



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

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: _____



1091901

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
_____ 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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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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Max R. Lovely

BIOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY **Raymond Oil Co.**
 LEASE **#1 Sheetz**
 FIELD **Wildcat**
 LOCATION **NE SW SE SW**
 SECTION **4** TWP **14** R **32W**
 COUNTY **Logan** STATE **KS**
 CONTRACTOR **H2 #3**
 START **6-29-12** OF **7-10-2012**
 DEPTH **4680** FEET **4681**
 LOG NO. **3450** TYPE **Chem**

DEPTH **2868**
 DEPTH **2859**
 FIELD **KB**
 LOG NO. **8 5/8' @ 243**
 COMP **N/D**
 DI **MICRO**

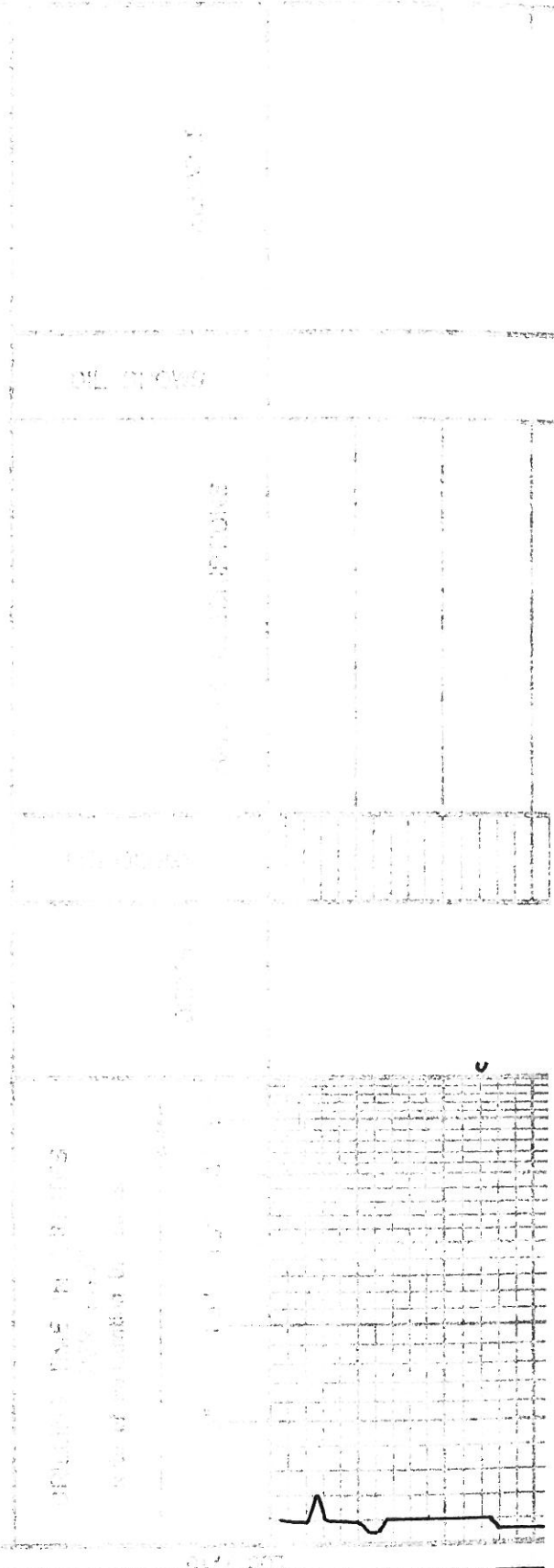
FORMATION	DEPTH	DEPTH	DEPTH	DEPTH	DEPTH
Base Anhydrite	2362	2360	508	518	504
Stoller	3482	3482	-614	-606	-620
Heebner	3836	3838	-970	-958	-975
Lansing	3877	3882	-1014	-997	-1019
Stark	4136	4134	-1266	-1254	-1254
Marmaton	4243	4242	-1374	-1359	-1359
Pawnee	4340	4340	-1472	-1455	-1462
Myric	4380	4378	-1510	-1495	-1501
Ft. Scott	4393	4394	-1526	-1509	-1518
Cherokee	4421	4420	-1552	-1537	-1545
Johnson	4488	4464	-1596	-1581	-1588
Base Johnson	4496	4497	-1629	-1613	-1616
Mississippi	4532	4530	-1662	-1647	-1664

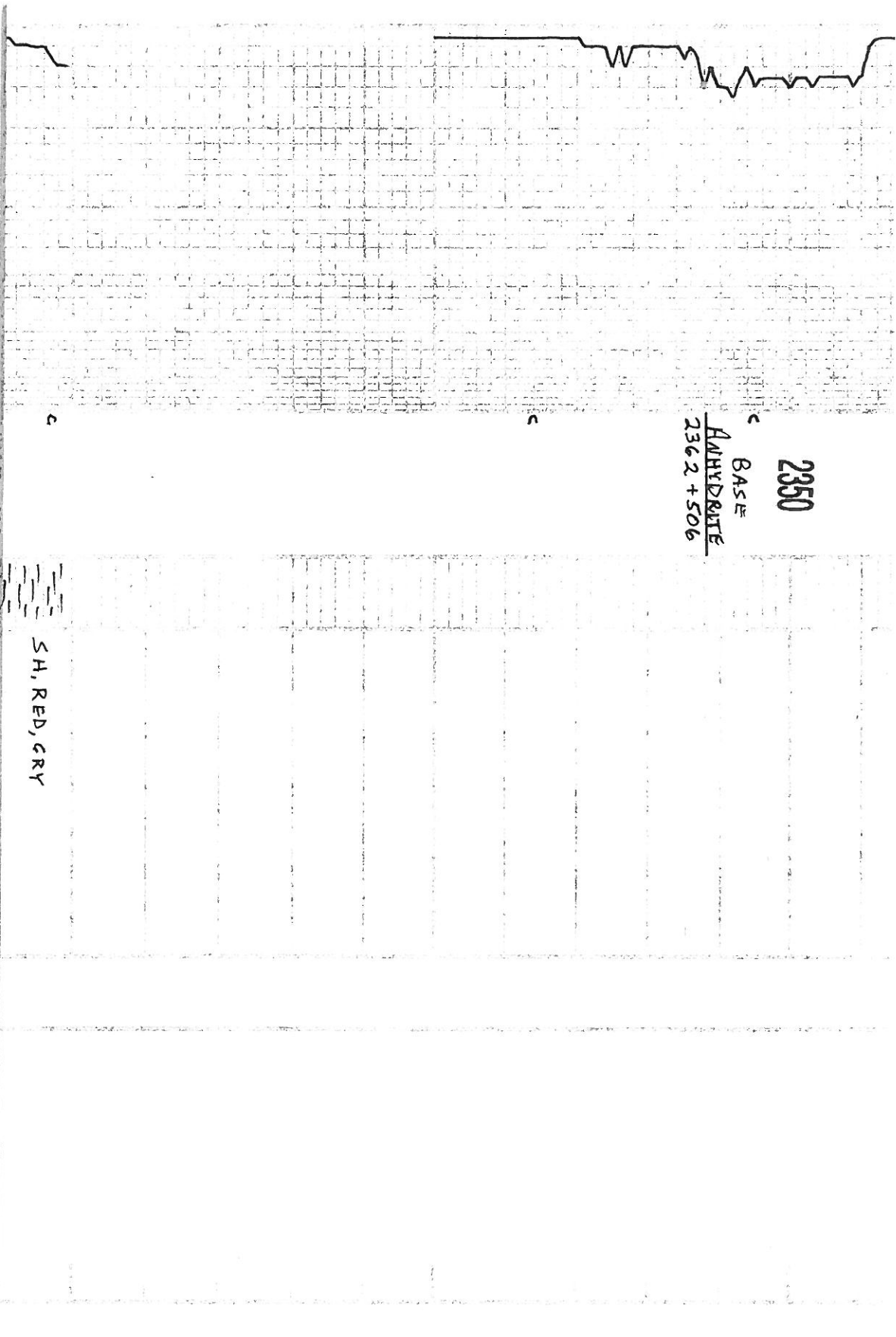
REFERENCE WELLS FOR STRATUM

Shakespeare Otley 1-9 SW NE SE NE 9-14-32W
 Raymond #1 Michaelis 1258' FNL 836' FEL 3-14-32W

