



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183343
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1183343

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Raydon Exploration, Inc.
Well Name	Elmore 1-27
Doc ID	1183343

All Electric Logs Run

ACRT
BSAT
Microlog
Porosity

Form	ACO1 - Well Completion
Operator	Raydon Exploration, Inc.
Well Name	Elmore 1-27
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Tops

Name	Top	Datum
Chase Group	2160	-79
Krider	2179	-98
Winfield	2239	-158
Ft Riley	2304	-223
Council Grove	2428	-347
Topeka LM	3263	-1182
Base Heebner Sh	3640	-1559
Brown Lime	3708	-1627
Lansing	3722	-1641
Drum Lm	3864	-1783
Swope Lm	3947	-1866
Marmaton Lm	4113	-2032
Conglomerate	4177	-2096
Mississippian	4261	-2180

Customer	Raydon Exp	Lease No.		Date	12-6-13
Lease	Elmore	Well #	1-27	Service Receipt	
Casing		Depth		County	Pawnee
				State	KS
Job Type		Formation		Legal Description	27-21-19

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8 24#	Tubing Size		Lead 275 SX @ 11.4 PPG
Depth	1234'	Depth	From To	37-CC, 14# Polyflake, 21-WCAL
Volume	76 bbl	Volume	From To	A. Con-Blend
Max Press		Max Press	From To	Tail in 150 SX @ 14.8 PPG
Well Connection		Annulus Vol.	From To	21-CC, 14# Polyflake
Plug Depth	1192'	Packer Depth	From To	Premium Plus Cement

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1900					On location
1100					Rig up
1315					Safety Meeting
1402	2000				Pressure Test
1406	100		144	4	Pump 275 SX @ 11.4 PPG
1446	100		36	4	Pump 150 SX @ 14.8 PPG
1455					Drop Plug Start Displacement
1456	0		60	5	Start Displacement - got cement returns
1509			60	2	Slow Rate
1518	800		76	2	Bump Plug
1523	0				Release pressure - float held
1530					Rig Down
					70 bbl of Cement Return to surface.

Service Units	78440	38750/9842	61	19827/9883	38119/37204
Driver Names	Ruben	Carlos		Gabriel	Cesar

David Customer Representative
 Jerry Bennett Station Manager
 Ruben Martinez Cementer



Cement Report

Customer Raydon Exp.		Lease No.		Date 12-13-13	
Lease Elmore		Well # 1-27		Service Receipt	
Casing	Depth	County Elmore	State KS		
Job Type	Formation	Legal Description 27-21-19			
Pipe Data			Perforating Data		Cement Data
Casing size 8 5/8 24#	Tubing Size	Shots/Ft		Lead 60.5X @ 13.5 PPF	
Depth	Depth	From	To	41. Total Gel	
Volume	Volume	From	To		
Max Press	Max Press	From	To	Tail in	
Well Connection	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1500					On Location
1530					Safety Meeting
1545	1000				Pressure Test
1546					1 st Plug @ 1260' - With 50X @ 13.5 PPF
1546	100		9.4	4	Pump 50 SX @ 13.5 PPF
1551	100		14	4	Displace with flush
1558					shut down
					2 nd Plug @ 330' - With 40SX @ 13.5 PPF
1637	100		10.6	4	Pump 40 SX @ 13.5 PPF
1640	100		2	4	Displacement
1642					shut down
1700					3 rd Plug @ 60' - With 20SX @ 13.5 PPF
1700	100		5.3	4	Pump 20SX @ 13.5 PPF
1702	100		6	4	Displacement
1705					shut down
1716					Plug Mouse by Rat Hole
					20SX 30SX
1730					shut down
1730					Rig Down
Service Units	78940	3875019847	30464	37547	
Driver Names	Ruben	Charles	Isabriel		

David
 Customer Representative

Jerry Bennett
 Station Manager

Ruben Martinez
 Cementer
 Taylor Printing, Inc.

FIELD SERVICE ORDER NO.