

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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: Plains Marketing, LLC
Operator Contact Person: Mark Shreve
Phone: (316) 264-6366
Contractor: Name: Southwind Drilling, Inc.
License: 33350

Wellsite Geologist: Phil Askey
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: _____
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. _____
8/12/06 8/25/06 9/13/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 101-21952-00-00
County: Lane
SE SW NE NE Sec. 7 Twp. 17 S. R. 27 East West
1003 feet from S / N (circle one) Line of Section
671 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Hanks Trust Well #: 1-7
Field Name: Wildcat
Producing Formation: LKC/Pleasanton/Marmaton
Elevation: Ground: 2657' Kelly Bushing: 2667'
Total Depth: 4600' Plug Back Total Depth: 4550'
Amount of Surface Pipe Set and Cemented at 225 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2121 Feet
If Alternate II completion, cement circulated from 2121'
feet depth to surface w/ 250 sx cmt.

Drilling Fluid Management Plan Att # UJ 9-15-09
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ 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.

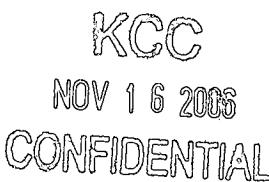
Signature: _____
Title: President/COO Date: 11/16/06
Subscribed and sworn to before me this 16th day of November,
2006.
Notary Public: Tannis L. Tritt
Date Commission Expires: 3-26-2007

TANNIS L. TRITT
MY COMMISSION EXPIRES
March 26, 2007

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
NOV 17 2006
KCC WICHITA

Operator Name: Mull Drilling Company, Inc. Lease Name: Hanks Trust Well #: 1-7
 Sec. 7 Twp. 17 S. R. 27 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: CNL/CDL PE; DIL; Micro & Sonic Peak Wireline: Dual Spaced Cement Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See Attachment "A" <div style="text-align: center;">  </div>
---	---

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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	20#	225'	Common	160	2% gel, 3% cc
Prod (New & Used)	7 7/8"	4 1/2"	10.5#	4584'	SMD	157	

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-2121'	SMD	250	

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	4280' - 4284'; 4260' - 4264' and 4148' - 4154'	1500 gal 15% NEFE and 250 gal 15% MCA	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	4500'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
9/13/06			<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
	80	0	10	N/A	38.7

Disposition of Gas: Vented Sold Used on Lease *(If vented, Submit ACO-18.)*
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

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

**Mull Drilling Company, Inc.
Hanks Trust #1-7
SE SW NE NE 7-17S-27W
Lane County, Kansas
API #: 15-101-21952**

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LOG TOPS

<u>FORMATION</u>	<u>DEPTH</u>	<u>SUBSEA</u>
Anhydrite	2086	(+586)
Base Anhy	2119	(+553)
Heebner Sh	3920	(-1248)
Lansing	3959	(-1287)
Stark Shale	4208	(-1536)
B/KC	4278	(-1606)
Ft. Scott	4456	(-1784)
Cherokee Sh	4478	(-1806)
Cher Sdstn	4528	(-1856)
Mississippi	4556	(-1884)
RTD	4600	(-1928)
LTD	4601	(-1929)

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ALLIED CEMENTING CO., INC.

24289

Federal Tax I.D.#

KCC

SERVICE POINT:

New City

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

NOV 16 2006

DATE <u>8-12-06</u>	SEC. <u>7</u>	TWP. <u>17</u>	RANGE <u>CONFIDENTIAL</u>	CALL OUT <u>9:00am</u>	ON LOCATION <u>12:00am</u>	JOB START <u>12:45am</u>	JOB FINISH <u>1:15am</u>
LEASE <u>Hanks</u>	WELL # <u>1-7</u>	LOCATION <u>Alamata 10 N 10 1/4 N</u>			COUNTY <u>Lane</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Southwind Drilling #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 I.D. 228

