

15-135-24231-0000
KCC OIL/GAS REGULATORY OFFICE

ALTZ

Date August 21, 2003

- New Situation
- Response to Request
- Follow-up

Operator Mull Drilling Company, Inc. # 5144

Address P.O. Box 2758, 221 N Main Ste 300
Wichita, Kansas--67201

Location NE, Sec 29, T 18 S, R 24 W

Lease Korbe--Stenzel Well # 1-29

Phone No. _____ County Ness

Oper. _____ Other _____

Reason for Investigation: Witness Alt.II

Problem: None cement circulated to surface.

Person(s) Contacted: _____

RECEIVED

AUG 26 2003

KCC WICHITA

Findings: T.D.—4479'

5-1/2" @ 4468'

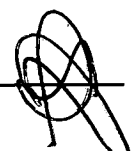
8-5/8" @ 233'

Port Collar @ 1630' cemented with 175 sxs smds-1/4# flo seal—2%cc and circulated 15 sxs to pit

photos taken: _____

Action/Recommendations: Alt.II requirements have been satisfied.

- Lease Inspection
- Complaint
- Field

By Michael Maier 

Retain I copy Joint District Office

For KCC Use

Effective Date: 7-29-03

District # _____

SGA? Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing

RECEIVED 15/35-24231-0000
JUL 24 2003
ART 2
KCC WICHITA
Form C-1
December 2002
Form must be Typed
Form must be Signed
All blanks must be Filled

Expected Spud Date August 11 2003
month day year

OPERATOR: License# 5144
Name: Mull Drilling Company, Inc.
Address: P.O. Box 2758
City/State/Zip: Wichita KS 67201-2758
Contact Person: Mark Shreve
Phone: 316-264-6366

CONTRACTOR: License# 5123
Name: Pickrell Drilling Co., Inc.

Well Drilled For:	Well Class:	Type Equipment:
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Enh Rec	<input checked="" type="checkbox"/> Infield
<input type="checkbox"/> Gas	<input type="checkbox"/> Storage	<input type="checkbox"/> Pool Ext.
<input type="checkbox"/> OWMO	<input type="checkbox"/> Disposal	<input type="checkbox"/> Wildcat
<input type="checkbox"/> Seismic; # of Holes _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Mud Rotary
<input type="checkbox"/> Other _____		<input type="checkbox"/> Air Rotary
		<input type="checkbox"/> Cable

If OWWO: old well information as follows:

Operator: _____
Well Name: _____
Original Completion Date: _____ Original Total Depth: _____

Directional, Deviated or Horizontal wellbore? Yes No

If Yes, true vertical depth: _____

Bottom Hole Location: _____

KCC DKT #: _____

Spot Ap 65' NoF
N/2 N/2 N/2 NE Sec. 29 Twp. 18 S. R. 24
 East West
100 feet from N / S Line of Section
1320 feet from E / W Line of Section
Is SECTION Regular Irregular?

(Note: Locate well on the Section Plat on reverse side)

County: Ness
Lease Name: Korbe-Stenzel Well #: #1-29

Field Name: LTP
Is this a Prorated / Spaced Field? Yes No

Target Information(s): Mississippi
Nearest Lease or unit boundary: (Pool Acreage) 330' ±

Ground Surface Elevation: 2324 feet MSL

Water well within one-quarter mile: Yes No

Public water supply well within one mile: Yes No

Depth to bottom of fresh water: 180'

Depth to bottom of usable water: 1000'

Surface Pipe by Alternate: 1 2

Length of Surface Pipe Planned to be set: 200'

Length of Conductor Pipe required: None

Projected Total Depth: 4500'

Formation at Total Depth: Mississippi

Water Source for Drilling Operations:

Well Farm Pond Other _____

DWR Permit #: Contractor will apply

(Note: Apply for Permit with DWR)

Will Cores be taken? Yes No

Pusher Mike Kerns
 SPUD DATE 8-7-03 INIT. JA
 LENGTH SURFACE PLANNED 200'
 RESERVE PIT STATUS: REMOVE FLUID LINED
 after salt sect. _____ bbls. when done _____ bbls.
 RATHOLED AHEAD? Y N SIZE HOLE _____
 SURFACE PIPE 8 1/4 @ 227 CONDUCTOR _____
 ANHYDRITE T- 1602 B- 38 ELEVATION _____
 TD 4479 FORMATION _____
 RAN PIPE 5/2 @ 4472 DV TOOL 1630 ALT II DONE
230 SX Y N

Arbuckle Plug @ _____ Ft. W/ _____ SX
 Hug./Council @ _____ Ft. W/ _____ SX
 Anhydrite Base @ 1638 Ft. W/ 50 SX
 1/2 Base Anyh. @ 1000 Ft. W/ 80 SX
 1/2, 1/2 Plug @ 900 Ft. W/ 50 SX
 Bottom Surface @ 250 Ft. W/ 50 SX
 40' Plug @ 40 Ft. W/ 10 SX
 RAT HOLE CIRC/W 15 SX MOUSE HOLE W/ _____ SX
 WATER WELL _____ SX (Irr. Well _____ Pond _____)
 Hauling _____
 TECHNICIAN FS DATE 8-12-03
 TYPE OF CEMENT 60/40 per 6% gel 4 FS
 STARTING TIME _____ : _____ (AM/PM) DATE _____
 COMPLETION TIME _____ : _____ (AM/PM) DATE _____
 CEMENT COMPANY _____

Ran pipe

Port called not cut yet