Figure 1. [Faint, illegible text]

Figure 2. [Faint, illegible text]





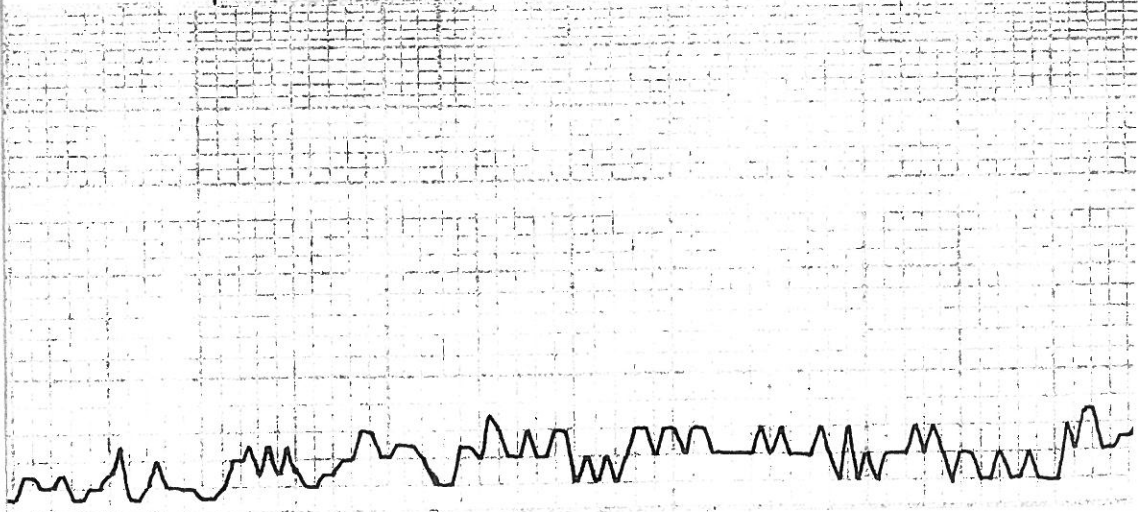
2350

BASE

ANHYDRITE

2362 + 506

SH, RED, GRY



STOTLER
3482-614

3500

c

c

c

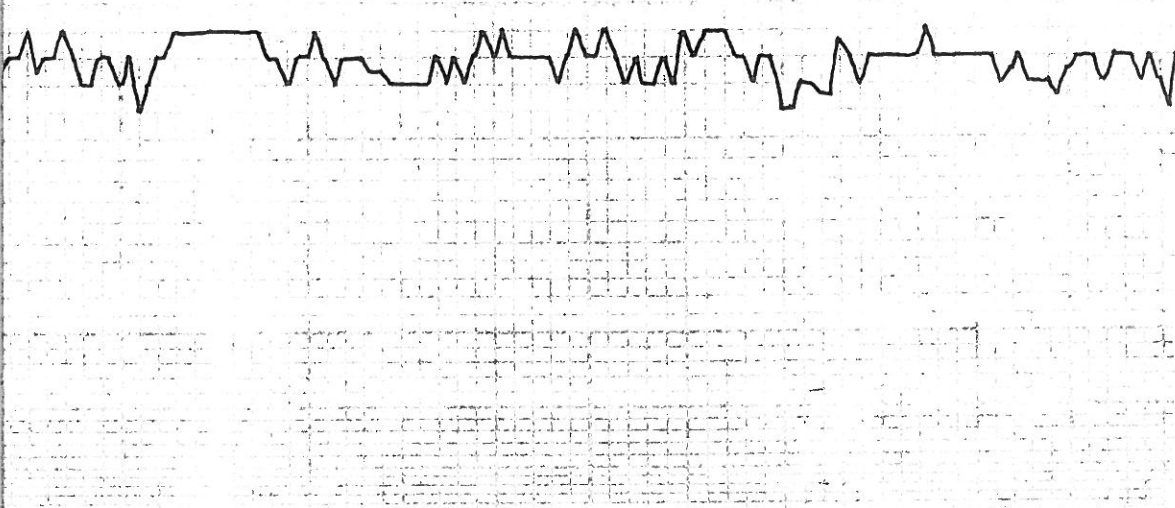
LS, CRM, FXTLN, M HRD,
DMS, FEW FOSS, NO APP
MS

LS, TAM, GRY, F → M XTLN,
M HRD, DMS, FEW FOSS,
NO APP MS

A.A.

LS, TAN, GRY, F XTLN, HRD,
BRITL, DMS, V FOSS,
TITE, MS

SLTSTM, GRN/GRY



3600

ABUN FOSS, VP FOSS Q, MS

SH, RED, GRY

SLTSTN, GRY, Pcs V SUDY

LS, GRY, DK GRY, F XLIN, HRD
DMS, FEW FOSS, NO P, MS

LS, LT GRY, WHT/CRM, FXTLN
DMS, HRD, TITE, MS

LS, WHT, CRM, SOFT, "ROTTEN"
F WM XLIN, FOSS, MS

LS, TAN, BRN, GRY, FXTLN,
GRNY, SOFT, G XLIN B, MS

3700

7:AM 7-3-12
DRLG@3728'

A.A.

