

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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, KS 67201-8788
Purchaser: _____
Operator Contact Person: Pat Raymond
Phone: (316) 267-4214
Contractor: Name: Vonfeldt Drilling Inc.
License: 9431

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. _____

5-1-01 5-8-01 5-9-01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 009-24705-0000
County: Barton
NE NW NE Sec. 7 Twp. 19 S. R. 12 East West
4950 feet from S / (N) (circle one) Line of Section
1650 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Little Well #: 1
Field Name: Frank North
Producing Formation: _____
Elevation: Ground: 1826 Kelly Bushing: 1831
Total Depth: 3427 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 260 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 *Pet A KGR 1/8/08*
(Data must be collected from the Reserve Pit)
Chloride Content 38,000 ppm Fluid volume 350 bbls
Dewatering method used Allow to dry & backfill
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County _____ Docket No.: _____

CONSERVATION DIVISION

RECEIVED
MAY 17 2001
KANSAS CORPORATION COMMISSION

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: Pat Raymond
Title: Vice President Date: May 16, 2001
Subscribed and sworn to before me this 16th day of May,
~~2001~~ 2001
Notary Public: Sheila Croninger
Date Commission Expires: August 7, 2001

SHEILA CRONINGER
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 8-7-04

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

Operator Name: Raymond Oil Company, Inc. Lease Name: Little Well #: 1
 Sec. 7 Twp. 19 S. R. 12 East West County: Barton

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: Radiation Guard Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>671</td> <td>+1157</td> </tr> <tr> <td>Heebner Shale</td> <td>3015</td> <td>-1187</td> </tr> <tr> <td>Lansing</td> <td>3136</td> <td>-1308</td> </tr> <tr> <td>Munce Crk</td> <td>3260</td> <td>-1432</td> </tr> <tr> <td>BKC</td> <td>3376</td> <td>-1548</td> </tr> <tr> <td>Arbuckle</td> <td>3400</td> <td>-1572</td> </tr> <tr> <td>RTD</td> <td>3428</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	671	+1157	Heebner Shale	3015	-1187	Lansing	3136	-1308	Munce Crk	3260	-1432	BKC	3376	-1548	Arbuckle	3400	-1572	RTD	3428	
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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	20#	258'	60/40 poz	165	3% cc, 2% gel

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
Date of First, Resumed 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, Sumit 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) _____	_____

ORIGINAL ALLIED CEMENTING CO., INC. 7899

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

SERVICE POINT:
Good Bend

DATE <u>5-2-01</u>	SEC. <u>7</u>	TWP. <u>19</u>	RANGE <u>12</u>	CALLED OUT <input checked="" type="checkbox"/>	ON LOCATION <u>12:00 AM</u>	JOB START <u>4:45 AM</u>	JOB FINISH <u>5:30 AM</u>
LEASE <u>Frank</u>	WELL # <u>1</u>	LOCATION <u>Boston College 3 East</u>			COUNTY <u>Barton</u>	STATE <u>Kansas</u>	
OLD OR (NEW) (Circle one)			<u>2 North 1/4 E</u>				

CONTRACTOR Vonfeldt OWNER Raymond Oil

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 260' CEMENT AMOUNT ORDERED 165 dx 1 1/4 pgz

CASING SIZE 8 5/8 DEPTH 258' 3% CC 2% GEL

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM COMMON _____ @ _____

MEAS. LINE SHOE JOINT POZMIX _____ @ _____

CEMENT LEFT IN CSG. 15' GEL _____ @ _____

PERFS. CHLORIDE _____ @ _____

DISPLACEMENT 15.8 _____ @ _____

EQUIPMENT

ME PUMP TRUCK CEMENTER T.D. Drilling _____ @ _____

120 HELPER Steve T. _____ @ _____

BULK TRUCK HANDLING _____ @ _____

344 DRIVER Larry G. MILEAGE _____ @ _____

BULK TRUCK # DRIVER TOTAL _____

REMARKS:

SERVICE

Run 8 5/8 casing to bottom
Circulate w/ pig pump
Hook up to pump truck 4 mixed
165 dx 1 1/4 pgz 2% gel 3% cc
shut down change valves over
release 8 5/8 wiper plug + displace
w/15.8 bbls fresh h² cement did circ.

DEPTH OF JOB _____
PUMP TRUCK CHARGE _____
EXTRA FOOTAGE _____ @ _____
MILEAGE _____ @ _____
PLUG / - 8 5/8 TWP _____ @ _____
_____ @ _____

TOTAL _____

CHARGE TO: Raymond Oil Co. Inc.

STREET T.O. Box 48728

CITY Wichita STATE Ks. ZIP 67201
8788

Thanks

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.

FLOAT EQUIPMENT

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

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X Larry G. Vonfeldt

X Larry G. Vonfeldt
PRINTED NAME

ALLIED CEMENTING CO., INC.

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

SERVICE POINT:

Merri City
5-8-01 5-9-01

DATE 5-8-01	SEC 7	TWP. 19	RANGE 12	CALLED OUT 8:30 AM.	ON LOCATION 10:30 PM	JOB START 11:00 PM	JOB FINISH 2:45 AM.
LEASE Little		WELL # 1		LOCATION Barton Co. Common, College		COUNTY Barton	STATE Ks
OLD OR <u>NEW</u> (Circle one)				2E, 1W, 1/2E, 5/3			

CONTRACTOR **Vonfeldt Dely**
 TYPE OF JOB **Restudy Plug**
 HOLE SIZE **7 7/8" 10. 3'427'**
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE **4 1/2"** DEPTH **3350'**
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER **Same**

CEMENT
 AMOUNT ORDERED **145 lbs 60/40 690 lbs**
1/4" flared/sh.

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

EQUIPMENT

PUMP TRUCK CEMENTER **Tim D**
 # **224** HELPER **Jim W**
 BULK TRUCK
 # **342** DRIVER **Larry A**
 BULK TRUCK
 # _____ DRIVER _____

TOTAL _____

REMARKS:

Mixed - 25 lbs @ 3350'
25 lbs @ 685'
80 lbs @ 310'
10 lbs @ 40'
15 lbs in Pot hole

[Signature]

SERVICE

DEPTH OF JOB **3350'**
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG **1-8 7/8 Dry hole** @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

CHARGE TO: **Raymond Oil**
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

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

TOTAL _____

To Allied Cementing Co., Inc.
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TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *[Signature]*

[Signature]
 PRINTED NAME _____