

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

API NO. 15- 055-215390000

ORIGINAL

Operator: License # 5652

Name: Mustang Oil & Gas Corporation

Address 100 S. Main, Suite 300

City/State/Zip Wichita, KS 67202

Purchaser: N/A

Operator Contact Person: Stan Brady

Phone (316) 267-8011

Contractor: Name: Val Energy, Inc.

License: 5822

Wellsite Geologist: Arden Ratzlaff

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: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  From Mts. Inj/SWD  
 Plug Back  PBD  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

2-22-97 3-3-97 3-3-97  
Spud Date Date Reached TD Completion Date

County Finney  
10 1/4 N. & 16 1/2 W of  
NE - SE - SE Sec. 17 Twp. 21 Rge. 31 X W

1000 Feet from (S) N (circle one) Line of Section

495 Feet from (E) W (circle one) Line of Section

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

Lease Name Jean Ann Well # 1-17

Field Name Wildcat

Producing Formation None

Elevation: Ground 2917' KB 2919'

Total Depth 4850' PBD

Amount of Surface Pipe Set and Cemented at 360 Feet

Multiple Stage Cementing Collar Used? Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 360.14'

feet depth to surface w/ 175 sx cmt.

Drilling Fluid Management Plan D&A 92 7-17-97  
(Data must be collected from the Reserve Pit)

Chloride content 3800 ppm Fluid volume 260 bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter Sec. Twp. Rng. E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

TIGHT HOLE

RELEASED

SEP 25 1998

FROM CONFIDENTIAL

KCC

MAR 3 4 1 97

CONFIDENTIAL

RECEIVED  
KANSAS COM. DIV.  
MAR 3 4 1 97

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 Stan Brady

Title Vice President Date 3-31-97

Subscribed and sworn to before me this 31st day of March 19 97.

Notary Public

Date Commission Expires July 24, 1999

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
Distribution  
KCC  SWD/Rep  NGPA  
 Plug  Other (Specify)

PATRICIA A. REILEY  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appl. Exp. 7-24-99

Operator Name Mustang Oil & Gas Corporation Lease Name Jean Ann Well # 1-17

Sec. 17 Twp. 21 Rge. 31  
 East  
 West

County Finney

# TIGHT HOLE

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3952'	-1033
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4006'	-1087'
		Muncie	4195'	-1276'
		Stark	4312'	-1393'
		Marmaton	4465'	-1546'
		Excelllo (Cherokee)	4592'	-1673'
		Morrow	4722'	-1803'
		Mississippian	4763'	-1844'
		St. Louis "C"	4820'	-1901'
		TD	4857'	-1938'

List All E.Logs Run: Dual Induction-Gamma Ray, Comp. Neutron, Sonic, Comp Density, Microlog, S.P. & Caliper

**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 1/2"	8-5/8"	20	360'	65-35 Poz	75	6% gel, 2% cc
							1/4# celloflake
					"C"	100	2% cc, 1/4# flocele

**ADDITIONAL CEMENTING/SQUEEZE RECORD**

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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

**TUBING RECORD**

Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. D&A Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) Dry and abandoned

Production Interval \_\_\_\_\_

# CONFIDENTIAL ORIGINAL

## DOWELL

CUSTOMER

A DIVISION OF SCHLUMBERGER TECHNOLOGY CORPORATION

P.O. BOX 4378

HOUSTON, TEXAS 77210

### OILFIELD SERVICES

Dowell Service Order Receipt & Invoice No. 03-12-9007  
 Dowell Service Location Name and Number Ulysses, Ks. 03-12

IMPORTANT  
 SEE OTHER SIDE FOR TERMS & CONDITIONS  
 ARRIVE LOCATION 3 MO. 4 DAY 197 YR. 0330 TIME

CUSTOMER'S NAME Mustang Oil & Gas  
 ADDRESS \_\_\_\_\_

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

CITY, STATE AND ZIP CODE \_\_\_\_\_

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
*[Signature]*

Dowell will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

JOB COMPLETION 3 MO. 4 DAY 197 YR. 0930 TIME

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
*[Signature]*

CUSTOMER NUMBER \_\_\_\_\_ CUSTOMER PO/CONTRACT NUMBER \_\_\_\_\_ TYPE SERVICE CODE 295 WORKOVER NEW WELL OTHER  W  N  O AFE NUMBER \_\_\_\_\_

STATE Ks. CODE 15 COUNTY/PARISH Finney CODE 55 CITY \_\_\_\_\_

WELL NAME AND NUMBER/JOB SITE Jean Anne #1-17 LOCATION NAME AND NUMBER/OFFSHORE PLATFORM Sec. 17-215-316

ACCOUNTING CODES \_\_\_\_\_ ROUND TRIP MILEAGE 112.7

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	mileage	Mi.	81	3.15	255.15
059697-000	PRISM chg	EA	1	179.00	179.00
102872-025	PUMP chg	EA	1	1510.00	1510.00
049102-000	hauling	Ton/mi.	931	1.12	1042.72
049160-000	service chg	craft	267	1.53	408.51
040015-000	D909 class H	SK	147	9.90	1455.30
101545-000	D132 tires	SK	98	4.70	460.60
045014-050	D20 gal	lb.	1310	1.8	235.80
044003-025	D29 collophane flake	lb.	62	1.91	118.42
048501-085	top wooden plug	EA	1	117.00	117.00

