

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

RECEIVED

MAY 19 2006

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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, Kansas 67201-8788
Purchaser: _____
Operator Contact Person: Clarke Sandberg
Phone: (316) 267-4214
Contractor: Name: Duke Drilling Co., Inc.
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. _____
4-10-06 4-21-06 5-11-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22995-00-00
County: Barber County Kansas
~~SW~~ NW NE NE Sec. 7 Twp. 32 S. R. 13 East West
330 4865' feet from (S) (circle one) Line of Section
915 886' feet from (E) W (circle one) Line of Section
KCC GOS KGR
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Brook 'A' Well #: 1
Field Name: Brook
Producing Formation: Mississippi
Elevation: Ground: 1679' Kelly Bushing: 1690'
Total Depth: 4730' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 256 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 KGR 12/12/07
(Data must be collected from the Reserve Pit) AKI
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: _____
Title: Geologist Date: 5-16-06

Subscribed and sworn to before me this 16th day of May

20 06
Notary Public: _____
Date Commission Expires: 10/28/09

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

Operator Name: Raymond Oil Company, Inc. Lease Name: Brook 'A' Well #: 1
 Sec. 7 Twp. 32 S. R. 13 East West County: Barber County Kansas

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: Cement Bond Log 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>Wabaunsee</td> <td>2826</td> <td>-1137</td> </tr> <tr> <td>Heebner</td> <td>3702</td> <td>-2013</td> </tr> <tr> <td>Stark Sh</td> <td>4211</td> <td>-2522</td> </tr> <tr> <td>Miss</td> <td>4374</td> <td>-2685</td> </tr> <tr> <td>Total Depth</td> <td>4732</td> <td></td> </tr> </table>	Name	Top	Datum	Wabaunsee	2826	-1137	Heebner	3702	-2013	Stark Sh	4211	-2522	Miss	4374	-2685	Total Depth	4732	
Name	Top	Datum																	
Wabaunsee	2826	-1137																	
Heebner	3702	-2013																	
Stark Sh	4211	-2522																	
Miss	4374	-2685																	
Total Depth	4732																		

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	14 3/4"	10 3/4"	32#	256'	60/40 poz	250	2% gel, 3% cc
Production	7 7/8"	4 1/2"	10.5#	4498'	60/40 poz	250	2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3520' - 3550'	Class A	35	3% cc

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	4374-4384'	Allied acidized w/ 500 gal of 15% mud acid	4374'

TUBING RECORD	Size 2"	Set At 4399'	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input checked="" 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

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 _____

RECEIVED
MAY 19 2006
KCC WICHITA

ALLIED CEMENTING CO., INC. 22766

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

SERVICE POINT:
med. lodge

DATE <u>5-4-06</u>	SEC. <u>7</u>	TWP. <u>32S</u>	RANGE <u>13W</u>	CALLED OUT <u>9:00 A.M.</u>	ON LOCATION <u>10:15 A.M.</u>	JOB START <u>11:00 A.M.</u>	JOB FINISH <u>2:30 P.M.</u>
LEASE <u>Brook</u>		WELL # <u>A-#1</u>	LOCATION <u>med. lodge #160, 9 1/2 W</u>	COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)			<u>S/W Into</u>				

CONTRACTOR Clarke Corp
 TYPE OF JOB Squeeze
 HOLE SIZE _____ T.D. _____
 CASING SIZE 4 1/2 DEPTH _____
 TUBING SIZE 2 3/8 DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL Packer DEPTH _____
 PRES. MAX 1500 MINIMUM 500
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 1 3/2 Bds Fresh H2O

OWNER Raymond Oil
 CEMENT
 AMOUNT ORDERED 35sx CLASS A + 3% CC

EQUIPMENT
 PUMP TRUCK CEMENTER Larry Dreiling
 # 202 HELPER Dennis C.
 BULK TRUCK
 # 364 DRIVER TAD
 BULK TRUCK
 # _____ DRIVER Carl Balding

