

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 119-21070-0000 ORIGINAL
County Meade
- - SW - SW Sec. 29 Twp. 32S Rge. 27 x W

Operator: License # 30604

Name: Raydon Exploration, Inc.

Address 9400 N. Broadway, Ste 400

City/State/Zip Oklahoma City, OK 73114

Purchaser: Duke

Operator Contact Person: Keith Hill

Phone (620) 624-0156

Contractor: Name: Big A Drilling

License: 31572

Wellsite Geologist: Edwin Grieves

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S10W Temp. Abd.
 Gas ENHR SIGW
 Dry Other(Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator:

Well Name:

Comp. Date Old Total Depth

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

11-24-01 12-07-01 12-30-01
Spud Date Date Reached TD Completion Date

660 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:
NE, SE, NW or SW (circle one)

Lease Name Reimer Well # 1-29

Field Name Wildcat

Producing Formation Upper Chester Lime

Elevation: Ground 2507 KB 2518

Total Depth 6000 PBTB 5946

Amount of Surface Pipe Set and Cemented at 1670 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
(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 True Blood Resources, Inc.

Lease Name Carter #2-15 License No. OCC #380704

Quarter Sec. 16 Twp. 5S x Rng. 22ECM

County Beaver Co., OK Docket No. OCC #940000430

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 on 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 Agent for Raydon Exploration, Inc. Date 02-27-02

Subscribed and sworn to before me this 27th day of February, 20 02.

Notary Public [Signature]

Date Commission Expires



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC SWD/Rep NGPA
KGS Plug Other (Specify)

Operator Name Raydon Exploration, Inc. Lease Name Reimer Well # 1-29
 Sec. 29 Twp. 32S Rge. 27 East County Meade West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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 II Log
 High Resolution Induction
 Microlog

Name	Top	Datum
Chase	2646	
Council Grove	3006	
Base Heebner	4419	
Toronto	4441	
Lansing	4579	
Marmaton	5218	
Cherokee	5423	
Morrow	5740	
Chester	5836	
St. Genevieve	6122	
St. Louis	6202	

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#	1670'	Class C	600	2% cc, 1/4# Floccle
					Class H	150	2% cc
Production	7-7/8"	5-1/2"	15.5#	5995'	Premium	160	10% cc, 5# gil-sonite, 10% salt, .6% Halad 322, .5% D-AIR 300

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
4	5675-5680'	Acidize with 1000 gal FE acid	
		Frac with 3000 20% foamed 70% N2 Assist	

TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2-3/8	5623	5656'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SWD or Inj.			Producing Method				
2-16-02			<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
	4		800		0		200 MCF/Bbl
							Gravity
							40.0

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
 Production Interval: Other (Specify) _____

JOB SUMMARY

1666612

12/09/01

REGION NORTH AMERICA LAND	NWA / COUNTRY Mid Continent	BDA / STATE KS	COUNTY MEADE
MBU ID / EMPL # MCLIO103 106304	H.E.S. EMPLOYEE NAME TYCE DAVIS	PSL DEPARTMENT Cementing Services	
LOCATION Liberal	COMPANY RAYDON EXPLORATION	CUSTOMER REP / PHONE DON BROWN 620-629-3516	
TICKET AMOUNT \$11,808.85	WELL TYPE 01	API/UWI #	
WELL LOCATION LAND S MEADE KS	DEPARTMENT CEMENT	SAP BOMB NUMBER 7523	Description Cement Production Casing
LEASE NAME REIMER	Well No. 1-29	SEC / TWP / RNG 29-32-27	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL KS

ORIGINAL

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Davis, T - 106304	7.5			
Fredrick, Shaun 106114	7.5			
Spangler, M - 211476	7.5			
WHITE, L 232712				

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10219237	90			
54029-10286731	45			

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

Date	Called Out	On Location	Job Started	Job Completed
	12/8/01	12/8/01	12/9/01	12/9/01
Time	2130	2330	0530	0630

Tools and Accessories

Type and Size	Qty	Make
Float Collar INSERT	1	HOWCO
Float Shoe FILLTUBE	1	HOWCO
Centralizers FM	12	HOWCO
Top Plug 5W	1	HOWCO
HEAD PC	1	HOWCO
Limit clamp	1	HOWCO
Weld-A	1	HOWCO
Guide Shoe REG	1	HOWCO
BTM PLUG BASKET	1	HOWCO

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	15.5	5 1/2		KB	5,995	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							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 _____	
Perfpac Balls _____	Qty. _____	
Other _____		
Other _____		
Other _____		
Other _____		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/8		12/9		
Total		Total		

Ordered _____	Hydraulic Horsepower Avail. _____	Used _____
Treating _____	Average Rates in BPM Disp. _____	Overall _____
Feet 45	Cement Left in Pipe Reason _____	SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	160	PREMIUM	Bulk	10%CALSEAL,10%SALT,5#GILSONITE,.6%HALAD-322,.25%D-AIR3000	6.28	1.48	15.00
1	25	PREMIUM	Bulk	SAME TO PLUG RAT AND MOUSE	6.28	1.48	15.0
			Bulk				

Summary

Circulating Breakdown _____	Displacement _____	Preflush: BBI _____	12.00	Type: MUDFLUSH
_____	MAXIMUM _____	Load & Bkdn: Gal - BBI _____		Pad:Bbl -Gal _____
Average Shut In: Instant _____	Frac. Gradient 5 Min. _____	Treatment: Gal - BBI _____		Disp:Bbl _____
	15 Min _____	Cement Slurry BBI _____	49.0	
		Total Volume BBI _____	202.60	

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

SIGNATURE _____