



KANSAS CORPORATION COMMISSION 1083317
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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: Ted McHenry
Phone: (316) 267-4214
CONTRACTOR: License # 33793
Name: H2 Drilling LLC
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 #: _____

<u>3/16/2012</u>	<u>3/25/2012</u>	<u>5/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-203-20172-00-00
Spot Description: _____
SW NW NW NE Sec. 7 Twp. 20 S. R. 35 East West
385 Feet from North / South Line of Section
2510 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wichita
Lease Name: Holstein Ley Well #: 1
Field Name: _____
Producing Formation: Mam
Elevation: Ground: 3186 Kelly Bushing: 3196
Total Depth: 5156 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 264 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2050 Feet
If Alternate II completion, cement circulated from: 2050
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 11000 ppm Fluid volume: 863 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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

- Letter of Confidentiality Received
Date: 06/21/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NADAM JAMES Date: 06/25/2012