

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

Handwritten: KCC
7/3/08

Operator: License # 6236
 Name: MTM PETROLEUM, INC.
 Address: PO Box 391
 City/State/Zip: Kingman KS 67068
 Purchaser: _____
 Operator Contact Person: Marvin A. Miller
 Phone: (620) 955-6014
 Contractor: Name: Hardt Drilling, LLC
 License: 33902
 Wellsite Geologist: N/A
 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: Musgrove K E Drlg
 Well Name: Dauner #1
 Original Comp. Date: 11/4/1959 Original Total Depth: 4448'
 _____ 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. _____
2/20/2008 _____ 3/12/2008
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date

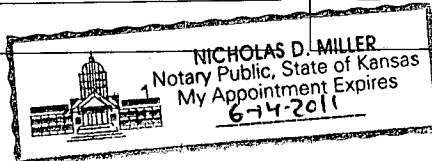
API No. 15 - 095-00338-00-01
 County: Kingman
 _____ NW _____ NW _____ NW Sec. 36 Twp. 30 S. R. 8 East West
4950 feet from S N (circle one) Line of Section
4950 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Boyle Hills OWVO Well #: 4
 Field Name: SPIVEY - GRABS - BASIL
 Producing Formation: MISSISSIPPIAN
 Elevation: Ground: 1601 Kelly Bushing: 1611
 Total Depth: 4448 Plug Back Total Depth: 4434
 Amount of Surface Pipe Set and Cemented at Existing (206') Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ sx cmt.
MKT - Drg - 7/11/08
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume 80 bbls
 Dewatering method used Haul Offsite
 Location of fluid disposal if hauled offsite:
 Operator Name: Messenger Petroleum
 Lease Name: Nicholas SWD License No.: 4706
 Quarter _____ Sec. 20 Twp. 30S S. R. 8 East West
 County: Kingman Docket No.: D-27,434

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 Date: 06/24/2008
 Subscribed and sworn to before me this 24th day of June,
2008
 Notary Public: Nicholas D Miller
 Date Commission Expires: 6-14-2011

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: July 3, 08
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
 KANSAS CORPORATION COMMISSION
JUN 26 2008



CONSERVATION DIVISION
WICHITA, KS

Operator Name: MTM PETROLEUM, INC. Lease Name: Boyle Hills Well #: 4
 Sec. 36 Twp. 30 S. R. 8 East West County: Kingman

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: CNL-CDL DIL SONIC BOND	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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 CONSERVATION DIVISION
 WICHITA, KS

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
PRODUCTION		4-1/2	10-1/2	4443	AA2	125	5#GILSONITE/SK
<i>surf</i>		<i>8.625</i>		<i>204</i>			

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
		Amount	Kind	
4	4352-60	acid - 1200gal	15%fe	4352-60
		fracture-	10000# 20/40 Brady, 2000# 16/30 RCS	4352-60

TUBING RECORD		Size <u>2-3/8</u>	Set At <u>4426</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>3/12/2008</u>			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. <u>1.67</u>	Gas Mcf <u>44</u>	Water Bbls. <u>80</u>	Gas-Oil Ratio	Gravity

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

MTM Petroleum, INC.

P.O Box 391 Kingman, KS 67068

Phone: 620-955-6014 *** Fax: 620-955-6020

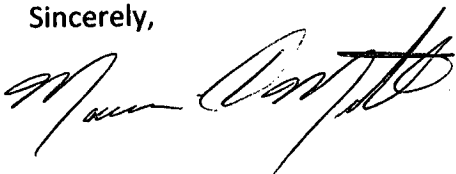
June 24, 2008

Kansas Corporation Commission
130 S. Market – Room 2078
Wichita KS 67202

RE: Boyle Hills #4 – Request to be held “Confidential”
A.P.I 15-095-00338-00-01
NW NW NW Section 36 – T 30 S – R 8 W
Harper County, Kansas

The completion report on the above-named well is enclosed. I am requesting that information contained in this report be held confidential for one year.

Sincerely,



Marvin A. Miller, President
MTM Petroleum, Inc.

