

CONFIDENTIAL

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

3/9/13

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 **KCC**
Phone: (316) 267-4214 **MAR 10 2011**
CONTRACTOR: License # 6039
Name: L.D. DRILLING INC. **CONFIDENTIAL**
Wellsite Geologist: MAX LOVELY
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 #: _____

12/07/2010 12/20/2010 12/21/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 203-20159-0000
Spot Description: _____
N2 S2 NW NW Sec. 21 Twp. 20 S. R. 35 East West
750 Feet from North / South Line of Section
602 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WICHITA
Lease Name: BRACK Well #: 2
Field Name: CARLOTTA
Producing Formation: _____
Elevation: Ground: 3153 Kelly Bushing: 3158
Total Depth: 5040 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 248 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: 19,000 ppm Fluid volume: 1200 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: Ted Mchenry
Title: GEOLOGIST Date: 03/07/2011

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 3/9/11 - 3/9/13 **RECEIVED**
 Confidential Release Date: _____ **MAR 10 2011**
 Wireline Log Received **3-10-11**
 Geologist Report Received **KCC WICHITA**
 UIC Distribution
ALT I II III Approved by: _____ Date: _____