LS, WHT, BUFF, F → M XTLN,
S → M HRD, PITTED SURF,
F INT XTLN P, V FOSS, ALGAL,
SCT SML OOLS, NS

LS, BUFF, TAN, F XTLN, SL
GRNLR TXT, M → V HRD, V FOSS,
SL XTLN P, NS

LS, BRN, VF XTLN, V FOSS,
V HRD, DNS, W CMT'D FOSS,
TITE, NS

LS, WHT, VF XTLN, CHTY,
V HRD, V DNS, TITE, NS

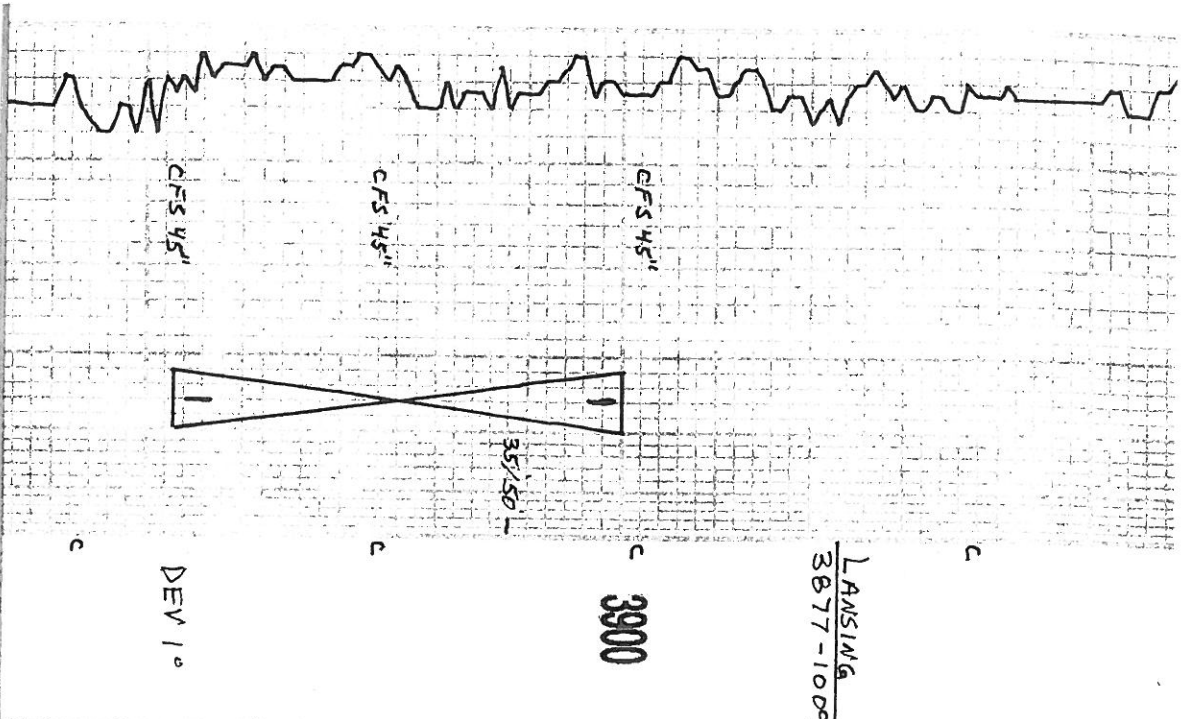
LS, BUFF, GRY, F XTLN, HRD,
SL BETTL, FOSS, NO VIS P,
NS

LS, CRM, WHT, C HALKY, SOFT,
VF XTLN, ? BRN / BLK DD STNG,
DP STNG

SH, GRY

3800

WFO-MED



<p>3877-1009</p> <p>LANISING</p> <p>DEV 1°</p>	<p>L5, WHT / BUFE, FXTLN, SL DNS MICRO FOSS, FEW SCT WHT LG REW L5 PLS WW, NS</p>	<p>L5, WHT, CRM, VEXTLN, HRD, SL BRTL, SCT FOSS, NO VIS Ø NS</p>	<p>CHT, WHT, BRN, CLR, MILKY Ø PAQ, FRESH, Pcs SL FOSS NS</p>	<p>L5, WHT, VEXTLN, VHRD, VW CMT'D ØOLS, + FOSS, NO APP Ø, NS CHALK</p>	<p>L5, WHT, BUFE, M HRD, BRTL, V ØOL, FEW CMT'D ØOLS, V CRNLK, PCMT, G INT XTLN Ø, NS</p>	<p>L5, BUFE, FXTLN FOSS, S → M HRD, BRTL, P Ø, NS</p>	<p>L5, WHT, FXTLN, V ØOL + FOSS, FRAG, SCT FOSS Ø FILL Ø G NAT FD, P BRW FO, GAS</p>	<p>L5, WHT, VEXTLN, HRD, DNS, ABUN FOSS CASTS, V P Ø, NS</p>
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DST # | 3900-3947
30.60.45.90

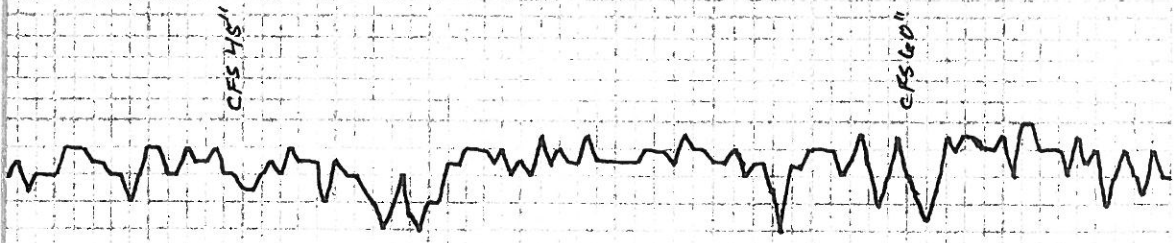
IF: BOB 16" 1S1: NR
FF: BOB 19" FS1: NR
REC: 661' G MW w/Ø SPKS
1/4, 75% W
CHLDR: 22,000 90°
TOOL: MW w/Ø SPKS

FP: 10-183, 184-305
SIP: 1121 - 1102
HP: 1841 - 1828

DST # 1: 25 STWB
SHORT TRIP

STRAP 3958.00
BOARD 3957.75
LOWA .25

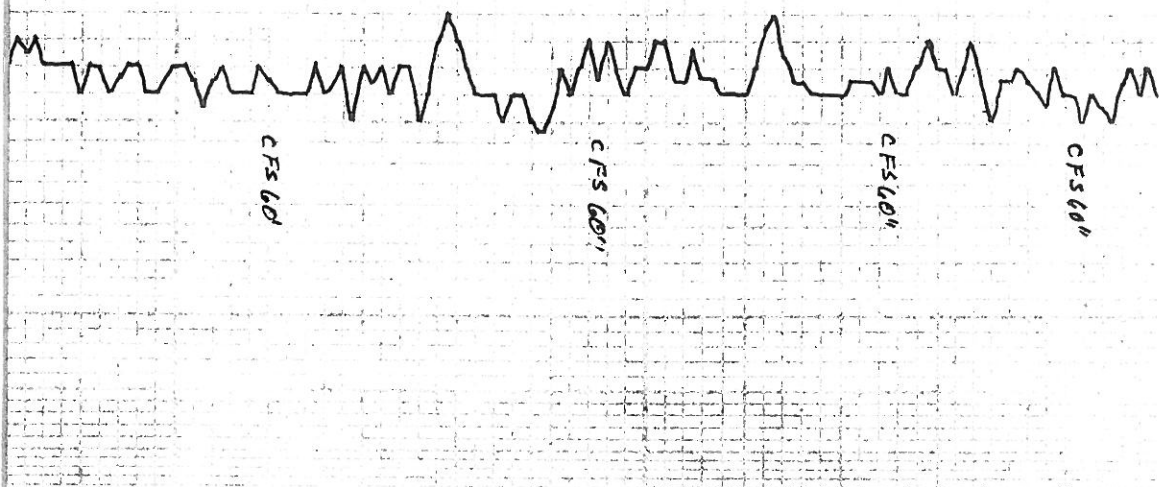
7:AM 7-4-12.
DST # 1 @ 3947'
MUD CHECK
VIS 54 WT 9.2
CHLDR 2,500 LCM 2
EUTR 8.9



