

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
September 1999
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 31409
 Name: M M Energy, Inc.
 Address: 1900 SE 15th Street; Bldg 700-B
 City/State/Zip: Edmond, OK 73013
 Purchaser: _____
 Operator Contact Person: Ceth Loomis
 Phone: (405) 340-9000
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Tom Boker

Designate Type of Completion:
 _____ New Well _____ Re-Entry X Workover
X Oil _____ SWD _____ SIOW _____ Temp. Abd.
X Gas _____ ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: M M Energy, Inc.
 Well Name: Stateline 1-15
 Original Comp. Date: 12/17/01 Original Total Depth: 5000'
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
 _____ Plug Back _____ Plug Back Total Depth
X Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____

4/15/02 _____ 4/15/02
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date

API No. 15 - -22687-000
 County: Barber
S/2 SW/4 NW/4 Sec. 15 Twp. 35 S. R. 14 East West
660 feet from (S) N (circle one) Line of Section
660 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW

Lease Name: Stateline Well #: 1-15
 Field Name: Aetna Gas Area
 Producing Formation: Mississippi, Hertha

Elevation: Ground: 1458 Kelly Bushing: 1469
 Total Depth: 5000 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 304' 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 *Directed by 1-30-03*
 (Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 11460 bbls
 Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: Star Resources
 Lease Name: Currier 2-9 License No.: 32389
 Quarter _____ Sec. 20 Twp. 32 S. R. 18 East West
 County: Comanche Docket No.: D-27668

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: _____

Title: Vice President Date: 10/2/02

Subscribed and sworn to before me this 2nd day of Oct



Dedra Schultz
 3-28-05

KCC Office Use ONLY

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
NO Wireline Log Received
NO Geologist Report Received
 _____ UIC Distribution

Operator Name: M M Energy, Inc. Lease Name: Stateline Well #: 1-15
 Sec. 15 Twp. 35 S. R. 14 East West County: Barber

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Log Formation (Top), Depth and Datum Name Top Datum Swope 4596' -3128' Hertha 4624' -3156' Cherokee 4799' -3331' Mississippi 4826' -3358'
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cores Taken	Yes <input checked="" type="checkbox"/> No	
Electric Log Run <i>(Submit Copy)</i>	X Yes No	
List All E. Logs Run: <i>See Original</i>		

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
Conductor		20"	54#	70'			
Surface	12 1/4"	8 5/8"	23#	304'	60/40	275	3%cc 2% gel
Production	7 7/8"	5 1/2"	17#	4999'	ASC	190	5#/sk kolseal

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				

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
4	4866'-4886'	Acidize 500gal 15% + 168 Balls	
4	4850'-4858'	Frac 594 bbls 40#gel+624 SCF N2+60000# sand	
4	4800' 4805'	Acidize 2000gal15%. 2500gal gel pad	
4	4808'-4816'	+2000gal 100mesh. Frac w/ 25500# sand	
4	4628'-4638'	Acidize 1500gal NE/FE	

TUBING RECORD	Size 2 3/8"	Set At 5122'	Packer At 4750'	Liner Run Yes <input checked="" type="checkbox"/> No
---------------	----------------	-----------------	--------------------	---

Date of First, Resumed Production, SWD or Enhr. 4/15/02	Producing Method Flowing <input checked="" type="checkbox"/> Pumping Gas Lift Other (Explain)
--	--

Estimated Production Per 24 Hours	Oil Bbls. 40bbls	Gas Mcf 50MCF	Water Bbls. 10BSW	Gas-Oil Ratio 5:4	Gravity 43
-----------------------------------	---------------------	------------------	----------------------	----------------------	---------------

Disposition of Gas: Vented Sold Used on Lease

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Mississippi/ Hertha

(If vented, Submit ACO-18.) Other (Specify) _____