

For KCC Use:
 Effective Date: 11-15-2010
 District # 4
 SGA? Yes No

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION

Form C-1
 March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well
 Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, **MUST be submitted with this form.**

Expected Spud Date: November 15 2010
month day year

OPERATOR: License# 5046
 Name: Raymond Oil Company Inc.
 Address 1: PO Box 48788
 Address 2: _____
 City: Wichita State: Ks Zip: 67201 + _____
 Contact Person: Ted McHenry
 Phone: 316-267-4214 ext 108
 CONTRACTOR: License# 6039
 Name: LD Drilling, Inc.

Well Drilled For:	Well Class:	Type Equipment:
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input checked="" type="checkbox"/> Mud Rotary
<input type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Air Rotary
	<input type="checkbox"/> Disposal	<input type="checkbox"/> Cable
<input type="checkbox"/> Seismic ; _____ # of Holes	<input checked="" type="checkbox"/> Infield	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Pool Ext.	
	<input checked="" type="checkbox"/> Wildcat	
	<input type="checkbox"/> Other	

If OWWO: old well information as follows:
 Operator: _____
 Well Name: _____
 Original Completion Date: _____ Original Total Depth: _____

Directional, Deviated or Horizontal wellbore? Yes No
 If Yes, true vertical depth: _____
 Bottom Hole Location: _____
 KCC DKT #: _____

Spot Description: Approx 33' E of
SE - SW SE 330 Sec. 2 Twp. 14 S. R. 32 E W
(1/4/4/4)
1617 feet from N / S Line of Section
 feet from E / W Line of Section
 Is SECTION: Regular Irregular?

(Note: Locate well on the Section Plat on reverse side)
 County: Logan
 Lease Name: Rose A Well # 2
 Field Name: WC
 Is this a Prorated / Spaced Field? Yes No
 Target Formation(s): LKC, Cher
 Nearest Lease or unit boundary line (in footage): 330'
 Ground Surface Elevation: 2852' approx feet MSL
 Water well within one-quarter mile: Yes No
 Public water supply well within one mile: Yes No
 Depth to bottom of fresh water: 60'
 Depth to bottom of usable water: 1450
 Surface Pipe by Alternate: I II
 Length of Surface Pipe Planned to be set: 225'
 Length of Conductor Pipe (if any): _____
 Projected Total Depth: 4600'
 Formation at Total Depth: Miss
 Water Source for Drilling Operations:
 Well Farm Pond Other: Hauled
 DWR Permit #: _____
 (Note: Apply for Permit with DWR
 Will Cores be taken? Yes No
 If Yes, proposed zone: _____

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.
 It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.

Date: 11-9-10 Signature of Operator or Agent: Ted McHenry Title: Geologist

For KCC Use ONLY
 API # 15 - 109-20961-00-00
 Conductor pipe required None feet
 Minimum surface pipe required 200 feet per ALT. I II
 Approved by: Kent 11-10-2010
 This authorization expires: 11-10-2011
(This authorization void if drilling not started within 12 months of approval date.)
 Spud date: _____ Agent: _____

Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: _____
 Signature of Operator or Agent: _____

Mail to: KCC - Conservation Division,
 130 S. Market - Room 2078, Wichita, Kansas 67202

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2
 14
 32
 E
 W

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API # 15 - 109-20961-0000

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator: Raymond Oil Company Inc.
Lease: Rose A
Well Number: 2
Field: WC

Location of Well: County: Logan
330 feet from N / S Line of Section
1617 feet from E / W Line of Section
Sec. 2 Twp. 14 S. R. 32 E W

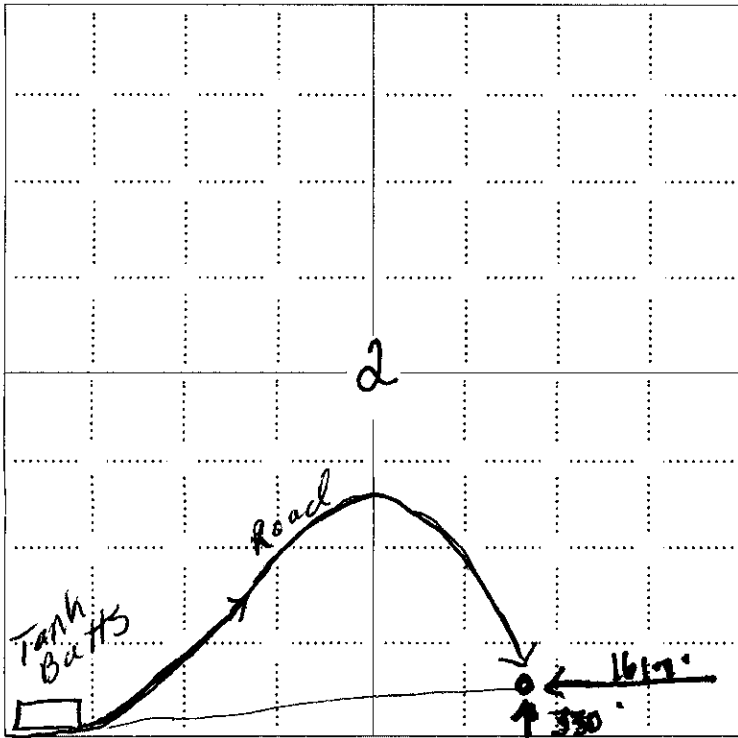
Number of Acres attributable to well: _____
QTR/QTR/QTR/QTR of acreage: SE SW SE

