

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISIONWELL COMPLETION FORM  
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 30604

KCC

Name: Raydon Exploration, Inc. **JUN 14 2001**Address 9400 N. Broadway, St

CONFIDENTIAL

City/State/Zip Oklahoma City, OK 73114Purchaser: AuroraOperator Contact Person: Keith HillPhone (620) 624-0156

RELEASED

Contractor: Name: Big A DrillingLicense: 31572

JUN 14 2001

Wellsite Geologist: Edwin Grieves

FROM CONFIDENTIAL

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/Reentry: Old Well Info as follows:

Operator: \_\_\_\_\_

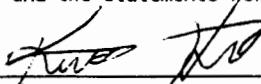
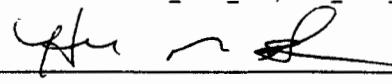
Well Name: \_\_\_\_\_

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

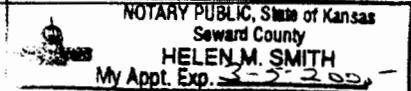
 Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBT  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_03-06-01  03-25-01  05-07-01  
Spud Date Date Reached TD Completion Date

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 Title Agent for Raydon Exploration, Inc. Date 06-14-01Subscribed and sworn to before me this 14th day of June,  
20 01.Notary Public 

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

API NO. 15- 119-21043-0000County Meade \_\_\_\_\_ E \_\_\_\_\_- E/2 - NE - NW Sec. 18 Twp. 35S Rge. 29 X W

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

2310 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 Wynona Well # 1-18Field Name Adams RanchProducing Formation ChesterElevation: Ground 2347 KB 2358Total Depth 6400 PBT 6310Amount of Surface Pipe Set and Cemented at 1654 FeetMultiple Stage Cementing Collar Used?  Yes  x  No

If alternate completion, show depth set \_\_\_\_\_ Feet

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

feet depth to \_\_\_\_\_ RECD sx cmt.

Drilling Fluid Management Plan

KANSAS CORPORATION COMMISSION  
(Data must be collected from the Reserve Pit)

JUN 14 2001

Chloride content 7000 ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: CONSERVATION DIVISION

Operator Name True Blood Resources, Inc.Lease Name Carter #2-15 License No. OCC #380704Quarter Sec. 16 Twp. 5S x Rng. 22ECMCounty Beaver Co., OK Docket No. OCC #940000430

K.C.C. OFFICE USE ONLY  
 Letter of Confidentiality Attached  
 Wireline Log Received  
 Geologist Report Received

Distribution	SWD/Rep	NGPA
<input type="checkbox"/> KCC	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
<input type="checkbox"/> KGS	(Specify)	

## SIDE TWO

Operator Name Raydon Exploration, Inc.Lease Name Wyoma Well # 1-18Sec. 18 Twp. 35 Rge. 29 EastCounty Meade 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input checked="" 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	Chase 2422
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Council Grove 2809
List All E.Logs Run: Spectral Density Dual Spaced Neutron II Log High Resolution Induction Microlog		Base Heebner 4276
		Toronto 4304
		Lansing 4404
		Marmaton 5129
		Cherokee FM 5362
		Morrow FM 5716
		Chester FM 5886
		St. Genevieve 6117
		St. Louis 6231

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"	24#	1654'	Midcon	600	2% cc, 1/4# Floc
					Prem. Plus	150	2% cc, 1/8# Floc
Production	7-7/8"	4-1/2"	10.5#	6375'	Premium	225	10% cc, 5# gil- sonite, 10% salt 1.6% Halad 322, .5% D-AIR 300

## ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
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	
4	5868-5874'			Acidize with 750 gal FE acid	
				Frac with 3600 20% Nitrofied Acid	

TUBING RECORD	Size 2-3/8	Set At 5842	Packer At 5842'	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
No					
Date of First, Resumed Production, SWD or Inj. 05-24-01			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours		Oil 4 Bbls.	Gas 500 Mcf	Water 2 Bbls.	Gas-Oil Ratio 125,000 cu. ft Gravity 35.2

Disposition of Gas:	METHOD OF COMPLETION			Production Interval		
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled					
	<input type="checkbox"/> Other (Specify)					