

11/8/08

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: WW Drilling, LLC
License: 33575

Wellsite Geologist: Phil Askey
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: _____
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>10/13/06</u>	<u>10/20/06</u>	<u>11/9/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 101-21966 - 60-00
County: Lane
SE SW NW NW Sec. 32 Twp. 16 S. R. 29 East West
1264 feet from S / N (circle one) Line of Section
385 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Dickey Well #: 1-32
Field Name: Wildcat
Producing Formation: Cherokee and Marmaton
Elevation: Ground: 2812' Kelly Bushing: 2817'
Total Depth: 4600' Plug Back Total Depth: 4536'
Amount of Surface Pipe Set and Cemented at 220' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2239 Feet
If Alternate II completion, cement circulated from 2239'
feet depth to surface w/ 230 sx cmt.

Drilling Fluid Management Plan API II NH9-15-08
(Data must be collected from the Reserve Pit)
Chloride content 3800 ppm Fluid volume 1000 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: 1/8/07
Subscribed and sworn to before me this 8th day of January, 2007.
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
KANSAS CORPORATION COMMISSION
JAN 09 2007
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Mull Drilling Company, Inc. Lease Name: Dickey Well #: 1-32
 Sec. 32 Twp. 16 S. R. 29 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: 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" <div style="text-align: right; font-size: 1.2em; font-weight: bold;"> KCC JAN 08 2007 CONFIDENTIAL </div>
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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#	220'	Common	160	2% gel, 3% cc
Production	7 7/8"	4 1/2"	10.5#	4582'	SMD	175	

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	2239'-Surface	SMD	230	

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	4516' - 4520'	250 gal 15% MCA	
4	4374' - 4384'		

TUBING RECORD		Size Set At	Packer At	Liner Run
2 3/8"		4515'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 11/9/06		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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	75	0	0	N/A 32.8

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	

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**ATTACHMENT TO ACO-1
Well Completion Form**

**Mull Drilling Company, Inc.
Dickey #1-32
NW4 NW/4 Section 32-16S-29W
Lane County, Kansas
API: 15-101-21966**

LOG TOPS		
FORMATION	DEPTH	SUBSEA
Anhydrite	2228	(+589)
Base Anh	2260	(+557)
Heebner Shale	3904	(-1087)
Lansing	3939	(-1122)
Stark Shale	4208	(-1391)
B/KC	4299	(-1482)
Fort Scott	4445	(-1628)
Cherokee Shale	4469	(-1652)
Mississippi	4541	(-1724)
RTD	4600	(-1783)
LTD	4600	(-1783)

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WICHITA, KS



CHARGE TO: **MULL DRIG. Co. Inc**
 ADDRESS: _____
 CITY, STATE, ZIP/PCODE: _____

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TICKET No **11618**
 PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 1-32	LEASE DEWEY	COUNTY/PARISH WAC	STATE Ks	CITY	DATE 11-2-06	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR Co Tools	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATED	ORDER NO.	
3.	WELL TYPE OEL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE COMPT PORT COLLAR	WELL PERMIT NO.	WELL LOCATION 4-23 SEC - 2W, 1 1/2 N, W6		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104	50	MI			4.00	200.00
578		1			PUMP SERVICE	1	JOB	2239	PT	1250.00	1250.00
330		1			SWIFT MULTI-DESIOT STANDARD	230	SKS			13.50	3105.00
276		1			FLOCCLE	75	UBS			1.25	93.75
290		1			DARR	2	GAZ			32.00	64.00
581		1			SERVICE CHARGE COMPT	300	SKS			1.10	330.00
583		1			DRAVAGE	29805	UBS	748.13	PM	1.00	745.13
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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x *Tami McD*
 DATE SIGNED: **11-2-06** TIME SIGNED: **1530** A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				5787.88
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Lane TAX 5.3% 172.93
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL 5960.81
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES. The customer hereby acknowledges receipt of all materials and services listed on this invoice.

SWIFT OPERATOR: *Wayne Wagoner* APPROVAL: _____

Thank You!

11/08/2006 07:19 FAX 7197678994 MDC-CHEY_WELLS.CO MDC WICHITA 003/004

JOB LOG

SWIFT Services, Inc.

