



Confidentiality Requested:

Yes No

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- 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
- Plug Back Conv. to GSW Conv. to Producer
-
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
_____	_____	_____

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____

(e.g. xx.xxxxx)

(e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Baird Rev Trust 1

API/Permit #: 15-193-20931-00-00

Doc ID: 1240993

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	01/06/2015	01/29/2015
Date of First or Resumed Production or SWD or Enhr		1/10/2015
Method Of Completion - Other	Yes	No
Method Of Completion - Other Detail	TA	
Producing Method Pumping	No	Yes
Production - Barrels Oil		25
Production - Barrels of Water		0
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1231551	../..kcc/detail/operatorEditDetail.cfm?docID=1240993



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231551
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- 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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Raymond Oil Company, Inc.
Well Name	Baird Rev Trust 1
Doc ID	1231551

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4539-4543 & 4546-4552	Natural	



271478

TICKET NUMBER 47709
LOCATION Oakley, Mo.
FOREMAN Dawn

PO Box 884, Chanute, KS 66720
320-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/29/14	7158	Baird Rev Trust #1	25	6	36	Thomas, Mo.
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Raymond oil			731	Cory		
MAILING ADDRESS			397	Lance		
CITY				Larry		
STATE						
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 343 CASING SIZE & WEIGHT 8 5/8, 24"
 CASING DEPTH 340 DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 14# SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING 20'
 DISPLACEMENT 20.38 DISPLACEMENT PSI MIX PSI RATE

REMARKS: Safety Meeting Rig up on LD #1 Run Casing Break Circulation with
 Rig Pump Hookup To Pump Truck mix 230 sks Cem 3% CC 2% Gel Wash up Pump
 + Lines Displace with 20.38 bbls water Shut in Rig Down

Cement Did Circulate

Approx 2 bbls To Pit

Thanks Dawn + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	\$1150.00	\$1150.00 ✓
5406	40	MILEAGE	\$5.25	\$210.00 ✓
5407A	10.81	Ton Mileage Delivery	\$7.00	\$756.70 ✓
11045	230 sks	Class 'A' Cement	\$18.53	\$4266.50 ✓
1102	649 #	Calcium Chloride	\$.94	\$610.06 ✓
1118B	432 #	Bentonite	\$.27	\$116.64 ✓
			Sub Total	\$7109.90 ✓
			Less 10%	\$710.99 ✓
			Sub Total	\$6398.91 ✓
			SALES TAX	321.31 ✓
			ESTIMATED TOTAL	\$6720.22 ✓

AUTHORIZATION RWD Wilson TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

271719

TICKET NUMBER 46755
LOCATION Oakley KS
FOREMAN Dane Retzlaff

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-10-14	7158	Baird #1	25	6	36	Thomas
CUSTOMER			Lavant KS			
MAILING ADDRESS			8 1/2 North			
CITY			4 1/2 West			
STATE			N.S.			
ZIP CODE			TRUCK #	DRIVER	TRUCK #	DRIVER
			731	Cory	Helper	Colin
			693	Kelly		
			588	Mike		
			Helper	Bill		

JOB TYPE 2-Stage HOLE SIZE 7 7/8 HOLE DEPTH 4878 CASING SIZE & WEIGHT 5 1/2 15#
CASING DEPTH 4850 DRILL PIPE _____ TUBING _____ OTHER DV Tool 2946
SLURRY WEIGHT 14.2/12.5 SLURRY VOL 1.56/1.74 WATER gal/sk 6.97/7.28 CEMENT LEFT IN CASING 42
DISPLACEMENT 115.3/70.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up. Run float equip. Cents on 1, 3, 5, 2, 11, 68, 70
Basket on 69 DV Tool on 62. Finish running casing. Circ 1 hr Pump 5 ahead mix mult
Pump 5 behind. mix 175 sks of pure 5" Kol seal. Shut down wash up. Release plug.
Displace 116 QBS. Final lift 900 psi. Plug landed at 1500 psi. Circ 3 hrs.
Plug MH 4 RH. Mix 530 sks of 60/40 8% gel 1/4" Flo Seal. Shut down. Washup.
Displace 68 QBS of water. Final lift was 1000 psi. Plug landed at 1000 psi.
Rig down.
Call through at 600 psi.
Tool opened at 800 psi.

Thanks Dane & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	3175.00	3175.00
5404	35	MILEAGE	5.25	183.75
5407a	31.87	Truck Mileage Delivery	1.25	1982.04
1124	175 SKS	Owsc Cement	23.70	4147.50
1131	530 SKS	60/40 Poz mix	15.86	8723.00
1110B	875	Kol Seal	.56	490.00
1107	137	Flo Seal	2.97	406.89
1112A	3784	Bentonite	.27	1021.68
1144G	500 gal	Mudflush	1.00	500.00
4164	1	5 1/2 Basket	290.00	290.00
4130	7	5 1/2 Centralizers	61.00	427.00
4454 4217A	1	5 1/2 DV Tool	4900.00	4900.00
4159	1	5 1/2 AFU Float shoe	433.75	433.75
4457c	1	5 1/2 Latchdown Plug Assembly	567.00	567.00
			Sub	27217.61
			less 10%	2721.75
			Total	24495.85
			SALES TAX	1409.72
			ESTIMATED TOTAL	25905.57

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: Btrust1Dst#1

TIME ON: 22:16 10-5
 TIME OFF: 07:31 10-6

Company Raymond Oil Inc Lease & Well No. Baird Rev. Trust #1
 Contractor L.D. Drilling Charge to Raymond Oil Inc
 Elevation 3307 Formation L/KC Effective Pay -- Ft. Ticket No. P0001
 Date 10-5-14 Sec. 25 Twp. 6 S Range 36 W County Thomas State KANSAS
 Test Approved By Kim Shoemaker Diamond Representative Michael Carroll

Formation Test No. 1 Interval Tested from 4288 ft. to 4368 ft. Total Depth 4368 ft.
 Packer Depth 4283 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.
 Packer Depth 4288 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 4269 ft. Recorder Number 5515 Cap. 5,000 P.S.I.
 Bottom Recorder Depth (Outside) 4356 ft. Recorder Number 5586 Cap. 5,000 P.S.I.
 Below Straddle Recorder Depth ft. Recorder Number Cap. P.S.I.

Mud Type Chem Viscosity 54 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.0 Water Loss 9.6 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.
 Chlorides 3300 P.P.M. Drill Pipe Length 4255 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out No Anchor Length 80(16.5a) ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB-Built to 3/4" NOBB
 2nd Open: WSB-Dead in 5mins NOBB

