

**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

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
 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. _____

<u>12-13-05</u>	<u>1-2-06</u>	<u>2-25-06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 175-220160000
 County: Seward
NE NE SW Sec. 6 Twp. 35 S. R. 31 East West
2310 feet from S (circle one) Line of Section
2310 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Deborah Well #: 1
 Field Name: Wildcat
 Producing Formation: Morrow/Chester
 Elevation: Ground: 2711' Kelly Bushing: 2722'
 Total Depth: 6650' Plug Back Total Depth: 6547'
 Amount of Surface Pipe Set and Cemented at 1649' 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.

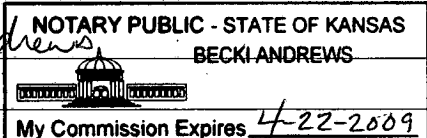
Drilling Fluid Management Plan *Alt I with 6-20-07*
 (Data must be collected from the Reserve Pit)
 Chloride content 7000 ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ 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: 4-12-06

Subscribed and sworn to before me this 12th day of April,
2006.

Notary Public: Becki Andrews
 Date Commission Expires: _____


KCC Office Use ONLY

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

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Operator Name: Raydon Exploration, Inc. Lease Name: Deborah Well #: 1
 Sec. 6 Twp. 35 S. R. 31 East West County: Seward

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 Log
 High Resolution Induction Log
 Microlog
 Cement Bond Log

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Base Heebner	4435'	
Lansing FM	4580'	
Cherokee	5490'	
Chester FM	6123'	
St. Genevieve	6560'	

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#	1649'	Midcon PP	405	3%cc, 1/2#/sk flocele
					Premium Plu	150	2% cc, 1/4#/sk flocele
Production	7-7/8"	4-1/2"	10.5#	6650'	Scavenger	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 (Amount and Kind of Material Used)	Depth
2	6104'-6110', 6118'-6122', 6142'-6146', 6170'-6172'	Acidized with 4000 gal 15% FE acid	
	6191'-6199', 6230'-6234', 6328'-6332'		

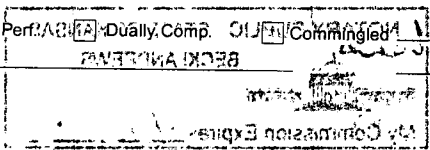
TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	6100'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
3-22-06	<input checked="" 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
	0	305	0		

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perforated Other (Specify)



HALLIBURTON JOB SUMMARY

REGION NORTH AMERICA LAND		NWA / COUNTRY Central / USA		SALES ORDER NUMBER 4109174	TICKET DATE 12/15/05
MBU ID / EMPL # MCLI0104 212723		H.E.S. EMPLOYEE NAME JERRAKO EVANS		BDA / STATE MC / KS	COUNTY SEWARD
LOCATION LIBERAL		COMPANY RAYDON EXPLORATION 304931		PSL DEPARTMENT ZI / CEMENT	
TICKET AMOUNT \$21,722.53		WELL TYPE OIL		CUSTOMER REP / PHONE DAVID RICE 629-3596	
WELL LOCATION LIBERAL, KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7521	Description Cement Surface Casing
LEASE NAME DEBORAH 2466922		Well No. #1	SEC / TWP / RNG 6 - 35S - 31W	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Evans, J 212723	7.0			
Chavez, I 340270	7.0			
Berumer, E 267804	8.0			
Jesse (TW)	8.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415642	60			
10219237	60			
10244148-10286731	30			
10011406-10011591	30			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **1650 FT**

Date	Called Out	On Location	Job Started	Job Completed
	12/15/2005	12/15/2005	12/15/2005	12/15/2005
Time	1100	1600	1900	2100

Tools and Accessories

Type and Size	Qty	Make
Float Collar INSERT	1	H
Float Shoe BASKET	2	
Centralizers S-4	4	A
Top Plug HWE	1	
HEAD PC	1	L
Limit clamp	1	
Weld-A	1	C
Guide Shoe REG	1	
BTM PLUG		O

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing NEW	24#	8 5/8		KB	1,649	
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole			12 1/4		1,652	Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials

Mud Type	Density	SPUD	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
12/15	5.0
Total	5.0