4000

MUNCIE CR.
4046-1178

SH, BLK	LS, WHT, TAN, VF XTLN, V HRD, V DMS, F EVEN BRN STNG, NO FO, NO Ø DR, THIN ZONE
LS, WHT, CRM, F XTLN, DMS, V HRD, NO Ø, NS	
LS, WHT, TAN, E XTLN, S L OOL W/ P FOSS Ø, NS, Ø TY, CHLKY	
LS, WHT, F XTLN, DMS, AN Ø, CHLKY	
LS, WHT, GRY, F XTLN, DMS, SL FOSS, TITE, P AN Ø, NS CHLKY	
SH, BLK, CARB	LS, TAN, LT BRN/GRY, F XTLN FOS W/ P CS W/ BLK ASPH STN IN P FOSS Ø, NO FO SH, DK GRY, MAR
LS, WHT, CRM, F XTLN, V SL FOSS W/ P FOSS Ø, NS	
LS, WHT, CRM, F XTLN, P XTLN Ø, NS	
SH, GRY, MAR	
LS, WHT, LT TAN/GRY, F XTLN, V SL FOSS	



4100

LS, LT TAN, GRAY, DNS, NVØ, NS
SH, GRAY, MAR

LS, GRM, TAN, F XTLN, FOSS, 2PCS
W/RES ASPH STN, NO LIVE OIL, NO
ØBOR

LS, GRM, GRAY, SL ØDL, FOSS, TTE,
2 PCS W/ASPH STN, NO LIVE OIL,
NO ØBOR

STARIC
4136-1268

SH, BLK, CARB

LS, GRAY, LT BRN, DNS, VPØ,
NS

SH, GRAY, MAR
LS, GRM, GRAY, DNS, NVØ, NS
ATY + CHLKY

LS, GRAY, TAN, F XTLN, SL FOSS,
P → NVØ, NS

HUSH
4169-1301

SH, BLK, CARB

LS + SH, NS

LS, TAN, GRAY, DNS, HRD, TTE,
NVØ, NS

LS, GRAY, F XTLN, DNS, 2-3 PCS
W/DD ASPH STN, NO LIVE OIL,
NO ØBOR

LS, TAN, F XTLN, SL FOSS, 2-3 PCS
W/DD ASPH STN, NO ØBOR

SHLY → LS, TAN, F XTLN, NS

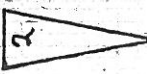
LS, GRM, GRAY, F XTLN, TTE, NS

4200

7:41M 7-5-12
DRGA @ 4166'
MWD CHECK
VIS 50 WT 9.3
CHDR 3,000 LCM1
FILT 8.0



CFSGON



BKC
4221-1353

SH, GRY, MAR

SH, GRY, MAR, BLEEDING MAR,
SLTY

C MARMATION
4243-1375

LS, TAN, FXTLM, DNS, VSL FOSS,
NUVØINS

SH, GRY, MAR

ALAMONT
4269-1401

LS, TAN, FXTLM, 3-4 Pcs w/DP
DIL, NO ODDOR

LS TAN, GRY, TITE, DNS, VSL FOSS
1 Pk w/GRSY STN IN POOR PP Ø

LS, TAN FXTLM, FOSS w/F SLT
FOSS Ø, NS, NO ODDOR

LS, CRM, GRY, FXTLM, DNS, NUVØ
NS, SL CHLKY

4300

SH, GRY, MAR

LS, WHY, FXTLM, FOSS, ODL
MATRIX, NO SHOWS, NO ODDOR

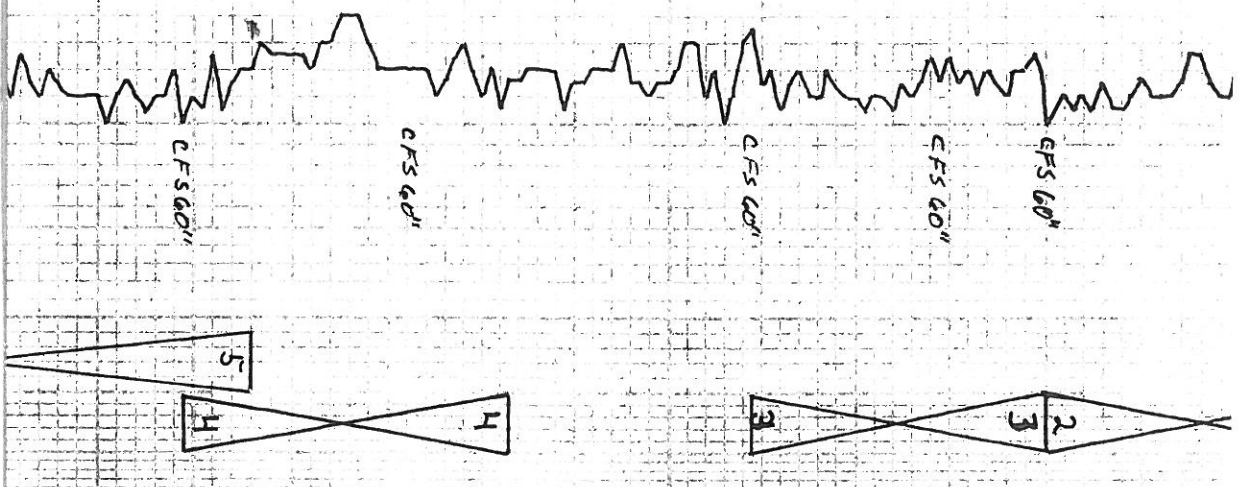
LS H TAN, TAN, FXTLM, FOSS,
MATRIX, TITE, NUVØ, NS

PAWNEE
4340-1472

SH, BLK, CARB

CHT, WHT, SL CHLKY, V DCS, HRD, SCT

10 STAND SHORT TRIP
DST #2 4328-4360
30.60.45.90
IF: WK SURF BLO, DIED 5"
151' NR
FF: V WK BLO, DIED IMMED
FSI: NR
REC: 130' DM
TOOL: DM w/ FEW OSPTS
+ ODDOR
TOOL SLID 10'
FP: 75-78, 76-80
SIP: 1071-976
HP: 2070-2044



4340-1412
 DEV 14^P
 MYRIC STW
 438D-1512
 F. SCOTT
 4393-1525
 4400
 CHEROKEE
 4421-1553
 JOHNSON

CHT WHT, SL CHLK, V DWS, HRD, BRIGHT FLUOR PP, FO, SL NAT, FO, G. HVY FLUOR STMG IN FRAC. FOSTA
 L5, WHT, BUFF, VEXTLN, DWS, HRD, 5 ML BUGS W/ SCT DRY O COATD STMG, SCT → G. BRN FO ON BRK
 L5, TAN, WHT, HRD, SCT FOSS, PESTITE, CHLKY, NS
 SH, BLK, GRAY
 CHT, GRAY, PESTIPAC
 SH, GRAY
 L5, WHT / CRM, TAN, FEXTLN, BRATL, 5 M HRD, LG XTLN, W/ G. ELEN, FLUOR STMG, G. PP, SL VUG, 54T, HTN IN BRN FO, F → G. RUBB RAINBOW
 SH, BLK
 L5, BRN, TAN, VEXTLN, V. OOL, W. CMT'D DOLS, V HRD, TITE, NS
 L5, TAN / BRN, GRAY, VEXTLN, V DWS, VHRD, TITE, NS
 SH, BLK, CARB
 L5, BRN, FEXTLN, SOFT, CRUMBLY, V OOL + PEL, F → G. Ø, NS
 L5, TAN, FEXTLN, VHRD, G. BLEED, DK OIL, PP XTLN, TRAY DIRTY W/ FO, PESTITE STMG, SCT, G. BLEED, PESTITE + SAND W/ G. O. SCT, G. BLEED, SL BLEED, LT ODR
 S5, TAN GRNS, W. CMT'D, RND, F → M. GRNS, NS
 SH, GRAY, RED, GRN
 L5, TAN, FEXTLN, VHRD, SCT LG, TAN VUGS, ODR, RND, G. SSP