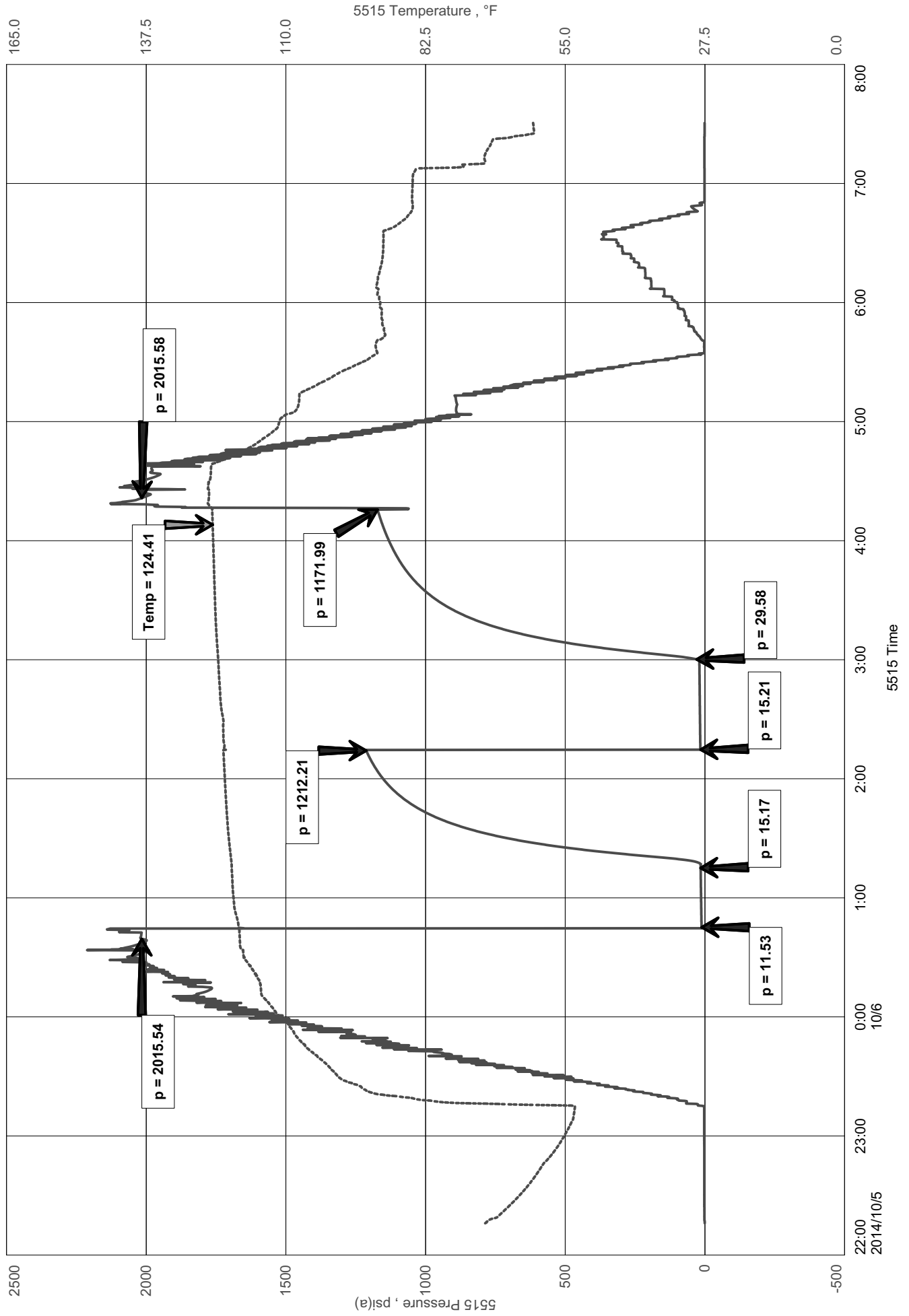
Recovered <u>15</u> ft. of mud	<u>100%M</u>
Recovered <u> </u> ft. of	
Recovered <u> </u> ft. of	
Recovered <u> </u> ft. of	
Recovered <u> </u> ft. of	
Recovered <u> </u> ft. of	Price Job
Recovered <u> </u> ft. of	Other Charges
Remarks:	Insurance
<u>TOOL SAMPLE: 100%M</u>	
	Total

Time Set Packer(s) 12:44A.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 4:15A.M. ^{A.M.}/_{P.M.} Maximum Temperature 124

Initial Hydrostatic Pressure..... (A) 2016 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 12 P.S.I. to (C) 15 P.S.I.
 Initial Closed In Period..... Minutes 60 (D) 1212 P.S.I.
 Final Flow Period..... Minutes 45 (E) 15 P.S.I. to (F) 30 P.S.I.
 Final Closed In Period..... Minutes 90 (G) 1172 P.S.I.
 Final Hydrostatic Pressure..... (H) 2016 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Baird Rev. Trust #1



Diamond Testing LLC

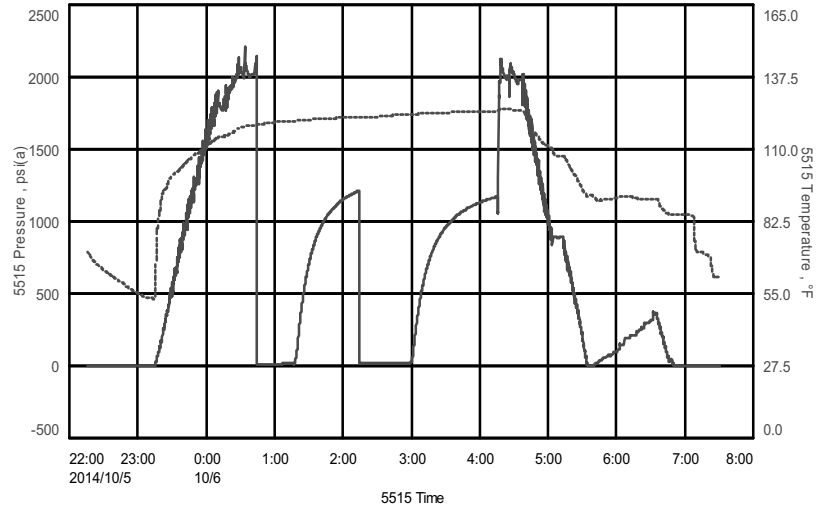
General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Raymond Oil Inc.
Contact Clarke Sandberg
Well Name Baird Rev. Trust #1
Unique Well ID Dst #1 L/KC 4288-4368'
Surface Location Sec25-6s-36w Thomas County
Field WC
Well Type Vertical
Test Type Drill Stem Test
Formation Dst #1 L/KC 4288-4368'
Well Fluid Type 01 Oil
Start Test Date 2014/10/05
Start Test Time 22:16:00
Final Test Date 2014/10/06
Final Test Time 07:31:00
Job Number P0001
Representative Michael Carroll
Report Date 2014/10/06
Qualified By Kim Shoemaker

Baird Rev. Trust #1



Test Results

Recovery:

15' Mud 100% m

Tool Sample:

100% m

Diamond Testing LLC

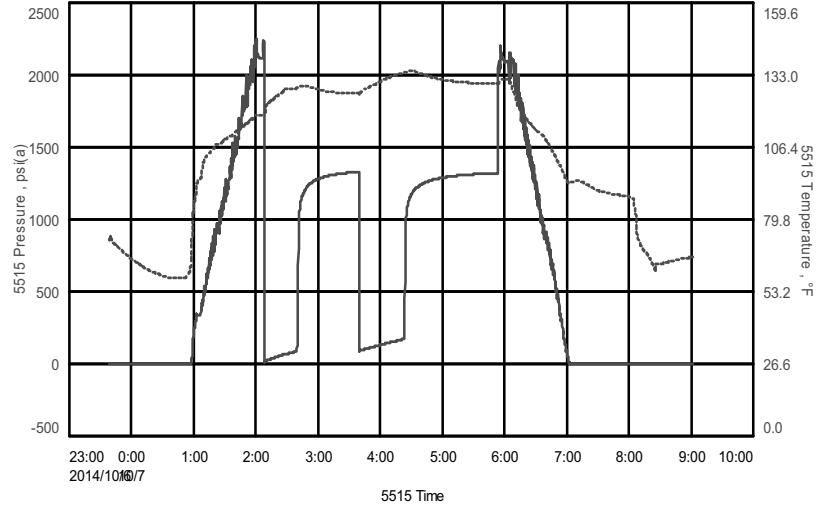
General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Raymond Oil Inc
Contact Clarke Sandberg
Well Name Baird Rev Trust #1
Unique Well ID Dst #2 Altamont "B" 4435-4495'
Surface Location Sec25-6s-36w
Field WC
Well Type Vertical
Test Type Drill Stem Test
Formation Dst #2 Altamont "B" 4435-4495'
Well Fluid Type 01 Oil
Start Test Date 2014/10/06
Start Test Time 23:38:00
Final Test Date 2014/10/07
Final Test Time 09:03:00
Job Number P0002
Representative Michael Carroll
Report Date 2014/10/06
Qualified By Kim Shoemaker

Baird Rev Trust #1



Test Results

Recovery 535' Gas in pipe
219' Clean Oil Gravity 30.8 @ 60 degrees
63' MCO 53% O, 47% M
126' HOCM 30% O, 70% M
408' TOTAL FLUID RECOVERED

TOOL SAMPLE 100% O



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Btrust1Dst#2

TIME ON: 23:38 10-06
TIME OFF: 09:03 10-07

Company Raymond Oil Inc Lease & Well No. Baird Rev. Trust #1
Contractor L.D. Drilling Charge to Raymond Oil Inc
Elevation 3307 Formation Altamont "B" Effective Pay -- Ft. Ticket No. P0002
Date 10-6-14 Sec. 25 Twp. 6 S Range 36 W County Thomas State KANSAS
Test Approved By Kim Shoemaker Diamond Representative Michael Carroll

Formation Test No. 2 Interval Tested from 4435 ft. to 4495 ft. Total Depth 4495 ft.
Packer Depth 4429 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.
Packer Depth 4435 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 4415 ft. Recorder Number 5515 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4472 ft. Recorder Number 5586 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth ft. Recorder Number Cap. P.S.I.

