FORM MUST BE TYPED

SIDE ONE

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

ORIGINAL

CONFIDENTIAL

Operator: License # 30604

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 ____ SIOW ____ Temp. Abd.
_X_ 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 ____ PBTD
____ Commingled Docket No.
____ Dual Completion Docket No.
____ Other (SWD or Inj?) Docket No.

04-27-2000 Spud Date | 05-12-2000 Date Reached TD | 06-15-2000 Completion Date

STATE CORPORATION COMMISSION
RECEIVED
SEP 06 2000
CONSERVATION DIVISION
Wichita, Kansas

9-6-00

API NO. 15- 119-210220000

County Meade

____ - SW - NE - NW Sec. 07 Twp. 35 Rge. 29 E _X_ W

850 Feet from S (N) (circle one) Line of Section

1570 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 # 2-7

Field Name Adams Ranch

Producing Formation Morrow

Elevation: Ground 2423 KB 2434

Total Depth 6450 PBTD

Amount of Surface Pipe Set and Cemented at 1653 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 ALT 1 JH 2/6/01
(Data must be collected from the Reserve Pit)

Chloride content 7000 ppm Fluid volume ____ bbls

Dewatering method used

RELEASED
NOV 12 2002
FROM CONFIDENTIAL

Location of fluid disposal if hauled offsite:

Operator Name

Lease Name License No.

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

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 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 09-05-2000

Subscribed and sworn to before me this 5th day of September, 20 00.

Notary Public

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
C ✓ Wireline Log Received
C ✓ Geologist Report Received

Distribution
____ KCC ____ SWD/Rep ____ NGPA
____ KGS ____ Plug ____ Other (Specify)

Form ACO-1 (7-91)

SIDE TWO

Operator Name Raydon Exploration, Inc. Lease Name Wynona Well # 2-7

Sec. 07 Twp. 35 Rge. 29 ☐ East ☒ West County Meade

CONFIDENTIAL

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 (Attach Additional Sheets.) ☒ Yes ☐ No

Samples Sent to Geological Survey ☒ Yes ☐ No

Cores Taken ☐ Yes ☒ No

Electric Log Run (Submit Copy.) ☒ Yes ☐ No

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

☐ Log Formation (Top), Depth and Datums ☒ Sample

Name	Top	Datum
Chase	2481	
Council Grove	2873	
Base Heebner	4328	
Toronto	4353	
Lansing	4475	
Marmaton	5166	
Cherokee FM	5405	
Morrow FM	5744	
Chester FM	5904	
St. Genevieve	6178	
St. Louis	6265	

CASING RECORD ☐ New ☐ 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#	1653'	Midcon C	550	2%cc, 1/4# Flocele
					Premium Plus	150	3%cc, 1/4# Flocele
Production	7-7/8"	5-1/2"	15.5#	6434'	Premium	155	10% cc, 5# gils
ADDITIONAL CEMENTING/SQUEEZE RECORD					Premium	175	10% cc, 5# gils

Purpose:	Depth Top	Depth Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate					
___ Protect Casing					
___ Plug Back TD					
___ 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	5831-5839'	750 gals 7-1/2% acid	
		Frac w/65 Quality N2 Delta with 40,000# 20/40 sand	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	5764'		☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj.	Producing Method
6-16-00	☒ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	16	432	5	27,000 CF/b	39.0°

Disposition of Gas: METHOD OF COMPLETION Production Interval 5831'-5839'

☐ Vented ☒ Sold ☐ Used on Lease (If vented, submit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled

☐ Other (Specify)

HALLIBURTON

JOB SUMMARY

ORDER NO. 70006

TICKET # 583677	TICKET DATE 4-28-00	
REGION North America	NWA/COUNTRY Mid Continent	BDA / STATE KS	COUNTY Meade
MBU ID / EMP # MCLB0101 106322	EMPLOYEE NAME D. McLane	PSL DEPARTMENT 28	
LOCATION Liberal	COMPANY Raydon Exploration	CUSTOMER REP / PHONE	
TICKET AMOUNT 10953.34	WELL TYPE 01	API / UWI #	
WELL LOCATION S. Meade	DEPARTMENT 28	JOB PURPOSE CODE 010	
LEASE / WELL # Wynona 2-7	SEC / TWP / RNG 7 35S 29W		

CONFIDENTIAL

ORIGINAL

RELEASED

NOV 12 2002

FROM CONFIDENTIAL

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
D. McLane 106322	6.5						
A. Zimmerman 202875	6.5						
C. Humphries 106085	3						
G. Davis 188926	3						

