

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

CONFIDENTIAL

Operator: License # 30604

Name: Raydon Exploration, Inc.

Address 9400 N. Broadway, Ste 400

City/State/Zip Oklahoma City, OK 73114

Purchaser: N/A

Operator Contact Person: Keith Hi

Phone (316) 624-0156

Contractor: Name: Big A Drilling

License: 31572

Wellsite Geologist: Edwin Grieves

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other(Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

01-26-2000 02-09-2000 02-10-2000
Spud Date Date Reached TD Completion Date

API NO. 15- 119-21019-0000

County _____ Meade _____

_____ - _____ - NW - NW Sec. 27 Twp. 34 Rge. 30 E W

660 Feet from S/W (circle one) Line of Section

660 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name R. Adams Well # 1-27

Field Name Wildcat

Producing Formation None

Elevation: Ground 2682 KB 2693

Total Depth 6520 PBSD _____

Amount of Surface Pipe Set and Cemented at 1620 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 D&A 9K 8/23/00
(Data must be collected from the Reserve Pit)

Chloride content 7000 ppm Fluid volume _____ bbls

Dewatering method used KCC

Location of fluid disposal if hauled offsite: MAR 02 2000

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

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MAR 6 - 2000
CONSERVATION DIVISION
Wichita, Kansas

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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 on 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.

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 _____

Title Agent Date 03-02-2000

Subscribed and sworn to before me this 2nd day of March, 2000.

Notary Public _____

Date Commission Expires _____

NOTARY PUBLIC, State of Kansas
Seward County
HELEN M. SMITH
My Appt. Exp. 3-5-2002

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep Release
 KGS Plug Other
Specify DEC 8 2003
From _____
Confidential

SIDE TWO

Operator Name Raydon Exploration, Inc. Lease Name R. Adams Well # 1-27

Sec. 27 Twp. 34 Rge. 30
 East
 West

County Meade

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:
 Spectral Density Dual Spaced Neutron
 High Resolution Induction Log
 Microlog

<input type="checkbox"/> Log Formation (Top), Depth and Datums <input checked="" type="checkbox"/> Sample		
Name	Top	Datum
Chase	2729	
Council Grove	3070	
Base Heebner	4475	
Toronto	4499	
Lansing	4618	
Marmaton	5308	
Cherokee FM	5570	
Morrow FM	5862	
Chester FM	5972	
St.-Genevieve	6250	
St. Louis	6321	

CASING RECORD <input type="checkbox"/> New <input checked="" 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"	24#	1620'	Midcon PP	550	2%cc, 1/4# Flocele
					Midcon PP	150	2%cc, 1/4# Flocele

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	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 Inj. Waiting on pipeline		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: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____

JOB SUMMARY

ORDER NO. 70006

TICKET #	1404843	TICKET DATE	1-27-00
BDA / STATE	MID-CON	COUNTY	MEADE
PSL DEPARTMENT	ZT	ORIGINAL	
CUSTOMER REP / PHONE			
API / UWI #			
WELL LOCATION	MEADE	JOB PURPOSE CODE	010
LEASE / WELL #	R Adams 1-27	SEC / TWP / RNG	

REGION	North America	NWA/COUNTRY	MID-CON
MBU ID / EMP #	N00105	EMPLOYEE NAME	Fred Adams
LOCATION	Norton/Liberal	COMPANY	Halliburton
TICKET AMOUNT		WELL TYPE	oil
WELL LOCATION	MEADE	DEPARTMENT	Cementing Services

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
F. Adams 106833	6	S. Ergel 106099	6	P. Dargent 115188	6	M. Dantre 747	6

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
Du 420621	20	MIT-400 54219	20	Bulk 54116	20	Bulk 52947	20
		72299	20	75819	20	6661	20

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
1-27-00	11:00	16:00	19:00	21:45

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe	1	HES
Centralizers	4	HES
Bottom Plug		
Top Plug	1	CLAMP
Head		
Packer	1	inserted fill
Other		7ube.

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	2+	8 5/8	6L	1566	7
Liner						
Liner		KCC			45ft	L.S.
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

	Density	Lb/Gal
Treat Fluid		
Disp. Fluid		
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION

DATE	HOURS
1-27-00	6
TOTAL	

OPERATING HOURS

DATE	HOURS
1-27-00	6
TOTAL	

DESCRIPTION OF JOB

Cement 8 5/8
 To Surface

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 Wichita, Kansas

HYDRAULIC HORSEPOWER

ORDERED Avail. Used
 TREATED AVERAGE RATES IN BPM
 FEET Disp. Overall
 CEMENT LEFT IN PIPE Reason

CEMENT DATA

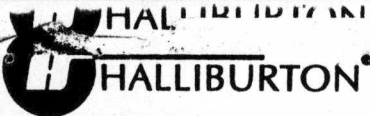
STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	550	MIDCONC	B.	2% cc 1/4 # fluoride	3.17	11.1
1	150	Prom Plus	B.	2% cc 1/4 # fluoride	1.34	14.8

Circulating _____ Displacement _____ Prewash: Gal - BBI
 Breakdown _____ Maximum _____ Load & Bkdn: Gal - BBI
 Average _____ Frac Gradient _____ Treatment Gal - BBI
 Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr Gal - BBI
 Total Volume Gal - BBI

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER'S REPRESENTATIVE SIGNATURE _____



CONFIDENTIAL
JOB SUMMARY

ORDER NO. 70006

TICKET # 436005 TICKET DATE 2-10-00

REGION North America	NWA/COUNTRY U.S.A	BDA / STATE Ks	TICKET # 436005	TICKET DATE 2-10-00
MBU ID / EMP # 100102 106824	EMPLOYEE NAME R. Wheatly	PSL DEPARTMENT ZI	ORIGINAL KCC	
LOCATION Liberal Ks	COMPANY Raydon Explo.	CUSTOMER REP / PHONE Keith Hall		
TICKET AMOUNT	WELL TYPE 01	API / UWI #	CONFIDENTIAL	
WELL LOCATION Meade Ks	DEPARTMENT ZI	JOB PURPOSE CODE 010		
LEASE / WELL # R. Adams	SEC / TWP / RNG Sec. 2		MAR 02 2000	

HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS
R. Wheatly 106824			
J. Woodhouse 105848			
M. Keuffel 1X			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
420621							
54219		78299					
54225		75821					

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
2-10-00	12.00	13.30	20.45	24.00

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug		
Head		
Packer		
Other		

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing DP	used	16.6	7 7/8	KB	1670	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	In
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
2-10	8.5	2-10	3.15	RTA
TOTAL 8.5		TOTAL 3.15		

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Wichita, Kansas

HYDRAULIC HORSEPOWER

ORDERED	Avail.	Used
TREATED	AVERAGE RATES IN BPM	
	Disp.	Overall
FEET	CEMENT LEFT IN PIPE	
	Reason	

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	135	10214	B	6% 6e1	1.53	13.5

Circulating _____	Displacement _____	Preflush: Gal - BBI _____	Type _____
Breakdown _____	Maximum _____	Load & Bkdn: Gal - BBI _____	Pad: BBI - Gal _____
Average _____	Frac Gradient _____	Treatment Gal - BBI _____	Disp: BBI - Gal _____
Shut In: Instant _____	5 Min _____	Cement Slurr Gal - BBI _____	
	15 Min _____	Total Volume Gal - BBI _____	

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

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CUSTOMER'S REPRESENTATIVE SIGNATURE _____

Release
DEC 18 2003
From
Confidential