DATE 1-2-06 PAGE NO. 1

CUSTOMER FULL DRUG, Co. Inc. WELL NO. 1-32 LEASE DICKY JOB TYPE COMUT PORT COLLAR TICKET NO. 11618

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1545							ON LOCATION
								2 3/8 x 4 1/2 PORT COLLAR c 2239'
	1610				✓		1000	POST TEST CASING - HELD
	1615	3	2	✓		300		OPN PORT COLLAR - 2239' RATE
	1620	4	127	✓		450		MAX COMUT 230 SKS SMD 1/4" x 1/2" FLOTTIE
	1700	4	8	✓		600		DISPASE COMUT
	1705				✓		1000	CLOSE PORT COLLAR - POST TEST - HELD
								CONCRETE 15 SKS COMUT TO PRT
	1715	3 1/2	25		✓		400	RUN 4 JTS CONCRETE CLEAN
								WASH TRUCK
	1800							JOB COMPLETE

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THANK YOU
WAVE, LUSTY, SEAN, JEFF

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WICHITA, KS



CHARGE TO:
MULL DRUG CO. INC.
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET
 No 11604

PAGE 1 OF 2

SERVICE LOCATIONS
 1. **NESS CITY, KS**

WELL/PROJECT NO. **1-32** LEASE **DICKEY** COUNTY/PARISH **LAW** STATE **Ks** CITY **NESS CITY** DATE **10-20-06** OWNER **SAME**

TICKET TYPE SERVICE SALES CONTRACTOR **WW DRUG** RIG NAME/NO. **LOCATOR** SHIPPED **VA CT** DELIVERED TO **LOCATOR** ORDER NO.

WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **4 1/2" LONGSTRONG** WELL PERMIT NO. WELL LOCATION **4-235ET - 2W, 1 1/2, W 270**

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104 RECEIVED	50		MI		4.00	200.00
578		1			PUMP SERVICE KANSAS CORPORATION COMMISSION	1		DR	4582	1250.00	1250.00
280		1			FLOCHECK-21 JAN 09 2007	1000		Gal		2.75	2750.00
221		1			LEADS KCL CONSERVATION DIVISION WICHITA, KS	4		Gal		26.00	104.00
400		1			GUIDE SHOE 4 1/2"	1		EA		100.00	100.00
402		1			CONTRADISCS	12		EA		70.00	840.00
403		1			CEMENT BASKET	1		EA		270.00	270.00
404		1			PORT COLLAR TOP JOINT # 57	1		EA	2239	2250.00	2250.00
410		1			TOP PLUG	1		EA		90.00	90.00
413		1			ROTORWALL SCRATCHERS	17		EA		35.00	595.00
415		1			ZISSOT FLOAT COLLAR W/ FELL UP	1		EA		300.00	300.00
416		1			BOTTOM PLUG	1		EA		120.00	120.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *Larry O...*
 DATE SIGNED **10-20-06** TIME SIGNED **2:00** A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECEID	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL #1	8869.00
#2	3795.75
Subtotal	12,664.75
TAX Lanc 5.3%	556.26
TOTAL	13,221.01

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR **WAVE WILSON** APPROVAL

Thank You!

10/31/2006 07:54 FAX 7197678994 MDC-CHEV_WELLS_CO MUC WILHIA 002/004



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 11604

CUSTOMER: MOLL DRUG Co. Inc. WELL: DICKNEY 1-22 DATE: 10-20-06 PAGE 2 OF 2

ITEM NO.	QUANTITY	DESCRIPTION	UNIT	PRICE	AMOUNT
330	1	SWIFT MULTI-BRAND STANDARD	200 GALS	13.50	2700.00
276	1	FLOEEL	50 LBS	11.25	625.00
290	1	DAR	2 GALS	32.00	64.00
419	1	ROTATING HEAD ASYAL	1 GOS	250.00	250.00
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581	1	SERVICE CHARGE	CUBIC FEET	200	1.10
583	1	TOTAL WEIGHT	LOADED MILES	499.25	1.00
					3795.75
					3815.75

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10/31/2006 07:54 FAX 7197678994 MDC-CHEY_WELLS.CO MDC WICHITA UUS/004

JOB LOG

SWIFT Services, Inc.

