

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 # 31409
Name: M M Energy, Inc.
Address: 1900 SE 15th St - Bldg 700-B
City/State/Zip: Edmond, Oklahoma 73013
Purchaser: _____
Operator Contact Person: Ceth Loomis
Phone: (405) 340-9000 ext 13
Contractor: Name: Duke Drilling Co., Inc.

License: 5929
Wellsite Geologist: Marvin Harvey

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. _____

01-10-04 01-25-04 2/15/04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 033-21377-00-00
County: Comanche County, Kansas
SW SW _____ Sec. 30 Twp. 34 S. R. 18 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: Huck Well #: 1

Field Name: Wildcat
Producing Formation: Viola

Elevation: Ground: 2007' Kelly Bushing: 2020'
Total Depth: 7000' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 640 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from TD
feet depth to 4524 w/ 300 sacks class H SX cmt.

Drilling Fluid Management Plan ART I WHM 3-19-07
(Data must be collected from the Reserve Pit)

Chloride content 4000 ppm Fluid volume 6000 bbls
Dewatering method used remove fluids and backfill

Location of fluid disposal if hauled offsite: _____
Operator Name: _____

Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

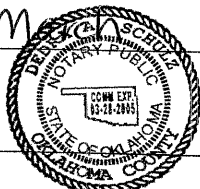
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Vice President Date: 3/23/04

Subscribed and sworn to before me this 23 day of March

2004
Notary Public: Dedra Schulz
Date Commission Expires: 3-28-05



KCC Office Use ONLY

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

Operator Name: M M Energy, Inc. Lease Name: Huck Well #: 1
 Sec. 30 Twp. 34 S. R. 18 East West County: Comanche County, Kansas

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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippi</td> <td>5500</td> <td></td> </tr> <tr> <td>Viola</td> <td>6640</td> <td></td> </tr> <tr> <td>Arbuckle</td> <td>6850</td> <td></td> </tr> </table>	Name	Top	Datum	Mississippi	5500		Viola	6640		Arbuckle	6850	
Name	Top	Datum											
Mississippi	5500												
Viola	6640												
Arbuckle	6850												

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	# Sacs Used	Type and Percent Additives
Conductor		20"		64'			
Surface	12-1/4"	8-5/8"	24#	640'	ALW Class A	225 300	3%cc 1/4#floseal 3%cc 2%gel
Production	7-7/8"	5-1/2"	17#	6998'	Class H	300	10%gyp 10%salt

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
2	6856-64, 6888-94, 6938-44	Acid 1500 gal	
2	6440-48	Acid 500 gal	
	CIBP @ 6750'		

TUBING RECORD Size <u>2 3/8</u> Set At <u>6455</u> Packer At <u>6385</u>	Liner Run <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other (Explain) <u>Shut in</u>	
Estimated Production Per 24 Hours Oil <u>5</u> Bbls. Gas <u>50</u> Mcf Water <u>15</u> Bbls. Gas-Oil Ratio <u>10:1</u> Gravity _____	

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____

03/29/07

15:51

4054833353

M M ENERGY INC.

003/005

105 620.7

ALLIED CEMENTING CO., INC. 15034

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:

M. M. Energy Inc.

DATE <u>1-10-04</u>	SEC. <u>30</u>	TWP. <u>37S</u>	RANGE <u>18W</u>	CALLED OUT <u>11:00 pm</u>	ON LOCATION <u>2:00 pm</u>	JOB START <u>11:30 AM</u>	JOB FINISH <u>5:15 PM</u>
LEASE <u>Huck</u>	WELL# <u>1</u>	LOCATION <u>Buttermilk 4 S Esite</u>			COUNTY <u>Comanche</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Buck #7
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 644.5
 CASING SIZE 8 5/8 DEPTH 644.0
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 644.5
 TOOL _____ DEPTH _____
 PRES. MAX. 350 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 44 FT
 CEMENT LEFT IN CSG. 44 FT
 PERFS. _____
 DISPLACEMENT H2O 39 BBLs, Fresh

OWNER M M Exploration

CEMENT
 AMOUNT ORDERED 225 sac 16:36:1+3%
100 sac 100sx A + 3%
3% Gel + 7% Gel (Swab back 100sx)

COMMON	<u>100</u>	@ <u>7.15</u>	<u>715.00</u>
POZMIX		@ <u>20.00</u>	
GEL	<u>2</u>	@ <u>10.00</u>	<u>20.00</u>
CHLORIDE	<u>11</u>	@ <u>30.00</u>	<u>330.00</u>
ALW	<u>225</u>	@ <u>6.70</u>	<u>1507.50</u>
FO-SEAL	<u>56#</u>	@ <u>1.40</u>	<u>78.40</u>
HANDLING	<u>352</u>	@ <u>1.15</u>	<u>404.80</u>
MILEAGE	<u>352 x .55</u>	@ <u>.05</u>	<u>193.60</u>

