

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 30604

Name: Raydon Exploration, Inc.

Address 9400 N. Broadway, Suite 400

City/State/Zip Oklahoma City, OK 73114

Purchaser: N/A

Operator Contact Person: Steve Raybourn

Phone (405) 478-8585

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

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

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

Operator: Sun West Exploration

Well Name: John Malone #1

Comp. Date N/A Old Total Depth 4952

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Casingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

12-7-93 N/A

12-17-93

Spud Date of WORKOVER Date Reached TD
COMMENCEMENT

Completion Date of WORKOVER

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.

Signature HeLEN M. SMITH

Title Agent Date 12-17-93

Subscribed and sworn to before me this 17th day of December,
1993.

Notary Public HeLEN M. SMITH

Date Commission Expires _____

API NO. 15- 057-20,400

County Ford

C N/2 SE/4 Sec. 36 Twp. 26S Rge. 21 X E

3000 Feet from S/N (circle one) Line of Section

1320 Feet from EW (circle one) Line of Section

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

Lease Name John Malone Well # 1

Field Name Ed Ford

Producing Formation _____

MISSISSIPPI Kcc 87

Elevation: Ground 2273 xs 2286

Total Depth 4952 PSTD N/A

Amount of Surface Pipe Set and Cemented at 564 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ v/ _____ xs cmt.

Drilling Fluid Management Plan REWORK 9/2 4-1-94
(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 No. _____

Quarter 1 Sec. 36 Twp. 26S Rng. 21 E/W

County Ford Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION

K.C.C. OFFICE USE ONLY	
<input type="checkbox"/> F	Letter of Confidentiality <u>Excluded</u>
<input type="checkbox"/> C	Wireline Log Received
<input type="checkbox"/> G	Geologist Report Received
CONSERVATION DIVISION	
<input checked="" type="checkbox"/> KCC	Distribution <u>12/22</u>
<input checked="" type="checkbox"/> KES	SWD/Rep <u>SWD/Rep</u>
<input checked="" type="checkbox"/> KES	Plug <u>Plug</u>
Wichita, Kansas	
NEPA Other (Specify) <u>15</u>	



Operator Name Raydon Exploration, Inc.Lease Name John MaloneWell # 1Sec. 36 Twp. 26S Rge. 21 East WestCounty Ford

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests—driving 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.)

Yes No

Log Formation (Top), Depth and Datums

Sample

Samples Sent to Geological Survey

Yes No

Name Top Datum

Cores Taken

Yes No

N/A

Electric Log Run
(Submit Copy.)

Yes No

List All E.Logs Run:

CASING RECORD

New 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
Conductor	20"	16"	N/A	60'	grout	200	
Surface	12 $\frac{1}{4}$ "	8-5/8"	23#	564'	Class H	225	
Production	7-7/8"	5 $\frac{1}{2}$ "	14#	4951'	Class H	350	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate	Top			
Protect Casing	Bottom			
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 (Amount and Kind of Material Used)		Depth
2	4823-24	4826-28			
1	4830-4840	4846-4854		Acidize w/1500 gal 15% HCL	
1	4870-4875	4884-4898			

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-7/8"	4759	4763		

Date of First, Resumed Production, (SWD or Inj.)	Producing Method	<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
12-25-93	Well on vacuum				

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	McF	Water	Bbls.	Gas-Oil Ratio	Gas

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