

ORIGINAL

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

API NO. 15- 119-21036000
County Meade
NE - SW Sec. 07 Twp. 35 Rge. 29 X W

Operator: License # 30604

CONFIDENTIAL

Name: Raydon Exploration, Inc.

Address 9400 N. Broadway, Ste 400

City/State/Zip Oklahoma City, OK 73114

Purchaser: Aurora

Operator Contact Person: Keith Hill

Phone (316) 624-0156

Contractor: Name: Big A Drilling

License: 31572

Wellsite Geologist: Edwin Grieves

Designate Type of Completion

X New Well Re-Entry Workover

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

If Workover/Reentry: Old Well Info as follows:

Operator: 2-21-01

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.

11-18-2000 12-15-2000 01-15-2001
Spud Date Date Reached TD Completion Date

RELEASED

APR 29 2002

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KCC

FEB 19 2001

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STATE CORPORATION COMMISSION
FEB 21 2001

1980 Feet from SN (circle one) Line of Section

1850 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 Wynona Well # 3-7

Property Name Adams Ranch

Producing Formation Morrow

Elevation: Ground 2370 KB 2381

Depth 6400 PBSD 6349

Amount of Surface Pipe Set and Cemented at 1654 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan AK 1 4-29-02 EA
(Data must be collected from the Reserve Pit)

Chloride content 7000 ppm Fluid volume bbls

Dewatering method used

Location of fluids disposal if hauler offsite:

Operator Name

Lease Name License No.

 Quarter Sec. Twp. S Rng. E/W

County Docket No.

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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 [Signature]

Title Agent Date 02-19-2001

Subscribed and sworn to before me this 19th day of February,
20 01.

Notary Public [Signature]

Date Commission Expires

NOTARY PUBLIC, State of Kansas
Seward County
HELEN M. SMITH
My Appt. Exp. 3-3-2001

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached YES
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

JAN 20 2001

SIDE TWO

Operator Name Raydon Exploration, Inc. Lease Name Wynona Well # 3-7

Sec. 07 Twp. 35 Rge. 29 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:
Compensated Neutron Compensated Photo-Density Log
Array Induction Shallow Focused Electric Log
Micro Resistivity Log

Name	Top	Datum
Chase	2432	
Council Grove	2815	
Base Heebner	4270	
Toronto	4311	
Lansing	4419	
Marmaton	5122	
Cherokee FM	5358	
Morrow FM	5708	
Chester FM	5882	
St. Genevieve	6119	
St. Louis	6230	

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CASING RECORD <input 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
Surface	12-1/4"	8-5/8"	24#	1654'	65/35 Poz	650	2%cc, 1/4# Flocele 6% gel
					Class "A"	150	2%cc, 2% gel
Production	7-7/8"	4-1/2"	10.5#	6392'	Premium	180	10% cc, 5# gils. 10% salt, 6% Hallad 322 & 1/4 D-AIR-300

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
4	5816-5826'	KCC FEB 19 2001 CONFIDENTIAL

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
	2-3/8"	5772		
Date of First, Resumed Production, SWD or Inj.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
01-18-01				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	1.50	625	0	416 MCF 39.0

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 _____

ALLIED CEMENTING CO., INC. 4520

Federal Tax I.D.# 48-0727860

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MIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <u>11-20-00</u>	SEC. <u>7</u>	TWP. <u>35s</u>	RANGE <u>29w</u>	CALLED OUT <u>8:30 pm</u>	ON LOCATION <u>12:30 Am</u>	JOB START <u>4:40 AM</u>	JOB FINISH <u>12:30 pm</u>
LEASE <u>Wynona</u>		WELL# <u>3-7</u>		LOCATION <u>Meade Ks. 5 on 23rd to Lake.</u>		COUNTY <u>Meade</u>	STATE <u>Ks.</u>
OLD OR NEW (Circle one)			<u>11 s, 1 1/2 w, 5 into</u>				

CONTRACTOR Big A Drilling
 TYPE OF JOB 5crt Face
 HOLE SIZE 12 1/4 T.D. 1654'
 CASING SIZE 8 5/8 x 24" DEPTH 1654'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 800 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 44.58
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 102 Bbls Freshwater

OWNER Raydon Exploration
 CEMENT
 AMOUNT ORDERED 100 sx A + 3% cc
650 sx 65:35:6+2%cc + 1/4" Flo-seal
250 sx CLASS A+2%cc + 2%gel
 COMMON A 350 @ 7.55 2642.50
 POZMIX _____ @ _____
 GEL 5 @ 9.50 47.50
 CHLORIDE 24 @ 28.00 672.00
ALW 650 @ 7.05 4582.50
FLO-SEAL 163# @ 1.15 187.45
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 1000 @ 1.05 1050.00
 MILEAGE 1000 X 60 @ .04 2400.00
 TOTAL 11581.95

EQUIPMENT
 PUMP TRUCK CEMENTER Carl B.
 # 352 HELPER Shane W.
 BULK TRUCK
 # 353 DRIVER Mike R.
 BULK TRUCK
 # 259 DRIVER Scott S FROM CONFIDENTIAL

RELEASED
 APR 29 2002

REMARKS:

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SERVICE #

Pipe on bottom Break circulation.
Pump 650 sx 65:35:6+2%cc + 1/4" Flo-seal
+ 150 sx CLASS A+2%cc + 2%gel
Switch valves + Release plug
Displace with 102 Bbls Freshwater.
Pump plug + Float Held, Cement did not circulate, top
off with 100 sx A+2 + 100 sx A+3%cc

