

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL 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

KCC

APR 18 2005

CONFIDENTIAL

Purchaser: _____
Operator Contact Person: David E. Rice
Phone: (620) 624-0156
Contractor: Name: Big A Drilling
License: 31572

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KCC WICHITA

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)

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>03-13-05</u>	<u>04-01-05</u>	<u>04-02-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 119-211480000
County: Meade
NE NE NE Sec. 36 Twp. 34 S. R. 29 East West
330 feet from S (N) (circle one) Line of Section
530 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Barragree Well #: 1-36
Field Name: Cimmaron Bend

Producing Formation: _____
Elevation: Ground: 2488 Kelly Bushing: 2499
Total Depth: 6760 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1669 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 ALTI WHM P&A
(Data must be collected from the Reserve Pit) 4-4-07
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: David E Rice

Title: Agent for Raydon Date: 4-18-05

Subscribed and sworn to before me this 18th day of April

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
YBS Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Operator Name: Raydon Exploration, Inc. Lease Name: Barragree Well #: 1-36
 Sec. 36 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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Spectral Density Dual Spaced Neutron II Log
 High Resolution Induction Log
 Microlog

Name	Formation (Top), Depth and Datum	Sample
	Top Datum	
Base Heebner	4483	
Lansing	4602	
Marmaton	5342	
Cherokee	5546	
St. Louis	6485	

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#	1669'	Midcon PP	405	3%cc, 1/2# flocc
					Premium Plu	150	2%cc, 1/4# flocc

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, 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) _____

WALLBURTON JOB SUMMARY

SALES ORDER NUMBER 3637823		TICKET DATE 04/02/05	
REGION Central Operations		NWA / COUNTRY Mid Continent/USA	
MBU ID / EMPL # MCIL 0110 / 198516		BDA / STATE MC/Ks	
LOCATION LIBERAL		COUNTY MEADE	
TICKET AMOUNT \$9,108.90		PSL DEPARTMENT Cement	
WELL LOCATION MEADE		CUSTOMER REP / PHONE 30 DON BROWN 620-629-3516	
LEASE NAME BARRAGREE		WELL TYPE 01 Oil	
Weil No. 1-36		DEPARTMENT ZI	
SEC / TWP / RNG 36 - 34S - 29W		SAP BOMB NUMBER 7528	
APR 18 2005		HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS	

ORIGINAL

KCC

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS
Clemens, A 198516	5.0		
Campbell, R 333696	4.0		
Chavez, E 3478815	5.0		

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H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES
10547690	90		
10251403	90		
10243558-10011278	45		

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
	4/2/2005	4/2/2005	4/2/2005	4/2/2005
Time	0530	0930	0934	1230

Tools and Accessories

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

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
NEW				0	1,685	
Casing						
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		
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		

Hours On Location

Date	Hours	Date	Hours
4/2		4/2	2.0
Total		Total	2.0

Description of Job
Plug to Abandon

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Ordered Hydraulic Horsepower _____ Used _____
Average Rates in BPM _____ Overall _____
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			
2	50	40/60 POZ H		6% TOTAL GEL	(PLUG AT 1685 FT)	7.59	1.53
3	10	40/60 POZ H		6% TOTAL GEL	(PLUG AT 700 FT)	7.59	1.53
4	15	40/60 POZ H		6% TOTAL GEL	(PLUG AT 40 FT)	7.59	1.53
				(PLUG RAT HOLE)		7.59	1.53

Summary

Circulating Breakdown	Displacement	Summary	Type
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	35.0
		Total Volume BBI	35.00

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 Signature: *David W. ...*
 SIGNATURE _____