Mud Type Chem Viscosity 58 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 10.4 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.
Chlorides 3000 P.P.M. Drill Pipe Length 4401 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 4 Test Tool Length 34 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out No Anchor Length 60(28.5a) ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1/2" Blow-Built to BOB in 11 mins 4"BB
2nd Open: 1/2" Blow-Built to BOB in 11 mins 6"BB

Recovered 535 ft. of GAS IN PIPE
Recovered 219 ft. of CLEAN OIL GRAVITY 30.8 @ 60 DEGREES
Recovered 63 ft. of MCO 53% OIL 47% MUD
Recovered 126 ft. of HOCM 30% OIL 70% MUD
Recovered 408 ft. of TOTAL FLUID RECOVERY

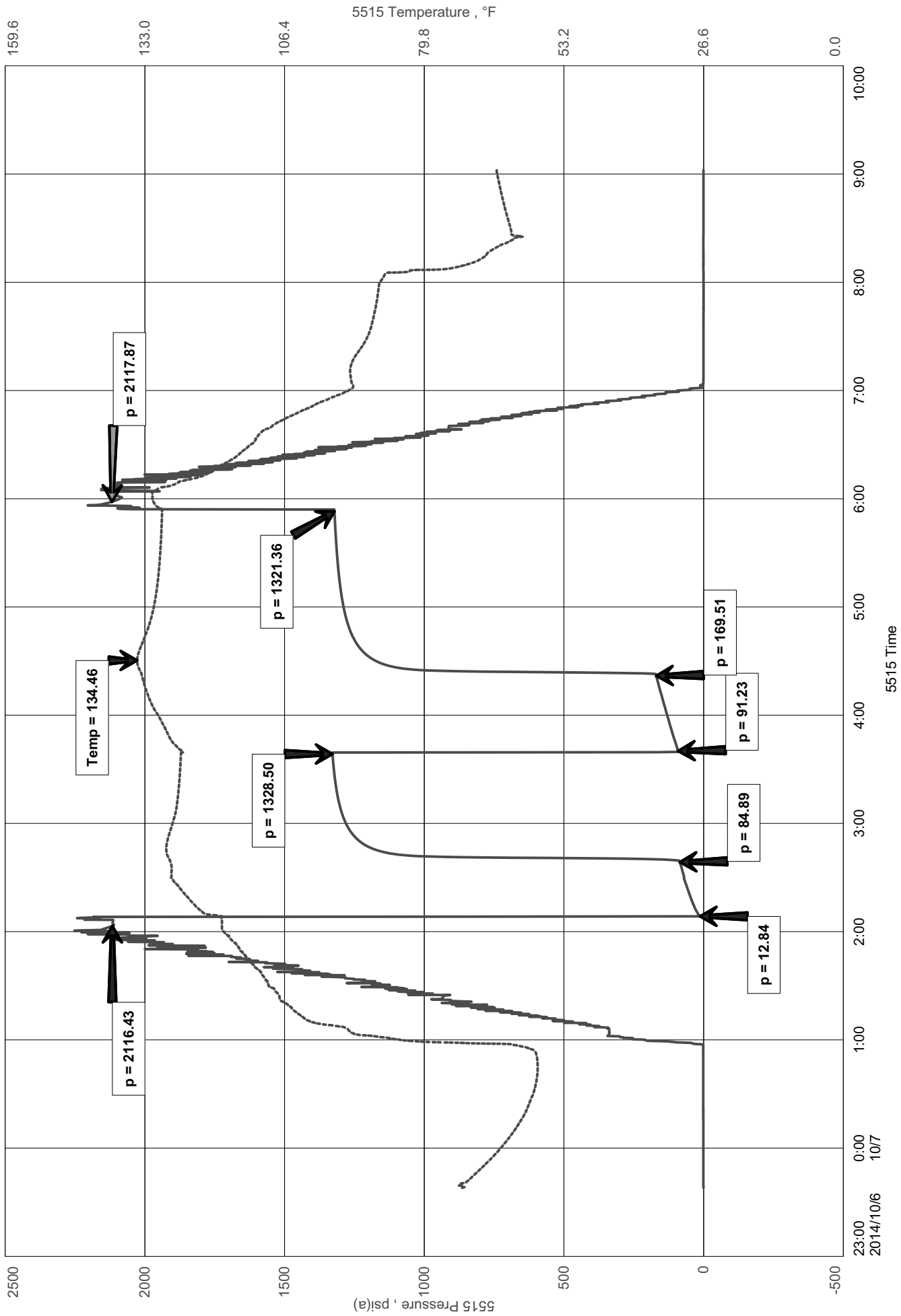
Recovered <u> </u> ft. of <u> </u>	Price Job
Remarks: <u>TOOL SAMPLE: 100% OIL</u>	Other Charges
	Insurance
	Total

Time Set Packer(s) 2:08A.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 5:53A.M. ^{A.M.}/_{P.M.} Maximum Temperature 124

Initial Hydrostatic Pressure..... (A) 2116 P.S.I.
Initial Flow Period..... Minutes 30 (B) 13 P.S.I. to (C) 90 P.S.I.
Initial Closed In Period..... Minutes 60 (D) 1329 P.S.I.
Final Flow Period..... Minutes 45 (E) 91 P.S.I. to (F) 170 P.S.I.
Final Closed In Period..... Minutes 90 (G) 1321 P.S.I.
Final Hydrostatic Pressure..... (H) 2118 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Baird Rev Trust #1





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: Btrust1Dst#3

TIME ON: 19:50 10-7
 TIME OFF: 06:24 10-8

Company Raymond Oil Inc Lease & Well No. Baird Rev. Trust #1
 Contractor L.D. Drilling Charge to Raymond Oil Inc
 Elevation 3307 Formation Pawnee Effective Pay -- Ft. Ticket No. P0003
 Date 10-7-14 Sec. 25 Twp. 6 S Range 36 W County Thomas State KANSAS
 Test Approved By Kim Shoemaker Diamond Representative Michael Carroll

Formation Test No. 3 Interval Tested from 4512 ft. to 4555 ft. Total Depth 4555 ft.
 Packer Depth 4507 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.
 Packer Depth 4512 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 4493 ft. Recorder Number 5515 Cap. 5,000 P.S.I.
 Bottom Recorder Depth (Outside) 4515 ft. Recorder Number 5586 Cap. 5,000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 57 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.
 Chlorides 3200 P.P.M. Drill Pipe Length 4479 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out No Anchor Length 43a ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 2 1/2"-BUILT TO BOB IN 1 MIN BBBB
 2nd Open: 1 1/2"-BUILT TO BOB IN 1 1/2 MIN 8"BB

Recovered 1250 ft. of GIP
 Recovered 1900 ft. of CO 100% O GRAVITY 25.5 @ 60 DEGREES F
 Recovered 63 ft. of SLMCHGCO 31%G 52%O 17%M
 Recovered 1963 ft. of TOTAL FLUID

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>TOOL SAMPLE: 89%O 11%M</u>	Insurance
	Total

Time Set Packer(s) 10:18 P.M. 10-7 ^{A.M.}/_{P.M.} Time Started Off Bottom 2:03 A.M. 10-8 ^{A.M.}/_{P.M.} Maximum Temperature 139

