

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

CONFIDENTIAL

Operator: License # 6236

Name: MTM Petroleum, Inc.

Address: PO Box 82

City/State/Zip: Spivey, Kansas 67142-0082

Purchaser: _____

Operator Contact Person: Marvin A. Miller

Phone: (620) 532-3794

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Jerry Smith

Designate Type of Completion: _____

New Well _____ Re-Entry _____ Workover JAN 30 2006

_____ Oil _____ SWD _____ SIOW _____

_____ 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. _____

01-11-06 01-20-06 D%A 1-20-06

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 077-21543-00-00

County: Harper County, Kansas

C SE SE Sec. 16 Twp. 31 S. R. 7 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: Mathes Well #: 1

Field Name: Spivey-Grabs

Producing Formation: _____

Elevation: Ground: 1564' Kelly Bushing: 1575'

Total Depth: 4813' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 212 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 ATTACHED WITH 4-30-07
(Data must be collected from the Reserve Pit) 595

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used hauled offsite

Location of fluid disposal if hauled offsite: _____

Operator Name: T & C Operating & Mfg

Lease Name: Wingate License No.: 31826

Quarter SW Sec. 1 Twp. 31 S. R. 9 East West

County: Harper Docket No.: C-7900

KCC

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JAN 31 2006

KCC WICHITA

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: 1-30-06

Subscribed and sworn to before me this 30th day of January, 2006

Notary Public: Kathy Hill
KATHY HILL
Notary Public - State of Kansas
My Appt. Expires _____

Date Commission Expires: 01-04-07

KCC Office Use ONLY

YES Letter of Confidentiality Attached

If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

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Operator Name: MTM Petroleum, Inc. Lease Name: Mathes Well #: 1
 Sec. 16 Twp. 31 S. R. 7 East West County: Harper 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 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 Formation (Top), Depth and Datum Sample

Name	Top	Datum
Heebner	3326	-1754
Stalnaker	3630	-2058
Kansas City	3878	-2306
Stark SH	4009	-2437
Mississippian	4428	-2856
Kinderhook	4678	-3106
Simpson	4786	-3214

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
Surface	12-1/4"	8-5/8"	24#	212'	60/40	175	3%cc 2%gel

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

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



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TREATMENT REPORT

Customer <i>MTM Petroleum</i>	Lease No.	Date <i>1-20-06</i>
Lease <i>MATHES</i>	Well # <i>1</i>	
Field Order # <i>1249</i>	Station <i>PRATT</i>	Casing
Type Job <i>P.T.A.</i>	<i>NEW WELL</i>	Depth
	Formation	County <i>HARPER</i>
		State <i>KS</i>
		Legal Description <i>16-315-7W</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid <i>145 SKS 60/40 P02</i>	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad <i>BENTONITE GEL</i>	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush <i>H2O</i>	Gas Volume		Total Load	

Customer Representative <i>MIKE GOFFIN</i>	Station Manager <i>DAVE SLOTT</i>	Treater <i>M M'GURL</i>
Service Units <i>118 226 381 572</i>		
Driver Names <i>M'GURL J ANTHONY TRAVY D DIMITT</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1415</i>					<i>ON LOCATION</i>
<i>1710</i>			<i>1ST PAUL @ 1500'</i>	<i>W 35 SKS 13 7/8"</i>	<i>PLUGGING IRON IN</i>
<i>1711</i>			<i>20</i>	<i>5</i>	<i>H2O AHEAD</i>
<i>1715</i>			<i>8.8</i>	<i>5</i>	<i>MIX 35 SKS 60/40 P02</i>
<i>1720</i>			<i>18</i>		<i>DISPLACEMENT 6 H2O 13 MUD</i>
			<i>2ND PAUL @ 1000'</i>		<i>W 35 SKS 13 7/8"</i>
			<i>8</i>		<i>H2O AHEAD</i>
			<i>8.8</i>		<i>MIX 35 SKS @ 13 7/8" 60/40 P02</i>
<i>1820</i>			<i>10</i>		<i>DISPLACEMENT</i>
			<i>3RD PAUL @ 260'</i>		<i>W 35 SKS 60/40 P02</i>
<i>1900</i>			<i>5</i>		<i>H2O AHEAD</i>
			<i>8.8</i>		<i>MIX 35 SKS 60/40 P02</i>
<i>1915</i>			<i>1.4</i>		<i>DISPLACEMENT</i>
			<i>4TH PAUL @ 60'</i>		<i>W 25 SKS 60/40 P02</i>
<i>2000</i>			<i>6.3</i>		<i>MIX 25 SKS</i>
<i>2005</i>			<i>1</i>		<i>DISPLACEMENT</i>
					<i>RAT HOPE W/15 SKS</i>
<i>2010</i>			<i>4</i>		<i>MIX 15 SKS 60/40 P02</i>
					<i>JOB COMPLETE</i>
					<i>THANK YOU</i>

RECEIVED
JAN 31 2006
KCC WICHITA

ALLIED CEMENTING CO., INC.

22934

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

SERVICE POINT:
MEDICINE LODGE

DATE <u>1-11-06</u>	SEC <u>16</u>	TWP <u>31s</u>	RANGE <u>7w</u>	CALLED OUT <u>10:00 pm</u>	ON LOCATION <u>12:00 am</u>	JOB START <u>3:30am</u>	JOB FINISH <u>4:15am</u>
LEASE <u>MATHES</u>	WELL # <u>1</u>	LOCATION <u>HARPEX, KS, NORTH TO MM #53,</u>			COUNTY <u>HARPEX</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>3/4 W, 1/4 N, W1/4 S0</u>					

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CONTRACTOR DUKE #1
 TYPE OF JOB SURFACE CASING
 HOLE SIZE 12 1/4" T.D. 213'
 CASING SIZE 8 5/8" DEPTH 213'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 200 MINIMUM 50
 MEAS. LINE _____ SHOE JOINT 15'
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 12 1/2 bbl. FRESH WATER

OWNER MTA PETROLEUM
 CEMENT AMOUNT ORDERED 175 sk 60 1/4 2 + 3% cc
 COMMON 105 A @ 8.70 913.50
 POZMIX 70 @ 4.70 329.00
 GEL 3 @ 14.00 42.00
 CHLORIDE 6 @ 38.00 228.00
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 184 @ 1.60 294.40
 MILEAGE 40 x 184 x .06 441.60
 TOTAL 2248.50

EQUIPMENT
 PUMP TRUCK CEMENTER BILL A.
 # 310 HELPER DEWAYNE W.
 BULK TRUCK
 # 387 DRIVER LARRY F.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
PIPE ON BOTTOM, BLAK CIRCULATION,
PUMP PRE-FLUSH, PUMP 175 SK 60 1/4 2
+ 3% CC, STOP PUMPS, RELEASE PLUG,
START DISPLACEMENT, DISPLACE WITH
12 1/2 bbl. FRESH WATER, STOP PUMP, SHUT
IN, CIRCULATED CEMENT

CHARGE TO: MTA PETROLEUM
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB 213'
 PUMP TRUCK CHARGE _____ 670.00
 EXTRA FOOTAGE @ _____
 MILEAGE 40 @ 5.00 200.00
 MANIFOLD HEAD RENT @ 75.00 75.00
 _____ @ _____
 _____ @ _____
 TOTAL 945.00

PLUG & FLOAT EQUIPMENT
8 5/8" WOODEN PLUG 1 @ 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

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING
 SIGNATURE Mike Godfrey

PRINTED NAME Mike Godfrey

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