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KCC WICHITA

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

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: Ed Grieves

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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. _____

4-23-05 5-6-05 5-14-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 119-211530000
County: Meade
 - NW SW NE Sec. 19 Twp. 34 S. R. 29 East West
1740 feet from S (N) (circle one) Line of Section
2250 feet from E (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: H.G. Well #: 2-19
Field Name: Adams Ranch
Producing Formation: Morrow
Elevation: Ground: 2543' Kelly Bushing: 2554'
Total Depth: 6350' Plug Back Total Depth: 6300'
Amount of Surface Pipe Set and Cemented at 1670 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) ALT I WITH 4-23-07
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: Becki Andrews
Title: Agent for Raydon Date: 8-17-05
Subscribed and sworn to before me this 17th day of August,
2005
Notary Public: Pamela Schartz
Date Commission Expires: _____

NOTARY PUBLIC, State of Kansas
PAMELA SCHARTZ
My Appt. Exp. 03-26-2008

KCC Office Use ONLY
YES Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Raydon Exploration, Inc. Lease Name: H.G. Well #: 2-19
 Sec. 19 Twp. 34 S. R. 29 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: 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>Base Heebner</td> <td>4422</td> <td></td> </tr> <tr> <td>Lansing</td> <td>4588</td> <td></td> </tr> <tr> <td>* Cherokee</td> <td>5468</td> <td></td> </tr> <tr> <td>Chester</td> <td>5910</td> <td></td> </tr> <tr> <td>St. Genevieve</td> <td>6290</td> <td></td> </tr> </table>	Name	Top	Datum	Base Heebner	4422		Lansing	4588		* Cherokee	5468		Chester	5910		St. Genevieve	6290	
Name	Top	Datum																	
Base Heebner	4422																		
Lansing	4588																		
* Cherokee	5468																		
Chester	5910																		
St. Genevieve	6290																		

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#	1670	Midcon C	405	3%cc, 1/2#/sk
					Premium Plu	150	2% cc, 1/4#/sk
Production	7-7/8"	4-1/2"	10.5#	6349	50/50 Poz-H	75	2% gel, 10#/sk

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	5859-5876'	Acidized with 3000 gal 15% FE acid	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	6300.08±'	5810'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			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
	0	8	0		

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify) _____

WALLBURTON JOB SUMMARY

Central Operations	Mid Continent/USA	SALES ORDER NUMBER 3701445	TICKET DATE 05/07/05
MCIL 0110 / 198516	JASON CLEMENS	BDA / STATE MC/Ks	COUNTY MEADE
LIBERAL	RAYDON EXPLORATION	PSL DEPARTMENT Cement	ORIGINAL
CONFIDENTIAL	01 Oil	CUSTOMER REP / PHONE 30 WALT PRATHER	
MEADE	DEPARTMENT ZI	SAP BOMB NUMBER 7523	Cement Production Casing
H G	Well No. 2-19	SEC / TWP / RNG 19 - 34S - 29W	AUG 17 2005
HES EMP NAME / EMP # / (EXPOSURE HOURS)		HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS
Clemens, A 198516	7.0		
Martin, J 317927	7.0		
Ferguson, R 106154	6.0		

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES
10547690	60		
10251403	60		
10240236-10240245	30		

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
	5/7/2005	5/8/2005	5/8/2005	5/8/2005
Time	2200	0200	0804	0901

Tools and Accessories

Type and Size	Qty	Make
Float Collar		H
Float Shoe		O
Centralizers	10	W
Top Plug	1	C
HEAD	1	H O
Limit clamp	1	O
Weld-A		W
Guide Shoe	1	C
BTM PLUG		O

Well Data

Casing	New/Used	Weight	Size	Grade	From	To	Max. Allow
Liner	NEW	10.5#	4 1/2		0	6,373	
Liner							
Tubing							
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	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location

Date	Hours
5/8	7
Total	7

Operating Hours

Date	Hours
5/8	1.0
Total	1.0

Description of Job
Cement Production Casing

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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	75	50/50 POZ H		2% TOTAL GEL - 10# GILSONITE - 6/10% HALAD-322	15.90	2.77	11.00
2	135	PREMIUM H		10% CALSEAL - 10% SALT - 5# GILSONITE - .6% HALAD-322 -	6.23	1.48	15.00
3	25	50/50 POZ H		2% TOTAL GEL - 10# GILSONITE - 6/10% HALAD-322	7.08	1.59	13.00
4							

Summary

Circulating Breakdown	Displacement MAXIMUM	Preflush: BBI	18.00	Type: KCL-PVS-5
Lost Returns	Lost Returns	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
Average	Actual TOC	Excess /Return BBI		Calc. Disp Bbl
Shut In: Instant	Frac. Gradient 5 Min.	Calc. TOC:		Actual Disp.
	15 Min.	Treatment: Gal - BBI		Disp: Bbl
		Cement Slurry BBI	73.0	
		Total Volume BBI	192.00	

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____

ALLIBURTON JOB SUMMARY

SALES ORDER NUMBER 3675171	TICKET DATE 04/24/05
BDA / STATE MC/Ks	COUNTY MEADE
PSL DEPARTMENT Cement	CUSTOMER REP / PHONE ERNE DWINELLE
API/UWI # 2-19	SAP BOMB NUMBER 7521
Cement Surface Casing	
HES FACILITY (CLOSEST TO WELL SITE) Liberal Ks.	

LOCATION LIBERAL	LOCATION LAND N. OF FORGAN OK, KS
TICKET AMOUNT \$15,861.76	WELL TYPE 01 Oil
LEASE NAME H G	DEPARTMENT CEMENT
Well No. 2-19	SEC / TWP / RNG 19 - 34S - 29W

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS
Wille D. 225409	6.0		
Davis, T 106304	6.0		
Ferguson, R 106154	6.0		
Olds R. 306196	6.0		

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10010749-10010921	60			
10244148-10011278	30			
10240236-10240245	30			

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
	4/24/2005	4/24/2005	4/24/2005	4/24/2005
Time	1500	1700	2107	2230

Type and Size	Qty	Make
Float Collar INSERT	1	HALCO
Float Shoe BASKET	1	HALCO
Centralizers 8 5/8"X12 1/4"	1	HALCO
Top Plug HWE	1	HALCO
HEAD D0565	1	HALCO
Limit clamp	1	HALCO
Weld-A	1	HALCO
Guide Shoe REGULAR	1	HALCO
BTM PLUG		

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	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	
4/24				Cement Surface Casing
Total		Total		

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

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

Summary			
Circulating Breakdown	Displacement	Preflush: BBI	Type:
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. 103
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp: Bbl
	5 Min.	Cement Slurry BBI	
	15 Min.	Total Volume BBI	
			246.4
			349.83

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER REPRESENTATIVE _____
 Ernest Dwinnelle
 SIGNATURE