Operating Hours

Date	Hours
12/15	6.0
Total	6.0

Description of Job

Cement Surface Casing

SEE JOB PROCEDURE

Ordered _____ Hydraulic Horsepower: Avail. _____ Used _____
 Treating _____ Average Rates in BPM: Disp. _____ Overall _____
 Feet 43 Cement Left in Pipe Reason SHOE JOINT

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Cement Data

Stage	Sacks	Cement	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	Type:
Lost Returns-YES	MAXIMUM	Load & Bkdn: Gal - BBI	Pad: Bbl - Gal
Cmt Rtn#Bbl	Lost Returns-NO	Excess /Return BBI	Calc. Disp Bbl
Average	Actual TOC	Calc. TOC:	Actual Disp. 102
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp: Bbl
	5 Min. 15 Min.	Cement Slurry: BBI	
		Total Volume BBI	247.0

Frac Ring #1 | Frac Ring #2 | Frac Ring #3 | Frac Ring #4

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE *Paul Lee* SIGNATURE

HALLIBURTON JOB SUMMARY		SALES ORDER NUMBER 4142038	TICKET DATE 01/03/06
REGION NORTH AMERICA LAND	WVA / COUNTRY Central / USA	BDA / STATE MC / KS	COUNTY SEWARD
WELL ID / EMPL # MCL0104 212723	W.E.S. EMPLOYEE NAME JERRAKO EVANS	WELL DEPARTMENT ZI / CEMENT	
LOCATION LIBERAL	COMPANY RAYDON EXPLORATION 304931	CUSTOMER REP / PHONE DAVID RICE	
TICKET AMOUNT \$16,579.63	WELL TYPE OIL	APLWMI #	
WELL LOCATION LIBERAL, KS	DEPARTMENT CEMENT	SAP BOMB NUMBER 7523	Description Cement Production Casing
LEASE NAME DEBORAH	Well No. 2468922 #1	SEC / TVIP / RING 6 - 3SS - 31W	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR3	HR3	HR3	HR3
Evans, J 212723	13.0			
Chavez, I 340270	13.0			
Olde, R 306196	13.0			

H.E.S. UNIT # / (R/T MILES)	R/T MILES	R/T MILES	R/T MILES	R/T MILES
10415642	60			
10219237	60			
10010752-10011277	30			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **6650 FT**

Date	Called Out	On Location	Job Started	Job Completed
	1/3/2006	1/3/2006	1/3/2006	1/3/2006
Time	0000	0400	1430	1630

Tools and Accessories

Type and Size	Qty	Make
Float Collar INSERT	1	H
Float Shoe BASKET	1	
Centralizers FM	15	A
Top Plug HWE	1	
HEAD PC	1	L
Limit clamp	1	
Weld-A		C
Guide Shoe REG	1	
BTM PLUG		O

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	10.5#	4 1/2		KB	6,650	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7 7/8"			6,650	Shots/Ft.
Perforations							
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	
Perfoac Balls	Qty.	
Other		
Other		
Other		
Other		
Other		

Hours On Location

Date	Hours
1/3	11.5
Total	11.5

Operating Hours

Date	Hours
1/3	12.0
Total	12.0

Description of Job
Cement Production Casing

SEE JOB PROCEDURE
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Hydraulic Horsepower

Ordered	Avail.	Used

Average Rates in BPM

Treating	Disp.	Overall

Cement Left in Pipe

Feet	Reason
43	SHOE JOINT

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	75	50/50 POZ G	2% TOTAL GEL - 10# GILSONITE - 6/10% HALAD-322	15.90	2.77	11.00
2	120	PREMIUM G	10% CALSEAL - 10% SALT - 5# GILSONITE - .6% HALAD-322	6.23	1.48	15.00
3	25	50/50 POZ G	2% TOTAL GEL - 10# GILSONITE - 6/10% HALAD-322	7.08	1.59	13.00
4						

Summary

Circulating Breakdown	Displacement	Preflush: BBI	Type:
Lost Returns-YES	MAXIMUM	Load & Bkdn: Gal - BBI	Pad: Bbl -Gal
Cmt Rtm#Bbl	Lost Returns-NO	Excess /Return BBI	Calc. Disp Bbl
Average	Actual TOC	Calc. TOC:	Actual Disp. 105
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp: Bbl
	5 Min. 15 Min.	Cement Skurrv BBI	
		Total Volume BBI	75.0

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____