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DEPTH OF JOB <u>1654'</u>		
PUMP TRUCK CHARGE		<u>1080.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>22</u>	@	<u>3.00</u> <u>66.00</u>
PLUG <u>Rubber 8 5/8"</u>	@	<u>90.00</u> <u>90.00</u>
_____	@	
_____	@	
TOTAL		<u>1236.00</u>

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

FLOAT EQUIPMENT

<u>1- Reg Guide shoe</u>	@	<u>215.00</u> <u>215.00</u>
<u>1- AFU Insert</u>	@	<u>325.00</u> <u>325.00</u>
<u>1- Basket</u>	@	<u>180.00</u> <u>180.00</u>
<u>5- Centralizers</u>	@	<u>55.00</u> <u>275.00</u>
_____	@	
TOTAL		<u>995.00</u>

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 13812.95
 DISCOUNT 1381.30 IF PAID IN 30 DAYS

SIGNATURE [Signature]

Gilbert Davis Jr
 PRINTED NAME

JOB SUMMARY 4240-1

TICKET #	1248867	TICKET DATE	12/26/01
BDA / STATE	MIDCONN. USA	COUNTY	NEW HAVEN
PSL DEPARTMENT	C. #	ORIGINAL	
CUSTOMER REP / PHONE	KATH HULL		
API / UWI #	15-119-21036		
WELL LOCATION	1990' FSL + 1850' FWC	DEPARTMENT	LGP
LEASE / WELL #	WYALONNA # 3-7	SEC / TWP / RNG	7-355-290

REGION	North America	NWA/COUNTRY	MIDCONN. USA
MBU ID / EMP #	106299	EMPLOYEE NAME	K. Coleman
LOCATION	1990' FSL + 1850' FWC	COMPANY	Raydon Exploration
TICKET AMOUNT	\$ 3,212.59	WELL TYPE	01
WELL LOCATION	1990' FSL + 1850' FWC	DEPARTMENT	LGP
LEASE / WELL #	WYALONNA # 3-7	SEC / TWP / RNG	7-355-290

RELEASED

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
K. Coleman 106299 7	P. Nichols 105944 7	M. Roney 197630 7	

APR 29 2002

FROM CONFIDENTIAL

KCC

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
53864	84						
421759	84						

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4. MAX. SERV DEPTH	5. CASING DEPTH	6. CASING SIZE	WEIGHT	GRADE	7. TUBING DEPTH	8. TUBING SIZE	WEIGHT	GRADE
12349'	6410'	4.5	10.5					
9. BIT SIZE	10. MUD WEIGHT & RESISTIVITY @ BHT	11. MUD TYPE & CHLORIDES (PPM)	12. WELL PRESSURE		13. BOTTOM HOLE TEMP. <input type="checkbox"/> F <input type="checkbox"/> C			
7.875	8.3	water	110					
14. HOLE SIZE <input type="checkbox"/> OH <input checked="" type="checkbox"/> CH	15. DRILLERS DEPTH	16. WELL DEVIATION <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> DIRECTIONAL			17. DEV @ TD			
	6410'							
18. MAX. DEV.	19. MAX BEND °/100'	20. KICKOFF DEPTH		21. MEAS. DEPTH	22. TVD			
23. DATE/TIME CREW NOTIFIED	24. DATE/TIME ARRIVE SHOP	25. DATE/TIME LEAVE SHOP/DOCK	26. DATE/TIME ARRIVE LOCATION	27. DATE/TIME REQUESTED ON LOCATION				
12/26 20:30	12/26 05:50	12/26 06:18	12/26 07:30	12/26 08:00				
28. DATE/TIME BEGIN WAITING	29. DATE/TIME END WAITING	30. DATE/TIME RIG-UP	31. DATE/TIME START RIG DOWN	32. DATE/TIME LEAVE LOCATION				
		12/26 07:30	12/26 07:30	12/26 10:00				
33. DATE/TIME RETURN SHOP/DOCK	34. LOST TIME	35. OPERATING TIME		36. SHOP-TO-SHOP / DOCK-TO-DOCK TIME				
12/26 12:50		2		6				

37. # OF SUCCESSFUL SERVICES	38. TOTAL SERVICES RUN	MARINE STANDBY OR WAITING			MARINE TRAVEL TIME		
1	1	39. HES LIFT BOAT	40. HES TRUCK	41. HES CREW	42. HES LIFT BOAT	43. HES TRUCK	44. HES CREW

45. # OF CORES REQUESTED	46. # OF CORES ATTEMPTED	47. # CORES RECOVERED	48. # PULL-OFFS	49. MAXIMUM FORM PRESSURE	50. MAXIMUM PRESSURE HYDROSTATIC		
51. # OF SETS	52. # PRESSURE TESTS	53. # FLUID SAMPLES	54. # OF MUD SETS	55. # TIGHT TESTS			
56. TYPE CARRIER	57. CARRIER DIAMETER	58. CHARGE TYPE	59. PHASING	60. GUN POSITION	61. # OF SELECT FIRES		
62. HOLES/FOOT	63. # OF CARRIERS	64. # OF CHARGE FAILURES	65. PLUG/PACKER TYPE	66. GAUGE RING SIZE	67. SET TOOL TYPE		
68. SET TOOL SIZE	69. JUNK BASKET SIZE	70. DUMP BAILER SIZE	71. TOTAL CEM. HEIGHT	72. TUBING PUNCH SIZE	73. JET/CHEMICAL SIZE	74. FREEPOINT DEPTH	75. # OF SHOTS

78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #
10271	11334	10577					
<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU
83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #
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ENGINEER NO. 1	EMPLOYEE #	%
ENGINEER NO. 2	EMPLOYEE #	%
ENGINEER NO. 3	EMPLOYEE #	%

THE INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE