

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

Form ACO-1
September 1999
Form Must Be Typed

COPY

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
 Contractor: Name: PICKRELL DRILLING CO, INC.
 License: 5123
 Wellsite Geologist: JERRY A. SMITH
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temporary
 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. _____

<u>3-23-01</u>	<u>4-2-01</u>	<u>P & A 4/2/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

RECEIVED
 KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
 MAY 3 0 2001
 MAY 22 2001
 5-22-2001

API No. 15 - 095-21,785-0000
 County: KINGMAN
C SE NW Sec. 36 Twp. 30 S. R. 7 East West
1930' FNL _____ feet from S (N) (circle one) Line of Section
2190' FWL _____ feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW
 Lease Name: RUTH LECHNER TRUST Well #: 1
 Field Name: MAPLE GROVE
 Producing Formation: SIMPSON
 Elevation: Ground: 1601' Kelly Bushing: 1606'
 Total Depth: 4770' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 273' Feet
 Multiple Stage Cementing Collar Used? Yes No
 Yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.
ALTI 9-10-01 56B
Drilling Fluid Management Plan
 (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: MTM PETROLEUM, INC.
 Lease Name: JOSLIN SWD License No.: 6236
 Quarter NW Sec. 1 Twp. 31 S. R. 7 East West
 County: HARPER Docket No.: D-12513

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: Marvin A. Miller
 Title: President Date: 5-21-01
 Subscribed and sworn to before me this 21st day of may, 2001.
 Notary Public: Kathy Hill
 Date Commission Expires: 01-04-2003 **KATHY HILL**
 Notary Public - State of Kansas
 My Appt. Expires 01-04-03

KCC Office Use ONLY

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

Operator Name: MTM PETROLEUM, INC. Lease Name: RUTH LECHNER TRUST Well #: 1
 Sec. 36 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: DUAL COMPENSATED POROSITY LOG DUAL INDUCTION LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> <tr> <td>HEEBNER SH.</td> <td>3266</td> <td>-1660</td> </tr> <tr> <td>STALNAKER SS.</td> <td>3534</td> <td>-1928</td> </tr> <tr> <td>KANSAS CITY</td> <td>3780</td> <td>-2174</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4331</td> <td>-2725</td> </tr> <tr> <td>SIMPSON</td> <td>4714</td> <td>-3108</td> </tr> </table>	Name	Top	Datum	HEEBNER SH.	3266	-1660	STALNAKER SS.	3534	-1928	KANSAS CITY	3780	-2174	MISSISSIPPIAN	4331	-2725	SIMPSON	4714	-3108
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CASING RECORD <input checked="" 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	12.25"	8 5/8"	23#	273'	65/35 POZM	175	2%GEL; 3%CC

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 Acid, Corrosive Perforated	Acid, Fracture, Shot, Cement, Squeeze Record (Amount and Kind of Material Used)	Depth
	RECEIVED MAY 30 2001 CONSERVATION DIVISION	RECEIVED MAY 22 2001 CONSERVATION DIVISION	

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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) P & A 4-2-01

Production Interval _____