7:AM 7-6-12
 DST 2 @ 4360'
 MUD CHECK
 VIS: G.1 WT 9.3
 CHLOR 4200 LCM 2
 FILT 10.0

7:AM 7-7-12
 DST #3 @ 4391'
 MUD CHECK
 VIS 54 WT 9.2
 CHLOR 5,000 LCM 2
 FILT 8.8

DST 3 4360-4391
 IF: SURF BLD, DIED
 FF: LT BLD, DIED, FLUSH, 2"
 REC: 130' DM
 TOOL: DM W/ FEW O SPTS
 FP: 6-7, 7-48
 SIP: 31-233
 HP: 2065-2030

7:AM 7-8-12
 DST #4 @ 4451'
 MUD CHECK
 VIS 55 WT 9.4
 CHLOR 4,000 LCM 2
 FILT 8.0



4468 -1600
 C BASE
 JOHNSON
 4500
 4496 -1628

GAS SLOW BLEED, PCS G
 FILM, STN DULL FLUOR FO
 FILL VUGS, G FO BRK,
 LS, CRM, BUFF, VFXTLN, VHRD,
 DNS, FOSS, TITE, NS
 LS, (PC BRN/TAN, CHLKY, PP +
 SML FLUOR FO ON BRK
 SS, F CLR, GRNS, P → W CMT, G ODOR
 G O SAT STAL, DULL FLUOR
 FO, G INT GRNLR, FRIABLE ON BRK
 → V HRD, PCS WCMT, B
 SH, VARI COLOR
 SH, GRY, GRN, ABUN PYR

Miss
 4532 -1664

SS, WHT GRNS, WHT + GRN CMT,
 FRIABLE → M HRD, F → P CMT,
 G, NS
 LS, BRN, VFXTLN, PYR, HRD,
 DNS, TITE, NS
 LS, WHT, MXTLN, M HRD,
 NO APP, NS
 LS, CRM, VFXTLN, V HRD,
 V DNS, TITE, NS

7:AM 7-9-12
 PREPTO DRILL @ 4500
 DST #4 4417-4451
 30.60.45.90
 IF: FEW BALS, DIED
 FF: DEAD, FLUSH, 2", DIED
 REC: 130' DM
 TOOL: DM W/ FNT GSYDOR
 FP: 6-12, 8-60
 SIP: 110-497
 HP: 2087-2078

DST 5 4444-4500
 30.60.45.90
 IF: VWSB, DIED 5"
 FF: VWSB, DIED 18"
 REC: 10' DM W/O SPTS/DOR
 TOOL: DM W/O SPTS
 FP: 7-17, 19-32
 SIP: 1197-1192
 HP: 2122-2100 120°
 MUD CHECK
 VIS 66 WT 9.3
 CHLOR 4800 WCM 3
 FILT 8:0

A.A.

4600

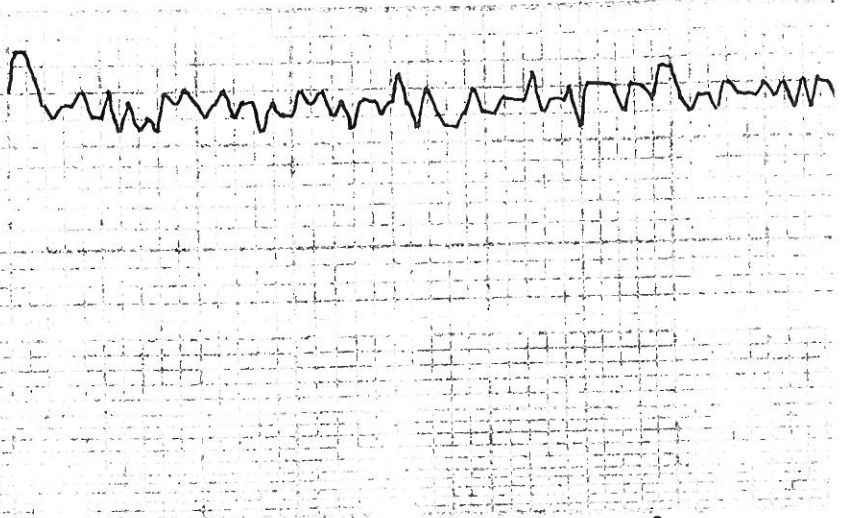
LS, TAN, VF XTLN, V DMS,
V HRD, V TITE, NS

LS, TAN / BUFF, MXTLN,
V GRVLR, FOS, CRUMBLY
S → WHRD, GRVLR-XTLN,
NS

LS, TAN, GRVLR, MXTLS, CRSS
GRNS W/N, "MEALY", NS

LS, TAN, GRVLR, LG GRNS W/N,
SOFT, BRITL → CRUMBLY,
"ROTEN", ? Ø e NS

C C C



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	RAYMOND OIL COMPANY	Job Number	M348
Well Name	SCHEETZ #1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3900-3947 LANSING 35'/50'	Well Operator	RAYMOND OIL COMPANY
Surface Location	SEC.4-14S-32W LOGAN CO.KS.	Report Date	2012/07/04
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3900-3947 LANSING 35'/50'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/04	Start Test Time	00:25:00
Final Test Date	2012/07/04	Final Test Time	09:30:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

