



CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5046
Name: Raymond Oil Company, Inc.
Address 1: PO BOX 48788
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 1822
Contact Person: Robert Turner
Phone: (316) 267-4214
CONTRACTOR: License # 33793
Name: H2 Drilling LLC
Wellsite Geologist: Max Lovely
Purchaser: NCRA

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 #: _____

<u>2/15/2012</u>	<u>3/5/2012</u>	<u>4/4/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-025-21533-00-00
Spot Description: _____
N2 S2 SW NE Sec. 20 Twp. 32 S. R. 22 East West
2130 Feet from North / South Line of Section
1980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Clark
Lease Name: Hazel Thomas Well #: 1
Field Name: _____
Producing Formation: lola
Elevation: Ground: 2187 Kelly Bushing: 2196
Total Depth: 6800 Plug Back Total Depth: 5190
Amount of Surface Pipe Set and Cemented at: 941 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: 10200 ppm Fluid volume: 1000 bbls
Dewatering method used: Haul Off Pit
Location of fluid disposal if hauled offsite:
Operator Name: West Oklahoma Disposal Inc.
Lease Name: Smith Estates #1 License #: 20917
Quarter SW Sec. 21 Twp. 23 S. R. 21 East West
County: Woodward Permit #: 20827

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.

Submitted Electronically

KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>04/12/2012</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>04/12/2012</u>