

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form AGO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5144
 Name: Mull Drilling Company, Inc.
 Address: P.O. Box 2758
 City/State/Zip: Wichita KS 67201-2758
 Purchaser: Eaglwing
 Operator Contact Person: Mark Shreve
 Phone: (316) 264-6366 Ext. 13
 Contractor: Name: Plains Well Service
 License: 4072 99989
 Wellsite Geologist: NONE
 Designate Type of Completion: 9-29-00
 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: Mull Drilling Company, Inc.
 Well Name: Tjaden "A" #2
 Original Comp. Date: 1/23/56 Original Total Depth: 4383
 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. _____
7/31/00 8/5/00
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15-095-00646-0001
 County: Kingman
NE NE NW Sec. 33 Twp. 30 S. R. 8 East West
330 feet from S N (circle one) Line of Section
330 2970 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Tjaden "A" Well #: 2
 Field Name: Spivey Grabs Basil
 Producing Formation: Mississippi Osage
 Elevation: Ground: 1604 Kelly Bushing: 1611
 Total Depth: 4383' Plug Back Total Depth: 4342'
 Amount of Surface Pipe Set and Cemented at 160 Feet
 Multiple Stage Cementing Collar Used? Yes No
 Yes, how depth set _____ Feet
 Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK 9/12-15-00
 (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. 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: [Signature]
 Title: Mark A. Shreve, President Date: 9/28/00

Subscribed and sworn to before me this 28 day of September,

19 2000
 Notary Public: [Signature]
 TANNIS L. TRITT
 Notary Public - State of Kansas
 My Appt. Expires 3-26-2003

Date Commission Expires: March 26, 2003

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Operator Name: Mull Drilling Company, Inc. Lease Name: Tjaden "A" Well #: 2
 Sec. 33 Twp. 30 S. R. 8 East West County: Kingman

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: GR-Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum N/A
--	--

RECEIVED
STATE CORPORATION COMMISSION

SEP 29 2000

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"	20#	160'	Common	125	
Production	7 7/8"	5 1/2"	14#	4383'	Poz	150	

CONSERVATION DIVISION
Wichita, Kansas

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
6	4346' - 4356' (12/1955)	Frac'd w/3000# sand	
		Squeezed w/100 sx cement 1/1956	
4	4365' - 4382' (1/1956)	Frac'd w/3000# sand	
4	4327' - 4338' (8/2000)	Frac'd w/28,000 gals gel and 40,000# sand	
4	4307' - 4316' (8/2000)		

TUBING RECORD	Size 2 3/8"	Set At 4269'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	----------------	-----------------	-----------	---

Date of First, Resumed Production, SWD or Enhr. 8/5/00	Producing Method <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. 5	Gas Mcf 25	Water Bbls. 30	Gas-Oil Ratio 5/1	Gravity 32.8°
-----------------------------------	----------------	---------------	-------------------	----------------------	------------------

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

METHOD OF COMPLETION

Production Interval 4307' - 4316'
4327' - 4338'
4365' - 4382'

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____