

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 30604
Name: Raydon Exploration, Inc.
Address: 9400 N. Broadway, Ste. 400
City/State/Zip: Oklahoma City, OK 73114
Purchaser: _____
Operator Contact Person: David Rice
Phone: (620) 624-0156
Contractor: Name: Big A Drilling
License: 31572
Wellsite Geologist: _____
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. _____

<u>10-04-03</u>	<u>10-26-03</u>	<u>2-01-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 175-219100000
County: Seward
SW SE NE Sec. 23 Twp. 32 S. R. 32 East West
2310 feet from S / (N) (circle one) Line of Section
990 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: McBride Well #: 1-23
Field Name: Wildcat
Producing Formation: Lansing
Elevation: Ground: 2816' Kelly Bushing: 2827'
Total Depth: 6200' Plug Back Total Depth: 5416'
Amount of Surface Pipe Set and Cemented at 1677' 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 *McBride 23-05*
(Data must be collected from the Reserve Pit)
Chloride content 7000 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: David E Rice
Title: Agent for Raydon Ex Date: 02-24-04
Subscribed and sworn to before me this 24th day of February,
~~2004~~ 2004
Notary Public: [Signature]
Date Commission Expires: _____

NOTARY PUBLIC, State of Kansas
Seward County
HELEN M. SMITH
My Appt. Exp. 2-5-2005

KCC Office Use ONLY
Deny Letter of Confidentiality Attached DPW
If Denied, Yes Date: 03-04-04 (initials)
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Raydon Exploration, Inc. Lease Name: McBride Well #: 1-23
 Sec. 23 Twp. 32 S. R. 32 East West County: Seward

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: High Resolution Induction Log Spectral Density Dual Spaced Neutron Log Microlog	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Chase</td> <td>2600</td> <td></td> </tr> <tr> <td>Lansing</td> <td>4353</td> <td></td> </tr> <tr> <td>Cherokee</td> <td>5153</td> <td></td> </tr> <tr> <td>Chester</td> <td>5584</td> <td></td> </tr> <tr> <td>St. Louis</td> <td>5871</td> <td></td> </tr> </table>	Name	Top	Datum	Chase	2600		Lansing	4353		Cherokee	5153		Chester	5584		St. Louis	5871	
Name	Top	Datum																	
Chase	2600																		
Lansing	4353																		
Cherokee	5153																		
Chester	5584																		
St. Louis	5871																		

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#	1677'	Midcon PP	405	3%cc, 1/4# Flocc
					Prem Plus	150	2% cc, 1/4# Flocc
Production	7-7/8"	4-1/2"	10.5#	5203'	50/50 Poz	100	10% salt, 10# calsea

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
				Prem H 235 10#/sk Gilsonit .6% Halad3-22

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
3	5034-5042' CIBP at 5000'		
3	4620-4626' CIBP at 4575'	Acidize with 1000 gal 15% FE acid with	additives
3	4352-4356'	Acidize with 750 gals 15% FE acid with	additives

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	4409'	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 2-01-04		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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	23.34	0	13.34	N/A	41.0

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

METHOD OF COMPLETION

Production Interval Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____

HALLIBURTON JOB SUMMARY

REGION Central Operations	NWA / COUNTRY Mid Continent/USA	SALES ORDER NUMBER 2704519	TICKET DATE 10/05/03
MBU ID / EMPL # MCLIO101 212723	H.E.S. EMPLOYEE NAME JERRAKO EVANS	BDA / STATE MC/Ks	COUNTY SEWARD
LOCATION LIBERAL	COMPANY RAYDON EXPLORATION	PSL DEPARTMENT Cement	CUSTOMER REP / PHONE DAVID RICE 620-629-0394
TICKET AMOUNT \$10,254.38	WELL TYPE 01 Oil	SAP BOMB NUMBER 7521	Cement Surface Casing
WELL LOCATION LIBERAL, KS	DEPARTMENT CEMENT	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL	
LEASE NAME McBRIDE	Well No. 1-23	SEC / TWP / RNG 23 - 32S - 32W	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Evans, J 212723	10.0			
King, K 105942	10.0			
Howard, A 285427	10.0			
Slater, J 106059	10.0			

RECEIVED
FEB 25 2004

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415642	60			
10251401	60			
54029-10011276	80			
10011406-10011272	80			

KCC WICHITA

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	10/4/2003	10/5/2003	10/5/2003	10/5/2003
Time	2030	0000	0800	1000

Type and Size	Qty	Make
Float Collar INSERT	1	HOWCO
Float Shoe BASKET	1	HOWCO
Centralizers S-4	4	HOWCO
Top Plug PLASTIC	1	HOWCO
HEAD	1	HOWCO
Limit clamp	1	HOWCO
Weld-A	1	HOWCO
Guide Shoe REG	1	HOWCO
BTM PLUG		

New/Used		Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	24#	8 5/8		0	1,677	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4				
Perforations						1,680	Shots/Ft.
Perforations							
Perforations							