RELEASED  
 SEP 25 1998

MAR 31  
 CONFIDENTIAL

RECEIVED  
 KANSAS CORP COMM  
 1997 MAR -1  
 11:50

FROM CONFIDENTIAL

4336.88

Thank For Using Dowell

SUB TOTAL \$ 5782.50 Field Esti 4336.88  
 LICENSE/REIMBURSEMENT FEE \_\_\_\_\_

REMARKS: \_\_\_\_\_ STATE \_\_\_\_\_ % TAX ON \$ \_\_\_\_\_  
 COUNTY \_\_\_\_\_ % TAX ON \$ \_\_\_\_\_  
 CITY \_\_\_\_\_ % TAX ON \$ \_\_\_\_\_  
 SIGNATURE OF DOWELL REPRESENTATIVE \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

CEMENTING SERVICE REPORT

CONFIDENTIAL

Schlumberger  
Dowell

ORIGINAL

TREATMENT NUMBER	4007	DATE	3-4-97
STAGE	DS	DISTRICT	11/5503 Kc.

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO.	LOCATION (LEGAL)	RIG NAME:
JAPAN ANNE #1-17	Sec 17-21s-31w	Val Energy
COUNTY/PARISH	STATE	API. NO.
Finney	Ks	
NAME	Mustang Oil-Gas	
AND	RELEASED	
ADDRESS	SEP 25 1998	
SPECIAL INSTRUCTIONS	FROM CONFIDENTIAL	

WELL DATA	BOTTOM	TOP
BIT SIZE 2 7/8	CSG/Liner Size	
TOTAL DEPTH 6	WEIGHT	
ROT <input type="checkbox"/> CABLE	FOOTAGE	
MUD TYPE	GRADE	
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD	
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)	TOTAL
MUD VISC	Disp. Capacity	

plug well as per instructions by client

IS CASING/TUBING SECURED?  YES  NO

LIFT PRESSURE PSI CASING WEIGHT + SURFACE AREA (3.14 x R<sup>2</sup>)

PRESSURE LIMIT PSI BUMP PLUG TO PSI

ROTATE RPM RECIPROCATATE FT No. of Centralizers

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

Float	TYPE	DEPTH	TYPE	DEPTH
Shoe	TYPE	DEPTH	TYPE	DEPTH

Head & Plugs  TBG  B-D.P. SQUEEZE JOB

Double SIZE 4 1/2

Single WEIGHT 11.5

Swage GRADE

Knockoff THREAD 1 1/2

TOOL TYPE DEPTH

TAIL PIPE: SIZE DEPTH

TUBING VOLUME Bbl

CASING VOL. BELOW TOOL Bbl

TOTAL Bbl

ANNUAL VOLUME Bbl

TIME	PRESSURE		VOLUME PUMPED bbl		JOB SCHEDULED FOR TIME DATE 3-4			ARRIVE ON LOCATION TIME DATE 3-4		LEFT LOCATION TIME DATE 3-4	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY				
0636	0		10		4	H2O		PRE-JOB SAFETY MEETING			
0638	50		13		3	cmf	13.0	start cmf slurry sock 2137			
0643	40		5.5		4	H2O		start H2O behind			
0644	70		24		4.6	mud		start mud			
0648	190			27	5.8	mud		psi check			
0648				24				shut down plug balanced			
0724	0		10		4	H2O		start H2O ahead			
0737	100		21		4	cmf	13.0	start cmf slurry sock 1456			
0739	60		10		4	cmf	13.0	psi check			
0742	40		3.5		4.6	H2O		start H2O behind			
0743	110		12		4.6	mud		start mud			
0745	65			8	4.6	mud		psi check			
0746								shut down plug balanced			

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS	SLURRY MIXED BBLs	DENSITY
1.	245	1.50	60H 40002 + 6% gal + 4/2177 MAR 3:	65	13.0
2.					
3.					
4.					
5.					
6.					

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BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.	MIN:
<input type="checkbox"/> HESITATION SO.	<input type="checkbox"/> RUNNING SO.	<input type="checkbox"/> CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	Bbls	TYPE OF WELL
Washed Thru Ports	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS	SUPERVISOR

CONFIDENTIAL

ORIGINAL

CEMENTING SERVICE REPORT  
SUPPLEMENT LOG

# 2

DS-495-1 PRINTED IN U.S.A.

DATE	3-4-97
TREATMENT NUMBER	03 12-9007
PAGE	OF PAGE

CUSTOMER WELL NAME AND NUMBER	LOCATION (LEGAL)	DS LOCATION
JEAN ANNE # 1-17	Sec 17-21s-31w	Ulysses Kis

TIME 0001 to 2400	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM				
0812	0		10		4	H2O		start H2O ahead
0814	60		11		4	cmf	13.6	start cmf slurry 40sk 7178
0818	30		3.5		4.6	H2O		start H2O behind
0819	40		5		4.6	MUD		start mud
0820								shut down plug balanced
0836	0		5		4.8	H2O		start H2O ahead
0838	105		13		4.8	cmf	13.6	start cmf slurry 50sk 4104
0840	67			9	4.8	cmf	13.6	PSI check
0841	30		2		4.7	H2O		start H2O behind
0841	20		2		4.6	MUD		start mud
0842								shut down plug balanced
0909	0		5		4.8	cmf	13.6	start cmf slurry 40
0911	50			5				shut down
0916	0		8		4	cmf	13.6	start cmf slurry methide
0918				8				shut down PHD job

RELEASED  
SEP 25 1998

FROM CONFIDENTIAL

KCC  
MAR 31  
CONFIDENTIAL

RECEIVED  
KANSAS CORP  
501AM  
1997 APR -1  
A 11:50