

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

6236

Operator: License # _____

Name: MIM PETROLEUM, INC.Address P.O. BOX 82City/State/Zip SPIVEY, KS 67142

Purchaser: _____

Operator Contact Person: MARVIN A. MILLERPhone (316) 532-3794Contractor: Name: PICKRELL DRILLING CO., INC.License: 5123Wellsite Geologist: LARRY RICHARDSON

Designate Type of Completion

New Well Re-Entry Workover

<u>Oil</u>	<u>SWD</u>	<u>SIOW</u>	<u>Temp. Abd.</u>
<u>Gas</u>	<u>ENHR</u>	<u>SIGW</u>	
<u>Dry</u>	<u>Other (Core, WSW, Expl., Cathodic, etc)</u>		

If Workover:

Operator: MULL DRILLING CO., INC.Well Name: WASHBURN #1Comp. Date 4-7-56 Old Total Depth 4504

<u>Deepening</u>	<u>Re-perf.</u>	<u>Conv. to Inj/SWD</u>
<u>Plug Back</u>		<u>PBTD</u>
<u>Commingled</u>	<u>Docket No.</u>	
<u>Dual Completion</u>	<u>Docket No.</u>	
<u>Other (SWD or Inj?)</u>	<u>Docket No.</u>	

7-13-99 7-15-99 7-28-99

Spud Date Date Reached TD Completion Date

API NO. 15- 095-00018-00-01County KINGMANC NW SE Sec. 35 Twp. 30S Rge. 8 X E

1980 Feet from S/N (circle one) Line of Section

1980 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 AHLF A Well # 2Field Name SPIVEY-GRABS-BASILProducing Formation MISSISSIPPIONElevation: Ground 1662' KB 1667'Total Depth 4502 PBTD existing @ 160Amount of Surface Pipe Set and Cemented at see letter FeetMultiple 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 OWVO 8/17/01 SB
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used HAULED OFFSITE

Location of fluid disposal if hauled offsite:

Operator Name MESSENGER PETROLEUMLease Name NICHOLAS SWD License No. 4706Quarter 20 Sec. 20 Twp. 30 S Rng. 8 E/WCounty KINGMAN Docket No. D-27, 434

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 Marvin A. MillerTitle MARVIN A. MILLER, PRESIDENT Date 8-6-99Subscribed and sworn to before me this 6th day of AUGUST,
19 99.Notary Public Kathy HillDate Commission Expires 01/04/2003

<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> K	K.C.C. OFFICE USE ONLY
<input checked="" type="checkbox"/> <i>✓</i>	<input checked="" type="checkbox"/> <i>✓</i>	<input checked="" type="checkbox"/> <i>✓</i>	Letter of Confidentiality Attached
<input checked="" type="checkbox"/> <i>✓</i>	<input checked="" type="checkbox"/> <i>✓</i>	<input checked="" type="checkbox"/> <i>✓</i>	Wireline Log Received
<input checked="" type="checkbox"/> <i>✓</i>	<input checked="" type="checkbox"/> <i>✓</i>	<input checked="" type="checkbox"/> <i>✓</i>	Geologist Report Received

Distribution	<input checked="" type="checkbox"/> KCC	<input checked="" type="checkbox"/> SWD/Rep	<input checked="" type="checkbox"/> NGPA
	<input checked="" type="checkbox"/> KGS	<input checked="" type="checkbox"/> Plug	<input checked="" type="checkbox"/> Other
	<i>TDB</i>		
	(Specify)		

Operator Name: MIM PETROLEUM, INC.Lease Name: AHLF AWell # 2Sec. 35 Twp. 30S Rge. 8W East WestCounty: KINGMAN

INSTRUCTIONS: Show important tops and base of formations penetrated. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, when shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and free flowing 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 NoElectric Log Run
(Submit Copy.) Yes No

List All Logs Run:

*JB
KCC*RADIATION GUARD LOG
SONIC CEMENT BOND LOG Log Formation (Top), Depth and Datums Sample

Name Top Datum

SEE ORIGINAL COMPLETION CARD

CASING RECORD							
<input type="checkbox"/> New <input checked="" 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
EXISTING SURFACE		8 5/8"		160'	SEE PLUGGING RECORD		
PRODUCTION	7 7/8	5 1/2"	14#	4496'	AA2 BLEND	100 sks	.363 FLA
							3.553 GILSONITE/sk

ADDITIONAL CEMENTING/SQUEEZE RECORD

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

Shot 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 DPP SPF	4424-4426	7-26-99			
2 DPP SPF	4390-4394	7-27-99			

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8"	4413'			

Date of First, Relained Production, SWD or Inj. Noncommercial	Producing Method	<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 Non-commercial	Bbls.	Gas Non-commercial	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
						N/A		

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Casing
(if vented, submit ACO-18.) Other (Specify) _____