

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5144
 Name: Mull Drilling Company, Inc.
 Address: P.O. Box 2758
 City/State/Zip: Wichita KS 67201-2758
 Purchaser: N/A
 Operator Contact Person: Mark Shreve
 Phone: (316) 264-6366
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Roger Martin
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

<u>6/23/04</u>	<u>6/30/04</u>	<u>6/30/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 135-24294 - 0000
 County: Ness
W/2 SE NE Sec. 5 Twp. 18 S. R. 22 East West
2005 ~~1980~~ 2005 feet from S / N (circle one) Line of Section
1100 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Janke Well #: 2-5
 Field Name: Wildcat
 Producing Formation: N/A
 Elevation: Ground: 2226' Kelly Bushing: 2235'
 Total Depth: 4450' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 226 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 II PEA within 11-29-06 _____ sx cm.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 17,000 ppm Fluid volume 610 bbls
 Dewatering method used Evaporation
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 _____ quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

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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.

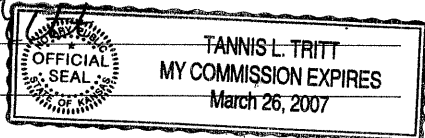
Signature: _____

Title: President/COO Date: 7/28/04

Subscribed and sworn to before me this 28th day of July

Notary Public Annishia

Date Commission Expires: 3-26-07



KCC Office Use ONLY

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

Operator Name: Mull Drilling Company, Inc. Lease Name: Janke Well #: 2-5
 Sec. 5 Twp. 18 S. R. 22 East West County: Ness

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-Tech: DIL; MEL; BHCS; CNL/CDL

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See Attachment

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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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	28#	226'	Common	150	3% cc, 2% gel

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

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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 METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
 Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-18.) Other (Specify)

**ATTACHMENT TO ACO-1
Well Completion Form**

**Janke #2-5
Approx 110' W of W/2 SE NE
2005' FNL & 1100' FEL
Section 5-18S-22W
Ness Co., Kansas
API #: 15-135-24294**

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LOG TOPS

FORMATION	DEPTH	SUBSEA
SC/Anhydrite	1468	+ 767
B/SC Anhydrite	1502	+ 733
Heebner	3620	- 1385
Lansing	3662	- 1427
Stark	3898	- 1663
B/KC	3952	- 1717
Pawnee	4060	- 1825
Fort Scott	4150	- 1915
Cherokee Sh	4170	- 1935
Cherokee Cong Sd	4265	- 2030
Mississippian	4279	- 2044
Gilmore City	4392	- 2157
RTD	4450	- 2215
LTD	4450	- 2215

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ALLIED CEMENTING CO., INC.

Federal Tax I.D.# [REDACTED]

17922

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Wichita

DATE <u>7-30-04</u>	SEC. <u>5</u>	TWP. <u>18</u>	RANGE <u>22</u>	CALLED OUT <u>Kingline ago</u>	ON LOCATION <u>8:00 pm</u>	JOB START <u>8:20 pm</u>	JOB FINISH <u>10:15 pm</u>
LEASE <u>Janke</u>	WELL# <u>2-5</u>	LOCATION <u>Bazine 4 west - Inmate</u>		COUNTY <u>Wess</u>	STATE <u>KS</u>		

CONTRACTOR Duke #4

TYPE OF JOB Rotary Plug

HOLE SIZE 1 7/8 ID. 4 1/2

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Mull Delg

CEMENT

AMOUNT ORDERED 195 sy 2.0% W/L - 2 gal
+ 1/4 lb Sta Seal

EQUIPMENT

PUMP TRUCK CEMENTER Tack

224 HELPER Jim

BULK TRUCK

342 DRIVER J.D.

BULK TRUCK

_____ DRIVER _____

COMMON	<u>117 gal.</u>	@	<u>7.25</u>	<u>855.00</u>
POZMIX	<u>3 gal.</u>	@	<u>4.00</u>	<u>12.00</u>
GEL	<u>10 gal.</u>	@	<u>11.00</u>	<u>110.00</u>
CHLORIDE		@		
ASC		@		
<u>Flt Seal 1/4 lb</u>		@	<u>1.40</u>	<u>14.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>207 gal.</u>	@	<u>1.25</u>	<u>258.75</u>
MILEAGE	<u>207 gal. CS</u>		<u>12 mi</u>	<u>175.00</u>
TOTAL				<u>1769.40</u>

