

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5144
Name: Mull Drilling Company, Inc.
Address: P.O. Box 2758
City/State/Zip: Wichita, KS 67201
Purchaser: Eaglwing/Peoples
Operator Contact Person: Steve Anderson
Phone: (316) 264-6366
Contractor: Name: _____
License: _____

Wellsite Geologist: _____
Designate Type of Completion: _____
____ New Well ____ Re-Entry ____ Workover
 Oil ____ SWD ____ SIOW ____ Temp. Abd.
 Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Mull Drilling Company, Inc.
Well Name: Walters #2

Original Comp. Date: 5-22-64 Original Total Depth: 4218
____ 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. _____

11-22-00 11-22-00 12-7-00
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - ¹⁹⁰¹⁴~~095-00345~~-00-02
County: Kingman
E - NW - NW - SW Sec. 34 Twp. 29 S. R. 7 East West
2310 feet from S / (circle one) Line of Section
415' 330' feet from W (circle one) Line of Section
Footages Calculated ^{per operator kgr} from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Walters Well #: 2

Field Name: Spivey Grabs Basil
Producing Formation: Mississippian
Elevation: Ground: 1481 Kelly Bushing: 1487
Total Depth: 4218 Plug Back Total Depth: 4148
Amount of Surface Pipe Set and Cemented at 204 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 DWVO #2R 12/14/07
(Data must be collected from the Reserve Pit)
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.: _____

CONSERVATION DIVISION
Wichita, Kansas
MAR 7 2001

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: Steve Anderson
Title: Senior Vice President Date: 3/5/01
Subscribed and sworn to before me this 5th day of March
10-2001
Notary Public: Maria R. Olmstead
Date Commission Expires: October 14, 2002

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

MARIA R. OLMSTEAD
Notary Public - State of Kansas
My Appt. Expires 10-14-2002

X

Operator Name: Mull Drilling Company, Inc. Lease Name: Walters Well #: 2
 Sec. 34 Twp. 29 S. R. 7 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 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: Sonic and Laterolgo	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Lansing</td> <td>3311</td> <td>-1824</td> </tr> <tr> <td>Mississippian</td> <td>4098</td> <td>-2614</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Lansing	3311	-1824	Mississippian	4098	-2614
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample											
Name	Top	Datum											
Lansing	3311	-1824											
Mississippian	4098	-2614											

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	28#	204	Common	150	2% cc
Production	7 7/8	4 1/2	9.5#	4216	60/40 Poz	135	

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
Cuts	4152 & 4155' (5-64)	500 gal mud acid	
4	4116-4130 (11-00)	1500 gal 10% NeFe, Frac. with Ultravis 25 + 51,000# 20/40 sand + 12/20 mesh	

TUBING RECORD	Size 2 3/8	Set At 4083	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 12-7-2000	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1.67	44	47	26.347	30.8°

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) Cuts