

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

SEP 23 2005

KCC WICHITA

Form ACO-1
September 1999
Form Must Be Typed

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: DUKE DRILLING CO., INC.
License: 5929
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: _____
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. _____

06/03/05 06/13/05 06/26/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 185-23319-00-00
County: STAFFORD
SE NE NW Sec. 15 Twp. 25 S. R. 15 East West
990 feet from S / (N) (circle one) Line of Section
2140 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 #: 4
Field Name: HAYNES

Producing Formation: LeCOMPTON
Elevation: Ground: 2024 Kelly Bushing: 2032
Total Depth: 4497 Plug Back Total Depth: 3579
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.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) *Act I with 4-18-07*
Chloride content _____ ppm Fluid volume 160 bbls
Dewatering method used HAULED OFFSITE

Location of fluid disposal if hauled offsite:
Operator Name: OIL PRODUCERS, INC.
Lease Name: PALMATIER License No.: 8061
Quarter SW Sec. 16 Twp. 25 S. R. 16 East West
County: EDWARDS Docket No.: 2093

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: MARVIN A. MILLER, PRESIDENT Date: 09/22/05

Subscribed and sworn to before me this 22nd day of September,
20 05.

Notary Public: *Kathy Hill*
Date Commission Expires: 01-04-07



KCC Office Use ONLY
No Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Side Two

Operator Name: MTM PETROLEUM, INC. Lease Name: WILSON TRUST Well #: 4
 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 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: DUAL COMPENSATED POROSITY DUAL INDUCTION	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>HOWARD</td> <td>3130</td> <td>-1092</td> </tr> <tr> <td>HEEBNER SH</td> <td>3610</td> <td>-1572</td> </tr> <tr> <td>LANSING</td> <td>3774</td> <td>-1736</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4154</td> <td>-2116</td> </tr> <tr> <td>VIOLA</td> <td>4226</td> <td>-2188</td> </tr> <tr> <td>SIMPSON</td> <td>4435</td> <td>-2397</td> </tr> <tr> <td>ARBUCKLE</td> <td>4490</td> <td>-2452</td> </tr> </table>	Name	Top	Datum	HOWARD	3130	-1092	HEEBNER SH	3610	-1572	LANSING	3774	-1736	MISSISSIPPIAN	4154	-2116	VIOLA	4226	-2188	SIMPSON	4435	-2397	ARBUCKLE	4490	-2452
Name	Top	Datum																							
HOWARD	3130	-1092																							
HEEBNER SH	3610	-1572																							
LANSING	3774	-1736																							
MISSISSIPPIAN	4154	-2116																							
VIOLA	4226	-2188																							
SIMPSON	4435	-2397																							
ARBUCKLE	4490	-2452																							

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
SURFACE	12 1/4"	8 5/8"	24#	280'	70/30 POZ	250	3%CC 2% GEL
PRODUCTION	7 7/8"	4 1/2"	10.5#	3629'	AA-2		

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
5	3441-3442		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8"	3449'			
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
06/28/05			<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	
	NONE	370	7			

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

METHOD OF COMPLETION

Production Interval Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

17978

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Great Bend

RECEIVED
RECEIVED
SEP 23 2005

KCC WICHITA

6305 1500-Trust	SEC. 15	TWP. 25	RANGE 15 W	CALLED OUT 5:30 pm	ON LOCATION 8:00 pm	JOB START 10:15 am	JOB FINISH 11:00 am
WELL # #1	LOCATION Macksville - 5 1/2 south		COUNTY Stafford		STATE KS		
OLD OR NEW (Circle one) <u>NEW</u> East into trap gate							

CONTRACTOR Duke #8
 TYPE OF JOB Surface Pipe
 HOLE SIZE 12 1/4 T.D. 280'
 CASING SIZE 8 5/8 DEPTH 280'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. approx 15'
 PERFS. _____
 DISPLACEMENT 17 BBIs

OWNER MT M Petroleum Inc

CEMENT
 AMOUNT ORDERED 250 ex 70/30 370 c/c
429 gal

COMMON	175	@ 8.70	1522.50
POZMIX	75	@ 4.70	352.50
GEL	5	@ 14.00	70.00
CHLORIDE	8	@ 38.00	304.00
ASC		@	

EQUIPMENT

PUMP TRUCK CEMENTER Tack
 # 120 HELPER M.D.
 BULK TRUCK
 # 341 DRIVER Don
 BULK TRUCK
 # _____ DRIVER _____

HANDLING	263	@ 1.60	420.80
MILEAGE	263 x 28 x .06		441.84
TOTAL			3111.64

REMARKS:

Run 6 jbs of 8 5/8 csg cement with
 250 ex cement - Displace plug with
 17 BBIs of fresh water -
 Cement did cure

Thanks

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			670.00
EXTRA FOOTAGE	@		
MILEAGE	28	@ 5.00	140.00
	@		
	@		
TOTAL			810.00

CHARGE TO: MT M Petroleum Inc
 STREET P.O. Box 82
 CITY Spivey STATE KS ZIP 67142

PLUG & FLOAT EQUIPMENT

MANIFOLD	@		
1-8 5/8 Wood	@ 55.00		55.00
	@		
	@		
	@		
TOTAL			55.00

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 _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME Steve H. Stephens

RECEIVED
 SEP 23 2005
 KCC WICHITA



TREATMENT REPORT RECEIVED

SEP 23 2005

Customer ID	Date
Customer MTM Pet Inc	6-14-05
Lease Wilson Trust	KCC WICHITA
Lease No.	Well # 4
Casing 4 1/2	Depth 3621
County Stafford	State KS

Field Order # 10677 Station Pratt KS
 Type Job Longstring New Well
 Formation
 Legal Description 13-255-15w

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size	Shots/Ft 1.44	13.0	Acid 130ski AA-2	RATE	PRESS 2000	ISIP	
Depth 3581	Depth PBTD	From	To	Pre Pad 10% Sol. 6.1, 10.F.	Max		5 Min.	
Volume 56.9	Volume	From	To	Pad 18 FLA-322, 75 G.R.	Min		10 Min.	
Max Press 2000	Max Press	From	To	Frac 2.5 li Poz	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush 20 salt 12 m.f.	Gas Volume		Total Load	

Customer Representative Station Manager Treater

Service Units	124	228	303	576					
---------------	-----	-----	-----	-----	--	--	--	--	--

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0500					On Loc w/ Trki Safety mtg G.S. Bottom ISFV Top S.J. w/ Basket Recip Scratchers 4-5-6-10-11-12 Csg on Bottom Drop Ball + Circ w/ Rig
1132	300		20	6	St Salt Flush
1134	300		12	5	St mud Flush
1137	300		5	5	H2O Spacer
1140	400		38.4	6	mix Cmt @ 13.0 ppg 130 ski
1147	6		10	5	Close In + Wash Pump + line
1152	100			6	Release Plug + St Disp w/ H2O
1157	350		30	5	30 Bbli Disp out Lift Cmt
1203	1260		57	6	Plug Down a psi Test Csg
1205	6				Release psi Float Held
					Rotated Csg + Recip Csg
					Good Circ Thru Job
					Plug R.H. + M.H. w/ 25 ski Poz
					Job Complete
					Thank you Scotty

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • Phone (620) 672-1201 • Fax (620) 672-5383