

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

API NO. 15- 083-21423 0000

County Hodgeman County, Kansas

C - NW - SW - Sec. 29 Twp. 22 Rge. 24 XXX <sup>E</sup>

1980 Feet from (S)N (circle one) Line of Section

660 Feet from E(W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

Lease Name York Well # 2

Field Name Wildcat

Producing Formation \_\_\_\_\_

Elevation: Ground 2469 KB 2477

Total Depth 4780' PBDT \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 770.95 Feet

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes X No

If yes, show depth set \_\_\_\_\_ Feet

Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan D&A JH 9-11-95  
(Data must be collected from the Reserve Pit)

Chloride content 3000 ppm Fluid volume 8900 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name Raydon

Lease Name AUG 16 License No. \_\_\_\_\_

Quarter 6 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

County CONFIDENTIAL Docket No. \_\_\_\_\_

Operator: License # 30604

Name: Raydon Exploration Inc.

Address 9400 North Broadway Suite 400

City/State/Zip Oklahoma City, OK 73114

Purchaser: N/A

Operator Contact Person: Steve Rayburn

Phone ( 405 ) 478-8585

Contractor: Name: Duke Drilling Co., Inc.

License: 5929 **RELEASED**

Wellsite Geologist: Ben Landes

Designate Type of Completion  
 New Well  Re-Entry  Workover

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

If Workover:

Operator: **CONFIDENTIAL**

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBDT  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

06-10-95 06-19-95 06-19-95  
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 Agent for Raydon Expl. Date 3-16-95

Subscribed and sworn to before me this 16th day of August, 19 95.

Notary Public [Signature]

Date Commission Expires \_\_\_\_\_

K.C.C. OFFICE USE ONLY					
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached			
C	<input checked="" type="checkbox"/>	Wireline Log Received			
C	<input type="checkbox"/>	Geologist Report Received			
Distribution					
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/>	SWD/Rep	<input type="checkbox"/>	NGPA
<input checked="" type="checkbox"/>	KGS	<input type="checkbox"/>	Plug	<input type="checkbox"/>	Other (Specify)

NOTARY PUBLIC, State of Kansas  
Seward County  
HELEN M. SMITH  
My Appt. Exp. 3-27-97

Operator Name Raydon Exploration Inc. Lease Name York Well # 2

Sec. 29 Twp. 22 Rge. 24  East  West  
 County Hodgeman County, Kansas

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1686	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3952	
List All E.Logs Run:		Lansing K.C.	4006	
Dual Induction Laterolog		Base K.C.	4420	
Spectral Density Dual Spaced		Ft. Scott	4557	
Neutron II Log		Cherokee	4583	
Microlog		Base Cherokee Lime	4638	
		Mississippian	4674	
		Miss. Osage	4748	

CASING RECORD <input checked="" 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	12-1/4"	8-5/8"	28#	770.95'	common	375	3%cc 2%gel

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	N/A			
<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
	N/A	

TUBING RECORD	Size N/A	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil N/A Bbls.	Gas N/A Mcf	Water N/A 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.  Conningled  Other (Specify) \_\_\_\_\_

Production Interval: \_\_\_\_\_