

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**

RECEIVED

AUG 16 2006

Operator: License # 5144  
Name: Mull Drilling Company, Inc.  
Address: P. O. Box 2758, Wichita, KS 67201  
City/State/Zip: Wichita, KS 67201-2758  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Mark A. Shreve  
Phone: (316) 264-6366  
Contractor: Name: \_\_\_\_\_  
License: \_\_\_\_\_  
Wellsite Geologist: \_\_\_\_\_

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: Mull Drilling Company, Inc.

Well Name: Korbe-Stenzel #1-29  
Original Comp. Date: 9-02-03 Original Total Depth: 4470  
 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>7-24-06</u>                    | <u>7-24-06</u>  | <u>7-26-06</u>                          |
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |

API No. 15 - 135-24231-00-02  
County: Ness **KCC WICHITA**  
N/2 N/2 N/2 NE Sec. 29 Twp. 18 S. R. 24  East  West  
100 feet from S  N (circle one) Line of Section  
1320 feet from  E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one)  NE  SE  NW  SW  
Lease Name: Korbe-Stenzel Well #: 1-29

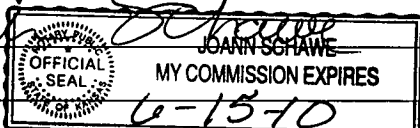
Field Name: LTP  
Producing Formation: Cherokee Sandstone  
Elevation: Ground: 2324' Kelly Bushing: 2329'  
Total Depth: 4470' Plug Back Total Depth: 4416'  
Amount of Surface Pipe Set and Cemented at 227 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 1626 Feet  
If Alternate II completion, cement circulated from 1626  
feet depth to surface w/ 175 <sup>sq cmt.</sup>

**Drilling Fluid Management Plan**  
(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.: \_\_\_\_\_

**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: Nancy A. Stiner  
Title: Sr. Eng. & Prod. Technician Date: 8-15-06  
Subscribed and sworn to before me this 15<sup>th</sup> day of August,  
2006  
Notary Public: Joann Schawe  
Date Commission Expires: \_\_\_\_\_



**KCC Office Use ONLY**

Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: Mull Drilling Company, Inc. Lease Name: Korbe-Stenzel Well #: 1-29  
 Sec. 29 Twp. 18 S. R. 24  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 type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

**RECEIVED**  
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**KCC WICHITA**

| 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 |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD |                  |                |             |                            |
|---------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose:                              | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| ___ Perforate                         |                  |                |             |                            |
| ___ Protect Casing                    |                  |                |             |                            |
| ___ Plug Back TD                      |                  |                |             |                            |
| ___ Plug Off Zone                     |                  |                |             |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth       |
|----------------|---|--|-------------|
| 4              | 4332-4362'  | 250gal 15% NEFE  | down casing |
|                |   |  |             |
|                |   |  |             |
|                |   |  |             |

|  |           |   |             |   |
|--|-----------|---|-------------|---|
| TUBING RECORD                                    | Size      | Set At  | Packer At   | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | 2 3/8"    | 4375  |             |   |
| Date of First, Resumerd Production, SWD or Enhr. |           | Producing Method  |             |   |
| 7-26-06  |           | <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. | Gas Mcf   | Water Bbls. | Gas-Oil Ratio Gravity   |
|  | 10        |   | 17          | 36.0°   |

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) \_\_\_\_\_