

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5046
Name: Raymond Oil Company, Inc.
Address: PO Box 48788
City/State/Zip: Wichita, KS 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. _____

01-04-06	01-13-06	01-14-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - ²²~~007-88951~~-00-00
County: Barber
C W/2 SE Sec. 6 Twp. 32 S. R. 13 East West
1320 feet from S / N (circle one) Line of Section
1980 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one): NE SE NW SW
Lease Name: Dugan Trust "B" Well #: 4
Field Name: _____

Producing Formation: _____
Elevation: Ground: 1737' Kelly Bushing: 1748'
Total Depth: 4600' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 272 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+H KGR 12/12/07*
(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. JAN 25 2006
Quarter _____ Sec. _____ Twp. _____ S. R. East West
County: _____ Docket No. **KCC WICHITA**

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.

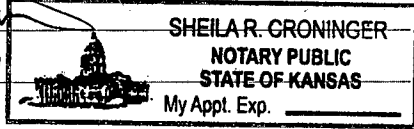
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
Title: Geologist Date: 01-23-06

Subscribed and sworn to before me this 23rd day of January

Notary Public: [Signature]

Date Commission Expires: Oct 28 '09



KCC Office Use ONLY

NO Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

ORIGINAL

Operator Name: Raymond Oil Company, Inc. Lease Name: Dugan Trust "B" Well #: 4
 Sec. 6 Twp. 32 S. R. 13 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: Dual Induction Compensated Density/Neutron	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Wabaunsee</td> <td>2378</td> <td>-1133</td> </tr> <tr> <td>Heebner Sh</td> <td>3764</td> <td>-2019</td> </tr> <tr> <td>Miss.</td> <td>4425</td> <td>-2680</td> </tr> <tr> <td>TD</td> <td>4598</td> <td></td> </tr> </table>	Name	Top	Datum	Wabaunsee	2378	-1133	Heebner Sh	3764	-2019	Miss.	4425	-2680	TD	4598	
Name	Top	Datum														
Wabaunsee	2378	-1133														
Heebner Sh	3764	-2019														
Miss.	4425	-2680														
TD	4598															

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 1/2"	10 3/4"	32#	272'	60/40 Poz	250	3%cc 2%gel
Rotary Plug	7 7/8"	10 3/4"			60/40 Poz	135	6% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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

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

ALLIED CEMENTING CO., INC. 22932

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

SERVICE POINT: MEDICAL LODGE

DATE <u>1-5-06</u>	SEC. <u>06</u>	TWP. <u>32 S</u>	RANGE <u>13 W</u>	CALLED OUT <u>1:00 pm</u>	ON LOCATION <u>3:00 pm</u>	JOB START <u>6:15 am</u>	JOB FINISH <u>7:00 am</u>
LEASE <u>DUGAN TRUST</u>		WELL # <u>A-4</u>	LOCATION <u>MED LODGE, W ON 160 TO SCENIC OVERLOOK, THEN 1 W TO RED GATES, N/INTO</u>			COUNTY <u>BARBER</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR DUKE 05
 TYPE OF JOB SURFACE CASING
 HOLE SIZE 14 3/4" T.D. 275'
 CASING SIZE 10 3/4" DEPTH 272'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 300 MINIMUM 50
 MEAS. LINE _____ SHOE JOINT 15'
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 25 3/4 lb. FRESH WATER

OWNER RAYMOND OIL COMPANY
 CEMENT AMOUNT ORDERED 250 SK 60:40:2 + 32 cc

EQUIPMENT
 PUMP TRUCK CEMENTER BILL M.
 # 414 HELPER DENNIS C.
 BULK TRUCK DRIVER CARL O.
 # 389
 BULK TRUCK DRIVER _____
 # _____

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

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REMARKS:

PIPE ON BOTTOM, BREAK CIRCULATION,
PUMP PRE-FLUSH, PUMP 250 SK 60:40:2
+ 32 cc, DISPLACE WITH 25 3/4 lb. FRESH
WATER, STOP PUMPS, SHUT-IN,
CIRCULATED CEMENT.

SERVICE

DEPTH OF JOB 272'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: RAYMOND OIL COMPANY
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 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 [Signature]

Joe L...
 PRINTED NAME