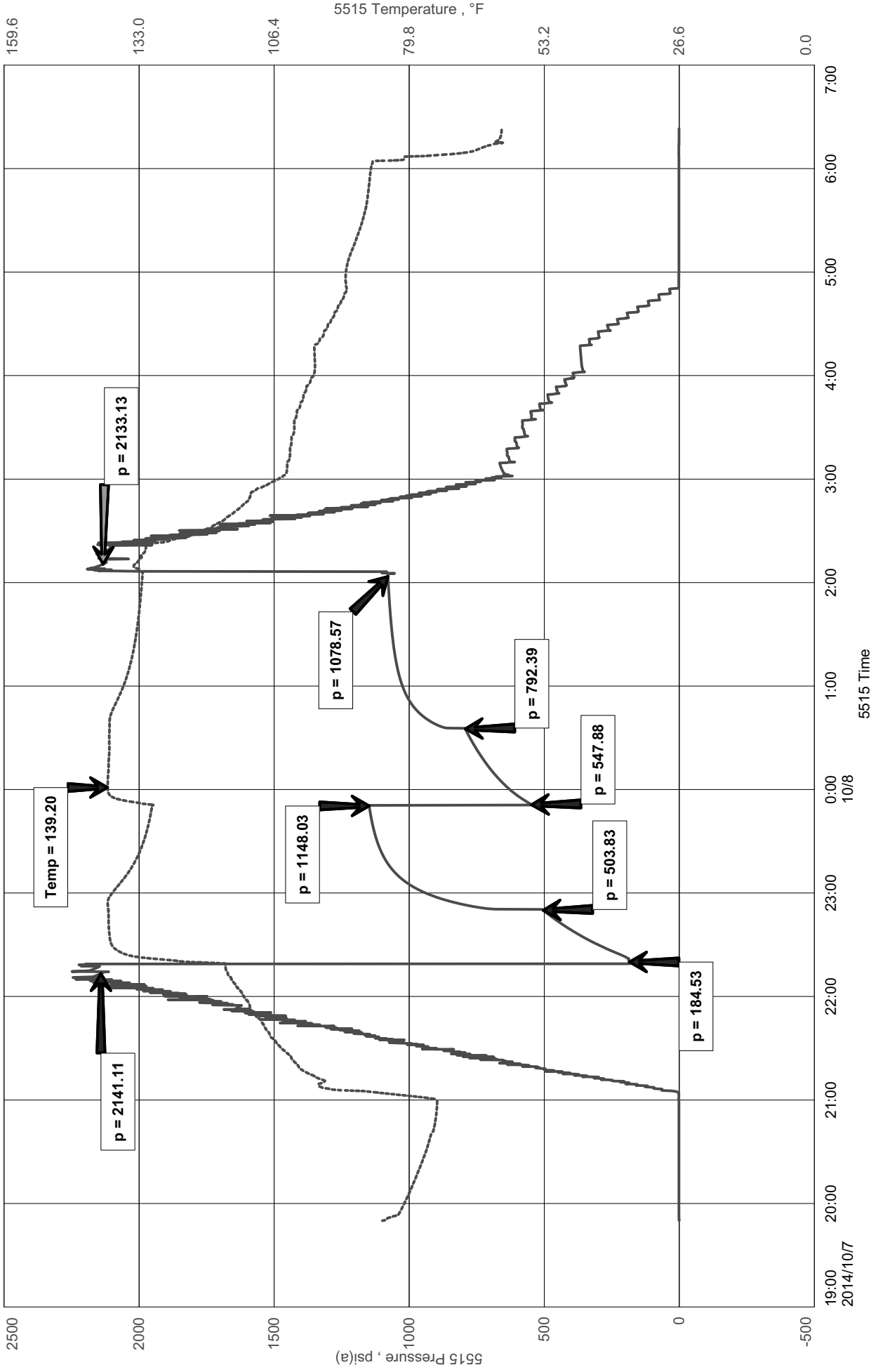
Initial Hydrostatic Pressure..... (A) 2141 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 185 P.S.I. to (C) 504 P.S.I.
 Initial Closed In Period..... Minutes 60 (D) 1148 P.S.I.
 Final Flow Period..... Minutes 45 (E) 548 P.S.I. to (F) 792 P.S.I.
 Final Closed In Period..... Minutes 90 (G) 1079 P.S.I.
 Final Hydrostatic Pressure..... (H) 2133 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Raymond Oil Inc
Dst #3 Pawnee 4512-4555'
Start Test Date: 2014/10/07
Final Test Date: 2014/10/08

Baird Rev Trust #1
Formation: Dst #3 Pawnee 4512-4555'
Pool: WC
Job Number: P0003

Baird Rev Trust



Diamond Testing LLC

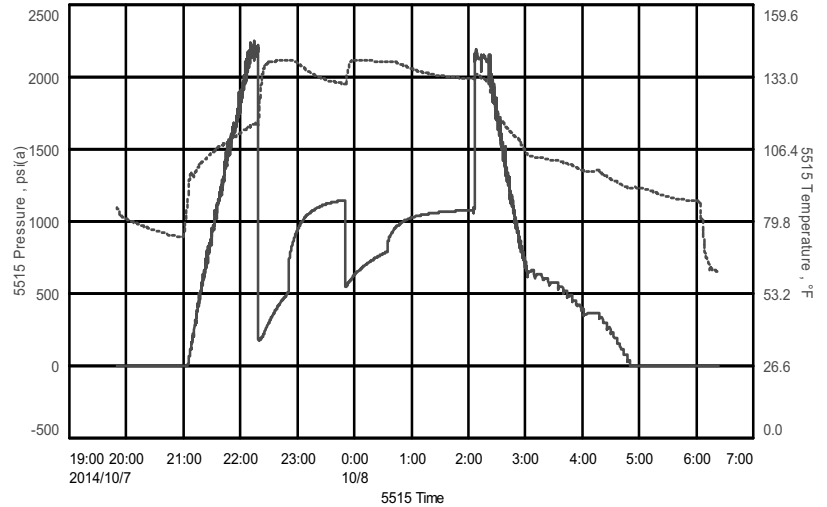
General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Raymond Oil Inc
Contact Clarke Sandberg
Well Name Baird Rev Trust #1
Unique Well ID Dst #3 Pawnee 4512-4555'
Surface Location Sec25-6s-36w Thomas County
Field WC
Well Type Vertical
Test Type Drill Stem Test
Formation Dst #3 Pawnee 4512-4555'
Well Fluid Type 01 Oil
Start Test Date 2014/10/07
Start Test Time 19:50:00
Final Test Date 2014/10/08
Final Test Time 06:24:00
Job Number P0003
Representative Michael Carroll
Report Date 2014/10/07
Qualified By Kim Shoemaker

Baird Rev Trust



Test Results

Recovery:

1250' GIP
1900' CO 100%O GRAVITY 25.5 @ 60 DEGREES F
63' SLMCHGCO 31%G 51%O 17%M
1963' TOTAL FLUID

TOOL SAMPLE:

89%O 11%M

KIM B. SHOEMAKER

CONSULTING GEOLOGIST

316-684-9709 * WICHITA, KS

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY <u>RAYMOND OIL COMPANY, INC.</u>	ELEVATIONS
LEASE <u># 1 BAIRD REV TRUST</u>	KB <u>3307</u>
FIELD <u>WILDCAT</u>	DF _____
LOCATION <u>2062' FSL # 2017' FEL</u>	GL <u>3302</u>
SEC <u>25</u> TWP <u>6s</u> RGF <u>36W</u>	Measurements Are All From <u>3307 KB</u>
COUNTY <u>THOMAS</u> STATE <u>KANSAS</u>	
CONTRACTOR <u>L. D. DRILLING, INC.</u>	CASING
SPUD <u>9-29-14</u> COMP <u>10-10-14</u>	SURFACE <u>8 5/8" @ 340'</u>
RTD <u>4876</u> LTD <u>4876</u>	PRODUCTION <u>5 1/2" @</u>
MUD GP <u>3543</u> TYPE MUD <u>CHEMICAL</u>	ELECTRICAL SURVEYS
	DUAL IND., DENS-N. MICRO, SONIC