Is Section: Regular or Irregular

If Section is Irregular, locate well from nearest corner boundary.
Section corner used: NE NW SE SW

PLAT

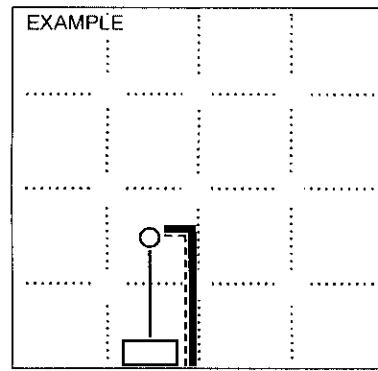
Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



NOTE: In all cases locate the spot of the proposed drilling location.

LEGEND

- Well Location
- Tank Battery Location
- Pipeline Location
- Electric Line Location
- Lease Road Location



In plotting the proposed location of the well, you must show:

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
3. The distance to the nearest lease or unit boundary line (in footage).
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (CO-7 for oil wells; CG-8 for gas wells).
5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

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15-109-20961-0000

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 5046
Name: Raymond Oil Company Inc.
Address 1: PO Box 48788
Address 2: _____
City: Wichita State: Ks Zip: 67201 + _____
Contact Person: Ted McHenry
Phone: (316) 267-4214 Fax: (316) 267-4218
Email Address: ted@raymondoil.com

Well Location:
_____ SE Sec. 2 Twp. 14 S. R. 32 East West
County: Logan
Lease Name: Rose A Well #: 2

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Ilene Rose
Address 1: 325 Smokyhill Ave
Address 2: _____
City: Oakley State: KS Zip: 67748 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 11/9/2010 Signature of Operator or Agent: Ted McHenry Title: Geologist

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RAYMOND OIL COMPANY, INC.

P. O. BOX 48788

245 N Waco, SUITE 501

TELEPHONE 316-267-4214

15-109-20961-00-00

WICHITA, KANSAS 67201-8788

November 9, 2010

Ilene Rose
325 Smokyhill Ave
Oakley, KS 67748

Dear Mrs. Rose:

This letter is to advise you that we have an approximate spud date of November 15, 2010, for the test well on the above mentioned land area. This well will be referred to as the #2 Rose "A" We have attached a copy of the C-1 form and the KSONA-1 form that is now mandatory by the Kansas Corporation Commission for all surface owners.

L. D. Drilling, Inc. will be in charge of the drilling and will contact you regarding ingress. If you should have any questions or concerns please feel free to give me a call at (316) 267-4214 ext 109.

Sincerely,

Ted McHenry
Geologist

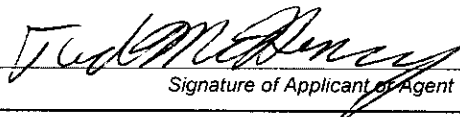
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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-1
May 2010
Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name: Raymond Oil Company Inc.		License Number: 5046
Operator Address: PO Box 48788		Wichita Ks 67201
Contact Person: Ted McHenry		Phone Number: 316-267-4214 ext 108
Lease Name & Well No.: Rose A 2		Pit Location (QQQQ): _____ SE _____ SW _____ SE Sec. 2 Twp. 14 R. 32 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 330 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 1,617 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Logan _____ County
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <small>(If WP Supply API No. or Year Drilled)</small>	Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chloride concentration: _____ mg/l <small>(For Emergency Pits and Settling Pits only)</small>
Is the bottom below ground level? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No	How is the pit lined if a plastic liner is not used? Bent mud
Pit dimensions (all but working pits): 80 Length (feet) 80 Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: 4 (feet) <input type="checkbox"/> No Pit		
If the pit is lined give a brief description of the liner material, thickness and installation procedure. Bentonite mud	Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. Daily Inspection	
Distance to nearest water well within one-mile of pit: 3980' feet Depth of water well 60 feet	Depth to shallowest fresh water 32 feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input checked="" type="checkbox"/> KDWR	
Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: fresh mud Number of working pits to be utilized: 3 Abandonment procedure: evaporation & backfilled Drill pits must be closed within 365 days of spud date.	
I hereby certify that the above statements are true and correct to the best of my knowledge and belief.		RECEIVED NOV 10 2010
11/9/2010 Date	 Signature of Applicant or Agent	
KCC WICHITA		
KCC OFFICE USE ONLY		
Date Received: 11-10-10 Permit Number: _____ Permit Date: 11-10-10 Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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