CASING SIZE 8 5/8 DEPTH 228

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 14

OWNER _____

CEMENT AMOUNT ORDERED 160 Com 3%cc 2%Ad

COMMON	<u>160cub</u>	@	<u>10.65</u>	<u>1704.00</u>
POZMIX		@		
GEL	<u>304</u>	@	<u>16.15</u>	<u>4905</u>
CHLORIDE	<u>SA4</u>	@	<u>46.60</u>	<u>23300</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>160cub</u>	@	<u>1.90</u>	<u>319.20</u>
MILEAGE	<u>33.09</u>	@	<u>14.80</u>	<u>488.96</u>
TOTAL				<u>2806.11</u>

EQUIPMENT

PUMP TRUCK CEMENTER Mike

224 HELPER J. Weyhans

BULK TRUCK DRIVER Brandon

260 DRIVER _____

BULK TRUCK DRIVER _____

_____ DRIVER _____

REMARKS:

12 1/4

Circ 8 5/8 gas well and pump

Mix cement and plug w/ 14 BB

Cement did Circ

Thanks

SERVICE

DEPTH OF JOB	<u>228</u>		
PUMP TRUCK CHARGE			<u>85.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>33</u>	@	<u>6.00</u>
MANIFOLD		@	
		@	
		@	
TOTAL			<u>103.00</u>

PLUG & FLOAT EQUIPMENT

<u>8 5/8 Top Wood</u>	@	<u>60.00</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 Doug Roberts

Doug Roberts
PRINTED NAME



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

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TICKET
 No 10638

PAGE 1 OF 2

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 1-7	LEASE HARRIS TRUST	COUNTY/PARISH LASE	STATE KS	CITY	DATE 8-25-06	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR SOUTHWEST DRUG.	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 4 1/2" LONGSTROKE	WELL PERMIT NO.	WELL LOCATION PROXIMS, KS - 1/2W, 3 1/2S, W/W		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM			
575		1			MILEAGE ° 106	40	ME		4.00	160.00
578		1			PUMP SERVICE	1	JOB	4584	1250.00	1250.00
280		1			FLOHEX-21	1000	GA		2.75	2750.00
400		1			GUIDE SHOES	1	EA	4 1/2"	90.00	90.00
402		1			CENTRAL LOCKS	12	EA		50.00	600.00
403		1			COUNT BASSETS	1	EA		230.00	230.00
404		1			PORT COLUMN TOPLET # 59	1	EA	2123	2100.00	2100.00
410		1			TOP PLUG	1	EA		90.00	90.00
413		1			ROTO WALL SCRATCHES	8	EA		35.00	280.00
415		1			DISSET FLOAT COLUMN W/ FALUP	1	EA		275.00	275.00
416		1			BOTTOM PLUG	1	EA		90.00	90.00
419		1			ROTATING HEAD RENTAL	1	JOB		250.00	250.00

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 Tony D...
 DATE SIGNED: 8-25-06
 TIME SIGNED: 1:30 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 #1	8165.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					8076.00
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				#2	2893.35
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				sub total	11,058.35
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TAX	481.94
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	11,540.29

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

SWIFT OPERATOR

APPROVAL

Thank You

001/003
 MDC WICHITA
 MDC-CHEV_WELLS.CO
 08/31/2006 13:18 FAX 7197678994

JOB LOG **SWIFT Services, Inc.** DATE 8-25-06 PAGE NO. 1

CUSTOMER MULL DRIG. Co. INC. WELL NO. 1-7 LEASE HAYS TRUST JOB TYPE 4 1/2" LONGSTRETCH TICKET NO. 10628

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							ON LOCATION
	1435							START 4 1/2" CASING IN WELL
								TO-4601 SETC 4584
								TP-4584 4 1/2" / FT 10.5
								FT-30.50
								CONDUITS - 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 58
								CAT BEETS - 59
								PORT CLOSURE = 2123 TOPPT = 59
	1645							DROP BALL - CIRCULATE ROTATE
	1822	6	5		✓	450		PUMP SPACER "
	1823	6	24		✓	450		PUMP FLOCHECK-21 (1000GAL) "
	1827	6	5		✓	450		PUMP SPACER "
	1834							DROP BOTTOM PUG
	1836		4 1/2					PUG RH-MH
	1845	5	14.5		✓	350		MIX COMPT - WD-26 SKS = 11.2 PPG "
	1848	4 1/2	37.0		✓	200		TL-131 SKS = 14.0 PPG "
	1858							WASH OUT PUMP. LINES
	1900							RELEASE TOP PUG
	1902	7 1/2	0		✓			REPLACE PUG "
		7	62			550		SHOT OFF ROTATING
	1910	6 1/2	72.4			1250		PUG BALL
	1912					0		OR REMOVE PRO-HEAD
								WASH-UP TRUCK
	2000							JOB COMPLETE

