

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 5046
Name: Raymond Oil Company, Inc.
Address: P.O. Box 48788
City/State/Zip: Wichita, KS 67201-8788
Purchaser:
Operator Contact Person: Clarke Sandberg
Phone: (316) 267-4214
Contractor: Name: L. D. Drilling, Inc.
License: 6039
Wellsite Geologist: Clarke Sandberg

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. _____
8/10/04 8/17/04 8.19.04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 109-20729-00-00
County: Logan
SW SE Sec. 15 Twp. 11 S. R. 32 East West
670 feet from N (circle one) Line of Section
1820 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE NW SW
Lease Name: Hockersmith Well #: 1
Field Name:

Producing Formation:
Elevation: Ground: 3047' Kelly Bushing: 3052'
Total Depth: 4710' Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at 252 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 P4A KJR 6/13/07
(Data must be collected from the Reserve Pit)

Chloride content _____ 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.: _____

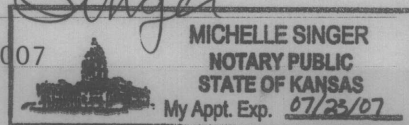
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: [Signature]
Title: Geologist Date: 09/14/2004

Subscribed and sworn to before me this 14th day of September,
20 04

Notary Public: [Signature]
Date Commission Expires: 07/23/2007



KCC Office Use ONLY

No Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received

UIC Distribution

Operator Name: Raymond Oil Company, Inc. Lease Name: Hockersmith Well #: 1
 Sec. 15 Twp. 11 S. R. 32 East West County: Logan

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: Dual Induction Log Compensated Density Neutron Log	<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>Anhydrite</td> <td>2579</td> <td>+479</td> </tr> <tr> <td>Lansing</td> <td>4071</td> <td>-1019</td> </tr> <tr> <td>BKC</td> <td>4351</td> <td>-1299</td> </tr> <tr> <td>Miss.</td> <td>4670</td> <td>-1612</td> </tr> <tr> <td>Total Depth</td> <td>4711</td> <td></td> </tr> </table>	Name	Top	Datum	Anhydrite	2579	+479	Lansing	4071	-1019	BKC	4351	-1299	Miss.	4670	-1612	Total Depth	4711	
Name	Top	Datum																	
Anhydrite	2579	+479																	
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Total Depth	4711																		

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"	23#	252'	Common	185	3+2

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd 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, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

ALLIED CEMENTING CO., INC. 13859

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Oakley

DATE <u>8-9-04</u>	SEC <u>15</u>	TWP <u>11</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>8:30pm</u>	JOB START <u>11:30pm</u>	JOB FINISH <u>12:00am</u>
LEASE <u>Hockersmith</u>		WELL # <u>1</u>		LOCATION <u>Oakley 2s w/s</u>		COUNTY <u>Logan</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR L P Drlg

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 255'

CASING SIZE 8 7/8 DEPTH 252'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 15 1/4

OWNER Same

CEMENT AMOUNT ORDERED
185 sks Com Full 2nd Grd

COMMON @

POZMIX @

GEL @

CHLORIDE @

HANDLING @

MILEAGE @

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER Dean

873-281 HELPER Andrew

BULK TRUCK

212 DRIVER Larry

BULK TRUCK

DRIVER

REMARKS:

SERVICE

Cement did circulate

Thank you

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

PLUG @

TOTAL

CHARGE TO: Raymond Oil Co Inc

STREET

CITY STATE ZIP

FLOAT EQUIPMENT

8 7/8 Surface Aug @

@

@

@

@

TOTAL

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

SIGNATURE Kevin A Red-take

Kevin A Red-take
PRINTED NAME

ALLIED CEMENTING CO., INC. 5992

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Oakley

DATE <u>8-19-04</u>	SEC. <u>15</u>	TWP. <u>11S</u>	RANGE <u>32W</u>	CALLED OUT	ON LOCATION <u>12:45pm</u>	JOB START <u>1:00pm</u>	JOB FINISH
LEASE <u>Hockersmith</u>		WELL # <u>1</u>	LOCATION <u>Oakley 25-661</u>		COUNTY <u>Logan</u>	STATE <u>Kans</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR L-D Drilling

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4710'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 xH DEPTH 2580'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 190 sks 60/40 open
6% Lat, 1/4" # Flo-Seal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Walt

102 HELPER _____

BULK TRUCK _____

218 DRIVER Jared

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

25 sks @ 2580'

100 sks @ 1650'

40 sks @ 300'

10 sks @ 40'

15 sks in R.H.

SERVICE

DEPTH OF JOB 2580'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE miles @ 4.00

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Raymond Oil Co, Inc

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

DORAN J. MARGHEIM
PRINTED NAME