

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ADD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5144Name: Mull Drilling Company, Inc.Address P.O. Box 2758City/State/Zip Wichita, KS 67201Purchaser: Eagling TradingOperator Contact Person: Mark A. ShrevePhone (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:

Operator: Mull Drilling Company, Inc.Well Name: Eitel A #1Comp. Date 5-18-82 Old Total Depth 4661

____ Deepening ☒ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PSTD
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Inj?) Docket No. ____

8-9-85 8-16-85

Spud Date Date Reached TD Completion Date

API NO. 15- 101-20658001County Lane-SE - SW - NW Sec. 21 Twp. 17S Rge. 27 ☒ E330 Feet from SWK (circle one) Line of Section990 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or ☒ (circle one)Lease Name Eitel A Well # 1Field Name LS NEProducing Formation LKC LElevation: Ground 2697 KB 2704Total Depth 4661 PSTD _____Amount of Surface Pipe Set and Cemented at 345 FeetMultiple 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 Re-work, 9-21-'00
(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 Rng. ____ E/W

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 on 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 Mark A. Shreve, President/COO Date 7/20/00Subscribed and sworn to before me this 20th day of July, 19X2000Notary Public Tannis L. TrittDate Commission Expires March 26, 2003

K.C.C. OFFICE USE ONLY
F ____ Letter of Confidentiality Attached
C ____ Wireline Log Received
C ____ Geologist Report Received

Distribution
____ KCC ____ SWD/Rep ____ NGPA
____ KGS ____ Plug ____ Other
(Specify)

TANNIS L. TRITT
Notary Public, State of Kansas
My Appt. Expires 3-26-2003

SIDE TWO

Operator Name Mull Drilling Company, Inc.Lease Name Eitel AWell # 1Sec. 21 Twp. 17S Rge. 27☐ EastCounty Lane☒ West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken ☒ Yes ☐ No
(Attach Additional Sheets.)Samples Sent to Geological Survey ☐ Yes ☐ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy.)

List All E.Logs Run:

Radiation Guard Log, Cement Bond Log

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Anhydrite	2101	+ 603
Topeka	3681	- 977
Heebner	3947	-1243
Toronto	3967	-1263
Lansing	3986	-1282
Marmaton	4321	-1617
Ft Scott	4491	-1787
Cherokee	4513	-1809
Miss	4640	-1936
RTD	4661	-1957

CASING RECORD

☒ New ☐ 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#	345	Cmm	20sx	3%cc, 2%gel
Production	7 7/8"	5 1/2"	14#	4660	Cmm	25 sx	2%gel, 10% salt
					50-50 Poz	125 sx	.75% CFR2

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 (Amount and Kind of Material Used)	Depth
4	4566-73 - CIBP @ 4500'		
4	4562-65 - CIBP @ 4500'		
4	4292-95 (8-85)	250 gal 15% MCA	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NE
	2 3/8"	4473				
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
8-16-85						
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.
	40		-0-		-0-	
					Gas-Oil Ratio	Gravity
					-0-	

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)
☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Coningled
☐ Other (Specify) _____