

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

ORIGINAL

Operator: License # 6236
Name: MTM PETROLEUM, INC.
Address: PO BOX 82
City/State/Zip: SPIVEY KS 67142-0082
Purchaser: _____
Operator Contact Person: MARVIN A. MILLER
Phone: (620) 532-3794
Contractor: Name: FOSSIL DRILLING, INC.
License: 33610
Wellsite Geologist: JERRY A. SMITH
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/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 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. _____
10/09/05 10/15/05 D & A 10/17/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 095-21991-00-00
County: KINGMAN
SW_NW_SW_NW Sec. 24 Twp. 30 S. R. 7 East West
3435 feet from S (circle one) Line of Section
200 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW 1 KCC
Lease Name: HUFFORD Well #: 1650
Field Name: SPIVEY-GRABS-BASIL
Producing Formation: MISSISSIPPIAN
Elevation: Ground: 1463 Kelly Bushing: _____
Total Depth: 2620 Plug Back Total Depth: 2620
Amount of Surface Pipe Set and Cemented at 221 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to ALT I 10-3-06 w/ltm w/ _____ sx cmt.

Drilling Fluid Management Plan

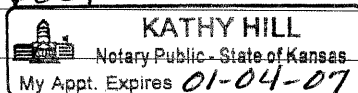
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 40 bbls
Dewatering method used HAULED OFFSITE
Location of fluid disposal if hauled offsite: _____
Operator Name: MESSENGER PETROLEUM
Lease Name: NICHOLAS SWD License No.: 4706
Quarter NW Sec. 20 Twp. 30 S. R. 8 East West
County: 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 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: [Signature]
Title: MARVIN A. MILLER, PRESIDENT Date: 11-22-05
Subscribed and sworn to before me this 22nd day of November,
2005.
Notary Public: Kathy Hill
Date Commission Expires: _____


KATHY HILL
Notary Public - State of Kansas
My Appt. Expires 01-04-07

KCC Office Use ONLY

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

Operator Name: MTM PETROLEUM, INC. Lease Name: HUFFORD Well #: 1650'
 Sec. 24 Twp. 30 S. R. 7 East West County: KINGMAN

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 NONE AVAILABLE

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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
SURFACE	12 1/4"	8 5/8"	10.5#	221	60/40 POZMIX	200	2%GEL,3%CC

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				

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 type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr.		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		

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) CROOKED HOLE; DRILLER PLUGGED AND MOVED OFF

Production Interval _____



TREATMENT REPORT

Customer ID		Date	
Customer <i>MTM Petroleum Inc.</i>		<i>10-9-05</i>	
Lease <i>Hufford</i>		Lease No.	Well # <i>1</i>

Field Order # <i>11461</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>	Depth	County <i>Kingman</i>	State <i>Ks.</i>
Type Job <i>8 5/8 S.P. N.W.</i>			Formation	Legal Description <i>24-30s-7w</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft	<i>Cmt. -</i>	Acid <i>200cks. 60/40 Por</i>		RATE	PRESS	ISIP
Depth <i>232</i>	Depth	From	To	Pre Pad <i>20% gel 30% C.C.</i>	Max			5 Min.
Volume <i>15</i>	Volume	From	To	Pad <i>1/4# Callitoke</i>	Min			10 Min.
Max Press <i>500</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>212</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative <i>Brian Sirdy</i>	Station Manager <i>Dave Scott</i>	Treater <i>Bobby Drake</i>		
Service Units	<i>123</i>	<i>226</i>	<i>347</i>	<i>501</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:10</i>					<i>Hookup to Csg. - Breck Circ. w/Rig</i>
<i>1:22</i>	<i>100</i>		<i>5</i>	<i>4.5</i>	<i>H2O Ahead</i>
<i>1:23</i>	<i>100</i>		<i>44</i>	<i>4.5</i>	<i>Mix Cmt. @ 14.7#/gal</i>
<i>1:33</i>					<i>Release Plug</i>
<i>1:34</i>	<i>200</i>			<i>5.0</i>	<i>Start Disp.</i>
<i>1:37</i>	<i>200</i>		<i>13.5</i>		<i>Plug Down</i>
					<i>Circulation Thru Job</i>
					<i>Circulated Cement to Pit</i>
					<i>Job Complete</i>
					<i>Thanks, Bobby</i>

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