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KCC WICHITA

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

RECEIVED
AUG 20 2002
KCC WICHITA
ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 30604
Name: Raydon Exploration, Inc.
Address: 9400 N. Broadway, Ste. 400
City/State/Zip: Oklahoma City, OK 73114
Purchaser: _____
Operator Contact Person: Keith Hill
Phone: (620) 624-0156
Contractor: Name: Big A Drilling
License: 31572
Wellsite Geologist: Ed Grieves

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

10-14-01	11-03-01	03-28-02
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 119-210670000
County: Meade

SE NW Sec. 04 Twp. 34 S. R. 29 East West
1980 feet from S / (N) (circle one) Line of Section
1980 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Irish Flats Well #: 1-4
Field Name: Wildcat

Producing Formation: Chester
Elevation: Ground: 2543' Kelly Bushing: 2554'
Total Depth: 6350' Plug Back Total Depth: 6200'
Amount of Surface Pipe Set and Cemented at 1616 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 NET EH 9.4.02
(Data must be collected from the Reserve Pit)
Chloride content 7000 ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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.

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: Agent Date: 08-19-02
Subscribed and sworn to before me this 19th day of August,
2002
Notary Public: [Signature]
Date Commission Expires: _____

NOTARY PUBLIC, State of Kansas
Seward County
HELEN M. SMITH
My Appt. Exp. 8-3-2005

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



Operator Name: Raydon Exploration, Inc. Lease Name: Irish Flats Well #: 1-4
 Sec. 04 Twp. 34 S. R. 29 East West County: Meade

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: Spectral Density Dual Spaced Neutron II Log High Resolution Induction Log Microlog	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Chase 2646 Council Grove 3006 Base Heebner 4419 Toronto 4441 Chester 5836
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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
Conductor	30"	20"		50'	Grout	6 yards	6 sack grout
Surface	12-1/4"	8-5/8"	24#	1616'	Class "C"	600	2% cc, 1/4# Flocc
Production	7-7/8"	5-1/2"	15.5#	6349	Class "H" Premium	150 170	2% cc 5# Gilsomite, 10% salt, 10% cc Halad 322 6%

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 (Amount and Kind of Material Used)	Depth
3	6265-6274' - Bolt CIBP - at 6200' cement with 1 sk	cement at 6193'	
3	5884-5890'	2500 gals acid	
3	5842-5848'	2500 gals acid, 16,000 gals Delta Frac with	
		15,000# sand	

TUBING RECORD		Size <u>2-3/8"</u>	Set At <u>5867'</u>	Packer At <u>5867'</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>not economical to produce, waiting to</u>		Producing Method <input checked="" type="checkbox"/> P & A <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, Sumit ACO-18.)

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

Production Interval _____



HALLIBURTON		JOB SUMMARY		SALES ORDER NUMBER 1617712	TICKET DATE 11/02/01
REGION North Amercia Land	NWA / COUNTRY Mid Continent	BDA / STATE Kansas	COUNTY Meade	ORIGINAL	
MBU ID / EMPL # MCLI0101 106322	H.E.S. EMPLOYEE NAME Danny McLane	PSL DEPARTMENT Cementing Services	CUSTOMER REP / PHONE		
LOCATION Liberal	COMPANY Raydon Exploration Inc	WELL TYPE Oil	API/WI #		
TICKET AMOUNT \$11,220.80	DEPARTMENT Cement	SAP BOMB NUMBER 7523	Description Cement Production Casing		
WELL LOCATION W/Meade Kansas	SEC / TWP / RNG 4 34S 29W	HES FACILITY (CLOSEST TO WELL SITE) Liberal Kansas			
LEASE NAME Irish Flats	Well No. 1-4				

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
McLane, D - 106322	10.0			
White, L - 232712	10.0			
Apeal, T 237789	8.0			

HES UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
420995	80			
10251401	80			
54116 6610	60			

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

Date	Called Out	On Location	Job Started	Job Completed
	11/02/2001	11/02/2001	11/02/2001	11/03/2001
Time	1300	1530	2235	0005

Tools and Accessories			
Type and Size	Qty	Make	
Insert 5 1/2	1	H	
Float Shoe			
Centralizers 5 1/2 FM	12	O	
Top Plug 5 1/2	1		
HEAD 5 1/2	1	W	
Limit clamp 5 1/2	1		
Weld-A		C	
Guide Shoe 5 1/2	1		
BTM PLUG		O	

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5	5 1/2		KB	6,357	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	Density	Lb/Gal	
Mud Type			
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		
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/2		11/2		See Job Log
Total		Total		

Ordered _____ Hydraulic Horsepower _____ Used _____
 Treating _____ Average Rates in BPM _____ Overall _____
 Feet 45.03 _____ Cement Left in Pipe _____ Reason SHOE JOINT

Cement Data									
Stage	Sacks	Cement	Bulk/Sks	Additives			W/Rq.	Yield	Lbs/Gal
1	170	Premium	Bulk	5#Gilsonite, 10%Salt, 10%Calseal, .6%Halad-322, .25%D-Air3000			6.28	1.48	15.00
R&M	25	Premium	Bulk	5#Gilsonite, 10%Salt, 10%Calseal, .6%Halad-322, .25%D-Air-3000			6.28	1.48	15.0
			Bulk						
			Bulk						

Summary					
Circulating Breakdown	Displacement	Preflush: BBI	5.10.5	Type: water-mf-water	
	MAXIMUM	Load & Bkdn: Gal - BBI		Pad: Bbl ² -Gal	150.2
Average Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI		Disp: Bbl	150
	5 Min. 15 Min.	Cement Slurry BBI	44.8 R&M 6.5		
		Total Volume: BBI	#VALUE!		

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

ALLIED CEMENTING CO., INC.

08697

Federal Tax I.D.# 48-0727860

10 P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL SERVICE POINT
Medicine Lodge

DATE 10-16-01	SEC 4	TWP 34S	RANGE 24W	CALLED OUT 11:30 AM	ON LOCATION 3:30 AM	JOB START 11:00	JOB FINISH 3:25 PM
LEASE Flats	WELL # 14	LOCATION Meade Lake 1/4 Sec 4 to Rd Y 4w		COUNTY Meade	STATE KS		
OLD OR NEW (Circle one)			to Rd 8 35, 7/4, on loc. 1/4, to cc 8/1-1k				

CONTRACTOR Big A Drilling
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1616
 CASING SIZE 8 7/8 x 2 1/2 DEPTH 1616
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 800 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 45
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 102 Bbls Freshwater

OWNER _____
 CEMENT AMOUNT ORDERED
600 SA Class H + 2/1 cc + 1/4 Flo-seal
150 SA Class H + 2/1 cc
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER Carl Gekling
 # 60263 HELPER Mike Ricker
 BULK TRUCK
 # 57 DRIVER Eric Holmes
 BULK TRUCK
 # C DRIVER Dwayne West

RECEIVED
 AUG 20 2002
 KCC WICHITA SERVICE
 TOTAL _____

REMARKS:
Rin casing + leak circulation
1150 SA + pump 600 SA head cement +
1 150 SA class H tail cement
Switch valves + Release plug
Displace 40 Bbls - 3 BPM
Displace 22 Bbls - 2 BPM
Dump plug + filter held 150 Bbls to pit
800'

DEPTH OF JOB 1616
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG Rubber _____ @ _____
 _____ @ _____
 TOTAL _____

CHARGE TO: Bayden Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT
1 - Keo Cementer @ _____
1 - JFU Insert @ _____
1 - Basket @ _____
4 - Centralizers @ _____
 TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Don Brown

PRINTED NAME _____