

8879

5-26-11W COPY

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 5046
Name: Raymond Oil Company, Inc.
Address: P.O. Box 48788

City/State/Zip Wichita, KS 67201

Purchaser: Scurlock-Permian Corporation

Operator Contact Person: Pat Raymond

Phone (316) 267-4214

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Tim Hellman

Designate Type of Completion

New Well Re-Entry Workover

Oil SVD S10W Temp. Abd.
 Gas ENHR S1GW
 Dry Other (Core, WSV, Expl., Cathodic, etc)

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

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

04-29-93 05-05-93 5-20-93
Spud Date Date Reached TD Completion Date

API NO. 15- 151-22,099

County Pratt

SE - SE - NE - Sec. 5 Twp. 26 Rge. 11 E W

2550 Feet from S (circle one) Line of Section

330 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 Rundell Well # 11

Field Name Prafford

Producing Formation Mississippi

Elevation: Ground 1844 KB 1852

Total Depth 4248 PBDT _____

Amount of Surface Pipe Set and Cemented at 250 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan 6-8-93
(Data must be collected from the Reserve Pit)

Chloride content 58,000 ppm Fluid volume 1000± bbls

Devisering method used vacuum truck

Location of fluid disposal if hauled offsite: _____

Operator Name Raymond Oil Company, Inc.

Lease Name Rundell "C" License No. 5046

SE Quarter Sec. 32 Twp. 25S S Rng. 11 E/W

County Stafford Docket No. D 26-506

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.

RAYMOND OIL COMPANY, INC.

Signature Patrick R. Raymond
Title Vice President Date 5-25-93

Subscribed and sworn to before me this 25th day of May, 19 93.

Notary Public Sharron A. Hill
Sharron A. Hill

Date Commission Expires July 28, 1995



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SVD/Rep
 KCS STATE CORPORATION COMMISSION
(Specify) COMMISSION
RECEIVED
JUN 2 1993

Form ACD-1 (7/81)
CONSERVATION DIVISION
Wichita, Kansas

Operator Name Raymond oil Company, Inc. Lease Name Rundell Well # 11
 Sec. 5 Twp. 26 Rge. 11 East County Pratt
 West

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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<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	Heebner	3437	-1583
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	3451	-1599
List All E.Logs Run:		Douglas	3468	-1616
Dual Induction Laterolog		Brown Lime	3615	-1763
Compensated Density Dual Spaced		Base Kansas City	3973	-2121
Neutron Log		Marmaton	3983	-2131
Fracture Finder Micro-Seismogram Log		Cherokee	4049	-2197
		Mississippi	4077	-2225
		Kinderhook	4176	-2324
		RTD/LTD	4248	-2396

CASING RECORD <input type="checkbox"/> New <input checked="" 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	14-3/4"	10-3/4"	32#	250'	60/40 poz	250	2% gel 3% cc.
Production	7-7/8"	5 1/2"	15#	4233'	60/40 poz	175	Latex last

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 (Amount and Kind of Material Used)	Depth
	4079-4118 w/23 shots	Ac 2000 7 1/2% MA. Frac	
		w/11,900# sand & 1049 bbls	
		40# X-link gel.	

TUBING RECORD	Size <u>2"</u>	Set At <u>4119'</u>	Packer At <u>N/A</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SUD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
<u>5-21-93</u>				
Estimated Production Per 24 Hours	Oil <u>25</u> Bbls.	Gas <u>15</u> Mcf	Water <u>110</u> Bbls. LW	Gas-Oil Ratio <u>40°</u>

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____