



KANSAS CORPORATION COMMISSION 1045118
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1045118

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

October 05, 2010

Mark Shreve
Mull Drilling Company, Inc.
1700 N WATERFRONT PKWY
BLDG 1200
WICHITA, KS 67206

Re: ACO1
API 15-185-23629-00-00
Hall 'D' 2-17
NE/4 Sec.17-21S-12W
Stafford County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Mark Shreve

GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: MAC ARMSTRONG

Phone: Fax: e-mail:

Well Information:

Name: HALL D 2-17

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S17/21S/12W STAFFORD CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MAC ARMSTRONG

Test Type: CONVENTIONAL Job Number: D776

Test Unit:

Start Date: Start Time: 10:45:00

End Date: 2010/07/08 End Time: 19:15:00

Report Date: 2010/07/08 Prepared By: JOHN RIEDL

Remarks: Qualified By: MAC ARMSTRONG

RECOVERY: 120' SLIGHTLY WATER CUT MUD (GAS STABILIZED AT 2095 MCF/D)
200' SLIGHTLY MUD CUT WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

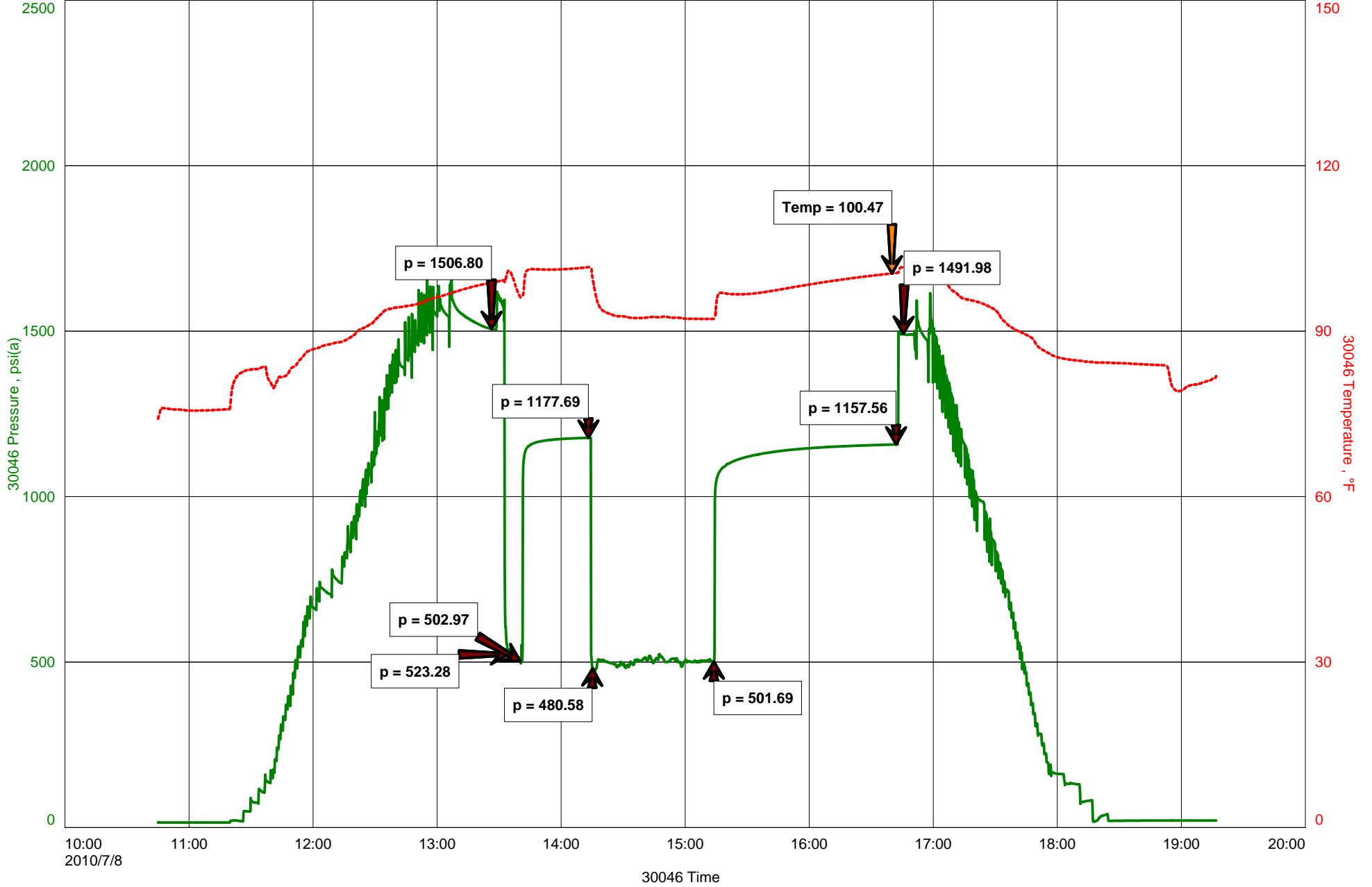
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)	P.S.I.	
Initial Flow Period		Minutes (B)	P.S.I. to (C)	P.S.I.
Initial Closed In Period		Minutes (D)	P.S.I.	
Final Flow Period		Minutes (E)	P.S.I. to (F)	P.S.I.
Final Closed In Period		Minutes (G)	P.S.I.	
Final Hydrostatic Pressure		(H)	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HALL D 2-17



GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: MAC ARMSTRONG

Phone: Fax: e-mail:

Well Information:

Name: HALL "D" #2-17

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S17/21S/12W STAFFORD CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MAC ARMSTRONG

Test Type: CONVENTIONAL Job Number: D777

Test Unit:

Start Date: 2010/07/09 Start Time: 05:15:00

End Date: 2010/07/09 End Time: 13:00:00

Report Date: 2010/07/09 Prepared By: JOHN RIEDL

Qualified By: MAC ARMSTRONG

Remarks:

RECOVERY: 700' GAS IN PIPE
80' GAS CUT MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

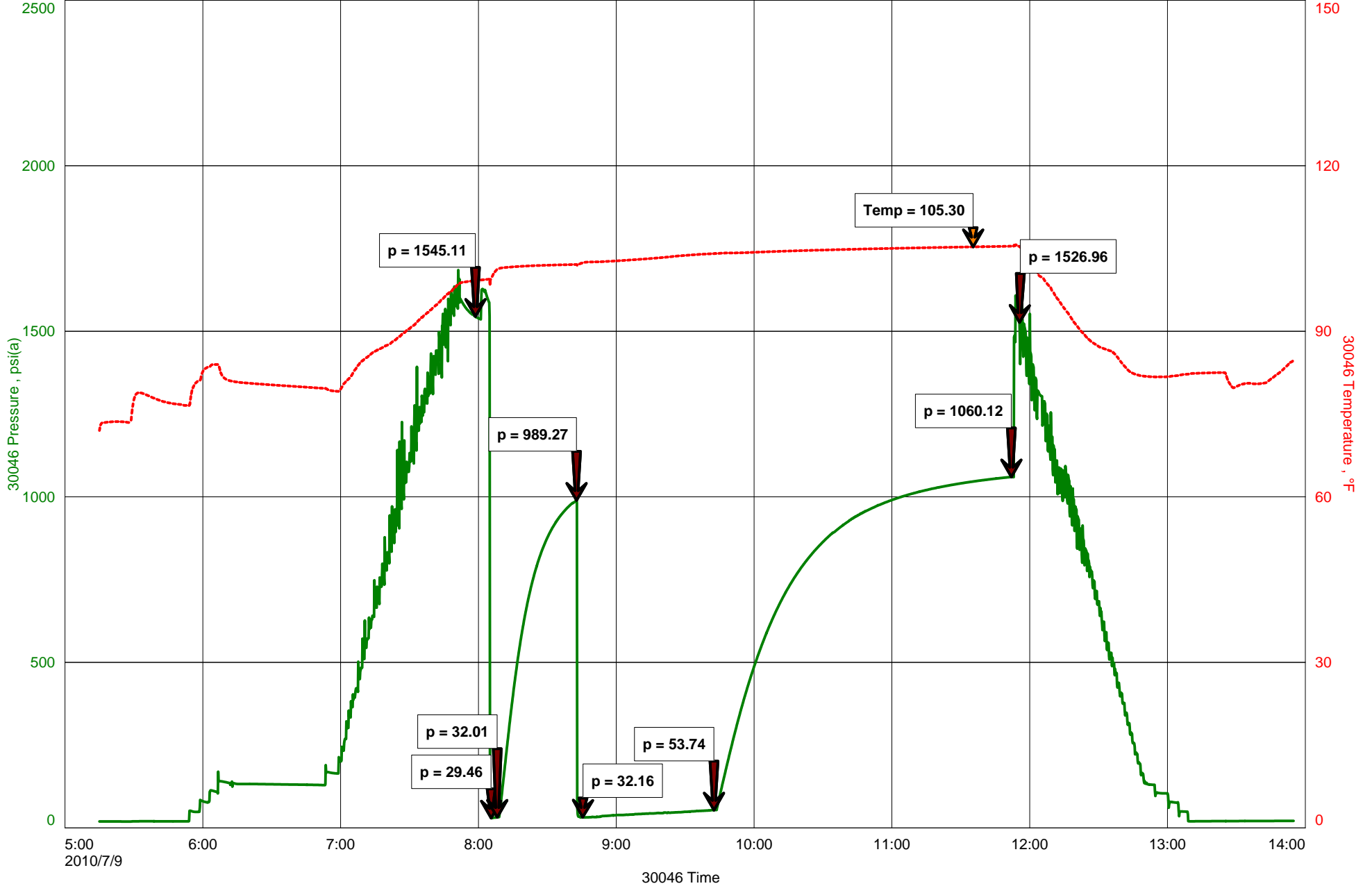
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)	P.S.I.	
Initial Flow Period		Minutes (B)	P.S.I. to (C)	P.S.I.
Initial Closed In Period		Minutes (D)	P.S.I.	
Final Flow Period		Minutes (E)	P.S.I. to (F)	P.S.I.
Final Closed In Period		Minutes (G)	P.S.I.	
Final Hydrostatic Pressure		(H)	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HALL D 2-17



GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO. INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: MAC ARMSTRONG

Phone: Fax: e-mail:

Well Information:

Name: HALL" D" # 2-17

Operator: MULL DRILLING CO. INC

Location-Downhole:

Location-Surface: S17/21S/12W STAFFORD CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MAC ARMSTRONG

Test Type: CONVENTIONAL Job Number: D778

Test Unit:

Start Date: 2010/07/10 Start Time: 01:15:00

End Date: 2010/07/10 End Time: 09:15:00

Report Date: 2010/07/10 Prepared By: JOHN RIEDL

Qualified By: MAC ARMSTRONG

Remarks:

GAS TO SURFACE
RECOVERY: 300' GAS+MUD CUT OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

