

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

Operator: License # 5144

Name: Mull Drilling Company, Inc.

Address P.O. Box 2758

City/State/Zip Wichita, KS 67201

Purchaser: N/A

Operator Contact Person: Mark A. Shreve

Phone (316) 264-6366

RECEIVED

Contractor: Name: _____

License: OCT 17 2003

Wellsite Geologist: KCC WICHITA

Designate Type of Completion

New Well Re-Entry Workover

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

If Workover/Reentry: Old Well Info as follows:

Operator: Mull Drilling Company, Inc.

Well Name: Terwilliger North East Unit

#5
Comp. Date 9-29-77 Old Total Depth 4600

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. E-27.690

9-29-03 9-29-03 10-7-03
Spud Date Date Reached TD Completion Date

API NO. 15- 101-20,246-00-02

County Lane

-NW -NE -NE Sec. 1 Twp. 17S Rge. 29 X

330 Feet from SW (circle one) Line of Section

990 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE, SE, NW or SW (circle one)

Lease Name Terwilliger North Well # 5

Field Name Terwilliger East

Producing Formation Marmaton

Elevation: Ground 2785 KB _____

Total Depth 4600 PBTD _____

Amount of Surface Pipe Set and Cemented at 323 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 Workover on 11-3-03
(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 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 Tamara J. Kohlman

Title Sr. Eng. & Prod. Technician Date 10-16-03

Subscribed and sworn to before me this 16th day of October, 2003.

Notary Public Tamara J. Kohlman

Date Commission Expires October 16, 2005

K.C.C. OFFICE USE ONLY
F 16 Letter of Confidentiality Attached
C 11 Wireline Log Received
C 11 Geologist Report Received

Distribution
 KCC SWD/Rep
 KGS Plug
 Other
(Specify) _____



TAMARA J. KOHLMAN

Operator Name Mull Drilling Company, Inc.Lease Name TNEU Well # 5Sec. 1 Twp. 17 Rge. 29 East WestCounty Lane

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 Log Formation (Top), Depth and Datums Sample

Samples Sent to Geological Survey

 Yes No

Name

Top

Datum

Cores Taken

 Yes NoElectric Log Run
(Submit Copy.) Yes No

List All E.Logs Run:

CASING RECORD							
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: — 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)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 7/8	4313	4313' & 3976'		

Date of First, Resumed Production, SWD or Inj.	Producing Method	<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
	0	0	0		

Disposition of Gas: METHOD OF COMPLETION Production Interval

<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
	<input type="checkbox"/> Other (Specify) _____	