

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

Operator: License # 5144

Name: Mull Drilling Company, Inc.

Address P. O. Box 2758

City/State/Zip Wichita KS 67201

Purchaser: NCRA (Oil) Panhandle Eastern Pipeline (Gas)

Operator Contact Person: Mark A. Shreve

Phone (316) 264-6366

Contractor: Name: Mull Drilling Company, Inc.

License: 5144

Wellsite Geologist: C. R. Sullivan

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: Mull Drilling Company, Inc.

Well Name: Tatlock A #1

Comp. Date 5-14-58 Old Total Depth 4567

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBD  
 Commingled  Docket No. 3942  
 Dual Completion  Docket No.  
 Other (SWD or Inj?)  Docket No.

8-2-94 4-20-58 5-7-58 8-3-94 5-14-58  
Date of START OF WORKOVER Date Reached TD Completion Date OF WORKOVER

API #0. 15- Drilled prior to 1967

County Pratt

SW - NW - NW Sec. 31 Twp. 26S Rge. 15 XXW<sup>E</sup>

990 Feet from S  (circle one) Line of Section

330 Feet from E  (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE, SE,  (circle one) or SW (circle one)

Lease Name Tatlock Well # A #1

Field Name Tatlock SW

Producing Formation Mississippian & Cherokee

Elevation: Ground 2064 KB 2069

Total Depth 4567 PBD 4488

Amount of Surface Pipe Set and Cemented at 840 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 cat.

Drilling Fluid Management Plan REWORK 2-10-95  
(Data must be collected from the Reserve Pit)

NOT AVAILABLE

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, 200 Colorado Derby Building, 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 [Signature]

Title Petroleum Engineer Date 9/1/94

Subscribed and sworn to before me this 1st day of September, 19 94.

Notary Public Tannis L. Tritt

Date Commission Expires \_\_\_\_\_

TANNIS L. TRITT  
Notary Public - State of Kansas  
My Appt. Expires 3-26-95

STATE CORPORATION COMMISSION RECEIVED  
K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
SEP 02 1994  
Distribution  
 KCC  SUD/Rep  
 KGS  Plug  
Other \_\_\_\_\_  
(Specify)

Operator Name Mull Drilling Company, Inc. Lease Name Tatlock Well # A #1

Sec. 31 Twp. 26S Rge. 15  East  West  
 County Pratt

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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner Shale	3800	-1731
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Douglas	3837	-1768
List All E.Logs Run: <u>Gamma Ray, Laterlog</u>		Brown Lime	3952	-1883
		Lansing	3968	-1899
		Base KC	4304	-2235
		Cherokee Sand	4429	-2360
		Mississippian	4455	-2386
		Kinderhook Sand	4489	-2420
		Viola	4554	-2485
		TD	4564	-2495

CASING RECORD <input 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	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	24#	840	Com	550 sx	2% Calcium
Production		5 1/2	14#	4539	Comm	100 sx	2% Calcium

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				

DATE	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
5-58	6	4456-4460 & 4464'-66'	500g MA, 10,000 g & 10,000#	sd 4456-66
1-73		Set CIBP @ 4448' (Drilled out 8-94)		4448
1-73	4	4438-41 & 4430-34'	250g 15%	4430-41'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		2 3/8						
Date of First, Resumed Production, SWD or Inj.			Producing Method					
8-3-94			<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
	2		90		3		45,000	

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	4430-41 & 4456-68'