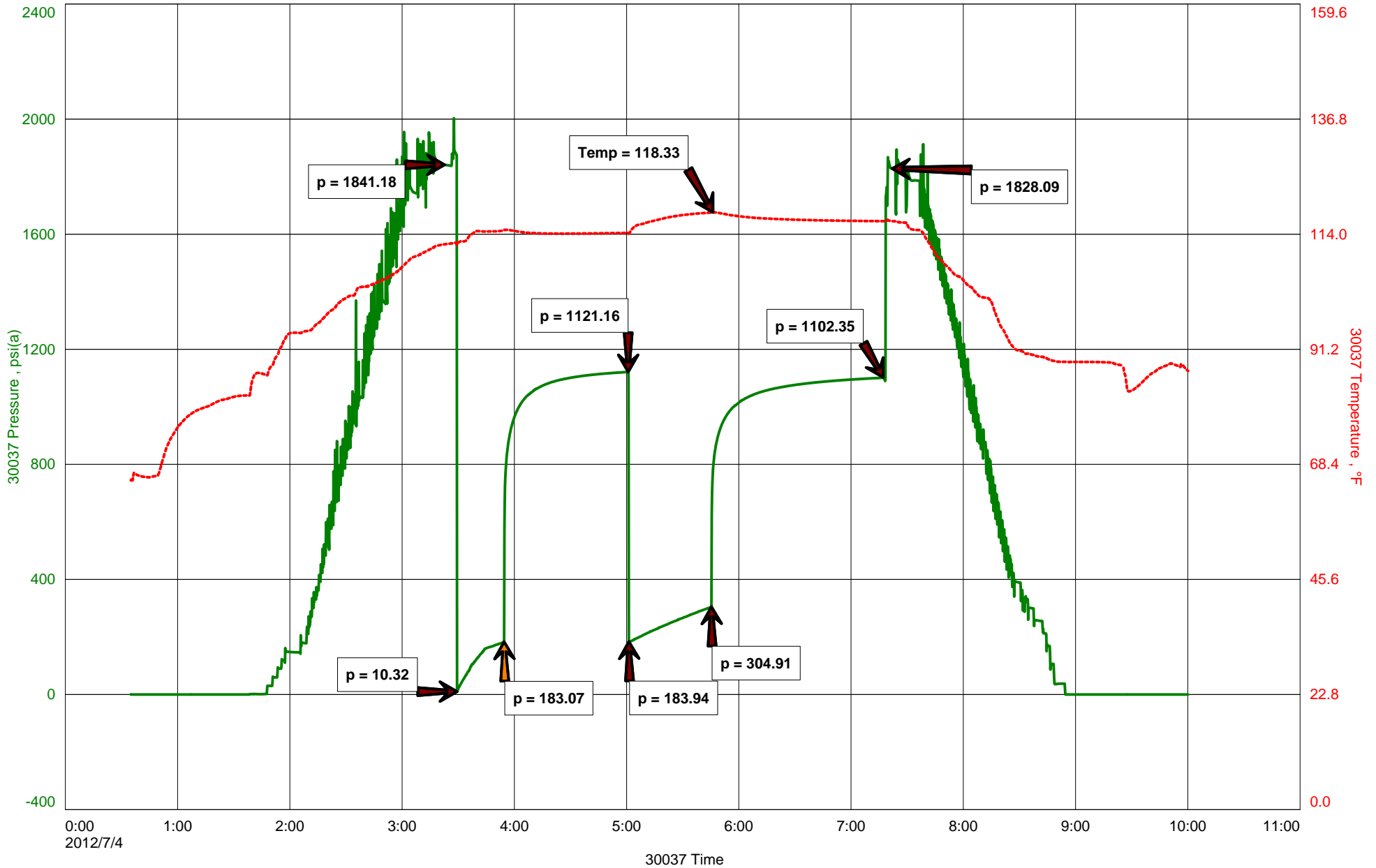
Test Results

Remarks RECOVERED:
661' GMW 1% GAS 75% WTR,24% MUD (350' DP, 311' DC)
661' TOTAL FLUID

CHLOR: 22,000 PPM
PH:11.0
RW: .24 @ 90 DEG

TOOL SAMPLE: MUDDY WTR W/ SOME SPECKS OF OIL & A SLIGHT ODOR

SCHEETZ #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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

Pressure Survey Report

General Information

Company Name	RAYMOND OIL COMPANY	Job Number	M349
Well Name	SHEETZ #1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4328-4360 PAWNEE	Well Operator	RAYMOND OIL COMPANY
Surface Location	SEC.4-14S-32W LOGAN CO.KS.	Report Date	2012/07/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

Test Information

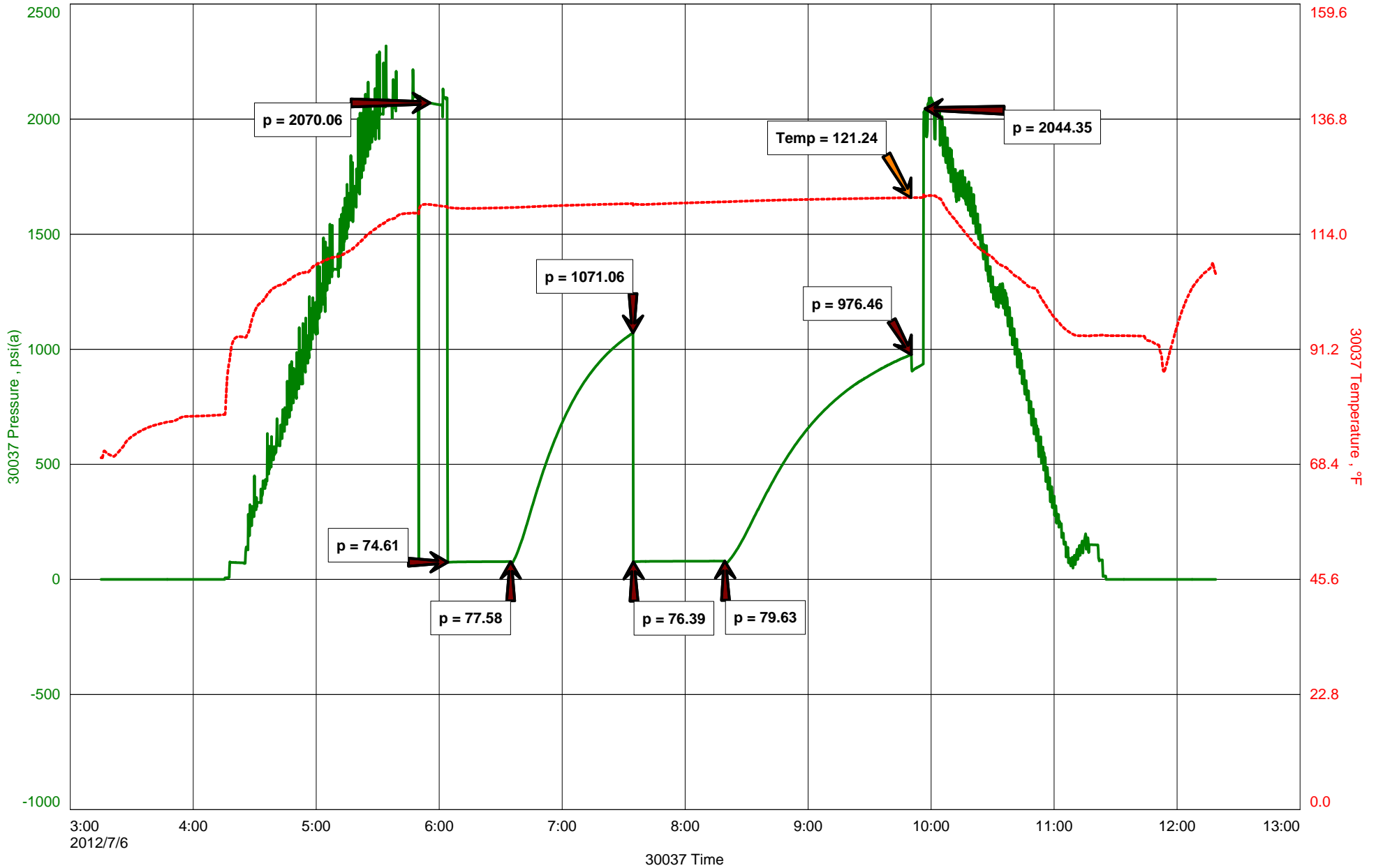
Test Type	CONVENTIONAL		
Formation	DST#2 4328-4360 PAWNEE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/06	Start Test Time	03:15:00
Final Test Date	2012/07/06	Final Test Time	12:20:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
130' DM 100% MUD
130' TOTAL FLUID

TOOL SAMPLE: DM W/ A FEW SPOTS OF OIL, FAINT ODOR

SCHEETZ #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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.