SAMPLES SAVED FROM _____	<u>3800</u> TO <u>4876</u>
DRILLING TIME KEPT FROM _____	<u>3800</u> TO <u>4876</u>
SAMPLES EXAMINED FROM _____	<u>3800</u> TO <u>4876</u>
GEOLOGICAL SUPERVISION FROM _____	<u>4000</u> TO <u>4876</u>
GEOLOGIST ON WELL <u>KIM B. SHOEMAKER</u>	

FORMATION TOPS	LOG	SAMPLES	
ANHYDRITE	2910-397	2912-395	
B/ANN.	2946-361	2948-359	
WAB., STOTLER	3808-501	3807-500	
HEEBNER	4116-809	4119-812	
LANSING	4164-857	4163-856	
B/KC	4418-1111	4420-1113	
PAYNEE	4532-1225	4530-1223	
FORT SCOT	4598-1291	4595-1288	
CHEROKEE	4626-1319	4624-1317	
MISSISSIPPI	4774-1467	4770-1463	



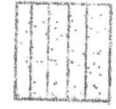






7 1000

REMARKS

9-29-14 SPUD
 9-30 @ 343'
 10-1 @ 1321'
 10-2 @ 1989'
 10-3 @ 3105'
 10-4 @ 3765'
 10-5 @ 4255'
 10-6 @ 4368'
 10-7 @ 4495'
 10-8 @ 4555'
 10-9 @ 4876'
 10-10 @ 4876'

API: 15-193-20931

LEGEND

- 
 Anhydrite
- 
 Salt
- 
 Sandstone
- 
 Shale
- 
 Carb sh
- 
 Limestone
- 
 Ool.Lime
- 
 Chert
- 
 Dolomite

DRILLING TIME IN MINUTES
 PER FOOT
 Rate of Penetration Increases



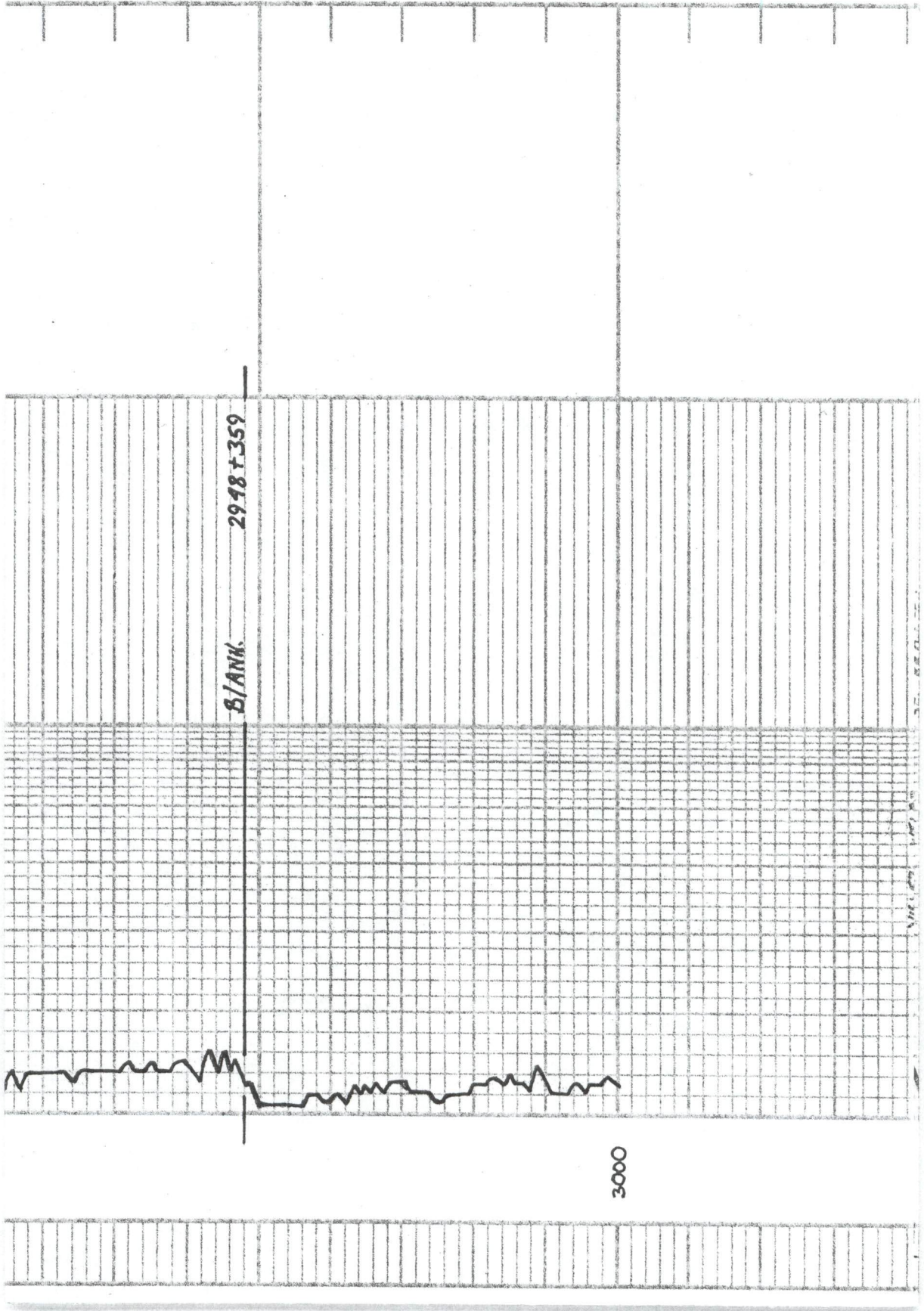
LITHOLOGY

DEPTH
 2900

SAMPLE DESCRIPTIONS

ANHYDRITE 2912 + 395

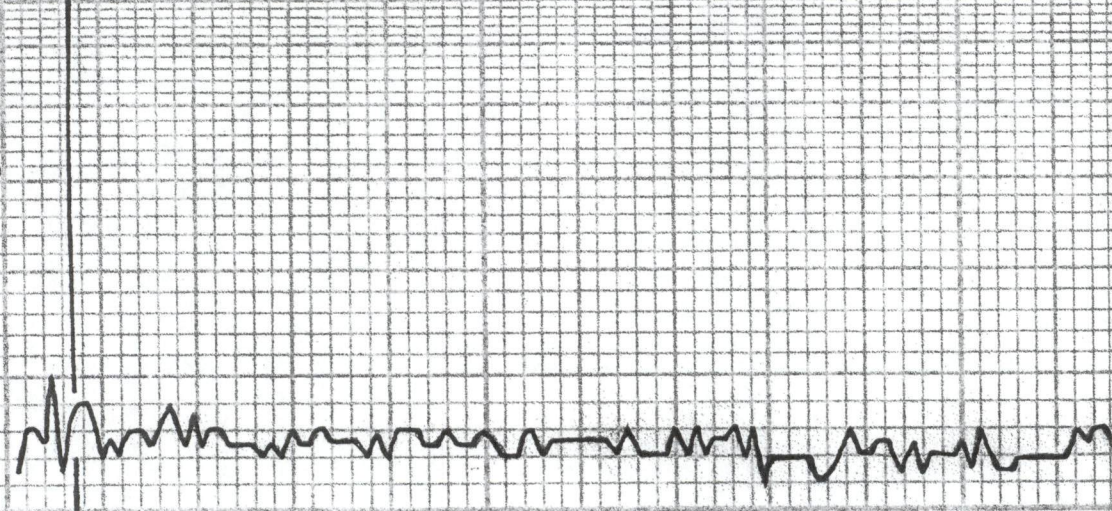
REMARKS



B/ANK. 2918 ± 359

3000

YD: 27
WC: 7.2 CM: 3000
@ 5761



Samples are tagged

WAB STOTLER 3807-500

ss. Gy. Sil. Foss.

Sh. Gily.

ss. w/ YSD. Foss. Sil. Chalk.