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THANK YOU
WAVE, JASON, SHANE

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NOV 17 2006

KCC WICHITA



CHARGE TO: Mull Drly. Co. KCC
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

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 KCC WICHITA

TICKET No 10657

PAGE 1 OF 1

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SERVICE LOCATIONS 1. <u>Ness City, KS</u>	WELL/PROJECT NO. <u>1-7</u>	LEASE <u>Hank's Trust</u>	COUNTY/PARISH <u>Lane</u>	STATE <u>Ks.</u>	CITY	DATE <u>9-5-06</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Co Tools</u>	RIG NAME/NO.	SHIPPED <u>EA</u>	DELIVERED TO <u>Loc.</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement Port Collar</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			U/M				
575		1			MILEAGE #106	40	mi	4	25	100	00
578		1			Pump Service	1	ea	1250	00	1250	00
581		1			Service Charge	300	sk	1	110	330	00
583		1			Drayage	598	TON	1	00	598	00
330		1			SMOC	250	sk	13	25	3312	50
276		1			Flocele	75	sq	1	25	93	25

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
 DATE SIGNED _____ TIME SIGNED _____ 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	<u>27</u>	<u>25</u>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					5744	25
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				TOTAL	5924	78

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

SWIFT OPERATOR: Roger B. [Signature] APPROVAL: _____

Thank You!

09/13/2006 08:15 FAX 7197678994 MDC-CHEV_WELLS.CO MDC WICHITA 001/003

JOB LOG

SWIFT Services, Inc.

DATE 9-5-06 PAGE NO. 1

CUSTOMER Mull. Dlg. Co. WELL NO. 1-7 LEASE Hank Trust JOB TYPE Cont. Port Collar TICKET NO. 10657

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1300							On loc. set up trucks
								Locate Port Collar @ 2121'
						1000	1000	Press Test 1000 psi
								Open Port Collar
		3				500		Tag Rate 3 BPM 50psi
	13:45							Start mixing 300 sks SMOG 11.2 #/gal
	1440							Finish bleed mixing 250 sks mixed
								Last 1000' 13.5 #/gal
								Cement to surface
								Displ
								7" Displ in close P.C.
								Press test to 1000 psi held
								Run 4 JTs.
	1450							Reverse out short way
								wash and pack up truck
	1515							Jos Complete

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KCC WICHITA

Thank You
Ray Tavares



CHARGE TO: *Mull Drly Co.*

ADDRESS:

CITY, STATE, ZIP CODE:

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TICKET
No 10658

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>Ness City, KS</i>	WELL/PROJECT NO. <i>1-7</i>	LEASE <i>Hanks Trust</i>	COUNTY/PARISH <i>Lane</i>	STATE <i>Ks</i>	CITY	DATE <i>9-5-06</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Co. Tools</i>	RIG NAME/NO.	SHIPPED <i>VA</i>	DELIVERED TO <i>Lane</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cement Port Collar</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
<i>104</i>		<i>1</i>			<i>MILEAGE</i>					
					<i>Port Collar Opening Tool</i>	<i>1</i>	<i>ea</i>	<i>250</i>	<i>ea</i>	<i>250</i>

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

X
DATE SIGNED _____ TIME SIGNED _____ 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	<i>250</i>
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?				<i>Lane TAX 5.3%</i>	<i>13 25</i>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	<i>263 25</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR *Roy B. Gault* APPROVAL _____

Thank You!

09/13/2006 08:15 FAX 7197678994 MDC-CHEV_WELLS.CO MDC WICHITA 003/003