

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

AMENDED

OPERATOR: License # 5144
Name: Mull Drilling Company, Inc.
Address 1: 221 N. Main, Suite #300
Address 2: P.O. Box 2758
City: Wichita State: KS Zip: 67201 + 2758
Contact Person: Mark Shreve
Phone: (316) 264-6366
CONTRACTOR: License # 5929
Name: Duke Drilling Company, Inc.
Wellsite Geologist: Kevin Kessler (no wellsite geo report rec'd yet)
Purchaser: N/A

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 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. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
10/25/07 11/5/07 7/8/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

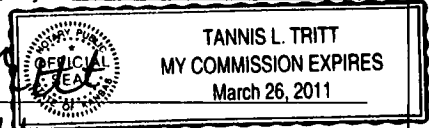
API No. 15 - 101-22048-00-00
Spot Description: _____
NE SE NW NE Sec. 29 Twp. 17 S. R. 28 East West
842 4512 Feet from North / South Line of Section
1354 1430 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner: *Don 6/10/09*
 NE NW SE SW
County: Lane
Lease Name: Muffitt Well #: 2-29
Field Name: Cartmill West
Producing Formation: N/A
Elevation: Ground: 2694' Kelly Bushing: 2703'
Total Depth: 4965' Plug Back Total Depth: 4854'
Amount of Surface Pipe Set and Cemented at: 224 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2113 Feet
If Alternate II completion, cement circulated from: 2113'
feet depth to: surface w/ 210 *AH2-Dig - 4/1/09*

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 19,200 ppm Fluid volume: 580 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: 3/9/09
Subscribed and sworn to before me this 9th day of March
09
Notary Public: Tannis L. Tritt
Date Commission Expires: 3.26.2011



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution *JK (3/10)*

KANSAS CORPORATION COMMISSION
MAR 10 2009
RECEIVED

Operator Name: Mull Drilling Company, Inc. Lease Name: Muffitt Well #: 2-29
 Sec. 29 Twp. 17 S. R. 28 East West County: Lane

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: Superior: CDL/CNL; DIL; Sonic & Micro	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>2091</td> <td>+ 621</td> </tr> <tr> <td>B/Anhydrite</td> <td>2122</td> <td>+ 581</td> </tr> <tr> <td>Heebner Shale</td> <td>3883</td> <td>- 1180</td> </tr> <tr> <td>Stark Shale</td> <td>4172</td> <td>- 1469</td> </tr> <tr> <td>Ft. Scott</td> <td>4421</td> <td>- 1718</td> </tr> <tr> <td>Cherokee Shale</td> <td>4443</td> <td>- 1740</td> </tr> <tr> <td>Mississippian</td> <td>4504</td> <td>- 1801</td> </tr> </table>	Name	Top	Datum	Anhydrite	2091	+ 621	B/Anhydrite	2122	+ 581	Heebner Shale	3883	- 1180	Stark Shale	4172	- 1469	Ft. Scott	4421	- 1718	Cherokee Shale	4443	- 1740	Mississippian	4504	- 1801
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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	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	20#	224'	Common	160	2% gel, 3% cc
Production	7 7/8"	5 1/2"	14# & 15.5#	4961'	SMD	245	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surface-2113'	SMD	210	

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
4	4602' - 4604'		
4	4482' - 4492'		
4	4447' - 4451' Set CIBP @ 4470'	500 gal 15% MCA	
4	4356' - 4360' and 4340' - 4344'		
4	4274' - 4276	500 gal 15% MCA	

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TUBING RECORD: Size: <u>2 3/8"</u> Set At: _____ Packer At: <u>4259'</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. Waiting on KCC approval before injection begins	Producing Method: Injection <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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