

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACQ-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

RELEASED FROM CONFIDENTIAL

ORIGINAL

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

API No. 15 - 119-211130000
County: Meade
SW NE SW Sec. 15 Twp. 34 S. R. 30 East West
1620 feet from (S) / N (circle one) Line of Section
1600 feet from E / (W) (circle one) Line of Section

Wellsite Geologist: Ed Grieves
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Cimarron Well #: 2-15
Field Name: Adams Ranch

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. _____

Producing Formation: Council Grove
Elevation: Ground: 2678' Kelly Bushing: 2689'
Total Depth: 6350' Plug Back Total Depth: 3305'
Amount of Surface Pipe Set and Cemented at 1672' 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.

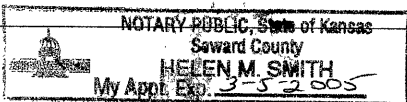
09-13-03 10-01-03 10-16-03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) *See 1 cd*
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 Exp Date: 10-28-03
Subscribed and sworn to before me this 28th day of October,
2003
Notary Public: [Signature]
Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Raydon Exploration, Inc. Lease Name: Cimarron Well #: 2-15
 Sec. 15 Twp. 34 S. R. 30 East West County: Meade

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 checked="" type="checkbox"/> Yes <input 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: Spectral Density Dual Spaced Neutron II Log High Resolution Induction 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>2670</td> <td></td> </tr> <tr> <td>Base Heebner</td> <td>4459</td> <td></td> </tr> <tr> <td>Marmaton</td> <td>5289</td> <td></td> </tr> <tr> <td>Morrow</td> <td>5840</td> <td></td> </tr> <tr> <td>St. Genevieve</td> <td>6285</td> <td></td> </tr> </table>	Name	Top	Datum	Chase	2670		Base Heebner	4459		Marmaton	5289		Morrow	5840		St. Genevieve	6285	
Name	Top	Datum																	
Chase	2670																		
Base Heebner	4459																		
Marmaton	5289																		
Morrow	5840																		
St. Genevieve	6285																		

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#	1672'	Midcon PPC	405	3%cc, 1/2# flocc
					Prem Plus C	150	2%cc, 1/4# flocc
Production	7-7/8"	4-1/2"	10.5#	3357'	50/50 Poz	200	2% gel, 10# gils

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
3	3178-3182'	Acidize with 750 gal 15% FE acid with	additives

TUBING RECORD	Size <u>2-3/8"</u>	Set At <u>3166'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>10-16-03</u>	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>250</u>	Water Bbls. <u>1.17</u>	Gas-Oil Ratio <u>n/a</u>	Gravity <u>39.0</u>
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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 2663848	TICKET DATE 09/14/03
MBU ID / EMPL # MCLI 0110 / 217398	H.E.S EMPLOYEE NAME MICKEY COCHRAN	BDA / STATE MC/Ks	COUNTY MEADE
LOCATION LIBERAL	COMPANY RAYDON EXPLORATION	PSL DEPARTMENT Cement	ORIGINAL
TICKET AMOUNT \$10,254.38	WELL TYPE 01 Oil	CUSTOMER REP / PHONE KEITH HILL	
WELL LOCATION EAST OF LIBERAL, KS	DEPARTMENT ZI	SAP BOMB NUMBER 7521	Cement Surface Casing
LEASE NAME CIMARRON	Well No. 2-15	SEC / TWP / RNG 15 - 34S - 30W	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Cochran, M 217398	8.0	Slater, J 106095	7.0	
Harper, K 241985	8.0			
Arnett, J 226567	8.0			
Tate, N 105953	7.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
421269	40			
10251403	40			
10011406/10011590	20			
10243558/10011591	20			

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
	9/14/2003	9/14/2003	9/14/2003	9/14/2003

Tools and Accessories

Type and Size	Qty	Make
Insert W/ Fill	1	H
Float Shoe		O
Centralizers	4	W
Top Plug	1	C
HEAD	1	H O
Limit clamp	1	O
Weld-A	1	W
Guide Shoe	1	C
BTM PLUG		O

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	24#	8 5/8		0	1,671	
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole		12 1/4				
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		Operating Hours		Description of Job
Date	Hours	Date	Hours	
9/14		9/14	1.5	Cement Surface Casing
Total		Total	1.5	

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet 44	Cement Left in Pipe Reason	SHOE JOINT

Cement Data

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							

Summary

Circulating Breakdown	Displacement	Preflush: BBI	5.00	Type: FRESH
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.
Shut in: Instant	Frac. Gradient	Treatment: Gal - BBI		Disp:Bbl
	5 Min.	Cement Slurry BBI	246.0	
	15 Min.	Total Volume BBI	355.00	

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER REPRESENTATIVE *[Signature]* SIGNATURE

