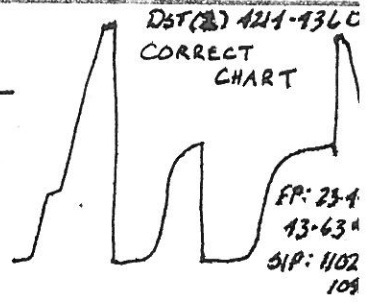
30.60.95.90



Wrong Chart (DST 1)

DST (2) 4214-4360

CORRECT CHART

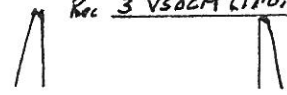


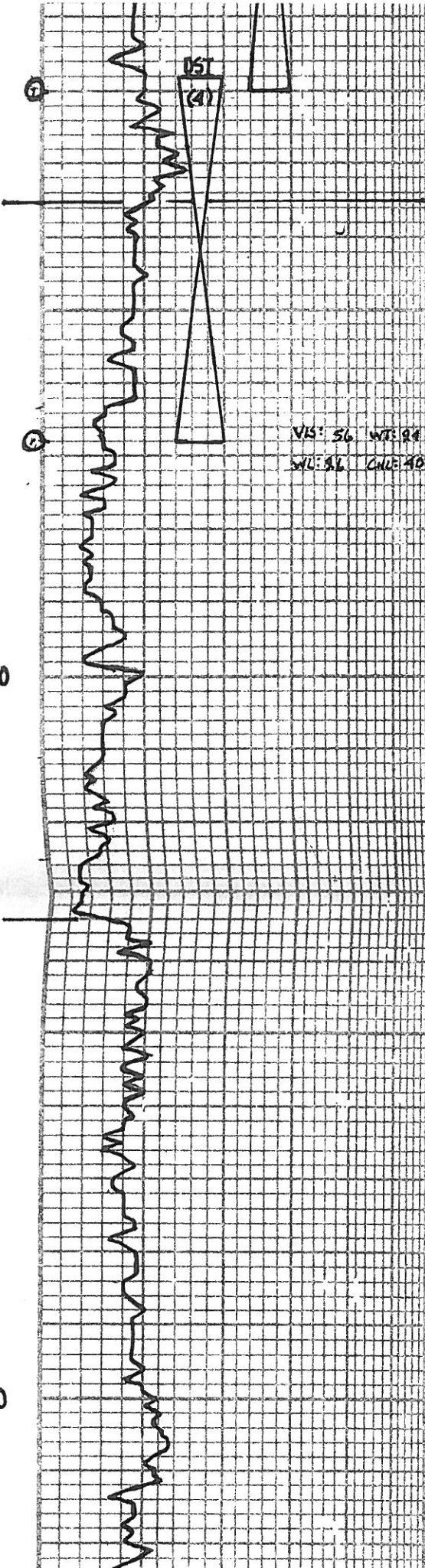
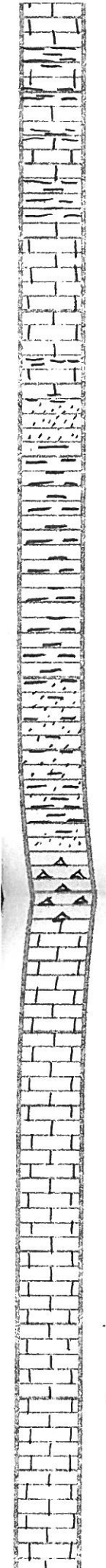
DST (3) 4358-4420

1st OPEN: 1/8" Blow
2nd OPEN: No Blow

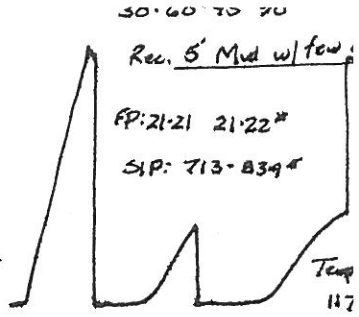
30.60.95.90

Rec 3 VSOCM (17:01:5)





16. Ldg. Dan. Col. sh.
 Sh. L. Bl. sh. Dk. G.
 G. Ldg. Dan. V.S. sh.
JOHNSON 4435-1607
 15. Br. V.S. sh. V.S. sh. V.S. sh. Col. sh. No. 117
 Temp. 713-839
 No. 117
 16. wt. chky. 16. T. sh. Dan.
 16. T. sh. V.S. sh. V.S. sh. Col. sh.
 V.S. sh. V.S. sh. 16. Ch. L. Bl. sh. Col. sh. En. Md. Col. Sub. Rd.
 16. L. Bl. sh. L. Yellow.
 16. L. sh. L. sh. - Yellow.
 16. Yellow. Bl. sh. Col.
 16. Ch. Md. V. Col. Sub. Rd. P. sh. S. sh. Pyritic.
 16. Br. Ch. sh. w. Fresh. Col.
MISSISSIPPI 4534-1706
 16. Br. sh. sh.
 16. T. sh. w. col. V.S. sh. chky.
 16. T. sh. w. col.
 16. T. sh. sh. sh.
 16. T. sh. w. sh. V.S. sh. chky. V.S. sh. col.
 16. T. sh. w. col. Sh. sh.
 16. T. sh. L. sh. V.S. sh. Dan.
 16. T. sh. w. sh. col.



4500

4600

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 27, 2011

Ted McHenery
Raymond Oil Company, Inc.
PO BOX 48788
WICHITA, KS 67202-1822

Re: ACO1
API 15-109-21006-00-00
Rose E 1
NW/4 Sec.02-14S-32W
Logan County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Ted McHenery