

4-31-13W

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Form ACO-1  
September 1999  
Form Must Be Typed

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 5046  
Name: RAYMOND OIL COMPANY, INC.  
Address: PO Box 48788  
City/State/Zip: Wichita, KS 67201-8788  
Purchaser: ONEOK  
Operator Contact Person: Clarke Sandberg  
Phone: (316) 267-4214  
Contractor: Name: Clarke Well Service  
License: \_\_\_\_\_  
Wellsite Geologist: Clarke Sandberg  
Designate Type of Completion:  
\_\_\_\_ New Well \_\_\_\_ Re-Entry ☒ Workover  
\_\_\_\_ Oil \_\_\_\_ SWD \_\_\_\_ SIOW \_\_\_\_ Temp. Abd.  
☒ Gas \_\_\_\_ ENHR \_\_\_\_ SIGW  
\_\_\_\_ Dry \_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)  
If Workover/Re-entry: Old Well Info as follows:  
Operator: Raymond Oil Company, Inc.  
Well Name: Maddix Turst #1  
Original Comp. Date: 12/18/01 Original Total Depth: 4580'  
\_\_\_\_ Deepening ☒ Re-perf. \_\_\_\_ Conv. to Enhr./SWD  
\_\_\_\_ Plug Back \_\_\_\_ Plug Back Total Depth  
\_\_\_\_ Commingled \_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion \_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enhr.?) \_\_\_\_ Docket No. \_\_\_\_\_  
6/26/02 7/3/02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

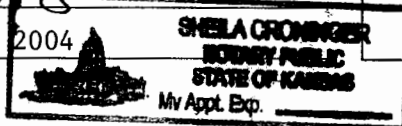
API No. 15 - 007-22690-0000 **COPY**  
County: Barber County  
C N2 SE NE Sec. 4 Twp. 32 S. R. 13 ☐ East ☒ West  
1650 feet from S ☒ (circle one) Line of Section  
660 feet from E ☒ (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Maddix Turst Well #: 1  
Field Name: \_\_\_\_\_  
Producing Formation: Upper Douglas Sand  
Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 4580' Plug Back Total Depth: 4564'  
Amount of Surface Pipe Set and Cemented at 10 3/4 @ 376 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** 100 BH 7-02-02  
(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 \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ East West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**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 of 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: W.S. P...  
Title: President Date: 7/17/02  
Subscribed and sworn to before me this 17th day of July,  
2002.  
Notary Public: Sheila Croninger  
Date Commission Expires: August 7, 2004



**KCC Office Use ONLY**

☒ Letter of Confidentiality Attached  
If Denied, Yes ☐ Date: \_\_\_\_\_  
☒ Wireline Log Received  
☒ Geologist Report Received W original  
\_\_\_\_ UIC Distribution

## Side Two

Operator Name: RAYMOND OIL COMPANY, INC. Lease Name: Maddix Tust Well #: 1  
 Sec. 4 Twp. 32 S. R. 13 East ☒ West County: Barber 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets)  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 (Submit Copy)  List All E. Logs Run:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Log</th> <th style="width: 50%;">Formation (Top), Depth and Datum</th> <th style="width: 30%;">Sample</th> </tr> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum																											
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CASING RECORD <span style="float: right;">New      Used</span>							
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 checked="" type="checkbox"/> Plug Off Zone	4200	60/40 poz	50	2% gel 3% cc

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
1	4334 - 4568	natural	
2	3746 - 3753	500 gals M.A.	

TUBING RECORD	Size	Set At	Packer At	Liner Run
2		3880		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Date of First, Resumed Production, SWD or Enhr. 7/30/02		Producing Method			
		<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		350 MCF	15		

Disposition of Gas METHOD OF COMPLETION Production Interval

☐ Vented    ☒ Sold    ☐ Used on Lease    ☐ Open Hole    ☒ Perf.    ☐ Dually Comp.    ☐ Commingled  
 (If vented, Submit ACO-18.)    ☐ Other (Specify) \_\_\_\_\_