

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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
Address 1: PO BOX 48788
Address 2: _____
City: Wichita State: Ks Zip: 67202 + _____
Contact Person: Ted McHenry
Phone: (316) 267-4214
CONTRACTOR: License # 6939
Name: L. D. Drilling
Wellsite Geologist: Kim Shoemaker
Purchaser: _____

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: _____
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.: _____
7/28/2009 8/8/09 8/8/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

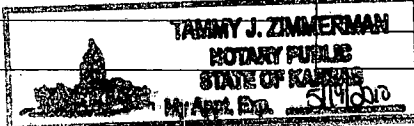
API No. 15 - 109-20852-0000
Spot Description: 19' W and 12' S of
NW NE SW SE Sec. 02 Twp. 14 S. R. 32 East West
1143 Feet from North / South Line of Section
1834 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Logan
Lease Name: Rose A Well #: 1
Field Name: WC
Producing Formation: _____
Elevation: Ground: 2843 Kelly Bushing: _____
Total Depth: 4599 Plug Back Total Depth: 4436
Amount of Surface Pipe Set and Cemented at: 263 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 NR
(Data must be collected from the Reserve Pit) 2-25-10
Chloride content: 19,000 ppm Fluid volume: 430 bbls
Dewatering method used: Evaporation
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: Ted McHenry
Title: Geologist Date: 11/20/2009
Subscribed and sworn to before me this 10 day of February
20 10
Notary Public: Tammy J Zimmerman
Date Commission Expires: 5/19/2010



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: 2/23/10-Dlg
 Wireline Log Received
 Geologist Report Received
UIC Distribution

RECEIVED
FEB 22 2010

KCC WICHITA

Operator Name: Raymond Oil Company Lease Name: Rose A Well #: 1
 Sec. 02 Twp. 14 S. R. 32 East West County: Logan

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: N-D Sonic Dual Ind Micro	<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>B/Anh</td> <td>2345</td> <td>+500</td> </tr> <tr> <td>Heeb</td> <td>3840</td> <td>-992</td> </tr> <tr> <td>Stark</td> <td>4128</td> <td>-1280</td> </tr> <tr> <td>Marm</td> <td>4232</td> <td>-1384</td> </tr> <tr> <td>Lwr Cher</td> <td>4412</td> <td>-1564</td> </tr> <tr> <td>Miss</td> <td>4543</td> <td>-1695</td> </tr> </table>	Name	Top	Datum	B/Anh	2345	+500	Heeb	3840	-992	Stark	4128	-1280	Marm	4232	-1384	Lwr Cher	4412	-1564	Miss	4543	-1695
Name	Top	Datum																				
B/Anh	2345	+500																				
Heeb	3840	-992																				
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Marm	4232	-1384																				
Lwr Cher	4412	-1564																				
Miss	4543	-1695																				

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#	263	Common	170	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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
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 <i>(If vented, Submit ACO-18.)</i>	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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RAYMOND OIL COMPANY, INC.

P. O. BOX 48788

155 NORTH MARKET, SUITE 800

TELEPHONE 316-267-4214

WICHITA, KANSAS 67201-8788

February 9, 2010

Kansas Corporation Commission
Conservation Division
130 South Market, Room 2078
Wichita, KS 67202-3802

Re: #1 Rose A


Gentlemen:

Please find enclosed the following completed form(s) covering the above referenced well:

Form ACO-1, Well Completion Form, one original and two copies,
along with the cementing tickets, well logs and DST reports.

Very truly yours,

RAYMOND OIL COMPANY, INC.


Tammy Zimmerman
Land and Legal

Enclosures

RECEIVED
FEB 22 2010
KCC WICHITA

RAYMOND OIL COMPANY, INC.

P. O. BOX 48788

245 N Waco, SUITE 501

TELEPHONE 316-267-4214

WICHITA, KANSAS 67201-8788

RECEIVED
FEB 12 2010
KCC WICHITA

February 9, 2010

Kansas Corporation Commission
130 S. Market, Rm 2078
Wichita, KS 67202-3802

RE: Confidentially on the #1 Rose A
Section 02-14S-32W
Logan County, KS
API: 15-109-20852-0000

Ladies/Gentlemen:

On behalf of Raymond Oil Company, Inc., I would like to request that all information on side two of the Well Completion Form ACO-1 on the above subject location be held confidential for a period of two years.

Should you have any questions regarding the enclosed information, please feel free to contact our office.

Sincerely,



Ted McHenry
Geologist

Enc.

ALLIED CEMENTING CO., LLC. 043686

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

SERVICE POINT: Oakley, KS

DATE <u>7-29-09</u>	SEC. <u>2</u>	TWP. <u>14</u>	RANGE <u>21W</u>	CALLED OUT	ON LOCATION <u>7:00am</u>	JOB START <u>5:00am</u>	JOB FINISH <u>5:30am</u>
LEASE <u>Ross A</u>	WELL # <u>21</u>	LOCATION <u>Oakley, Kas. 195-16-21</u>			COUNTY <u>Lincoln</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR L S Dale

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 260'

CASING SIZE 7 1/2" 24" DEPTH 260'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 15.6 BBL

OWNER _____

CEMENT

AMOUNT ORDERED 170 cum 39 hrs

290.00

COMMON	<u>170</u>	@	<u>15.45</u>	<u>2626.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>20.00</u>	<u>62.00</u>
CHLORIDE	<u>6</u>	@	<u>58.00</u>	<u>348.00</u>
ASC		@		
RECEIVED				
FEB 22 2010				
KCC WICHITA				
HANDLING	<u>170</u>	@	<u>2.49</u>	<u>423.30</u>
MILEAGE	<u>10.25 miles</u>	@		<u>358.00</u>
				TOTAL <u>3825.80</u>

EQUIPMENT

PUMP TRUCK CEMENTER Tony

4171 HELPER Kelly

BULK TRUCK

217 DRIVER Harold

BULK TRUCK

DRIVER

REMARKS:

Cement d. l. circulate

in cellar

Plus dump @ 5:15am

Thanks

Tony Dale

SERVICE

DEPTH OF JOB 260'

PUMP TRUCK CHARGE 1012.50

EXTRA FOOTAGE @

MILEAGE 2.0 @ 70.00 140.00

MANIFOLD @

TOTAL 1158.00

CHARGE TO: Russell Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1 8 1/2 plug @ 68.00

TOTAL _____

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.

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Bill Dale

SIGNATURE _____