

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

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 COMPANY INC.
Address 1: P.O. BOX 48788
Address 2: _____
City: WICHITA State: KS Zip: 67201 + _____
Contact Person: TED McHENRY
Phone: (316) 267-4214
CONTRACTOR: License # 6039
Name: LD DRILLING
Wellsite Geologist: KIM SHOEMAKER
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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 #: _____

09/13/2010 09/24/2010 09/24/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 109-20943-0000

Spot Description: _____

S2 S2 N2 NE Sec. 2 Twp. 14 S. R. 32 East West
1,115 Feet from North / South Line of Section
1,345 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: LOGAN

Lease Name: ARLEN ROSE Well #: RECEIVED

Field Name: WC

Producing Formation: _____

Elevation: Ground: 2830 Kelly Bushing: 2835

Total Depth: 4650 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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 9400 ppm Fluid volume: 735 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: 12/28/2010

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: PJA Dg Date: 1/10/11

Operator Name: RAYMOND OIL COMPANY INC. Lease Name: ARLEN ROSE Well #: 1
 Sec. 2 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: GEO REPORT, DUAL INDUCTION, NEUTRON/DENSITY, MICRO	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>STOTLER</td> <td>3474</td> <td>-639</td> </tr> <tr> <td>HEEBNER</td> <td>3827</td> <td>-992</td> </tr> <tr> <td>STARK</td> <td>4114</td> <td>-1279</td> </tr> <tr> <td>MARM</td> <td>4222</td> <td>-1387</td> </tr> </tbody> </table>	Name	Top	Datum	STOTLER	3474	-639	HEEBNER	3827	-992	STARK	4114	-1279	MARM	4222	-1387
Name	Top	Datum														
STOTLER	3474	-639														
HEEBNER	3827	-992														
STARK	4114	-1279														
MARM	4222	-1387														

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	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	
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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 24476

LOCATION Oakley, KS

FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-24-10		Arden Rose #1	2	14 ^s	32 ^w	Logan
CUSTOMER <u>Raymond Oil Co.</u>						
MAILING ADDRESS						
CITY			STATE	ZIP CODE		
TRUCK #		DRIVER		TRUCK #		DRIVER
536-T118		Chancy				
466-T127		Wiles S.				
		Billy P.				

JOB TYPE PTA - 0 HOLE SIZE 7 7/8 HOLE DEPTH 4650' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 x 14 TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting
Plug as ordered

25 sks @ 2335'
100 sks @ 1180'
40 sks @ 315'
10 sks @ 40'
30 sks in RA.

205 sks 60/40 per, 4% gel, 1/4" # Flo Seal

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	1200 ⁰⁰	1200 ⁰⁰
5406	20	MILEAGE <u>one way</u>	450	90 ⁰⁰
1131	205 sks	<u>60/40 per</u>	13 ⁰⁰	2,665 ⁰⁰
1118 B	704 #	<u>Bentonite Gel</u>	120	140 ⁸⁰
1107	51 #	<u>Flo Seal</u>	250	12750
5407	8.82	<u>Ten mileage Delivery</u>	150	390 ⁰⁰
				4,613 ³⁰
				- 922 ⁶⁶
				3,690 ⁶⁴
				228 ⁸⁰
				3,919 ⁴⁴

RECEIVED
JAN 03 2011
KCC WICHITA

Less 20% Disc

Revin 3737

AUTHORIZATION [Signature]

TITLE Driller

SALES TAX ESTIMATED TOTAL
DATE _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 24465
LOCATION Oakley Ks
FOREMAN Pat Heisler

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
9-13-10		Arlen Rose #1	2	14 S	32 W	Logan
CUSTOMER Raymond Oil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 48788			463	Pat H.		
CITY Wichita			439	Miles	Shaw	
STATE Kan						
ZIP CODE 67201						

JOB TYPE Surface-0 HOLE SIZE 12 1/4 HOLE DEPTH 264' CASING SIZE & WEIGHT 8 5/8 23#
CASING DEPTH 261 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15' +/-
DISPLACEMENT 15 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety meeting, Rig up to Circ, mix 160 sks com, 3% CC-2% Gel, Belasse Plug + Displace 15 1/2 BBL Water @ Shut in

*Thank You
Pat & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	985.00	985.00
5406	20	MILEAGE one way From Oakley	4.50	90.00
11045	160	class A	16.00	2560.00
1102	450#	Calcium Chloride	1.88	396.00
1118B	300#	Bentonite (Gel)	1.20	60.00
4432	1	8 5/8 Woodson Plug	92.00	92.00
5407	7.52	Ton mileage Delivery (min)	390.00	390.00
			RECEIVED	
			JAN 03 2011	
			KCC WICHITA	
			Subtotal	4573.00
			Less 20% Disc	914.00
				3,658.40

SALES TAX _____
ESTIMATED TOTAL _____
AUTHORIZATION [Signature] TITLE Driller DATE _____

Ravin 3737

RAYMOND OIL COMPANY, INC.

P. O. BOX 48788

155 NORTH MARKET, SUITE 800

TELEPHONE 316-267-4214

WICHITA, KANSAS 67201-8788

December 29, 2010

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

Re: #1 Arlen Rose
Logan County, KS

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
JAN 03 2011
KCC WICHITA