

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5046

Name: Raymond Oil Co., Inc.

Address: PO Box 48788

City/State/Zip: Wichita, Kansas 67202

Purchaser: _____

Operator Contact Person: Clarke Sandberg

Phone: (316) 267-4214 ext.109

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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. _____

12-02-03 12-13-03 12-16-03

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-22780-00-00

County: Barber County, Kansas

S/2 SW NW Sec. 34 Twp. 30 S. R. 13 East West

2620 feet from S (circle one) Line of Section

330 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: Lenkner Well #: 1

Field Name: Nurse NW

Producing Formation: _____

Elevation: Ground: 1880' Kelly Bushing: 1893'

Total Depth: 4675' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 266 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

(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.: _____

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JAN 07 2004

KCC WICHITA

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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: [Signature]

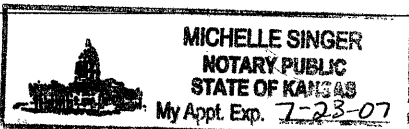
Title: President Date: 01/06/04

Subscribed and sworn to before me this 6 day of January

2004.

Notary Public: [Signature]

Date Commission Expires: 07/23/07



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

X

Operator Name: Raymond Oil Co., Inc. Lease Name: Lenkner Well #: 1
 Sec. 34 Twp. 30 S. R. 13 East West County: Barber County, Kansas

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E. Logs Run:

*Western Density
 Dual Induction*

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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 | # Sacjs Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Surface | 14-3/4" | 10-3/4" | 33 1/2# | 266' | 60/40 Poz | 220 | 2%cc |
| | | | | | | | |
| | | | | | | | |

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 |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|------|--------|-----------|--|
| | | | | |

| Date of First, Resumerd Production, SWD or Enhr. | 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 Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | | | | | |

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

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

Production Interval _____

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CEMENTING LOG

STAGE NO.



JAN 07 2004

ORIGINAL

Date 12-3-03 District Red Lodge Ticket No. 14067
 Company Raymond Oil Co Rig Duke 29
 Lease Lankner Well No. _____
 County Barber State KS
 Location 281 + Elm Mills Rd Field 34-305-13W
(1/4) W to Larkspur Rd follow rd S

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 10 3/4 Type _____ Weight 32 Collar _____

Casing Depths: Top _____ Bottom 2160

Drill Pipe: Size 1 3/4 Weight _____ Collars _____
 Open Hole: Size 14 3/4 T.D. 275 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 1009 Lin. ft./Bbl. 9.91
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 10991 Lin. ft./Bbl. 10.09
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE Rick Deegenhardt CEMENTER Justin Hart

CEMENT DATA:
 Spacer Type: _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
3 BBLs Fresh H₂O

LEAD: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 TAIL: Pump Time _____ hrs. Type 60.40.2
 Excess _____

Amt. 230 Sks Yield 126 ft³/sk Density 14.8 PPG
 WATER: Lead _____ gals/sk Tail 516 gals/sk Total 296 Bbls.

Pump Trucks Used 360-302 Dwayne W
 Bulk Equip. 242 David F

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type Fresh H₂O Amt. 25 Bbls. Weight _____ PPG
 Mud Type chemical Weight 9.1 PPG

| TIME AM/PM | PRESSURES PSI | | FLUID PUMPED DATA | | | REMARKS |
|---------------|-------------------|---------|-------------------|------------------------|----------------|--|
| | DRILL PIPE CASING | ANNULUS | TOTAL FLUID | Pumped Per Time Period | RATE Bbls Min. | |
| <u>7:45</u> | | | | <u>3</u> | | <u>Pipe on BTM</u> |
| | <u>200</u> | | <u>78</u> | <u>50</u> | | <u>Break Circ</u> |
| | | | | <u>25</u> | | <u>3 BBLs Fresh H₂O</u> |
| | | | | | | <u>220 sv 60140.2 + 20 gals +</u> |
| | | | | | | <u>1% Quik-Set @ 14.8</u> |
| | | | | | | <u>Diso 25 BBLs Fresh H₂O</u> |
| | | | | | | <u>Leaving 15 cement in Csg.</u> |
| <u>8:00</u> | <u>250</u> | | | | | <u>Shut Head in @ 250 PSI</u> |
| | | | | | | <u>Cement to Celler - v</u> |

ALLIED CEMENTING CO., INC. 14601 ORIGINAL

Federal Tax I.D.# XXXXXXXXXX

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: _____

| | | | | | | | |
|------------------------------------|----------------|--|-----------------|--|--------------------------|--------------------------|---------------------------|
| DATE <u>2/1/03</u> | SEC. <u>24</u> | TWP. <u>50</u> | RANGE <u>13</u> | CALLED OUT <u>10:00</u> | ON LOCATION <u>10:30</u> | JOB START <u>2:15 PM</u> | JOB FINISH <u>4:30 PM</u> |
| LEASE <u>10/1/01</u> | WELL# <u>1</u> | LOCATION <u>281 + 2111 West Rd. Timber</u> | | | COUNTY <u>Timber</u> | STATE <u>K</u> | |
| OLD OR NEW (Circle one) <u>NEW</u> | | | | LOCATION <u>West 281 + 2111 West Rd.</u> | | | |

CONTRACTOR Duke OWNER Raymond Oil Co.

TYPE OF JOB Retrigger plug

HOLE SIZE 12 1/2" T.D. _____ CEMENT AMOUNT ORDERED _____

CASING SIZE 10 1/2" DEPTH 100

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" x 211 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 00 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT _____

PUMP TRUCK CEMENTER Ben Maddux

22 HELPER Mark Bergard

BULK TRUCK DRIVER Tanner Fox

_____ DRIVER _____

REMARKS: _____

DEPTH OF JOB 100

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 25 @ _____

PLUG _____ @ _____

TOTAL _____

CHARGE TO: Raymond Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT _____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Rick J. Degelhardt Rick J. Degelhardt

PRINTED NAME _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.