EQUIPMENT
 PUMP TRUCK CEMENTER Derin W.
 # 360 302 HELPER Dwayne W.
 BULK TRUCK
 # 333 DRIVER Derin F.
 BULK TRUCK
 # _____ DRIVER _____

TOTAL 4023.70

REMARKS:

SERVICE

Pipe on Bottom Break in
Pump 225 sac 16:36:1+3% cc 1/4" Flo-
Small Pump 100sx A + 3% cc + 2% Gel
Displace w/ Fresh Water Slow
Route Pump Plug shut in
Cement Pick Line Wash up by Down

DEPTH OF JOB	<u>644</u>		
PUMP TRUCK CHARGE	<u>0-300'</u>	@ <u>5.70</u>	<u>570.00</u>
EXTRA FOOTAGE	<u>340</u>	@ <u>.50</u>	<u>170.00</u>
MILEAGE	<u>55</u>	@ <u>3.50</u>	<u>192.50</u>
PLUG RUBBER		@ <u>100.00</u>	<u>100.00</u>

TOTAL 982.50

CHARGE TO: M M Energy Inc
M M Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>85R</u>			
<u>1-Base Plate</u>	@ <u>45.00</u>	<u>45.00</u>	
<u>2-Baskets</u>	@ <u>180.00</u>	<u>180.00</u>	

TOTAL 225.00

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 4023.70
 DISCOUNT 3898.20 IF PAID IN 30 DAYS

SIGNATURE [Signature] [Signature]
 PRINTED NAME _____

ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING

RECEIVED
 MAR 30 2007
 KCC WICHITA

ALLIED CEMENTING CO., INC. 15041

Federal Tax I.D.# 48-0727880

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

SERVICE POINT:
M. M. Energy

DATE <u>1-26-04</u>	SEC <u>30</u>	TWP. <u>34S</u>	RANGE <u>18W</u>	CALLED OUT <u>9:00 A.M.</u>	ON LOCATION <u>3:00 P.M.</u>	JOB START <u>7:16 A.M.</u>	JOB FINISH <u>7:30 A.M.</u>
LEASE <u>Hyak</u>	WELL# <u>#1</u>	LOCATION <u>BUTTERMILK 4S,</u>		COUNTY <u>Comanche</u>	STATE <u>KS,</u>		
OLD OR (NEW) (Circle one) <u>NEW</u>				E/I/A/T/O <u>E/I/A/T/O</u>			

CONTRACTOR Duke #7
 TYPE OF JOB long string
 HOLE SIZE 7 7/8 ID 7000
 CASING SIZE 5 1/2 DEPTH 7006
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 7000
 TOOL DEPTH
 PRES. MAX 1200 PSF MINIMUM 2000 PSF
 MEAS. LINE SHOE JOINT 23 FT
 CEMENT LEFT IN CSG. 23 FT
 PERFS.
 DISPLACEMENT Kcl water
 EQUIPMENT
 PUMP TRUCK CEMENTER David Cole
 # 302-343 HELPER Dwight W. Donnet
 BULK TRUCK
 # 257 DRIVER Larry B.
 BULK TRUCK
 # DRIVER

OWNER M M Energy
 CEMENT
 AMOUNT ORDERED 325 sk H + 10% Bld
10% salt 67-100 - seal 8% El-161
500 gal Mud Clean 17 gals Chlor
 COMMON 325 H @ 8.70 2827.50
 POZMIX @
 GEL @
 CHLORIDE Mud Clean @ 1.75 375.00
Salt - 35 @ 7.50 2625.00
Gyp Seal - 31 @ 17.85 553.35
Kcl Seal 1850 # @ 1.50 2775.00
FK-160 244 # @ 5.00 1952.00
Chl Seal 17 gal @ 22.90 389.30
 HANDLING 435 @ 1.15 500.25
 MILEAGE 55 x 435 x 2.05 1196.25
 TOTAL 9031.15

REMARKS:

SERVICE

Open Bottom - Break pipe
Pump 5 bbls water 12 bbls Mud
Clean 5 bbls water Plug Ret & Mud
Call 85 sk Pump 2000 sk 11.6% Chloride Seal
67-100 Seal 8% El-161 seal Down
Pump Plug Displace w/ Kcl water
slow Rate Pump Plug Float Drill Bit Hold
Wash up Rig EODM.

