

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

RECEIVED

MAY 26 2004

Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA

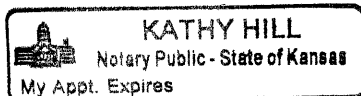
Operator: License # 6236
 Name: MTM Petroleum, Inc.
 Address: P.O. Box 82
 City/State/Zip: SPIVEY KS 67142-0082
 Purchaser: _____
 Operator Contact Person: MARVIN A. MILLER
 Phone: (620) 532-3794 OR 620-546-3035
 Contractor: Name: LEIKER WELL SERVICE
 License: 30891
 Wellsite Geologist: JERRY A. SMITH
 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: MTM PETROLEUM, INC.
 Well Name: WILSON TRUST #1
 Original Comp. Date: 07/01/02 Original Total Depth: 4284
 _____ 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. _____
 09/23/03 _____ 09/23/03 _____
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date _____

API No. 15 - 15-185-23158-00-~~X~~01
 County: STAFFORD
 _____ NW NE NW Sec. 15 Twp. 25 S. R. 15 East West
350 feet from S / (N) (circle one) Line of Section
1565 feet from E / (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 _____ (circle one) NE SE (NW) SW
 Lease Name: WILSON TRUST Well #: 1
 Field Name: HAYNES
 Producing Formation: TOPEKA/HOWARD
 Elevation: Ground: 2028 Kelly Bushing: 2036
 Total Depth: 4284 Plug Back Total Depth: 3185
 Amount of Surface Pipe Set and Cemented at 280 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.
ALT I WHM 10-10-06
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume 100 bbls
 Dewatering method used HAULED OFFSITE
 Location of fluid disposal if hauled offsite: _____
 Operator Name: OIL PRODUCERS, INC.
 Lease Name: PALMITIER License No.: 8061
 Quarter SW Sec. 16 Twp. 25 S. R. 16 East West
 County: EDWARDS Docket No.: D20,315

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, PRES. Date: 10-16-03
 Subscribed and sworn to before me this 16th day of October,
2003
 Notary Public: [Signature]
 Date Commission Expires: 01-01-07



KCC Office Use ONLY

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

Operator Name: MTM Petroleum, Inc. Lease Name: WILSON TRUST Well #: 1
 Sec. 15 Twp. 25 S. R. 15 East West County: STAFFORD

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED MAY 26 2004 KCC WICHITA </div>
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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
<u>SURFACE</u>		<u>8.625</u>		<u>280</u>			
<u>PROD</u>		<u>4.5</u>		<u>3325</u>			

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 (Amount and Kind of Material Used)	Depth
<u>4 JSPF HEC</u>	<u>3130 -03136</u>		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<u>2 3/8</u>	<u>3125</u>	<u>3185</u>	
Date of First, Resumerd Production, SWD or Enhr.		Producing Method		
<u>9/25/03</u>		<input checked="" 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
		<u>100</u>	<u>4</u>	

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	