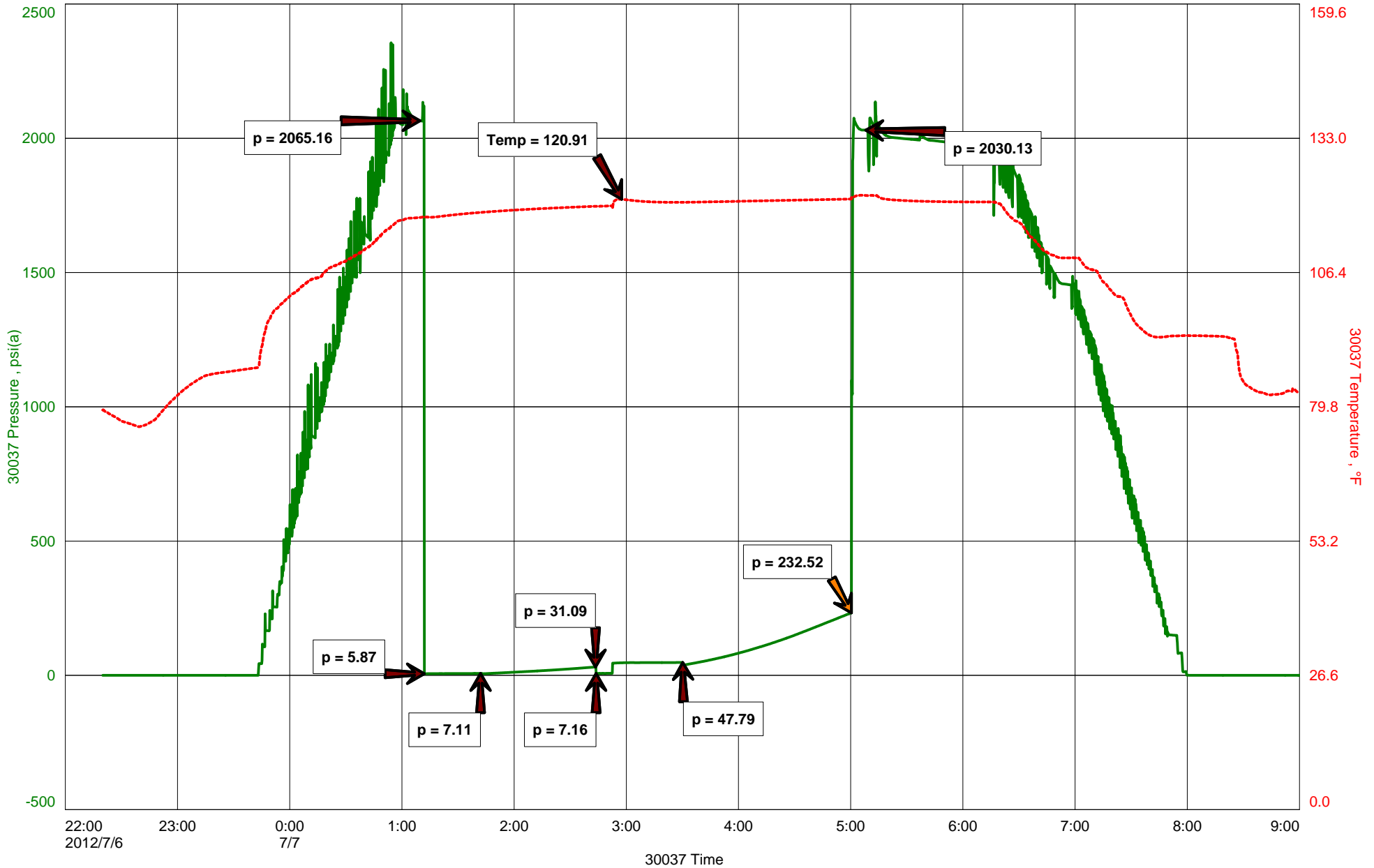
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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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SCHEETZ #1



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	RAYMOND OIL COMPANY	Job Number	M350
Well Name	SCHEETZ #1	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4360-4391 MYRICK STATION	Well Operator	RAYMOND OIL COMPANY
Surface Location	SEC.4-14S-32W LOGAN CO.KS.	Report Date	2012/07/07
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4360-4391 MYRICK STATION		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/06	Start Test Time	22:20:00
Final Test Date	2012/07/07	Final Test Time	09:00:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
130' DRLG MUD 100% MUD
130' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ A SPOT OF OIL



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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

Pressure Survey Report

General Information

Company Name	RAYMOND OIL COMPANY	Job Number	M351
Well Name	SHEETZ #1	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4417-4451 CHEROKEE	Well Operator	RAYMOND OIL COMPANY
Surface Location	SEC.4-14S-32W LOGAN CO.KS.	Report Date	2012/07/08
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4417-4451 CHEROKEE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/07	Start Test Time	22:10:00
Final Test Date	2012/07/08	Final Test Time	07:05:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

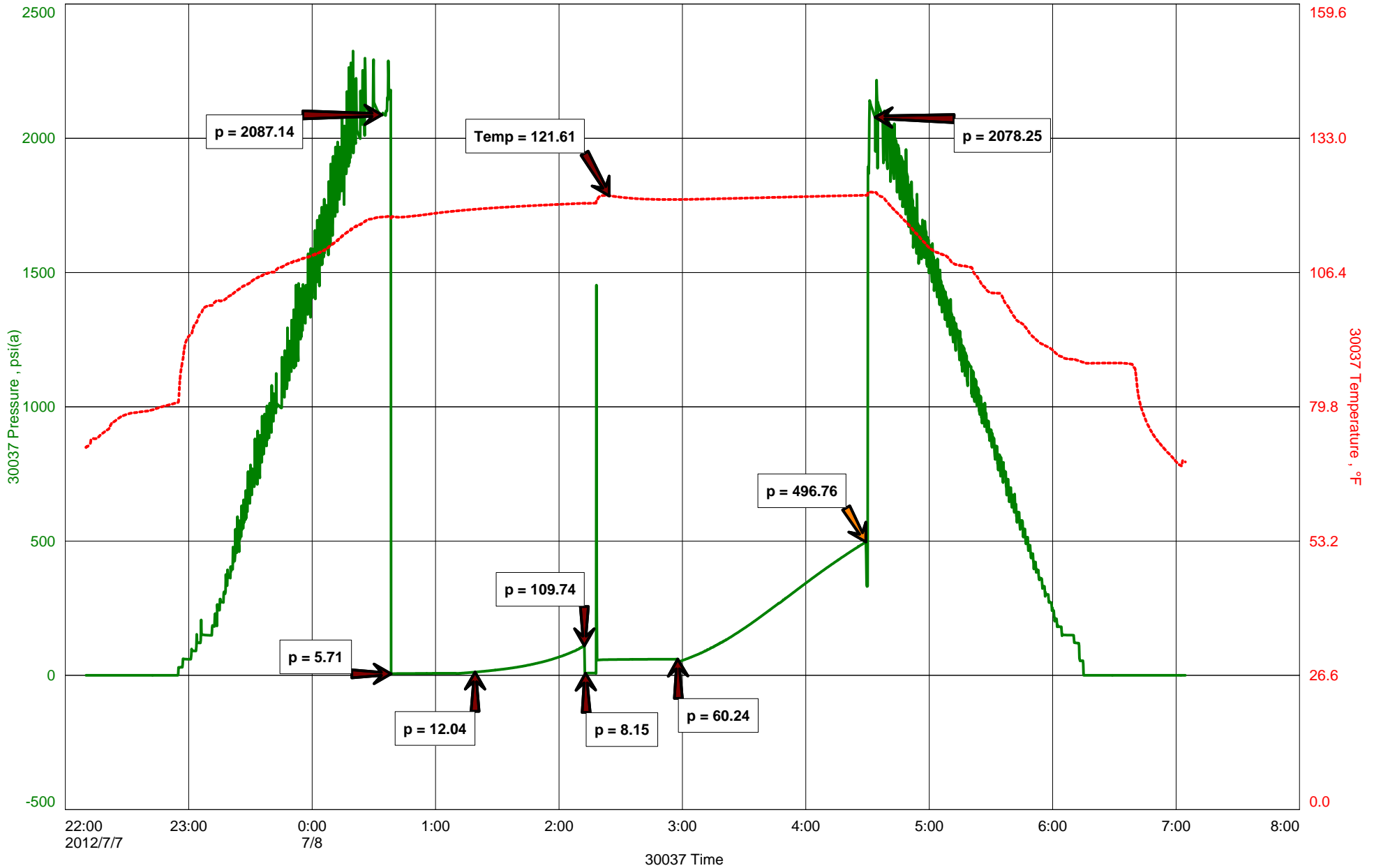
Remarks RECOVERED:
130' DM 100% MUD
130' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/A FAINT GASSY ODOR

RAYMOND OIL COMPANY
DST#4 4417-4451 CHEROKEE
Start Test Date: 2012/07/07
Final Test Date: 2012/07/08

SCHEETZ #1
Formation: DST#4 4417-4451 CHEROKEE
Pool: WILDCAT
Job Number: M351

SCHEETZ #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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.