Materials			
Mud Type	Density		Lb/Gal
Disp. Fluid	Density		Lb/Gal
Prop. Type	Size		Lb
Prop. Type	Size		Lb
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		In
NE Agent	Gal.		In
Fluid Loss	Gal/Lb		In
Gelling Agent	Gal/Lb		In
Fric. Red.	Gal/Lb		In
Breaker	Gal/Lb		In
Blocking Agent	Gal/Lb		
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/5	10.0	10/5	12.0	Cement Surface Casing
Total	10.0	Total	12.0	

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet 45	Cement Left in Pipe	Reason
		SHOE JOINT

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	405	MIDCON PP C		3% CC - 1/2# FLOCELE	17.92	2.92	11.40
2	150	PREM PLUS C		2% CC - 1/4# FLOCELE	6.30	1.34	14.80
3							
4							

Circulating Breakdown		Displacement		Summary	
Lost Returns -)		MAXIMUM		Preflush:	BBI
Cmt Rtrn#Bbl		Actual TOC		Load & Bkdn:	Gal - BBI
Average		Frac. Gradient		Excess /Return	BBI
Shut In: Instant		5 Min.	15 Min.	Calc. TOC:	
				Treatment:	Gal - BBI
				Cement Slurry	BBI
				Total Volume	BBI
					247.0
					351.00

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____

HALLIBURTON JOB SUMMARY

REGION Central Operations	NWA / COUNTRY Mid Continent/USA	SALES ORDER NUMBER 2745593	TICKET DATE 10/28/03
MBU ID / EMPL # MCL10110 / 198516	H.E.S. EMPLOYEE NAME Jason Clemens	BDA / STATE MC/Ks	COUNTY SEWARD
LOCATION LIBERAL	COMPANY RAYDON EXPLORATION	PSL DEPARTMENT Cement	CUSTOMER REP / PHONE DAVID RICE 620-629-0394
TICKET AMOUNT \$14,424.69	WELL TYPE 01 Oil	API/UMI #	SAP BOMB NUMBER 7530
WELL LOCATION N. LIBERAL	DEPARTMENT ZI	Cement Plug Back	
LEASE NAME McBRIDE	Well No. 1-23	SEC / TWP / RNG 23 - 32S - 32W	HES FACILITY (CLOSEST TO WELL SITE) Liberal, Ks

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS
Clemens, A 198516	6.0	King, K 105942	8.0
Cochran, M 217398	16.0		
Nichols, J 288309	13.0		
Pollock, T 106089	3.0		

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H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES
10547690	40		
10251403	40		
10010748/10010278	20		
10244148/10286731	20		

KCC WICHITA

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Tools and Accessories

Type and Size	Qty	Make
Float Collar		H
Float Shoe		O
Centralizers	15	W
Top Plug	1	C
HEAD	1	H O
Limit clamp	1	O
Weld-A		W
Guide Shoe	1	C
BTM PLUG		O

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb
Prop. Type	Size	Lb
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	In
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		
Other		

Date	Called Out	On Location	Job Started	Job Completed
	10/28/2003	10/28/2003	10/28/2003	10/29/2003
Time	0900	1300	1424	0202

Well Data

Casing	New/Used	Weight	Size	Grade	From	To	Max. Allow
Liner	N	10.5	4 1/2		0	5,203	
Liner							
Tubing	U		4 1/2				
Drill Pipe							
Open Hole			7 7/8				
Perforations							Shots/Ft.
Perforations							
Perforations							

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/28		10/28	1.0	Cement Plug Back
10/29		10/29	1.0	
Total		Total	2.0	

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet 42	Cement Left in Pipe Reason	SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	40	PREMIUM H		5/10% CFR-3 (SET PLUG FROM 5400-5300 FT)			
2	100	50/50 POZ H		2% TOTAL GEL - 10# GILSONITE - 6/10% HALAD-322	4.72	1.12	16.00
3	235	PREMIUM H		10% CALSEAL - 10% SALT - 5# GILSONITE - 6/10% HALAD-322 - .25% D-AIF	15.90	2.77	11.00
4	25	50/50 POZ H		2% TOTAL GEL - 10# GILSONITE - 6/10% HALAD-322 (TO P)	6.23	1.48	15.00
					7.08	1.59	13.00

Summary

Circulating Breakdown	Displacement	Preflush:	BBI	18.00	Type:	KCL,PVS-5
Lost Returns	MAXIMUM	Load & Bkdn:	Gal - BBI		Pad:Bbl -Gal	
Cmt Rtrn#Bbl	Lost Returns	Excess /Return	BBI		Calc.Disp Bbl	
Average	Actual TOC	Calc. TOC:			Actual Disp.	32
Shut In: Instant	Frac. Gradient	Treatment:	Gal - BBI		Disp:Bbl	
	5 Min.	Cement Slurry	BBI	111.0		
		Total Volume	BBI	211.06		

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

SIGNATURE _____