COMMON <u>35 A</u>	@ <u>9.60</u>	<u>336.00</u>
POZMIX _____	@ _____	_____
GEL <u>1</u>	@ <u>15.00</u>	<u>15.00</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>36</u>	@ <u>1.70</u>	<u>61.20</u>
MILEAGE <u>14 x 36 x .07</u>		<u>200.00</u>
<u>min charge</u>		TOTAL <u>612.20</u>

REMARKS:

Hole 3520-3550' Couldn't Pump Into leak. Packer set 3585' Spot 35sx CLASS A + 3% CC Pull to 3555' Reverse out Set Packer. Pressure up squeeze Cement to 1500 # Held for 15min o.k. Ring Down.

CHARGE TO: Raymond Oil Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>3550'</u>		
PUMP TRUCK CHARGE _____		<u>1450.00</u>
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>14</u>	@ <u>5.00</u>	<u>70.00</u>
MANIFOLD <u>1</u>	@ <u>85.00</u>	<u>85.00</u>
RECEIVED		
MAY 19 2006		
KCC WICHITA		TOTAL <u>1605.00</u>

PLUG & FLOAT EQUIPMENT

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.

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING TOTAL _____

TAX _____

TOTAL CHARGE [scribble]

DISCOUNT [scribble] IF PAID IN 30 DAYS

SIGNATURE Carl Balding

PRINTED NAME

ALLIED CEMENTING CO., INC. 23756

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

SERVICE POINT:
Med. Lodge

DATED <u>4-21-06</u>	SEC <u>07</u>	TWP. <u>32S</u>	RANGE <u>13W</u>	CALLED OUT <u>12:30PM</u>	ON LOCATION <u>5:00PM</u>	JOB START <u>8:15 PM</u>	JOB FINISH <u>9:00 PM</u>
LEASE <u>BROOK</u>		WELL # <u>A-1</u>		LOCATION <u>MED. LODGE, 10 1/2 WEST</u>		COUNTY <u>BARBER</u>	STATE <u>KANSAS</u>
OLD OR (NEW) (Circle one) <u>NEW</u>				LOCATION <u>SOUTH INTO</u>			

CONTRACTOR DUKE DRILG. #5

TYPE OF JOB PRODUCTION CASING

HOLE SIZE 7 7/8" T.D. 4730'

CASING SIZE 4 1/2" DEPTH 4498'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1000# MINIMUM _____

MEAS. LINE _____ SHOE JOINT 41.00'

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 72 BBLs. WATER

EQUIPMENT _____

PUMP TRUCK CEMENTER KEVIN BRUNGARDT

352 HELPER MARK COLEY

BULK TRUCK _____

356-252 DRIVER TAD COVAULT

BULK TRUCK _____

_____ DRIVER _____

OWNER RAYMOND OIL COMPANY

CEMENT AMOUNT ORDERED

235 sy 60:40:2

40 sy 60:40:2 + FL-5P

COMMON <u>A 165</u>	@ <u>9.60</u>	<u>1584.00</u>
POZMIX <u>110</u>	@ <u>5.26</u>	<u>572.06</u>
GEL <u>5</u>	@ <u>15.00</u>	<u>75.00</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
<u>FL-5P 40#</u>	@ <u>12.20</u>	<u>488.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>280</u>	@ <u>1.70</u>	<u>476.00</u>
MILEAGE <u>280 x 14</u>	<u>.07</u>	<u>274.40</u>
TOTAL		<u>3469.40</u>

REMARKS:

RUN 4 1/2" CASING + BREAK CIRCULATION

PUMP 5 BBLs. FRESH WATER

AVG RAT HOLE - 15 SACKS

PLUG MOUSE HOLE - 10 SACKS

MIX 230 SY 60:40:2

MIX 40 SY 60:40:2 + FL-5P

WASH PUMPS + LINES

DISPLACE PLUG TO 4457' / 72 BBLs

SERVICE

DEPTH OF JOB <u>4498'</u>		
PUMP TRUCK CHARGE _____	<u>1580.00</u>	
EXTRA FOOTAGE @ _____	_____	
MILEAGE <u>14</u> @ <u>5.00</u>	<u>70.00</u>	
MANIFOLD @ _____	_____	
HEAD RENTAL @ <u>100.00</u>	<u>100.00</u>	
_____ @ _____	_____	
TOTAL		<u>1750.00</u>

CHARGE TO: RAYMOND OIL COMPANY

STREET _____

CITY WICHITA STATE KANSAS ZIP _____

RECEIVED
MAY 19 2006

To Allied Cementing Co., Inc. **KCC WICHITA**
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.

