

**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
 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. _____

<u>03/03/2005</u>	<u>03/16/2005</u>	<u>03/17/2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-22879-0000
 County: Barber
C NE SW Sec. 06 Twp. 32S S. R. 13 East West
1855 feet from S N (circle one) Line of Section
3250 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 "B" Well #: 2
 Field Name: _____
 Producing Formation: _____
 Elevation: Ground: 1800 Kelly Bushing: 1811
 Total Depth: 4850 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 273' 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 Alt 1 P+A NCR 7-23-08
 (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.: _____

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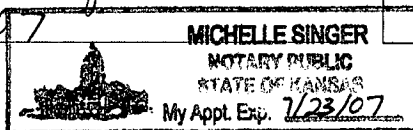
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Geologist Date: 04/19/2005
 Subscribed and sworn to before me this 19th day of April,
20 05
 Notary Public: [Signature]
 Date Commission Expires: 7/23/07

KCC Office Use ONLY

ND Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



X

Operator Name: Raymond Oil Company, Inc. Lease Name: Dugan Trust "B" Well #: 2
 Sec. 06 Twp. 32S 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 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:

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Wabaunsee	2949	-1138
Lower Doug. Sand	3973	-2162
Miss.	4497	-2686
Viola	4776	-2965
Total Depth	4850	

Compensated Density Neutron
 Dual Induction
 Frac Finder

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	14-3/4"	10-3/4"	32#	273'	60/40 Poz	225	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

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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 Other (Specify) _____

Production Interval _____

ALLIED CEMENTING CO., INC. 20350

ORIGINAL

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

SERVICE POINT:

M.L.

DATE <u>3-8-05</u>	SEC. <u>6</u>	TWP. <u>32s</u>	RANGE <u>13W</u>	CALLED OUT <u>1:00 AM</u>	ON LOCATION <u>2:00 AM</u>	JOB START <u>3:20 AM</u>	JOB FINISH <u>3:45 AM</u>
Degan Trust LEASE		WELL # <u>B-2</u>	LOCATION <u>Medicine Lodge, 10 1/2 W</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>			on 11/2 way 1 Northwest into				

CONTRACTOR Duke #5
 TYPE OF JOB Surface
 HOLE SIZE 14 3/4" T.D. 275'
 CASING SIZE 10 3/4" DEPTH 273'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 200 MINIMUM 50
 MEAS. LINE _____ SHOE JOINT 15'
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 26 bbl fresh h₂O
 EQUIPMENT _____

PUMP TRUCK CEMENTER Mike Rucker
 # 265 HELPER Bill meadow
 BULK TRUCK _____
 # 364 DRIVER Jerry Cushman
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER Raymond oil Co.
 CEMENT AMOUNT ORDERED 225 5x60.40.2 + 3%cc

COMMON	_____	@	_____
POZMIX	_____	@	_____
GEL	_____	@	_____
CHLORIDE	_____	@	_____
ASC	<u>RECEIVED</u>	@	_____
	<u>APT # 200E</u>	@	_____
	<u>ICE WICHITA</u>	@	_____
	_____	@	_____
	_____	@	_____
	_____	@	_____
	_____	@	_____
	_____	@	_____
	_____	@	_____
HANDLING	_____	@	_____
MILEAGE	_____	_____	_____
TOTAL	_____	_____	_____

REMARKS:
3:05 AM Pipe on bottom break Circulation 3:20 AM
Start Cement: 225 5x60.40.2 + 3%cc @
14.8 weight 200psi 3:35 AM Switch over
to Displacement Pump 26 bbl fresh h₂O Shut-in
leave 15' Cement as shoe 200psi 3:45 AM
Cement Did Circulate!
Circulate 11 bbl (50sx) to pit.

SERVICE

DEPTH OF JOB	<u>273'</u>
PUMP TRUCK CHARGE	_____
EXTRA FOOTAGE	_____ @ _____
MILEAGE	<u>10</u> @ _____
MANIFOLD	_____ @ _____
<u>8 5/8 Swage + Valve</u>	@ _____
TOTAL	_____

CHARGE TO: Raymond oil Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

NONE

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL	_____	_____

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.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME _____

ALLIED CEMENTING CO., INC. 18207

ORIGINAL

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

SERVICE POINT:
med lodge, ks.

DATE <u>3-10-05</u>	SEC. <u>6</u>	TWP. <u>32S</u>	RANGE <u>13W</u>	CALLED OUT <u>9:00 P.M.</u>	ON LOCATION <u>10:00 P.M.</u>	JOB START <u>12:30 A.M.</u>	JOB FINISH <u>1:30 P.M.</u>
LEASE <u>Trust</u>	WELL# <u>8-2</u>	LOCATION <u>med lodge, 11W-0/S</u>		COUNTY <u>Darling</u>	STATE <u>KS.</u>		

OLD OR NEW (Circle one)

CONTRACTOR Duke Deh #5
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 x 11/16 DEPTH 600'
 TOOL _____ DEPTH _____
 PRES. MAX 100 MINIMUM 75
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 7 Fresh H²O

EQUIPMENT

PUMP TRUCK CEMENTER Larry Dreading
 # 372 HELPER Darin Franklin
 BULK TRUCK # 361 DRIVER Larry G.
 BULK TRUCK # _____ DRIVER _____

REMARKS:

600' w/ 50SX
250' w/ 60SX
40' w/ 20SX
2 H w/ 155SX
11 H w/ 10SX
Cemented w/ 155SX x 60' 40.6% Gel

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

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.

SIGNATURE [Signature]

OWNER Raymond Oil Co.

CEMENT
 AMOUNT ORDERED 155 Sx 60' 40.6% Gel

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

TOTAL _____

SERVICE

DEPTH OF JOB 600'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 11 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

MANIFOLD _____ @ _____
 _____ @ _____
RECEIVED _____ @ _____
APR 28 2005 _____ @ _____
KCC WICHITA _____ @ _____

TOTAL _____

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

[Signature]
 PRINTED NAME