DEPTH OF JOB 7006
 PUMP TRUCK CHARGE 1800.00
 EXTRA FOOTAGE @
 MILEAGE 55 @ 3.50 192.50
 PLUG RUBBER @ 60.00 60.00
 @
 @
 TOTAL 2052.50

CHARGE TO: M & M Energy
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

5 1/2
1-Brick shoe @ 150.00 150.00
1-AFU Float Collar @ 265.00 265.00
2-Centralizers @ 200.00 400.00
 @
 @
 TOTAL 815.00

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.

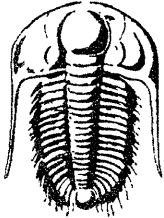
TAX _____
 TOTAL CHARGE 11898.65
 DISCOUNT 1189.87 IF PAID IN 30 DAYS

SIGNATURE X T. J. Davis X

PRINTED NAME _____

ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING

RECEIVED
 MAR 30 2007
 KCC WICHITA



TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

RECEIVED
MAR 26 2004
KCC WICHITA

ORIGINAL

No 17218

Test Ticket

Well Name & No. Huck #1 Test No. 1 Date 1-19-04
 Company MM Energy, Inc Zone Tested Mississippi
 Address 1900 SE 15th Street Edmond, OK 73013 Elevation 2013 KB 2000 GL
 Co. Rep / Geo. Marvin Harvey Cont. Duke #7 Est. Ft. of Pay _____ Por. _____ %
 Location: Sec. 30 Twp. 34s Rge. 18W Co. Comanche State Ks
 No. of Copies _____ Distribution Sheet (Y, N) _____ Turnkey (Y, N) _____ Evaluation (Y, N) _____

Interval Tested 5438 - 5512 Initial Str Wt./Lbs. 80,000 Unseated Str Wt./Lbs. 80,000
 Anchor Length 74' Wt. Set Lbs. 25,000 Wt. Pulled Loose/Lbs. 90,000
 Top Packer Depth 5435 Tool Weight 2200
 Bottom Packer Depth 5438 Hole Size 7 7/8" Rubber Size 6 3/4"
 Total Depth 5512 Wt. Pipe Run 0 Drill Collar Run 186
 Mud Wt. 9.1 LCM _____ Vis. 58 WL 10.2 Drill Pipe Size 4 1/2 Ft. Run 5226

Blow Description IF - Weak Blow 1/2 in. in bucket
ISI - No Blow
FF - Strong Blow 0BB in 30 sec
FSI - No Blow

Recovery - Total Feet 65 GIP possible 1500 Ft. in DC 65 Ft. in DP 0
 Rec. _____ Feet of Gas in pipe hard to smell
 Rec. 65 Feet of Mud
 Rec. _____ Feet of _____
 Rec. _____ Feet of _____
 Rec. _____ Feet of _____

BHT 119 °F Gravity _____ °API D @ _____ °F Corrected Gravity _____ °API
 RW 1 @ 34.4 °F Chlorides 13,000 ppm Recovery _____ Chlorides 5000 ppm System

	AK-1	Alpine	Recorder No.	Test
(A) Initial Hydrostatic Mud	<u>2647</u>	PSI	<u>6771</u>	<u>900</u>
(B) First Initial Flow Pressure	<u>127</u>	PSI	(depth) <u>5442</u>	Elec. Rec. <u>150</u>
(C) First Final Flow Pressure	<u>232</u>	PSI	Recorder No. <u>13761</u>	Jars <u>200</u>
(D) Initial Shut-In Pressure	<u>438</u>	PSI	(depth) <u>5509</u>	Safety Jt. <u>50</u>
(E) Second Initial Flow Pressure	<u>42</u>	PSI	Recorder No. _____	Circ Sub _____
(F) Second Final Flow Pressure	<u>47</u>	PSI	(depth) _____	Sampler <u>200</u>
(G) Final Shut-In Pressure	<u>663</u>	PSI	Initial Opening <u>30</u>	Straddle _____
(Q) Final Hydrostatic Mud	<u>2606</u>	PSI	Initial Shut-In <u>60</u>	Ext. Packer _____
			Final Flow <u>60</u>	Shale Packer <u>150</u>
			Final Shut-In <u>120</u>	Mileage <u>72</u>

TRILOBITE TESTING INC. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Approved By Marvin Harvey
 Our Representative 11 20th Road

T-On Location 7:45
 T-Started 9:10
 T-Open 11:25
 T-Pulled 3:55
 T-Out 6:40
 Sub Total: _____
 Std. By _____
 Other _____
 Total: _____