

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

**CONFIDENTIAL**

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 E. Rice  
Phone: (620) 624-0156  
Contractor: Name: Big A Drilling  
License: 31572  
Wellsite Geologist: \_\_\_\_\_

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Designate Type of Completion:  
\_\_\_\_ New Well  Re-Entry \_\_\_\_ Workover  
\_\_\_\_ Oil \_\_\_\_ SWD \_\_\_\_ SIOW \_\_\_\_ Temp. \_\_\_\_  
\_\_\_\_ Gas \_\_\_\_ ENHR \_\_\_\_ SIGW  
 Dry \_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

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If Workover/Re-entry: Old Well Info as follows:  
Operator: Red Clark, Inc.

Well Name: Collingwood #1-5

Original Comp. Date: 06-24-71 Original Total Depth: 6462'

\_\_\_\_ 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>01-09-04</u>	<u>01-12-04</u>	<u>01-12-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 119-20074-0001  
County: Meade  
\_\_\_\_ SW SE Sec. 05 Twp. 34 S. R. 30  East  West  
660 feet from (S) N (circle one) Line of Section  
1980 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Collingwood Well #: 1-5R  
Field Name: Wildcat

Producing Formation: \_\_\_\_\_  
Elevation: Ground: 2691' Kelly Bushing: \_\_\_\_\_  
Total Depth: 2930' Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ 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 *Per 4.30.04*  
(Data must be collected from the Reserve Pit)  
Chloride content 7000 ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled off site: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_  
Quarter \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

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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: David E Rice

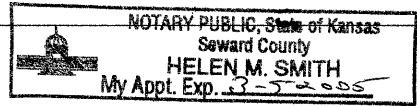
Title: Agent for Raydon Ex Date: 01-23-04

Subscribed and sworn to before me this 23rd day of January

~~2003~~ 2004

Notary Public: \_\_\_\_\_

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



**KCC Office Use ONLY**

Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received  
 Geologist Report Received  
\_\_\_\_ UIC Distribution

X

Operator Name: Raydon Exploration, Inc. Lease Name: Collingwood Well #: 1-5R  
 Sec. 05 Twp. 34 S. R. 30  East  West County: Meade

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final tops 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

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#	1560'		675	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(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, Resumed 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

Production Interval  Other (Specify) \_\_\_\_\_

# HALLIBURTON JOB SUMMARY

SALES ORDER NUMBER: 2866623  
TICKET DATE: 01/12/04

REGION <b>Central Operations</b>	NWA / COUNTRY <b>Mid Continent/USA</b>	BDA / STATE <b>MC/Ks</b>	COUNTY <b>MEADE</b>
MBU ID / EMPL # <b>MCLI0110 / 217398</b>	H.E.S. EMPLOYEE NAME <b>Mickey Cochran</b>	PSL DEPARTMENT <b>Cement</b>	
LOCATION <b>LIBERAL</b>	COMPANY <b>RAYDON EXPLORATION</b>	CUSTOMER REP / PHONE <b>WALT PRATHER</b>	
TICKET AMOUNT <b>\$5,880.09</b>	WELL TYPE <b>01 Oil</b>	API/UWI #	
WELL LOCATION <b>WEST OF LIBERAL, KS</b>	DEPARTMENT <b>ZI</b>	SAP BOMB NUMBER <b>7528</b>	Plug to Abandon
LEASE NAME <b>COLLINGWOOD</b>	Well No. <b>1-5R</b>	HES FACILITY (CLOSEST TO WELL SITE) <b>Liberal, Ks</b>	

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HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HR	HR	HR
Cochran, M 217398	6.5			
Arnett, J 226567	6.5			
Howard, A 285427	6.0			

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H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547690	80			
10251403	80			
10011406/10011276	40			

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
	1/12/2004	1/12/2004	1/12/2004	1/12/2004
Time	1530	1800	2000	2230

**Tools and Accessories**

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

**Well Data**

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	N				0		
Liner							
Liner							
Tubing			4 1/2				
Drill Pipe							
Open Hole			7 7/8				
Perforations							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**

Date	Hours
1/12	6.0
1/13	0.5
Total	6.5

**Operating Hours**

Date	Hours
1/12	1.0
Total	

**Description of Job**  
Plug to Abandon

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

**Cement Data**

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	50	40/60 POZ H		6% TOTAL GEL (PLUG AT 1590 FT)	7.59	1.53	13.50
2	50	40/60 POZ H		6% TOTAL GEL (PLUG AT 500 FT)	7.59	1.53	13.50
3	10	40/60 POZ H		6% TOTAL GEL (PLUG AT 40 FT)	7.59	1.53	13.50
4	15	40/60 POZ H		6% TOTAL GEL (PLUG RAT HOLE)	7.59	1.53	13.50

**Summary**

Circulating Breakdown	Displacement	Preflush: BBI	Type:
Lost Returns-y	MAXIMUM	Load & Bkdn: Gal - BBI	Pad:Bbl -Gal
Cmt Rtm#Bbl	Lost Returns-N	Excess /Return BBI	Calc.Disp Bbl
Average	Actual TOC	Calc. TOC:	Actual Disp. 23
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp:Bbl
	5 Min. 15 Min.	Cement Slurry BBI	
		Total Volume BBI	34.0
			57.00

Frac Ring #1 \_\_\_\_\_ Frac Ring #2 \_\_\_\_\_ Frac Ring #3 \_\_\_\_\_ Frac Ring #4 \_\_\_\_\_

THE INFORMATION STATED HEREIN IS CORRECT  
 CUSTOMER REPRESENTATIVE \_\_\_\_\_  
 SIGNATURE *Walt Prather*