4 1/2" PLUG & FLOAT EQUIPMENT

1- GUIDE SHOE @ <u>125.00</u>	<u>125.00</u>
1- APU INSERT @ <u>210.00</u>	<u>210.00</u>
1- BASKET @ <u>116.00</u>	<u>116.00</u>
5- CENTRALIZERS @ <u>45.00</u>	<u>225.00</u>
1- TRP @ <u>48.00</u>	<u>48.00</u>

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

TOTAL CHARGE ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

TOTAL 724.00

SIGNATURE [Signature]

ART SCHENHOFER
PRINTED NAME

ALLIED CEMENTING CO., INC. 16722

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

SERVICE POINT:
Medicine Lodge

DATE <u>4-10-06</u>	SEC. <u>07</u>	TWP. <u>32S</u>	RANGE <u>13W</u>	CALLED OUT <u>2:30 P.M.</u>	ON LOCATION <u>3:00 P.M.</u>	JOB START <u>6:30 P.M.</u>	JOB FINISH <u>6:50 P.M.</u>
LEASE <u>Brook</u>		WELL# <u>A-1</u>	LOCATION <u>1/2 OF SCENIC OVER LOOK</u>		COUNTY <u>Barber</u>	STATE <u>KS,</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			on 160 ft into				

CONTRACTOR Duke #5
 TYPE OF JOB Surface
 HOLE SIZE 14 3/4 T.D. 257
 CASING SIZE 10 3/4 DEPTH 256
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 257
 TOOL _____ DEPTH _____
 PRES. MAX 200 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15 FT
 CEMENT LEFT IN CSG. 15 FT
 PERFS. _____
 DISPLACEMENT Fresh Water 24 1/4 BBS,

OWNER Raymond Oil Company

CEMENT AMOUNT ORDERED 250sx 60:40:2t 3%cc

COMMON	<u>150 A</u>	@	<u>9.60</u>	<u>1440.00</u>
POZMIX	<u>100</u>	@	<u>5.20</u>	<u>520.00</u>
GEL	<u>4</u>	@	<u>15.00</u>	<u>60.00</u>
CHLORIDE	<u>8</u>	@	<u>42.00</u>	<u>336.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>262</u>	@	<u>1.70</u>	<u>445.40</u>
MILEAGE	<u>14 x 262 x .07</u>			<u>256.76</u>
			TOTAL	<u>3058.16</u>

EQUIPMENT

PUMP TRUCK CEMENTER David W.
 # 372 HELPER Mike B.
 BULK TRUCK
 # 368 DRIVER Greg K.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Pipe on Bottom Break Circ Pump
 250sx 60:40:2t 3%cc Displac
 w/ 24 1/4 BBS, Fresh Water Slow
 Rate Shut in Cement did Circ
 Wash up Rig Down.

SERVICE

DEPTH OF JOB	<u>256'</u>		
PUMP TRUCK CHARGE	<u>0-300'</u>		<u>735.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>14</u>	@	<u>5.00</u>
		@	
		@	
		@	
RECEIVED			
MAY 19 2006			TOTAL <u>805.00</u>

KCC WICHITA

PLUG & FLOAT EQUIPMENT

MANIFOLD	@	
	@	
	@	
	@	

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING TOTAL _____

TAX _____
 TOTAL CHARGE ~~_____~~
 DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
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SIGNATURE [Signature]

[Signature]
 PRINTED NAME