REMARKS:

1st plug @ 1500' with 30 sy cement
2nd plug @ 820' with 80 sy cement
3rd plug @ 240' with 40 sy cement
1/4 lb Sta Seal @ 40' with 10 sy cement
Flt Seal 15 sy cement

SERVICE

DEPTH OF JOB	<u>1500'</u>		
PUMP TRUCK CHARGE			<u>520.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>12</u>	@	<u>48.00</u>
		@	
		@	
		@	
TOTAL			<u>568.00</u>

CHARGE TO: Mull Delg

STREET _____

CITY _____ STATE _____ ZIP _____

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PLUG & FLOAT EQUIPMENT

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MANIFOLD		@	
<u>1-8 5/8 Wood</u>		@	<u>2300</u>
		@	
		@	
		@	
TOTAL			<u>2300</u>

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Jerry Goble

PRINTED NAME



ADDRESS: MULL DRUG. Co. INC.
CITY, STATE, ZIP CODE:

FIGURE No 6940

SERVICE LOCATIONS: 1. NESS CITY, KS
WELL/PROJECT NO.: 2-5
LEASE: JANK
COUNTY/PARISH: NESS
STATE: KS
CITY:
DATE: 6-23-04
OWNER: SAME

TICKET TYPE: SERVICE SALES
CONTRACTOR: DUKE DRUG #4
RIG NAME/NO.:
SHIPPED VIA: CT
DELIVERED TO: KOUZDOW
ORDER NO.:

WELL TYPE: OIL
WELL CATEGORY: DEVELOPMENT
JOB PURPOSE: 8 5/8" SURFACE
WELL PERMIT NO.:
WELL LOCATION: NESS CITY, KS - 7E, 5N, W15

REFERRAL LOCATION:
INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UOM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 104	20		MI		2.50	50.00
576					PUMP SERVICE	1		225	FT	550.00	550.00
410					TOP RIG	1		60		60.00	60.00
325					STANDARD CONCRETE	150		YDS		7.25	1087.50
278					CALCIUM CHLORIDE	4		YDS		25.00	100.00
279					ROTHWELL GEL	3		YDS		11.00	33.00
581					SERVICE CHARGE CONCRETE	150		YDS		1.00	150.00
583					DRIVAGE	147.2		MI	.85 / 125	12.50	125.00

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*
DATE SIGNED: 6-23-04
TIME SIGNED: 1630
P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				2135.62
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				2223.49

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES - The customer hereby acknowledges receipt of the materials and services listed on this invoice.

SWIFT OPERATOR: *Wayne Wilson*
APPROVAL:

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **6-23-04** PAGE NO. **1**

CUSTOMER: **MOXI DRUG CO. INC** WELL NO. **2-5** LEASE **STANLE** JOB TYPE **3 5/8" SURFACE** TICKET NO. **6940**

CHART NO.	TIME	RATE (GPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1630							OJ LOCATED
								TD-226
								TP-225
								15' CMT LEFT ON CASING
								3 5/8 - 28" / FT
	1850							BREAK CONNECTION
	1902	5 1/2	36		✓			MHC - 150 SCS STANDARD 290 GCL, 3 3/8 cc
	1913							RELEASE PLUG
	1913	6 1/2	0		✓			REPLACE PLUG
	1915		13					PLUG BOWL - SHOT IN
								CONDUCTED 20 SCS SCUMPT TO PTS
								WASH UP
	2000							JOB COMPLETE
								THANK YOU
								WAVE DUST, BLUE, RIGGS