MAM/nm

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JUN 26 2008

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., LLC. 31310

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

SERVICE POINT:
Medicine Lodge

DATE <i>2-22-08</i>	SEC. <i>36</i>	TWP. <i>30S</i>	RANGE <i>8W</i>	CALLED OUT <i>2:30 AM</i>	ON LOCATION <i>5:00 AM</i>	JOB START <i>9:45 AM</i>	JOB FINISH <i>11:00 AM</i>
LEASE <i>Boyle Hills</i>		WELL# <i>1</i>		LOCATION <i>Spivey, Ks. 3 south</i>		COUNTY <i>Kingman</i>	STATE <i>Ks.</i>
OLD OR NEW (Circle one) <i>NEW</i>				<i>1/4 east 3/5</i>			

CONTRACTOR *Hardt #1*

TYPE OF JOB *Re-entry production*

HOLE SIZE *7 7/8"* T.D.

CASING SIZE *4 1/2" x 10.5* DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *lift pr 800* MINIMUM

MEAS. LINE *shot in 950* SHOE JOINT *19.50*

CEMENT LEFT IN CSG.

OWNER *MTM Petroleum*

CEMENT

AMOUNT ORDERED *100 Gals Mud-Clean*

7 Gals Chapro 15 sk 60:40:4

125 sk Class A + 40% salt 6% Gypseal L + 5% Kolseal

- 8% FL-160 .75% GasBlock Deframer

COMMON <i>Class A Bl sk @</i>	<i>14.20</i>	<i>1902.80</i>
POZMIX <i>6 sk @</i>	<i>7.20</i>	<i>43.20</i>
GEL <i>1 sk @</i>	<i>18.75</i>	<i>18.75</i>
CHLORIDE @		
ASC @		
<i>Gypseal 7 sk @</i>	<i>26.30</i>	<i>184.10</i>
<i>salt 14 sk @</i>	<i>11.00</i>	<i>154.00</i>
<i>FL-160 94 sk @</i>	<i>12.00</i>	<i>1128.00</i>
<i>GasBlock 88 @</i>	<i>10.00</i>	<i>880.00</i>
<i>Deframer 17 @</i>	<i>8.10</i>	<i>137.70</i>
<i>Kolseal 625 @</i>	<i>.80</i>	<i>500.00</i>
<i>Mud-clean 1000 Gal @</i>	<i>1.15</i>	<i>1150.00</i>
<i>Chapro 7 Gal @</i>	<i>28.15</i>	<i>197.05</i>
HANDLING <i>164 @</i>	<i>2.15</i>	<i>352.60</i>
MILEAGE <i>.09/35/164 sk</i>		<i>516.60</i>
TOTAL		<i>7164.80</i>

PERFS.

DISPLACEMENT *7 1/2 Bbls 2% KCL*

EQUIPMENT

PUMP TRUCK CEMENTER *Carl Balding*

343 HELPER *Steve Kramer*

BULK TRUCK DRIVER *Raymond Romans*

364 DRIVER

BULK TRUCK DRIVER

REMARKS:

Run 4453' 4 1/2" casing drop ball + Break circulation circulate for pump 1000 Gal mud clean plug part hole w/ 15 sk 60:40:4 mix + pump 125 sk Class A + Additives wash pump + lines + release plug Displace with 8 Bbls 2% KCL water. Pump plug float did not hold.

SERVICE

DEPTH OF JOB <i>4453</i>		
PUMP TRUCK CHARGE	<i>1969.00</i>	
EXTRA FOOTAGE @		
MILEAGE <i>35 @</i>	<i>7.00</i>	<i>245.00</i>
MANIFOLD @		
<i>Head Rental @</i>	<i>113.00</i>	<i>113.00</i>
TOTAL		<i>2327.00</i>

CHARGE TO: *MTM Petroleum*

STREET _____

CITY _____ STATE _____

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WICHITA, KS

4 1/2" PLUG & FLOAT EQUIPMENT

<i>1-Reg Guide shoe @</i>	<i>169.00</i>	<i>169.00</i>
<i>1- AFU Insert @</i>	<i>254.00</i>	<i>254.00</i>
<i>5-Turbolizers @</i>	<i>68.00</i>	<i>340.00</i>
<i>1-Top Rubber plug @</i>	<i>62.00</i>	<i>62.00</i>
TOTAL		<i>825.00</i>

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Nock Miller*

SIGNATURE *Nock Miller*

SALES TAX (If Any) _____

TOTAL CHARGES ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING