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AUG 30 2005
KCC WICHITA

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

CROW VAL

Operator: License # 5046
Name: Raymond Oil Company, Inc.
Address: PO Box 48788
City/State/Zip: Wichita, KS 67201
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. _____

07/07/2005 07/17/2005 07/18/2005
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22906-00-00
County: Barber
N/2 - S/2 - SE - Sec. 06 Twp. 32 S. R. 13 East West
990 feet from S N (circle one) Line of Section
1320 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 #: 3

Field Name: _____
Producing Formation: Mississippian
Elevation: Ground: 1694' Kelly Bushing: 1707'
Total Depth: 4720' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 268' 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.

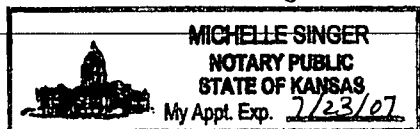
Drilling Fluid Management Plan Ait 1 NCR 8-15-05
(Data must be collected from the Reserve Pit)

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: Geologist Date: 08/29/2005
Subscribed and sworn to before me this 29th day of August,
20 05.
Notary Public: Michelle Singer
Date Commission Expires: _____



KCC Office Use ONLY
NO 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 #: 3
 Sec. 06 Twp. 32 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 checked="" type="checkbox"/> Yes <input 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:	<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>Wabaunsee</td> <td>2839</td> <td>-1130</td> </tr> <tr> <td>Heebner</td> <td>3718</td> <td>-2009</td> </tr> <tr> <td>Miss.</td> <td>4378</td> <td>-2669</td> </tr> <tr> <td>Viola</td> <td>4662</td> <td>-2953</td> </tr> <tr> <td>Total</td> <td>4721</td> <td></td> </tr> </table>	Name	Top	Datum	Wabaunsee	2839	-1130	Heebner	3718	-2009	Miss.	4378	-2669	Viola	4662	-2953	Total	4721	
Name	Top	Datum																	
Wabaunsee	2839	-1130																	
Heebner	3718	-2009																	
Miss.	4378	-2669																	
Viola	4662	-2953																	
Total	4721																		

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	14 3/4"	10 3/4"	32#	268'	60/40	225	2% gel 2% cc
Production	7 7/8"	5 1/2"	15.5#	4559"	60/40	200	

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
1 shot per foot	4382 - 4398	200 gal AC - Frac w/ 35,000 sand	

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TUBING RECORD	Size 2 3/4	Set At 4477	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 08/15/2005		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. 25	Gas Mcf 50	Water Bbls. 100	Gas-Oil Ratio Gravity

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____

ORIGINAL

Allied Cementing Co., Inc
P.O. Box 31

Russell, KS 67665

* I N V O I C E *

Invoice Number: 097529

Invoice Date: 07/12/05

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KCC WICHITA

Sold Raymond Oil Company
To: 5730 N. Broadway
Wichita, KS
67219

Cust I.D.....: Ray
P.O. Number...: Dugan TR B-3
P.O. Date.....: 07/12/05

Due Date.: 08/11/05
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	135.00	SKS	8.7000	1174.50	T
Pozmix	90.00	SKS	4.7000	423.00	T
Gel	4.00	SKS	14.0000	56.00	T
Chloride	7.00	SKS	38.0000	266.00	T
Am. Chloride	4.00	PER	33.0000	132.00	T
Handling	240.00	SKS	1.6000	384.00	E
Mileage min.chg.	1.00	MILE	180.0000	180.00	E
Surface	1.00	JOB	670.0000	670.00	E
Mileage pmp trk	12.00	MILE	5.0000	60.00	E
Head Rental	1.00	PER	75.0000	75.00	E

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$ 342.05
ONLY if paid within 30 days from Invoice Date

Subtotal: 3420.50
Tax.....: 129.25
Payments: 0.00
Total....: 3549.75

-342.05

3207.70

Allied Cementing Co., Inc
P.O. Box 31
Russell, KS 67665

ORIGINAL

* * * * *
* I N V O I C E *
* * * * *

Invoice Number: 097670
Invoice Date: 07/20/05

Sold Raymond Oil Company
To: 5730 N. Broadway
Wichita, KS
67219

RECEIVED
AUG 30 2005
KCC WICHITA

Cust I.D.....: Ray
P.O. Number...: Dugan TR B-3
P.O. Date.....: 07/20/05

Due Date.: 08/19/05
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	135.00	SKS	8.7000	1174.50	T
Pozmix	90.00	SKS	4.7000	423.00	T
Gel	4.00	SKS	14.0000	56.00	T
FL-5P	40.00	LBS	11.1000	444.00	T
Handling	230.00	SKS	1.6000	368.00	E
Mileage min.	1.00	MILE	180.0000	180.00	E
Production	1.00	JOB	1435.0000	1435.00	E
Mileage pmp trk	12.00	MILE	5.0000	60.00	E
Head Rental	1.00	PER	75.0000	75.00	E
TRP	1.00	EACH	60.0000	60.00	T
Guide Shoe	1.00	EACH	160.0000	160.00	T
AFU Insert	1.00	EACH	235.0000	235.00	T
Basket	1.00	EACH	140.0000	140.00	T
Centralizers	7.00	EACH	50.0000	350.00	T

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$ 516.05
ONLY if paid within 30 days from Invoice Date

Subtotal: 5160.50
Tax.....: 191.68
Payments: 0.00
Total....: 5352.18

1140264
Cement Prod Casings

P.O. # 7067

- 516.05

4836.13

ALLIED CEMENTING CO., INC. 20778

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

SERVICE POINT:
MEDICINE LODGE

DATE <u>7-7-05</u>	SEC. <u>6</u>	TWP. <u>32S</u>	RANGE <u>13W</u>	CALLED OUT <u>9:00 am</u>	ON LOCATION <u>11:00 am</u>	JOB START <u>1:30 pm</u>	JOB FINISH <u>2:00 pm</u>
DUGAN TRUST LEASE		WELL # <u>43</u>	LOCATION <u>MEDICINE LODGE, 10 1/2 W ON 160,</u>		COUNTY <u>BARBER</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			1 W/ INTO				

CONTRACTOR DUNE #7
 TYPE OF JOB SURFACE
 HOLE SIZE 14 3/4" T.D. 270'
 CASING SIZE 10 3/4" DEPTH 268'
 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 25 1/2 bbl. FRESH WATER

OWNER RAYMOND OIL CO.
 CEMENT AMOUNT ORDERED 225 cu 60 1/2 + 23 cu + 18 AM CHLORIDE

EQUIPMENT
 PUMP TRUCK CEMENTER BILL M.
 # 377 HELPER TRAVY C.
 BULK TRUCK
 # 353 DRIVER TERRY G.
 BULK TRUCK
 # _____ DRIVER _____

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

REMARKS:

PIPE ON BOTTOM, BREAK CIRCULATION PUMP
225 cu 60 1/2 + 23 cu + 18 AM. CHLORIDE,
START DISPLACEMENT, WASH UP PUMP,
DISPLACE WITH 25 1/2 bbl. FRESH WATER,
STOP PUMP, SHUT IN.

CHARGE TO: RAYMOND OIL CO.
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL	
SERVICE	
DEPTH OF JOB <u>268'</u>	_____
PUMP TRUCK CHARGE	_____
EXTRA FOOTAGE	@ _____
MILEAGE	@ _____
MANIFOLD	@ _____
_____	@ _____
_____	@ _____
TOTAL	

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
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 Kenneth M. Kunkle

KENNETH M. KUNKLE
 PRINTED NAME