Sh. Bl.

ss. w/ Sil. Foss. YSD.

ss. w/ G. Sil. Foss. Bl. Sh.
Dk. Bl. Bit at Str. F. P. Nodules.

Sh. Bl.

ss. Gily. YSD. Chalk.

Sh. Bl.

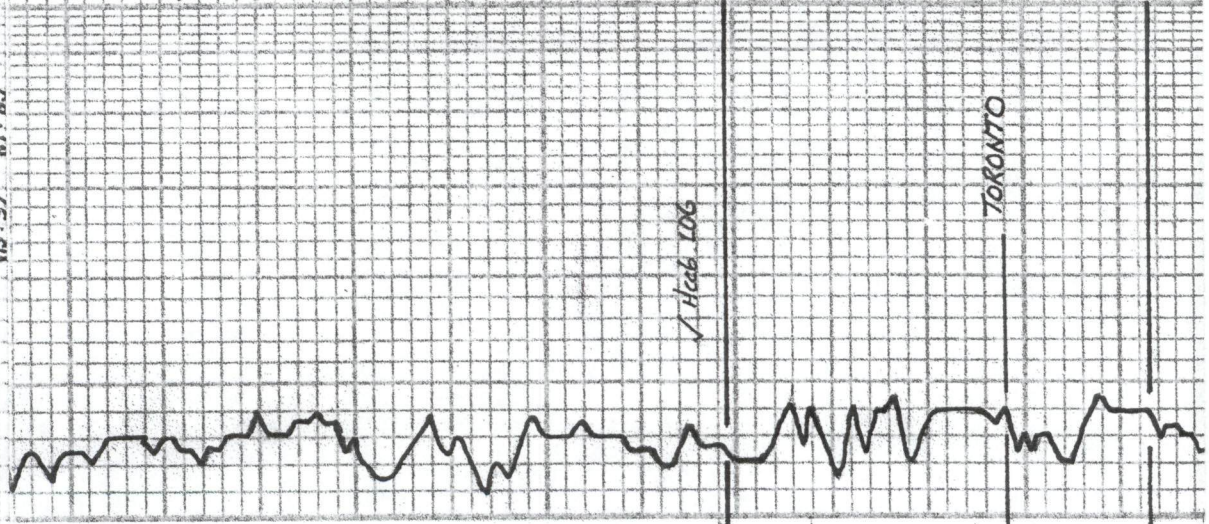
ss. w/ Sil. Foss. Sil. Chalk.

ss. Gy. Dol. YSD. Foss.

Sh. Bl.



10.27 81.82



4100

ES. T. h. g. Sl. Pass. E. h. g. Sl. Pass. DE. P. S. S. FOR HODDGE.

Sh. Purple

ES. G. Sl. A

Sh. Gray Sdy

ES. T. h. Sl. A

ES. L. g. Sl. Pass. Sl. Chilly.

ES. L. g. Sl. Pass. Sl. Chilly.

HEEBNER 9119-812
Sh. Bk Carb.

ES. L. g. Sl. Pass. Sl. Chilly.

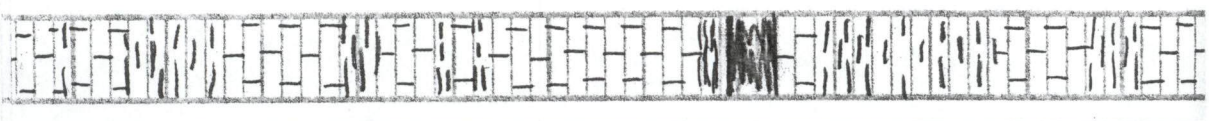
Sh. L. g. Sl. Sdy.

ES. Sl. Pass. Sl. A

Sh. G. Sdy

LANSING 9163-856

ES. Sl. Pass. Sl. Chilly.



ls. wt. Foss. Fr. V. sp. Blk. Tamy. Str. To Blk. Hoyal
No odor

Sh. Bl. Calc.

ls. wt. Foss. vsi. Chly. Fr. V. sp. Blk. dd. Str.
To. W. sp. SN. Fr. P. No odor

Sh. Bl.

ls. wt. Str. fossil. Si. Chly.
Available

ls. Chly. vsi. A

ls. G. Da.

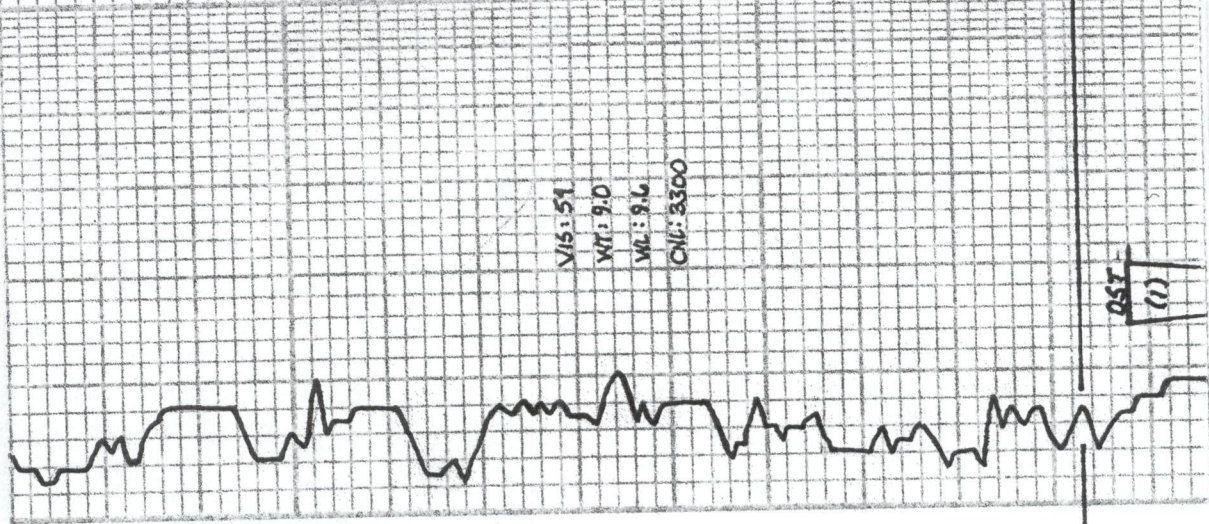
ls. wt. Si. Foss. Si. A

ls. T. wt. 5/16 Foss. Si. A. Si. Calcite.

ls. To. Si. Foss. Si. A. Calcite.

MUNCIE CREEK 4283-976
Sh. Bl. Calc. ls. Chly. vsi. Foss.

Sh. Fr. Calc.



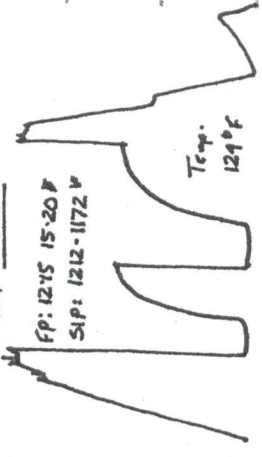
4200



DST (1) 4288-4368

1500EN: Blow built to 3/4"
2400EN: Surf. blow dried 5 min.
30:60-45:75

Rec. 15' Mud



Tool Sample: 100% Mud

ls. Tan. V.Si. Foss. P. Veg. p
DEBN. Si. d. S.K. T. Fo No Odor.