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
420995	30						
54038-77941	50						
54225-77165	25						
54029-6816	25						

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

	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE	4-28-00	4-28-00	4-28-00	4-28-00
TIME	1500	1630	2015	2150

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float ~~Collar~~ Insert 8 5/8	1	H
Float Shoe		
Guide Shoe Reg 8 5/8	1	O
Centralizers 8 5/8	4	
Bottom Plug		W
Top Plug SW 8 5/8	1	
Head H/C 8 5/8	1	C
Packer		
Other Clamp 8 5/8	1	O

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	24	8 5/8	KB	1659	
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 _____
Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

HOURS ON LOCATION DATE	HOURS	OPERATING HOURS DATE	HOURS
TOTAL		TOTAL	

DESCRIPTION OF JOB

See Job Log

HYDRAULIC HORSEPOWER
ORDERED _____ Avail. _____ Used _____

AVERAGE RATES IN BPM
TREATED _____ Disp. _____ Overall _____

CEMENT LEFT IN PIPE
FEET 35.73 Reason Shoe Joint

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	550	Mid Con Pt	B	3% CC 1/4# Flocele	3.22	11.1
	150	Prem Plus	B	2% CC 1/4# Flocele		

Circulating _____ Displacement _____
Breakdown _____ Maximum _____
Average _____ Frac Gradient _____
Shut In: Instant _____ 5 Min _____ 15 Min _____

Preflush: Gal - BBL _____ Type _____
Load & Bkdn: Gal - BBL _____ Pad: BBL - Gal _____
Treatment Gal - BBL _____ Disp: BBL - Gal 103.2
Cement Slurr Gal - BBL 216.3 TIC 35
Total Volume Gal - BBL _____

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER'S REPRESENTATIVE SIGNATURE _____

HALLIBURTON

JOB SUMMARY

ORDER NO. 70006 | 616345 | 5-13-00

REGION	NWA/COUNTRY	BDA / STATE	COUNTY
North America	USA	KS.	Meade

ORIGINAL

MBU ID / EMP #	EMPLOYEE NAME	PSL DEPARTMENT
MCLB0103 106304	Tyce Davis	ZI

LOCATION	COMPANY	CUSTOMER REP / PHONE
Liberal KS	Raydon Exploration	Tommye Miller

CONFIDENTIAL

TICKET AMOUNT	WELL TYPE	API / UWI #
	02	

RELEASED

WELL LOCATION	DEPARTMENT	JOB PURPOSE CODE
Land S.W Meade.	ZI	035

NOV 12 2002

LEASE / WELL #	SEC / TWP / RNG
Wynne 2-7	7-35-29

FROM ONE JOB PLAN

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
T.Davis 106304	12 1/2						
S. Enfel 106099	1						
O. Dunnam contract	1						

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
52938- 6610	50						
54218- 78202	25						

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

	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE	5-13-00	6-13-00	5-13-00	5-14-00
TIME	1130	1500	2100	0300

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		H
Float Shoe SSD 5 1/2	1	
Guide Shoe		O
Centralizers Turbo "	20	
~~Bottom~~ Plug Set "	1	W
Top Plug		
Head P.L. "	1	C
~~Packer~~ D.V. TOOL "	1	
~~Other~~ Basket "	2	O

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	15.5	5 1/2	KB	6434	
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 _____
Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

HOURS ON LOCATION DATE	HOURS	OPERATING HOURS DATE	HOURS
TOTAL		TOTAL	

DESCRIPTION OF JOB
Comp
5 1/2
L-J
D.V. JOB

HYDRAULIC HORSEPOWER
ORDERED _____ Avail. _____ Used _____
AVERAGE RATES IN BPM
TREATED _____ Disp. _____ Overall _____
CEMENT LEFT IN PIPE
FEET 44 Reason SJ

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	155	Premium	B-	10% Cal Seal, 5# Gilsonite, 10% salt, .6% HALAD 322	1.48	15
				.25% D-Air 3000		
2	175	Premium	B	Same as 1st Stage.	1.48	15
	20	"	"	" Flush not included.	"	"

Circulating _____ Displacement _____ Preflush: Gal - BBL 12 Type Mud Flush
Breakdown _____ Maximum _____ Load & Bkdn: Gal - BBL _____ Pad: BBL - Gal _____
Average _____ Frac Gradient _____ Treatment Gal - BBL _____ Disp: BBL Gal 152
Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr Gal - BBL 1st - 41 2nd 46
Total Volume Gal - BBL _____

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER'S REPRESENTATIVE SIGNATURE _____

4233-1