

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 # 32855
Name: TE-RAY ENERGY, INC.
Address 1: 1105 SOVEREIGN ROW UNIT C
Address 2: _____
City: OKC State: OK Zip: 73108 + _____
Contact Person: R.DEAN MANNING
Phone: (405) 232-4170
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: none
Purchaser: oneok
Designate Type of Completion:
____ New Well ____ Re-Entry Workover
____ Oil ____ SWD ____ SLOW
 Gas ____ ENHR ____ SIGW
____ CM (Coal Bed Methane) ____ Temp. Abd.
____ Dry ____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

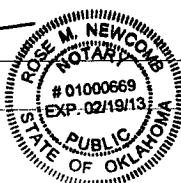
If Workover/Re-entry: Old Well Info as follows:
Operator: MARIAH OPERATING CO LLC
Well Name: ELS TRUST #1-130
Original Comp. Date: 7/26/01 Original Total Depth: 5750'
____ Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD
____ Plug Back: _____ Plug Back Total Depth _____
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
 Set Packer
____ Other (SWD or Enhr.?) Docket No.: _____
9/27/07 9/27/07
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 081-21413-0002
Spot Description: _____
____ NW NE NE Sec. 30 Twp. 30 S. R. 33 East West
330 Feet from North / South Line of Section
1005 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: HASKELL
Lease Name: ELS TRUST Well #: 1-130
Field Name: VICTORY
Producing Formation: ATOKA, FT SCOTT
Elevation: Ground: 2961.13' Kelly Bushing: 2966'
Total Depth: 5750' Plug Back Total Depth: 5200'
Amount of Surface Pipe Set and Cemented at: 1786 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 3130 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ ABT-1-Dlg - 4/28/09 ^{5x} cmt.

Drilling Fluid Management Plan
(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: [Signature]
Title: R.DEAN MANNING PRES OF TE-RAY ENERGY, INC Date: 4/16/09
Subscribed and sworn to before me this 16th day of April, 2009.
Notary Public: [Signature]
Date Commission Expires: _____



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

RECEIVED
APR 22 2009
KCC WICHITA

Operator Name: TE-RAY ENERGY, INC. Lease Name: ELS TRUST Well #: 1-130
 Sec. 30 Twp. 30 S. R. 33 East West County: HASKELL

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
SURFACE	12 1/4"	8 5/8"	24	1786'	COMMON/LITE	150/550	3%CC/3CC+1/4#FLO-SEAL
PRODUCTION	7 7/8"	4 1/2"	1.5	5636'	50/50 POZ	275	2%GEL 10% SALT
PORT COLLAR				3130'	COMMON/LITE	50/200	N/A/1/4#FLO-SEAL

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	5253'-5262'		
	CIBP @5200'	} EXISTING (ON 0001 RECD.)	
2	5092--5112'		
2	4761'-4775-,4904'-4908'		
	CSG PACKER @4824' (2 7/8" X 4 1/2") (NEW)	4761'-4775' IS PACKED OFF	

TUBING RECORD: Size: 2 1/16"		Set At: 5137' (NEW)	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 9/27/07		Producing Method: <input type="checkbox"/> Flowing <input checked="" 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
		50		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 5092'-5112' 4904'-4908'
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