

KCC
Jm
12/16/08

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5046

Name: RAYMOND OIL COMPANY, INC.

Address 1: P.O. BOX 48788

Address 2: _____

City: WICHITA State: KS Zip: 67201 + _____

Contact Person: CLARKE SANDBERG

Phone: (316) 267-4214

CONTRACTOR: License # 6039

Name: L. D. DRILLING, INC.

Wellsite Geologist: KIM SHOEMAKER

Purchaser: _____

Designate Type of Completion: _____

____ New Well _____ Re-Entry _____ Workover

____ Oil _____ SWD _____ SIOW

____ Gas _____ ENHR _____ SIGW

____ CM (Coal Bed Methane) _____ Temp. Abd.

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. _____ Conv. to SWD

____ Plug Back: _____ Plug Back Total Depth

____ Commingled _____ Docket No.: _____

____ Dual Completion _____ Docket No.: _____

____ Other (SWD or Enhr.?) _____ Docket No.: _____

11/24/08 12/3/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 083-21580-0000

Spot Description: _____

NW NE SE Sec. 34 Twp. 21 S. R. 28 East West

2310 Feet from North / South Line of Section

933 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: HODGEMAN

Lease Name: SINCLAIR Well #: 1

Field Name: _____

Producing Formation: _____

Elevation: Ground: 2390' Kelly Bushing: 2395'

Total Depth: 4600' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 289 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 AH II ncr
(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.: _____

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: _____

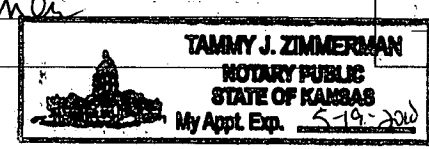
Title: Geologist Date: 12/11/2008

Subscribed and sworn to before me this 11 day of December

20 08

Notary Public: Tammy J Zimmerman

Date Commission Expires: 5/19/2010



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 12 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: RAYMOND OIL COMPANY, INC. Lease Name: SINCLAIR Well #: 1
 Sec. 34 Twp. 21 S. R. 28 East West County: HODGEMAN

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E. Logs Run:

*Sonic
 Density / Neutron
 Dual Induction*

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#	289'	COMMON	175	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 (Amount and Kind of Material Used)	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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	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: _____ _____
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ALLIED CEMENTING CO., LLC. 33414

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

SERVICE POINT:
NESSCITY

DATE <u>11-24-08</u>	SEC. <u>341</u>	TWP. <u>21S</u>	RANGE <u>26W</u>	CALLED OUT <u>6:00 PM</u>	ON LOCATION <u>10:00 AM</u>	JOB START <u>3:00 AM</u>	JOB FINISH <u>4:00 AM</u>
LEASE <u>SINGLY</u>		WELL# <u>1</u>	LOCATION <u>Tetmore 13W 8N 1W</u>			COUNTY <u>Hodgeman</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>3/45 W/HTO Along Fence</u>				

CONTRACTOR L-D Drilling
 TYPE OF JOB SURFACE
 HOLE SIZE 12 1/4 T.D. 289'
 CASING SIZE 8 5/8 DEPTH 289
 TUBING SIZE DEPTH
 DRILL PIPE 1 1/2 DEPTH
 TOOL DEPTH
 PRES. MAX 200 MINIMUM 50
 MEAS. LINE SHOE JOINT 15'
 CEMENT LEFT IN CSG. 15'
 PERFS
 DISPLACEMENT FRESH WATER 17 1/2 BBLs

OWNER Raymond Oil
 CEMENT
 AMOUNT ORDERED 175 SY COMMON + 3 1/2 CC + 2 1/2 GEL

EQUIPMENT

PUMP TRUCK CEMENTER DWAYNE W
 # 181 HELPER JOE R
 BULK TRUCK
 # 341 DRIVER DAVID J
 BULK TRUCK
 # DRIVER

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 DEC 12 2008
 CONSERVATION DIVISION
 WICHITA, KS

REMARKS:

PIPE ON BOTTOM BREAK CIRCULATION
PUMP 175 SY COMMON + 3 1/2 CC + 2 1/2 GEL
SHUT DOWN AND REALSED PLUG AND
DISP WITH 17 1/2 BBLs OF FRESH WATER
SHUT IN CEMENT DID CIRCULATE

TOTAL _____

SERVICE

DEPTH OF JOB 289'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD HEAD RENT _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

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

PLUG & FLOAT EQUIPMENT

1-wooden plug _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

THANK YOU
 To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Bill Owen

SIGNATURE X [Signature]

