

RECEIVED

AUG 08 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC
AUG 05 2005

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY DESCRIPTION OF WELL & PLUG

CONFIDENTIAL

CONFIDENTIAL

ORIGINAL

Operator: License # 31885
Name: M & M Exploration, Inc.
Address: 60 Garden Center, Suite 102
City/State/Zip: Broomfield, CO 80020
Purchaser: Plains Marketing, LP
Operator Contact Person: Mike Austin
Phone: (303) 438-1991
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

KCC
AUG 05 2005

CONFIDENTIAL

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: M & M Exploration, Inc.

Well Name: Z Bar 10-12

Original Comp. Date: 4-4-2003 Original Total Depth: 5500'
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
 Plug Back 4730' Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

July 19, 2005 July 21, 2005
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22733-00-00
County: Barber
SE NW NW SW Sec. 10 Twp. 34 S. R. 15 East West
2175' feet from (S) / N (circle one) Line of Section
540' feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Z Bar Well #: 10-12

Field Name: _____
Producing Formation: _____
Elevation: Ground: 1634' Kelly Bushing: 1647'
Total Depth: 5500' Plug Back Total Depth: 4730'
Amount of Surface Pipe Set and Cemented at _____ 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.

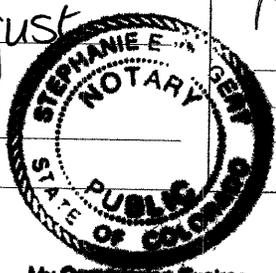
Drilling Fluid Management Plan ACT I WITHIN
(Data must be collected from the Reserve Pit) 4-23-07
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____

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: [Handwritten Signature]
Title: President Date: 8-4-05
Subscribed and sworn to before me this 4th day of August
2005.
Notary Public: Stephanie E. Fugitt
Date Commission Expires: 01-13-2009



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

X

Operator Name: M & M Exploration, Inc. Lease Name: Z Bar Well #: 10-12
 Sec. 10 Twp. 34 S. R. 15 East West County: Barber

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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>12.25</u>	<u>8.625</u>	<u>23</u>	<u>965'</u>	<u>ALW CLASS A</u>	<u>275</u> <u>200</u>	
<u>PRODUCTION</u>	<u>7.875</u>	<u>4.5</u>	<u>10.5</u>	<u>4954'</u>	<u>ASC</u>	<u>175</u>	
<u>CONDUCTOR</u>		<u>20.0</u>		<u>60'</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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
	<u>Set CIBP @ 4730'</u>		
<u>4</u>	<u>Perf 4558'-4562' (Hertha LS)</u>	<u>1000 gals 15% MCA</u>	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		<u>2 3/8</u>	<u>4575'</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
<u>July 21, 2005</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>120</u>	<u>250</u>		<u>2083</u>	<u>47</u>

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

METHOD OF COMPLETION Open CIB Perf. Daily Comp. Commingled 4558-4562
 Other (Specify) _____

