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OCT 11 2002
10-11-02
KCC WICHITA

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1998
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31409
 Name: M M Energy, Inc.
 Address: 1900 SE 15th Street; Bldg 700-B
 City/State/Zip: Edmond, OK 73013
 Purchaser: _____
 Operator Contact Person: Ceth Loomis
 Phone: (405) 340-9000
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Tom Baker
 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: M M Energy, Inc.
 Well Name: Stateline 1-15
 Original Comp. Date: 12/17/01 Original Total Depth: 5000'
 _____ 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. _____
4/15/02 4/15/02
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 007-22687-0001
 County: Barber
S/2 SW/4 NW/4 Sec. 15 Twp. 35 S. R. 14 East West
660 feet from (S) N (circle one) Line of Section
660 feet from E / (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW
 Lease Name: Stateline Well #: 1-15
 Field Name: Aetna Gas Area
 Producing Formation: Mississippi, Hertha
 Elevation: Ground: 1458 Kelly Bushing: 1469
 Total Depth: 5000 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 304' Feet
 Multiple 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 Approved Ecu 1-30-03
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume 11460 bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite:
 Operator Name: Star Resources
 Lease Name: Currier 2-9 License No.: 32389
 Quarter: _____ Sec. 20 Twp. 32 S. R. 18 East West
 County: Comanche Docket No.: D-27668

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: Vice President Date: 10/2/02
 Submitted to before me this 2nd day of Oct
Debra Schulz
 Notary Public: _____
 Date of Commission Expires: 3-28-05



KCC Office Use ONLY

No Letter of Confidentiality Attached
 If Denied, Yes Date: _____
No Wireline Log Received
No Geologist Report Received
 _____ UIC Distribution

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Side Two

KCC WICHITA

Operator Name: M M Energy, Inc. Lease Name: Stateline Well #: 1-15
Sec. 15 Twp. 35 S. R. 14 East West County: Barber

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1"> <tr> <th>X Log</th> <th>Formation (Top), Depth and Datum</th> <th>Sample</th> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Swope</td> <td>4596'</td> <td>-3128'</td> </tr> <tr> <td>Hertha</td> <td>4624'</td> <td>-3156'</td> </tr> <tr> <td>Cherokee</td> <td>4799'</td> <td>-3331'</td> </tr> <tr> <td>Mississippi</td> <td>4826'</td> <td>-3358'</td> </tr> </table>	X Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum	Swope	4596'	-3128'	Hertha	4624'	-3156'	Cherokee	4799'	-3331'	Mississippi	4826'	-3358'
X Log	Formation (Top), Depth and Datum		Sample																	
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Hertha	4624'		-3156'																	
Cherokee	4799'	-3331'																		
Mississippi	4826'	-3358'																		
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Cores Taken	Yes <input checked="" type="checkbox"/> No																			
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
List All E. Logs Run: <i>See Original</i>																				

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
Conductor		20"	54#	70'			
Surface	12 1/4"	8 5/8"	23#	304'	60/40	275	3%cc 2% gel
Production	7 7/8"	5 1/2"	17#	4999'	ASC	190	5#/sk kolseal

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	4866'-4886'	Acidize 500gal 15% + 168 Balls	
4	4850'-4858'	Frac 594 bbls 40#gel+624 SCF N2+60000# sand	
4	4800'-4805'	Acidize 2000gal 15%, 2500gal gel pad	
4	4808'-4816'	+2000gal 100mesh, Frac w/ 25500# sand	
4	4628'-4638'	Acidize 1500gal NE/FE	

TUBING RECORD	Size	Set At	Packer At	Liner Run	Yes	X	No
	2 3/8"	5122'	4750'				

Date of First, Resumed Production, SWD or Entr.	Producing Method	Flowing	X	Pumping	Gas Lift	Other (Explain)
4/15/02						

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	40bbls	50MCF	10BSW	5:4	43

Disposition of Gas: Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Mississippi/ Hertha

Production Interval: Other (Specify) _____