

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5046  
 Name: Raymond Oil Company, Inc.  
 Address: PO Box 48788  
 City/State/Zip: Wichita, KS 67201  
 Purchaser: \_\_\_\_\_  
 Operator Contact Person: Clarke Sandberg  
 Phone: (316) 267-4214  
 Contractor: Name: Duke Drilling  
 License: 5929  
 Wellsite Geologist: Rocky Milford  
 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. \_\_\_\_\_  
 10/25/2006 11/4/2006  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

API No. 15 - 007-23074-0000  
 County: Barber  
 S/2 S/2 NE NE Sec. 11 Twp. 32 S. R. 14  East  West  
 1250' feet from S  N (circle one) Line of Section  
 660' feet from  E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Rogers Well #: 1  
 Field Name: \_\_\_\_\_  
 Producing Formation: \_\_\_\_\_  
 Elevation: Ground: 1659' Kelly Bushing: 1670'  
 Total Depth: 4700' Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 341 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 P&A KJR 12/10/07  
 (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: 11/10/2006  
 Subscribed and sworn to before me this 10 day of November  
 20 06  
 Notary Public: Tammy J. Zimmerman  
 Date Commission Expires: 5-19-2010

**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
**TAMMY J. ZIMMERMAN**  
 NOTARY PUBLIC  
 STATE OF KANSAS  
 My Appt. Exp. 5-19-2010

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**KCC WICHITA**

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Operator Name: Raymond Oil Company, Inc. Lease Name: Rogers Well #: 1  
 Sec. 11 Twp. 32 S. R. 14  East  West County: Barber

**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:  <b>ELI Comp N/D, Dual &amp; Micro</b>	<input checked="" type="checkbox"/> Log    Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Wabaunsee</td> <td>2823</td> <td>-1146</td> </tr> <tr> <td>Heebner</td> <td>3700</td> <td>-2023</td> </tr> <tr> <td>Brn Lm</td> <td>3873</td> <td>-2196</td> </tr> <tr> <td>Miss</td> <td>4382</td> <td>-2705</td> </tr> <tr> <td>Viola</td> <td>4632</td> <td>-2955</td> </tr> <tr> <td>Total Depth</td> <td>4700</td> <td></td> </tr> </table>	Name	Top	Datum	Wabaunsee	2823	-1146	Heebner	3700	-2023	Brn Lm	3873	-2196	Miss	4382	-2705	Viola	4632	-2955	Total Depth	4700	
Name	Top	Datum																				
Wabaunsee	2823	-1146																				
Heebner	3700	-2023																				
Brn Lm	3873	-2196																				
Miss	4382	-2705																				
Viola	4632	-2955																				
Total Depth	4700																					

CASING RECORD <input 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#	341	60/40 poxmx	200	3%cc, 2%ge1

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, 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> _____

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# ALLIED CEMENTING CO., INC. 24892

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

SERVICE POINT:  
MEDICINE LODGE

DATE <u>11-5-06</u>	SEC. <u>11</u>	TWP. <u>32s</u>	RANGE <u>14W</u>	CALLED OUT <u>9:30 am</u>	ON LOCATION <u>11:00 pm</u>	JOB START <u>12:00 am</u>	JOB FINISH <u>1:30 am</u>
LEASE <u>LOGS</u>		WELL # <u>1</u>	LOCATION <u>160 &amp; LAKE CITY RD, 1 E,</u>			COUNTY <u>BARBER</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>OLD</u>			S/INTO				

CONTRACTOR <u>DUKE'S</u>	OWNER <u>RAYMOND OIL COMPANY</u>
TYPE OF JOB <u>ROTARY PLUG</u>	
HOLE SIZE <u>7 7/8"</u>	T.D. <u>690'</u>
CASING SIZE <u>8 3/8"</u>	DEPTH <u>341'</u>
TUBING SIZE <u>4 1/2"</u>	DEPTH <u>690'</u>
DRILL PIPE <u>4 1/2"</u>	DEPTH <u>690'</u>
TOOL _____	DEPTH _____
PRES. MAX <u>250</u>	MINIMUM <u>100</u>
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. _____	
PERFS. _____	
DISPLACEMENT <u>FRESH WATER</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>BILL M.</u>	
# <u>360</u> HELPER <u>THOMAS D.</u>	
BULK TRUCK _____	
# _____ DRIVER <u>GLENN G.</u>	
BULK TRUCK _____	
# <u>389</u> DRIVER _____	

CEMENT	AMOUNT ORDERED <u>145 SK 6014036</u>
COMMON <u>87 A</u>	@ <u>10.65</u> <u>926.55</u>
POZMIX <u>58</u>	@ <u>5.80</u> <u>336.40</u>
GEL <u>7</u>	@ <u>16.65</u> <u>116.55</u>
CHLORIDE _____	@ _____
ASC _____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
HANDLING <u>152</u>	@ <u>1.90</u> <u>288.80</u>
MILEAGE <u>15 X 152 X .09</u>	<u>240.00</u>
M:n chng. TOTAL <u>1908.30</u>	

**REMARKS:**

1st plug 690', load hole, pump sock  
6014036, displace with fresh water,  
2nd plug 360', load hole, pump sock  
6014036, displace with fresh water,  
3rd plug 60', load hole, pump sock  
6014036, circulate cement to surface,  
plug matchmouse holes with 25 sk 6014036.

**SERVICE**

DEPTH OF JOB <u>690'</u>	
PUMP TRUCK CHARGE _____	<u>815.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>15</u>	@ <u>6.00</u> <u>90.00</u>
MANIFOLD _____	@ _____
_____	@ _____
_____	@ _____
TOTAL <u>905.00</u>	

CHARGE TO: RAYMOND OIL COMPANY

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____

**ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING**

TAX \_\_\_\_\_

TOTAL CHARGE 2813.30

DISCOUNT 281.33 IF PAID IN 30 DAYS

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.

SIGNATURE [Signature]

JOE LEWINGSTON  
PRINTED NAME

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