

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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: Kevin Kessler

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. _____

<u>6/29/06</u>	<u>7/6/06</u>	<u>7/7/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

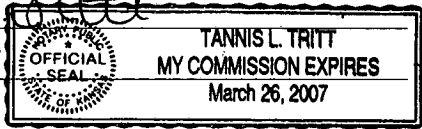
API No. 15 - 135-24502-00-00
County: Ness
SW NW NE SW Sec. 14 Twp. 16 S. R. 23 East West
2246 feet from S N (circle one) Line of Section
1427 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Dale Well #: 1-14
Field Name: Wildcat
Producing Formation: N/A
Elevation: Ground: 2465' Kelly Bushing: 2474'
Total Depth: 4630' Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 224 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) *Alt II P&A with 8-27-07*
Chloride content 30,000 ppm Fluid volume 1100 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.: _____

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: 8/29/06
Subscribed and sworn to before me this 29th day of August
20 06
Notary Public: Tannis L. Tritt
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

RECEIVED
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KCC WICHITA

Operator Name: Mull Drilling Company, Inc. Lease Name: Dale Well #: 1-14
 Sec. 14 Twp. 16 S. R. 23 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: ELI: CDL/CNL; DIL; Micro & Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See Attachment "A"
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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	# Sacs Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	20#	224'	Common	160	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 <i>(Amount and Kind of Material Used)</i>	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**

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AUG 29 2006
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Mull Drilling Company, Inc.
Dale #1-14
NE/4 SW/4 Section 14-16S-23W
Ness County, Kansas
API: 15-135-24502

LOG TOPS

FORMATION	DEPTH	SUBSEA
T/Stone Corral	1830	(+ 645)
B/Stone Corral	1862	(+ 613)
Heebner	3860	(-1385)
Toronto	3878	(-1403)
Lansing	3896	(-1421)
Stark	4122	(-1647)
Hushpuckney	4154	(-1679)
B/KC	4176	(-1701)
Pawnee	4285	(-1810)
Ft. Scott	4373	(-1898)
Cherokee	4402	(-1927)
BPL	4451	(-1976)
Miss Osage	4494	(-2019)

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ALLIED CEMENTING CO., INC.

23615

Federal Tax I.D.#

AUG 29 2006

CONFIDENTIAL

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

SERVICE POINT:

New City

DATE <u>8-29-06</u>	SEC. <u>14</u>	TWP. <u>18</u>	RANGE <u>23</u>	CALLED OUT <u>4:00pm</u>	ON LOCATION <u>6:45pm</u>	JOB START <u>7:30pm</u>	JOB FINISH <u>8:00pm</u>
LEASE <u>Dale</u>	WELL # <u>1-14</u>	LOCATION <u>4+2831st 3E 1 1/2 W 1/2 E</u>			COUNTY <u>Wash</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Duke Dale # 4
 TYPE OF JOB Surface
 HOLE SIZE 13 1/4 T.D. 224
 CASING SIZE 8 3/8 DEPTH 224
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13 3/4

OWNER _____
 CEMENT AMOUNT ORDERED 160 Com 3% c 2% ad
 COMMON 160 cu ft @ 10.65 1704.00
 POZMIX _____ @ _____
 GEL 304 @ 16.65 49.95
 CHLORIDE 5.00 @ 46.60 233.00
 ASC _____ @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER MIKE
 # 224 HELPER Lubegama
 BULK TRUCK
 # 260 DRIVER Steve
 BULK TRUCK
 # _____ DRIVER _____

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 HANDLING 168 @ 1.90 319.20
 MILEAGE 168 0.4 0.8 17.0 @ 14.00 2452.00
 TOTAL 2546.65

REMARKS:

New 20"
Case 8 3/8 cas w/ new pump
Mix Cemt, clean plug w/ 13 3/4 OOL
Cemt dual Case
Thanks

SERVICE

DEPTH OF JOB 224
 PUMP TRUCK CHARGE 85.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 17 @ 5.00 85.00
 MANIFOLD _____ @ _____
 TOTAL 900.00

CHARGE TO: Mull Dale
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

8 3/8 Tapline @ 60.00 60.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 60.00

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 Rich Wheeler

Rich Wheeler
 PRINTED NAME

ALLIED CEMENTING CO., INC.

24322

Federal Tax ID: **KCC**

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

AUG 29 2006

SERVICE POINT: Ht Bend

DATE 7-7-06 SEC. 14 TWP. 16 RANGE 23 **CONFIDENTIAL** 7-6-06 CALLED OUT 8:30 PM ON LOCATION 11:00 PM JOB START 5:20-06 JOB FINISH 2:30 AM

LEASE Dale WELL # 1-14 LOCATION Barnwell SW, 1/2 N, E/S COUNTY Neosho STATE Ka

OLD OR NEW (Circle one)

CONTRACTOR Dale #4
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8" T.D. 4630'
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" DEPTH 1890'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Some
 CEMENT AMOUNT ORDERED 255.2 60/40 69.72
4# floored/sh

COMMON	<u>153</u>	@	<u>10.65</u>	<u>1629.45</u>
POZMIX	<u>102</u>	@	<u>5.80</u>	<u>591.60</u>
GEL	<u>15</u>	@	<u>16.65</u>	<u>249.75</u>
CHLORIDE		@		
ASC		@		
<u>Floored 64</u>		@	<u>2.00</u>	<u>128.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>273</u>	@	<u>1.90</u>	<u>518.70</u>
MILEAGE	<u>17.8.273</u>			<u>371.28</u>
				TOTAL <u>3488.78</u>

EQUIPMENT

PUMP TRUCK CEMENTER Tim D.
 # 181 HELPER Steve T.
 BULK TRUCK
 # 344 DRIVER Cody R.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
Mixed - 50lb @ 1890'
80lb @ 1170'
50lb @ 650'
40lb @ 250'
20lb @ 60'
15lb in Rathole

[Signature]

AUG 30 2006
KCC WICHITA SERVICE
 DEPTH OF JOB 1890'
 PUMP TRUCK CHARGE _____ 815.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 17 @ 5.00 85.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 900.00

CHARGE TO: Mull Indlg
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

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

SIGNATURE [Signature]

[Signature]
 PRINTED NAME