Sh. Gy. Aly

ls. wh. Si. Foss. P. Veg. p
DEBN. Si. d. S.K. T. Fo No Odor.

ls. wh. Si. Foss. Si. A

Sh. Bl.

ls. wh. Si. Foss. Si. A

ls. wh. Foss. Si. Foss. Si. A

STARK 4363-1056

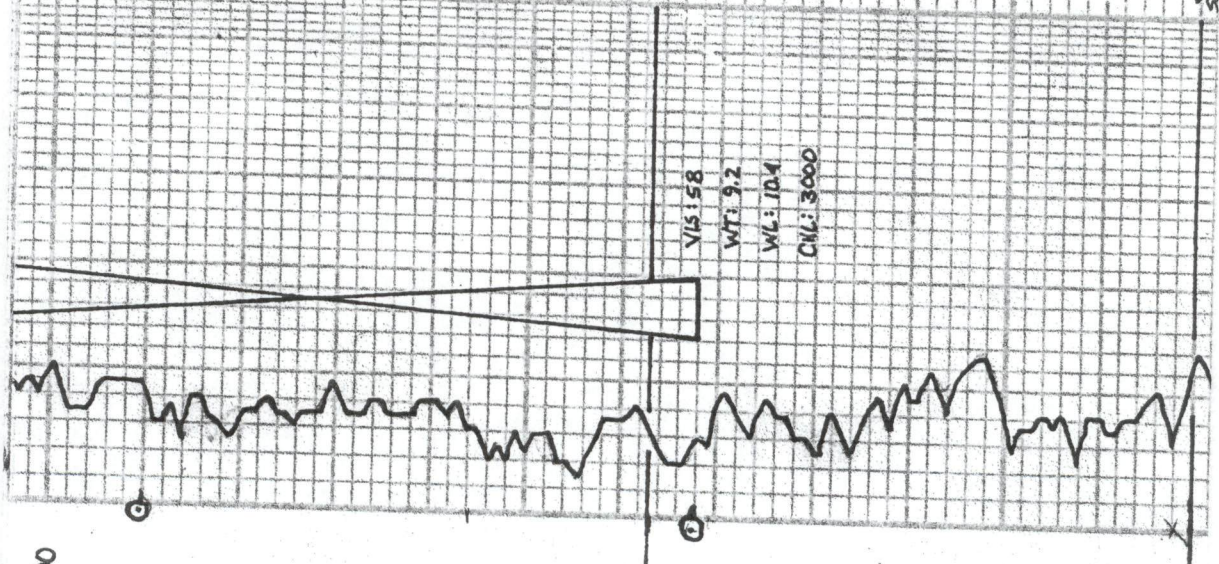
Sh. Bl.

ls. wh. Aly. Si. Foss. St. Chk.

Sh. DEG. G.

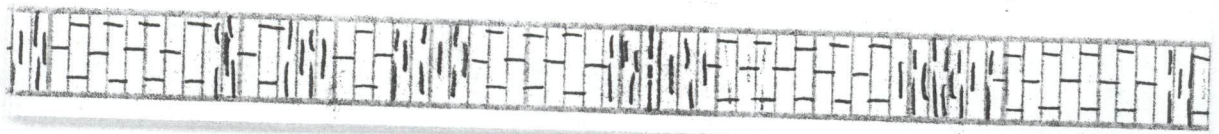
ls. Tan. Si. Foss. Si. A Dev.

8/KC 4420-1113
Sh. Bl.



4300

4400



MARMATON 4428-1121

ls. to ss. Silty

Sh. silty

ALMONT 4454-1147

ls. w. silty ss. fine

Sh. silty

ALTA 4972-1165

ls. to ss. silty

ss. to ss. silty

Sh. silty

ls. w. to ss. fine. P. to P. Silty

60% oil Bleeding oil. No flow flow.

ls. silty. Dark

ls. silty. Silty

Sh. dark. silty

Sh.

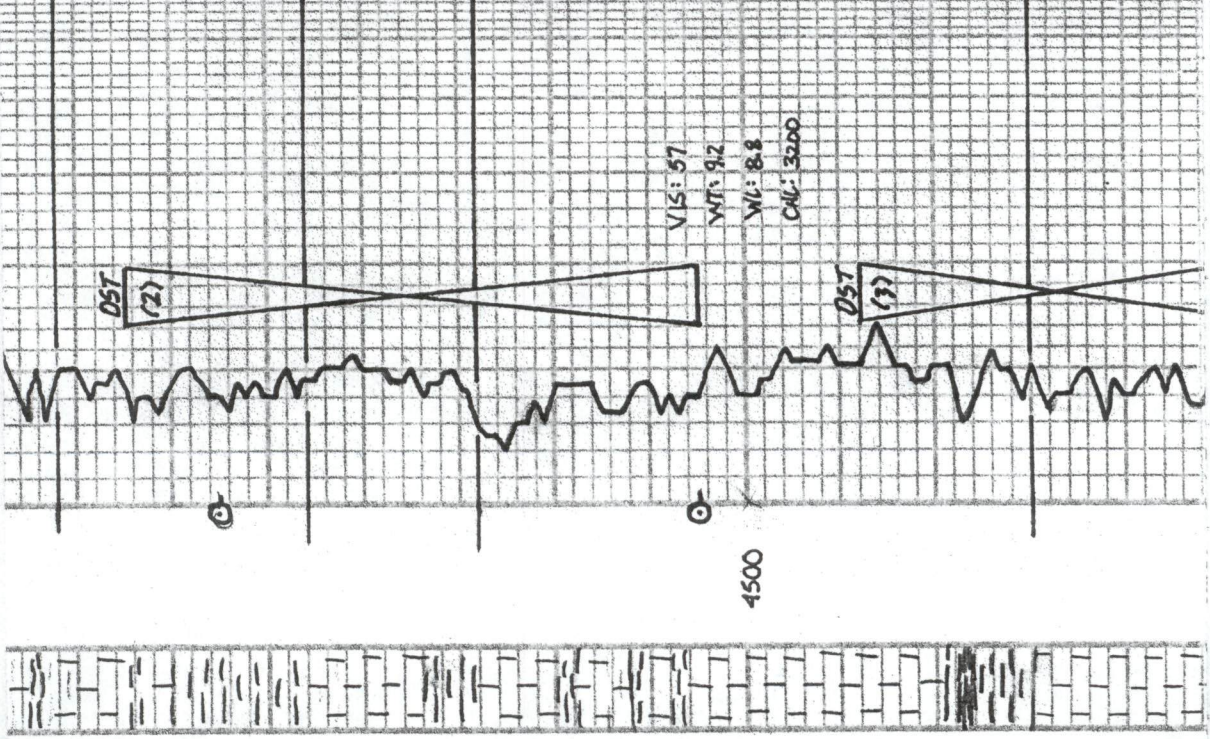
PAWNEE 4530-1223

ls. to ss. silty. P. to P. P. to P.

ss. to ss. silty. P. to P.

ls. to ss. silty. P. to P. P. to P.

ls. to ss. silty. P. to P. P. to P.



VIS: 57
WT: 9.2
WL: 8.8
CAL: 3200

DST (2) 4435-4495

1500 ft. Bottom bucket 11 MIN.

2400 ft. " " " "

30.60.45-90

Rec. 535 GIP

219 CO 30.8 (47% M)

63 MO (53% M)

126 HUCM (80% M)

TE: 400

FP: 13-90

91-170

SIP: 1329

1321

Temp: 134°F

Tool Sample: 100% oil

88: Bottom Bucket

88: B"

DST (3) 4512-4555

1500 ft. Bottom bucket 1 MIN.

2400 ft. " " " "

