

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5144Name: Mull Drilling Company, Inc.Address: P.O. Box 2758City/State/Zip: Wichita, KS 67201-2758Purchaser: EOTT EnergyOperator Contact Person: Mark A. ShrevePhone: (316) 264-6366

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

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: Mull Drilling Company, Inc.Well Name: Graeff #2Original Comp. Date: 3-14-00 Original Total Depth: 4590 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. _____11-7-02 11-7-02 11-12-02Spud Date or Date Reached TD Completion Date or Recompletion DateAPI No. 15 - 101-21777County: Lane-W2- NE- NW Sec. 9 Twp.17 S. R. 28 East West660 feet from S N (circle one) Line of Section1650 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

 (circle one) NE SE NW SWLease Name: Graeff Well #: 2Field Name: ShieldsProducing Formation: Lansing KC JElevation: Ground: 2766 Kelly Bushing: 2774Total Depth: 4590 Plug Back Total Depth: 4550Amount of Surface Pipe Set and Cemented at 221 FeetMultiple Stage Cementing Collar Used? Yes NoIf yes, show depth set 2200 FeetIf Alternate II completion, cement circulated from 2200feet depth to surface w/ 235 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 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: Lancy SteinerTitle: Sr. Eng. & Prod. Tech. Date: 12-19-02Subscribed and sworn to before me this 19th day of December, 2002Notary Public: Patricia A. Clutter NOTARY PUBLICDate Commission Expires STATE OF KANSAS 8-05

My Appt. Exp. _____

KCC Office Use ONLY

 Letter of Confidentiality AttachedIf Denied, Yes Date: _____ Wireline Log Received Geologist Report Received UIC Distribution

Operator Name: Mull Drilling Company, Inc. Lease Name: Graeff Well #: 2
 Sec. 9 Twp. 17 S. R. 28 East West County: Lane

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

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	# Sacjs Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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)	
4	4290-4294 & 4231-4235 CIBP @ 4226			Depth	
4	4208-4214			500 gals 15% MCA	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8	4210'			

Date of First, Resumed Production, SWD or Enhr.		Producing Method				
11-12-02		<input type="checkbox"/> Flowing <input checked="" 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
	14	0	15	0	36°

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
(If vented, Sumit ACO-18.) Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____