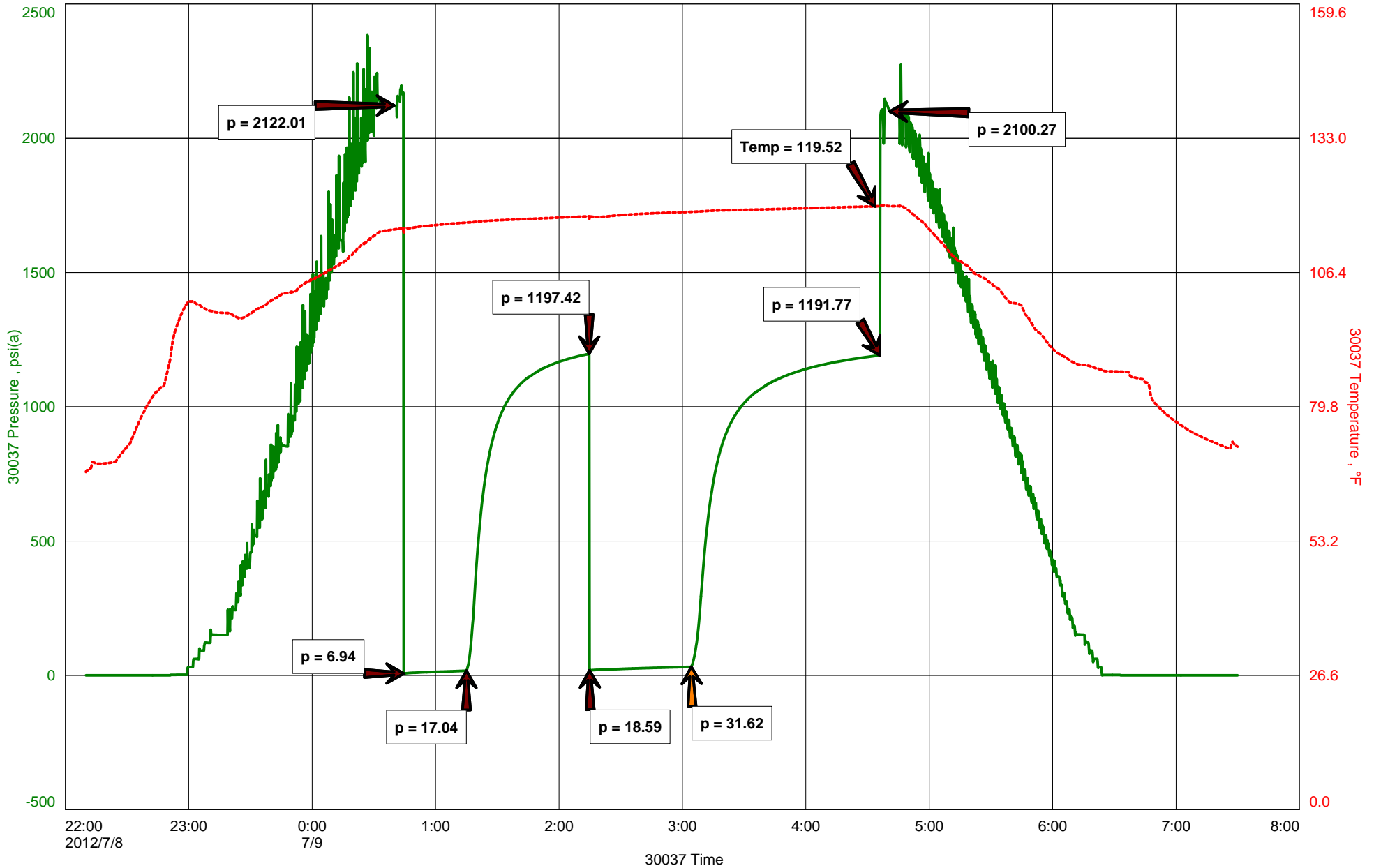
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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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SCHEETZ #1



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	RAYMOND OIL COMPANY	Job Number	M352
Well Name	SHEETZ #1	Representative	MIKE COCHRAN
Unique Well ID	DST#5 4444-4500 JOHNSON	Well Operator	RAYMOND OIL COMPANY
Surface Location	SEC.4-14S-32W LOGAN CO.KS.	Report Date	2012/07/09
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	MAX LOVELY
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#5 4444-4500 JOHNSON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/08	Start Test Time	17:40:00
Final Test Date	2012/07/09	Final Test Time	03:05:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
10' DM 100% MUD W/ SOME SPOTS OF OIL AND STRONG ODOR
10' TOTAL FLUID

TOOL SAMPLE: 100% DRILLING MUD W/ SOME OIL SPOTTING



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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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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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 29, 2012

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

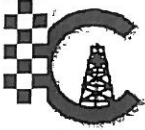
Re: ACO1
API 15-109-21107-00-00
Scheetz 1
SW/4 Sec.04-14S-32W
Logan County, Kansas

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 McHenry



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 34550

LOCATION Oakley, KS

FOREMAN M. G. Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-30-12	7158	Scheetz #1	4	14S	32W	Logan
CUSTOMER <u>Raymond Oil</u>		Oakley 16S 1W 1S W+V info		KS		
MAILING ADDRESS		CITY		STATE		ZIP CODE

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 243 CASING SIZE & WEIGHT 8 5/8" 24#
 CASING DEPTH 242.24 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.34 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 14.665 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on Hdrilling rig #3 to 8 5/8 casing
Circulate casing mix 180 SWS common class A cement with 3% calcium
chloride + 2% Bentonite gel Cement did circulate approx 45k to pit

Thanks M. G. Shaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	108.5 ⁰⁰	108.5 ⁰⁰
5406	20	MILEAGE	5.00	100.00
5407	8.46	Ton mileage delivery	410.00	410.00
11045	180 SWS	Common class A cement	17.65	3177.00
1102	506 #	Calcium chloride	0.89	450.34
1118B	338 #	Bentonite gel	1.25	544.50
		Subtotal		5306.84
		less 10% discount		5306.84
		Subtotal		4774.16
		SALES TAX		260.58
		ESTIMATED TOTAL		5036.74

Ravin 6737

AUTHORIZATION _____

TITLE _____

DATE _____

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

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 05, 2012

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

Re: ACO-1
API 15-109-21107-00-00
Scheetz 1
SW/4 Sec.04-14S-32W
Logan County, Kansas

Dear Ted McHenry:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/29/2012 and the ACO-1 was received on October 29, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department