DATE 10-20-06 PAGE NO. 1

CUSTOMER **MULL DRUG CO. INC** WELL NO. **1-32** LEASE **DECKEY** JOB TYPE **4 1/2" LOGSTRING** TICKET NO. **11604**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2100							ON LOCATION
	2145							START 4 1/2" CASING 21 WELL
								TD-4600 SETC 4582 TP-4582 4 1/2" #10.5 ST-42' CONTRACTS- 1,2,3,4,5,6,7,8,9,10,11,56 CMT BSMT-57 PORT. COUNT = 2239 TOP JT. # 57
	0005							DROP RAU - EVALUATE ROTATE
	0135	6	5		✓	400		PUMP H2O SPACER
	0136	6	24		✓	400		PUMP 1000 GAL FLOCHECK-21 KCC
	0141	6	5		✓	400		PUMP H2O SPACER JAN 08 2007
	0145		2					RELEASE BOTTOM PLUG CONFIDENTIAL
	0150		4-2					PLUG RH-MH
	0154	5	56		✓	300		MIX CEMENT 20048 SAG = 14996
	0205							WASH OUT PUMP - LINES
	0206							RELEASE TOP PLUG
	0208	7	0		✓			DISPARE PLUG (1ST-36BBL - KCL)
		6 1/2	62			725		SHOT OFF ROTATING
	0218	6	72.2			1400		PLUG DOWN
	0220					OK		RELEASE PSE - HELD
								WASH UP TRUCK
	0300							JOB COMPLETE

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THANK YOU
WAKE DUSTY, SEAN

ALLIED CEMENTING CO., INC. 25348

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

SERVICE POINT:
OAKLEY

DATE <u>10-13-06</u>	SEC <u>32</u>	TWP. <u>16S</u>	RANGE <u>29W</u>	CALLED OUT	ON LOCATION <u>6:30 AM</u>	JOB START <u>6:45 AM</u>	JOB FINISH <u>7:51 PM</u>
LEASE <u>WEEKLY</u>	WELL # <u>1-32</u>	LOCATION <u>HEALY 4E-1 1/2 N-1 W</u>			COUNTY <u>LANE</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR W&W DRILL REG # 2 OWNER SAME

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 221'

CASING SIZE 8 5/8" DEPTH 220'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13 BBL

CEMENT AMOUNT ORDERED 160 SKS COM 390.00 29.68L

COMMON	<u>160 SKS</u>	@	<u>12.20</u>	<u>1952.00</u>
POZMIX		@		
GEL	<u>3 SKS</u>	@	<u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>5 SKS</u>	@	<u>46.60</u>	<u>233.00</u>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

422 HELPER WAYNE

BULK TRUCK

399 DRIVER MIKE

BULK TRUCK

_____ DRIVER _____

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WICHITA, KS

HANDLING	<u>168 SKS</u>	@	<u>1.90</u>	<u>319.20</u>
MILEAGE	<u>94 PER SK</u>		<u>MIKE</u>	<u>876.20</u>
				TOTAL <u>3431.40</u>

REMARKS:

CEMENT did CIRC

THANK YOU

CHARGE TO: MULL DRILL.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>220'</u>		
PUMP TRUCK CHARGE			<u>815.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>58 MI</u>	@	<u>6.00</u> <u>348.00</u>
MANIFOLD		@	
<u>HEAD RENTAL</u>		@	<u>100.00</u>
TOTAL <u>1263.00</u>			

PLUG & FLOAT EQUIPMENT

<u>8 5/8 SURFACE PLUG</u>			<u>60.00</u>
	@		
	@		
	@		
	@		
TOTAL <u>60.00</u>			

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

[Handwritten Signature]

[Handwritten Signature]
PRINTED NAME

1-8-08

1-8-09



MULL DRILLING CO., INC.

January 8, 2007

Kansas Corporation Commission
Oil & Gas Conservation Division
130 S. Market, Room 2078
Wichita, Kansas 67202

KCC
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**RE: Dickey #1-32
NW NW 32-16S-29W
Lane County, Kansas
API: 15-101-21966**

Gentleman/Ladies:

On behalf of Mull Drilling Company, Inc. (MDC) I would like to request that all information on side two of the enclosed Well Completion Form ACO-1 on the above subject location be held confidential for a period of twelve (12) months.

Should you have any questions regarding the enclosed information, please feel free to contact our office.

Sincerely,

Mark A. Shreve
President/COO

MAS:tt
Enclosures

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WICHITA, KS