

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

ORIGINAL

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5046
Name: RAYMOND OIL CO
Address 1: PO BOX 48788
Address 2: _____
City: WICHITA State: KS Zip: 67201 + _____
Contact Person: TED McHENRY
Phone: (316) 267-4214
CONTRACTOR: License # 6039
Name: L.D. Drilling, Inc.
Wellsite Geologist: Kim Shoemaker
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

08/16/2010	08/28/2010	09/23/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 109-20863-0000
Spot Description: _____
E2 SW SW SW Sec. 11 Twp. 14 S. R. 32 East West
330 Feet from North / South Line of Section
550 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: LOGAN
Lease Name: ROSE B Well #: 1
Field Name: ROSE GARDEN
Producing Formation: LKC
Elevation: Ground: 2787 Kelly Bushing: 2792
Total Depth: 4511 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 261 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 264
feet depth to: SURFACE w/ 160 sx cmt.

RECEIVED
DEC 09 2010
KCC WICHITA

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 9200 ppm Fluid volume: 1000 bbls
Dewatering method used: EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: 12/06/2010

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 12/6/10

Operator Name: RAYMOND OIL CO. Lease Name: ROSE B Well #: 1
 Sec. 11 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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: NEUTRON DENSITY, DUAL INDUCTION, 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>STOT</td> <td>3394</td> <td>-602</td> </tr> <tr> <td>HEEB</td> <td>3752</td> <td>-860</td> </tr> <tr> <td>MARM</td> <td>4150</td> <td>-1358</td> </tr> <tr> <td>MISS</td> <td>4444</td> <td>-1652</td> </tr> </table>	Name	Top	Datum	STOT	3394	-602	HEEB	3752	-860	MARM	4150	-1358	MISS	4444	-1652
Name	Top	Datum														
STOT	3394	-602														
HEEB	3752	-860														
MARM	4150	-1358														
MISS	4444	-1652														

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"	23#	261	COMMON	160	2%GEL, 3%CC
PRODUCTION	7 7/8"	4 1/2"	10.5#	4503	60/40 POZ	300	2%GEL, 3.5%NaCl
2nd STAGE					COMMON	465	

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
2	4442-44, 4288-96, 4054-60, 3998-4010	500 GALLONS ACID	
2	3966-72, 3952-57	1000 GALLONS ACID	

TUBING RECORD:	Size: <u>2"</u>	Set At: <u>4470</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		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.	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3952-4444</u>
---	---	--



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 28924

LOCATION Oakley, KS

FOREMAN Rick Long Ford

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-29-10		Rose B #1	11	14 ^S	32 ^U	Logan
CUSTOMER Raymond Oil			TRUCK #			
MAILING ADDRESS 5730 North Broadway (P.O. Box 48788)			DRIVER			
CITY Wichita			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67201			TRUCK #			
			DRIVER			

JOB TYPE Prod-DV - O HOLE SIZE 7 7/8 HOLE DEPTH 4510 CASING SIZE & WEIGHT 4 1/2 10 1/2 #
 CASING DEPTH 4508' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 33.64
 DISPLACEMENT 73 BBL DISPLACEMENT PSI 800 MIX PSI _____ RATE _____

REMARKS: Safety meeting, Run float equipment, centralizers 1, 3, 6, 10, 12, 15, 60
Basket 58, DV Tool on 59 (2026'), Rig up to casing, Have Circ, Rig up to Truck
mixed 300 sks 60/40per, 7 1/2% salt, 2% gel, clear Pump + Lin, Displace 40 BBL
Water + 32 BBL mud, 2 BBL #, Landed Plus 2 1300# Drop a Bearing tool
open DV Tool, Have Circ mixed 25 sks 60/40per, 8% gel, 1 1/2" in All, mixed
2125 sks 60/40per down casing, clear Pump + Lin, Displace 32 BBL 700#
Water, Landed Plus 2 1500# Tool Head
Cement Die Circ

Thank You Rick + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 P	1	PUMP CHARGE	2950.00	2950.00
5406	20	MILEAGE	4.50	90.00
1131	300 sks	60/40per	13.00	3900.00
1188	450 sks	60/40per	13.00	5850.00
1111	1200#	Salt	1.40	480.00
1148 B	3612	Bentonite (Gel)	1.20	722.40
1107	113#	Flo-Sol	2.50	282.50
4156	1	4 1/2 AFU Float Shoe	252.00	252.00
4129	7	" Centralizer	44.00	308.00
4103	1	" Basket	249.00	249.00
4276	1	" DV Tool	3280.00	3280.00
5407 A	32.25	Ton Mileage Delivery x 20 miles	1.50	967.00
Subtotal				19,078.90
Less 20% Disc.				- 3815.78
				15,263.12
SALES TAX				1,195.26
ESTIMATED TOTAL				16,458.38

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28924

LOCATION Oakley, KS

FOREMAN Rick Long Ford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-29-10		Rose B #1	11	14S	32W	Logan
CUSTOMER Raymond Oil						
MAILING ADDRESS 5730 North Broadway (P.O. Box 48788)						
CITY Wichita						
STATE KS						
ZIP CODE 67201						
TRUCK #	DRIVER	TRUCK #	DRIVER			
463	Shannon F					
451-T127	Classey W					
439	Rick L					

JOB TYPE Prod-DV-O HOLE SIZE 7 7/8 HOLE DEPTH 4510 CASING SIZE & WEIGHT 4 1/2 10 1/2 #
 CASING DEPTH 4508' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT IN CASING 33.64
 DISPLACEMENT 73 BBL DISPLACEMENT PSI 800 MIX PSI _____ RATE _____

REMARKS: Safety meeting Run float equipment, centralizers 1, 3, 6, 10, 12, 15, 60
Basket 58, DV Tool on 59 (2026'), Run up to casing, Have Circ, Rig up to Truck
mixed 300 sks 60/40 per, 7 1/2% Salt, 2% Gel, clear Pump & Line, Displace 40 BBL
Water + 32 BBL mud, 2 BBL #, Landed Plus 1300# Drop opening tool
open DV Tool, Have Circ mixed 25 sks 60/40 per, 8% Gel full with, mixed
2125 sks 60/40 per down casing, clear Pump & Line, Displace 32 BBL 100#
Water, Landed Plus 1500#, Tool Hotel
Cement Die Circ

Thank You Rick + Cra

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 P	1	PUMP CHARGE	2950.00	2950.00
5406	20	MILEAGE	4.50	90.00
1131	300 sks	60/40 per Bottom stage	13.00	3900.00
1131	450 sks	60/40 per Top stage	13.00	5850.00
1111	1200#	Salt	1.40	480.00
118 B	3612	Bentonite (Gel)	1.20	722.40
1107	113#	FluorSal	2.50	282.50
4156	1	4 1/2 AFU Float Shoe	252.00	252.00
4129	7	" Centralizer	44.00	308.00
4103	1	" Basket	249.00	249.00
4276	1	" DV Tool	3280.00	3280.00
5407 A	32.25	Tom Milage Delivery x 20 miles	1.50	967.00
Subtotal				19,078.90
Less 20% Disc.				- 3815.78
				15,263.12
SALES TAX				1,195.26
ESTIMATED TOTAL				16,458.38

Ravin 3737

AUTHORIZATION _____

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.