

ORIGINAL

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 5046
Name: Raymond Oil Company, Inc.
Address: P.O. 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: Clarke Sandberg

RECEIVED
DEC 10 2004
KCC WICHITA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Lario Oil & Gas Company
Well Name: Brook 'A' #1
Original Comp. Date: 08/18/66 Original Total Depth: 3715'
 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. _____

10/04/2004 10/09/2004 10/10/2004
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-30233-00-01
County: Barber
SW NE NE Sec. 32 Twp. 31 S. R. 13 East West
990 feet from S / N (circle one) Line of Section
890 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 'D' OWOO Well #: 2
Field Name: Brooks

Producing Formation: _____
Elevation: Ground: 1607' Kelly Bushing: 1618'
Total Depth: 4460' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 314 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) PLA KGR 2/12/08
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: 11/23/2004

Subscribed and sworn to before me this 23rd day of November,
20 04.

Notary Public: Michelle Singer
MICHELLE SINGER
NOTARY PUBLIC
STATE OF KANSAS
Date Commission Expires: 07/23/2007 My Appt. Exp. 07/23/2007

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

Operator Name: Raymond Oil Company, Inc. Lease Name: Dugan Trust 'D' OWOO Well #: 2
 Sec. 32 Twp. 31 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 type="checkbox"/> Yes <input checked="" 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 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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Brown Lime.</td> <td>3812</td> <td>-2194</td> </tr> <tr> <td>Hush. Sh.</td> <td>4181</td> <td>-2563</td> </tr> <tr> <td>Miss.</td> <td>4336</td> <td>-2708</td> </tr> </table>	Name	Top	Datum	Brown Lime.	3812	-2194	Hush. Sh.	4181	-2563	Miss.	4336	-2708
Name	Top	Datum											
Brown Lime.	3812	-2194											
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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
Existing Surface				310'			

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, 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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____

ALLIED CEMENTING CO., INC.

15348

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

SERVICE POINT:

MEDICINE LODGE

DATE <u>10-10-04</u>	SEC <u>32</u>	TWP. <u>31S</u>	RANGE <u>13W</u>	CALLED OUT <u>9:30AM</u>	ON LOCATION <u>2:30PM</u>	JOB START <u>4:00 PM</u>	JOB FINISH <u>6:00 PM</u>
DUGAN TRUST LEASE	WELL # <u>0-2</u>	LOCATION <u>WINGONA CORNER, 2W</u>			COUNTY <u>BARBER</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)		<u>1S, 1 1/2W, 1/2S, 1/4W, 1/4N</u>					

CONTRACTOR DUKE #5

TYPE OF JOB ROTARY AUG

HOLE SIZE 7 7/8" T.D. 4460'

CASING SIZE 3 5/8" DEPTH 314'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" 16.6" DEPTH 600'

TOOL _____ DEPTH _____

PRES. MAX 300* MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT BBI. WATER

OWNER RAYMOND OIL CO.

CEMENT AMOUNT ORDERED 1258 60:40:6

COMMON A	<u>31</u>	@	<u>7.85</u>	<u>635.35</u>
POZMIX	<u>54</u>	@	<u>4.10</u>	<u>221.40</u>
GEL	<u>7</u>	@	<u>11.00</u>	<u>77.00</u>
CHLORIDE		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>142</u>	@	<u>1.35</u>	<u>191.70</u>
MILEAGE	<u>142 - MINIMUM</u>			<u>150.00</u>
				TOTAL <u>1275.95</u>

EQUIPMENT

PUMP TRUCK # 343 CEMENTER BRUNGARDT HELPER _____

BULK TRUCK # 364 DRIVER JERRY WENBERRY

BULK TRUCK # _____ DRIVER _____

REMARKS:

50 SK @ 600'

50 SK @ 340'

10 SK @ 40'

15 SK - RATHOLE

10 SK - MOUSEHOLE

SERVICE

DEPTH OF JOB 600'

PUMP TRUCK CHARGE 570.00

EXTRA FOOTAGE @ _____

MILEAGE 11 @ 4.00 44.00

PLUG @ _____

@ _____

@ _____

TOTAL 614.00

CHARGE TO: RAYMOND OIL CO.

STREET _____

CITY WICHITA STATE KANSAS ZIP _____

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.

TOTAL _____

TAX _____

TOTAL CHARGE 1889.95

DISCOUNT 188.99 IF PAID IN 30 DAYS

\$1700.96

John L. King

PRINTED NAME

SIGNATURE [Signature]

THANKS!