

ORIGINAL

Corrected

Form ACO-1
September 1999
Form Must Be Typed

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

AMENDED

Operator: License # 33953
 Name: Raven Resources
 Address: 13220 N MacArthur
 City/State/Zip: Oklahoma City, OK 73142
 Purchaser: _____
 Operator Contact Person: David E. Rice
 Phone: (620) 624-0156
 Contractor: Name: Advanced Drilling Technologies, LLC
 License: 33532
 Wellsite Geologist: _____
 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>11/06/07</u>	<u>11/13/07</u>	<u>8/14/08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date


API No. 15 - 199-20354-0000
 County: Wallace
 _____ SW SW Sec. 31 Twp. 11 S. R. 41 East West
660 feet from (S) N (circle one) Line of Section
660 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Westfield Well #: 4-31
 Field Name: Wildcat
 Producing Formation: Niobrara
 Elevation: Ground: 3746' Kelly Bushing: 3758'
 Total Depth: 1103' Plug Back Total Depth: 1077'
 Amount of Surface Pipe Set and Cemented at 251' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1092'
 feet depth to surface w/ 108 ATZ-DG-sx cmt/12/12/08

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 7000 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: David E. Rice
 Title: Agent Date: 10-13-08
 Subscribed and sworn to before me this 13th day of October,
2008
 Notary Public: Becki Andrews
 Date Commission Expires: _____

NOTARY PUBLIC - STATE OF KANSAS
 BECKI ANDREWS

 My Commission Expires 4-22-2009

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
 KANSAS CORPORATION COMMISSION
OCT 15 2008

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Raven Resources Lease Name: Westfield Well #: 4-31
 Sec. 31 Twp. 11 S. R. 41 East West County: Wallace

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 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: Spectral Density Dual Spaced Neutron Log Array Compensated Resistivity Log Array Sonic Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	9-1/2"	7"	17#	251'	I/II ASTM	70	
Production	6-1/4"	4-1/2"	10.5#	1091.86'	Class A	108	2% CCL

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
2	896'-930'	44,108 gals CO2 foam, 500 gals 7.5% HCL acid, 100,040# 16/30 sand	

TUBING RECORD	Size 2-3/8"	Set At 912'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 8/14/08	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 46	Water Bbls. 0	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION Production Interval

(If vented, Sumit ACO-18.)