30.60.45-90

Rec. 1250 GIP

1900 CO 23.6 (47% M)

63 M60 (37% M)

TE: 1045

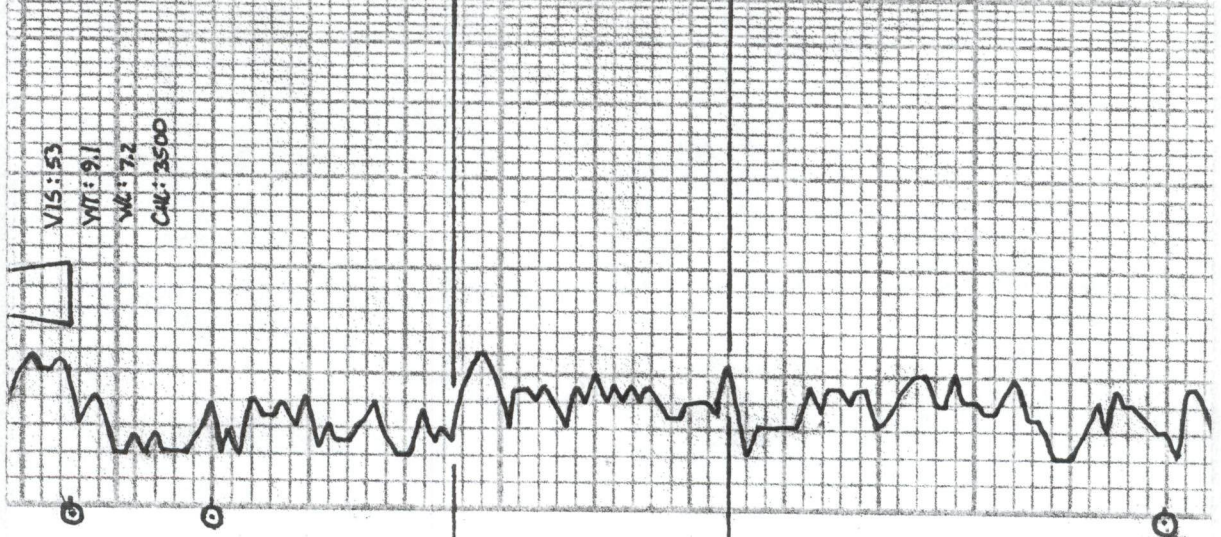
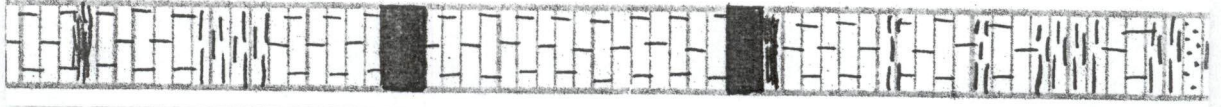
FP: 185-5044

548-782

SIP: 1148-1079

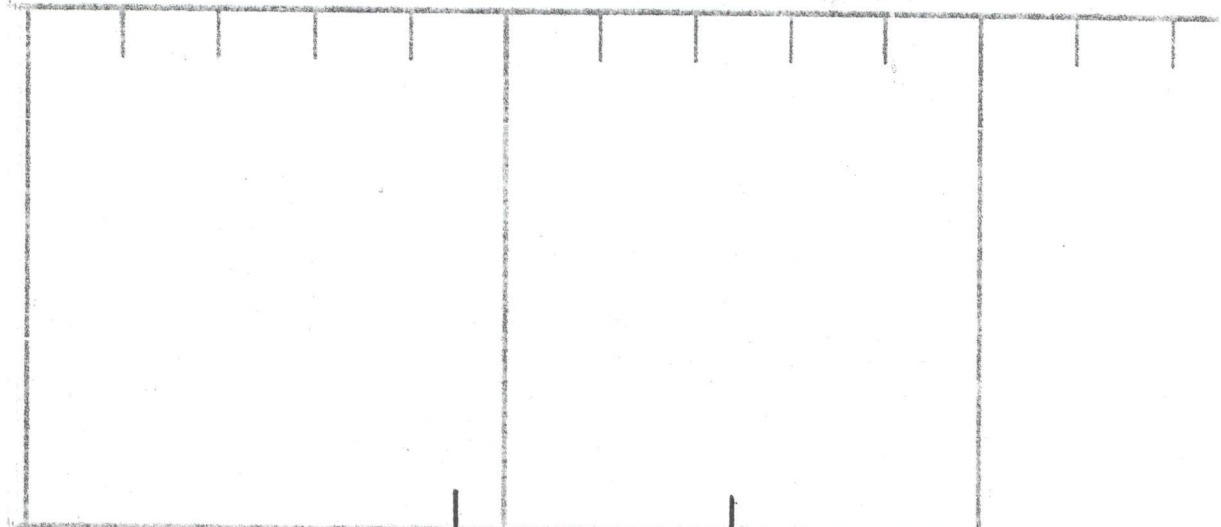
Temp: 130

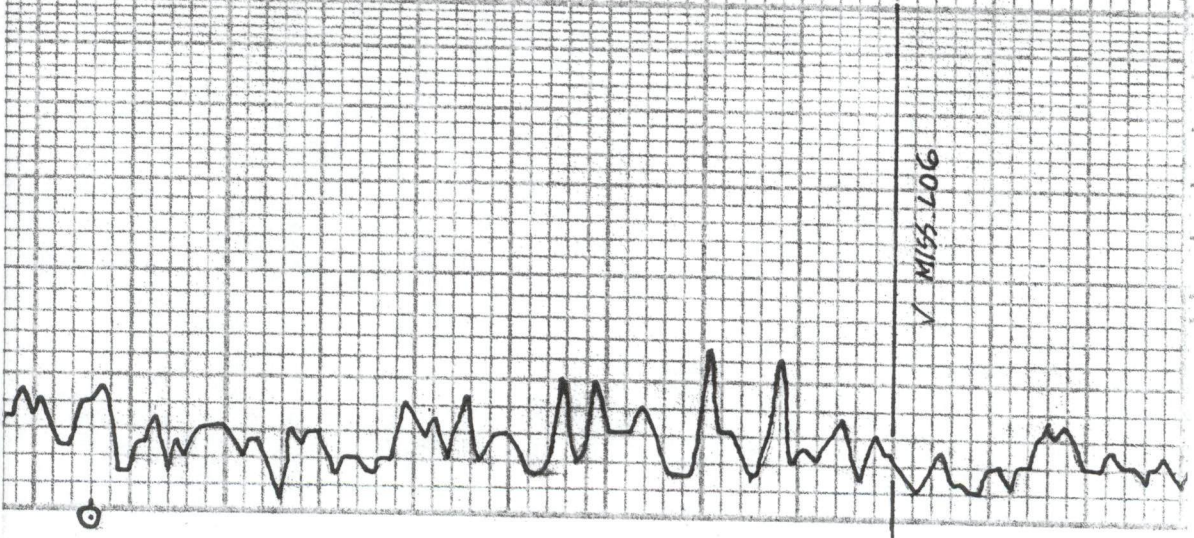
Tool Sample: 89% oil 11% M. oil.



VIS: 53
WT: 9.1
WG: 7.2
CAL: 2500

Sh. Bkt.
ls. wt. Orange Chilly. - Vchilly.
A whilly.
Sh. Fly.
ls. Fly. - 1811-1818 - VSEA
A fly. wh.
Sh. Bkt. Carb.
FORT SCOTT 4595-1288
ls. Fly. - 1811-1818 - S. A.
At Bl. Fly. - 1811-1818 - S. A. Col. Carb.
A Bkt. S. Fly.
CHEROKEE 4624-1317
Sh. Bkt. Carb.
ls. Fly. - 1811-1818 - VSEA
ls. wt. Chilly.
Sh. Fly. - 1811-1818 - VSEA
ls. wt. Fly. - 1811-1818 - VSEA





Sh. Gls. Purple. Rd.
 Sl. Md. Co. V. Co. G. Sub Rd. Poorly Sorted
 w/ mica. Incl.
 Sh. Rd.
 Sl. Rd. Fr. Md. Co. Sub Rd.
 Sl. Rd. Purple. Md. Co. G. Sub Rd.
 Sh. Yellow. G. Blue. Slsy. Purple
 Sol. wd. Fr. Md. Co. Sub Rd. Fr. Slsy.
 Sh. Rd. Yellow
 Sol. wd. Fr. Fr. Md. Co. Sub Rd. Fr. Slsy.
 Sh. Yellow, A Orange
 MISSISSIPPI 4770-1963
 A v. h. g. Slsy.
 Dol. Fr. Gls. Fr. Slsy. Slsy. Slsy. etc.
 Sh. Purple. Yellow. A Yellow
 Dol. Fr. Gls. Fr. Slsy. Slsy.

4700

4900

MISSISSIPPI LOG



VIS: 57
 WTS: 920
 WE: 80
 CHC: 3000

RTD 4876-1569

4900

Sh. G.
 Dol. G. V. Faxla Suc. w/ Def. bed.
 Sh. G.
 Dol. G. V. Faxla Suc.
 Dol. G. V. Faxla 'Muggy' suc.
 Es. R. DE. R. 001. Fos. Si. A. Dal.