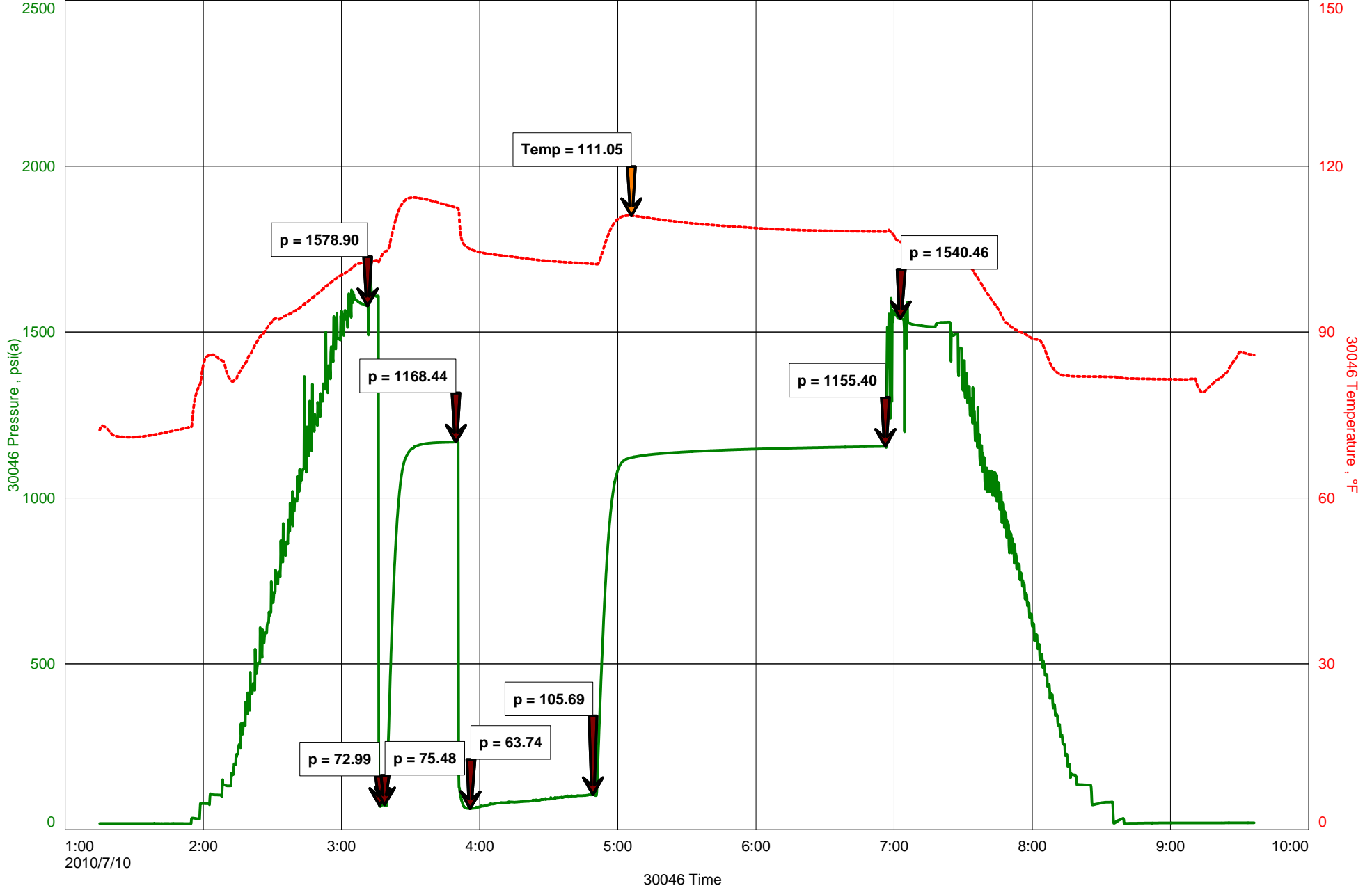
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)		P.S.I.
Initial Flow Period		Minutes (B)		P.S.I. to (C) P.S.I.
Initial Closed In Period		Minutes (D)		P.S.I.
Final Flow Period		Minutes (E)		P.S.I. to (F) P.S.I.
Final Closed In Period		Minutes (G)		P.S.I.
Final Hydrostatic Pressure		(H)		P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HALL" D" # 2-17



GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: MAC ARMSTRONG

Phone: Fax: e-mail:

Well Information:

Name: HALL"D" # 2-17

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S17/21S/12W STAFFORD CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHNN RIEDL

Supervisor: MAC ARMSTRONG

Test Type: CONVENTIONAL Job Number: D779

Test Unit:

Start Date: 2010/07/10 Start Time: 20:30:00

End Date: 2010/07/11 End Time: 05:30:00

Report Date: 779/01/01 Prepared By: JOHN RIEDL

Qualified By: MAC ARMSTRONG

Remarks:

RECOVERY: 480' GASSY OIL, 320' MUD+GAS CUT OIL
GAS TO SURFACE FINAL SHUT IN



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

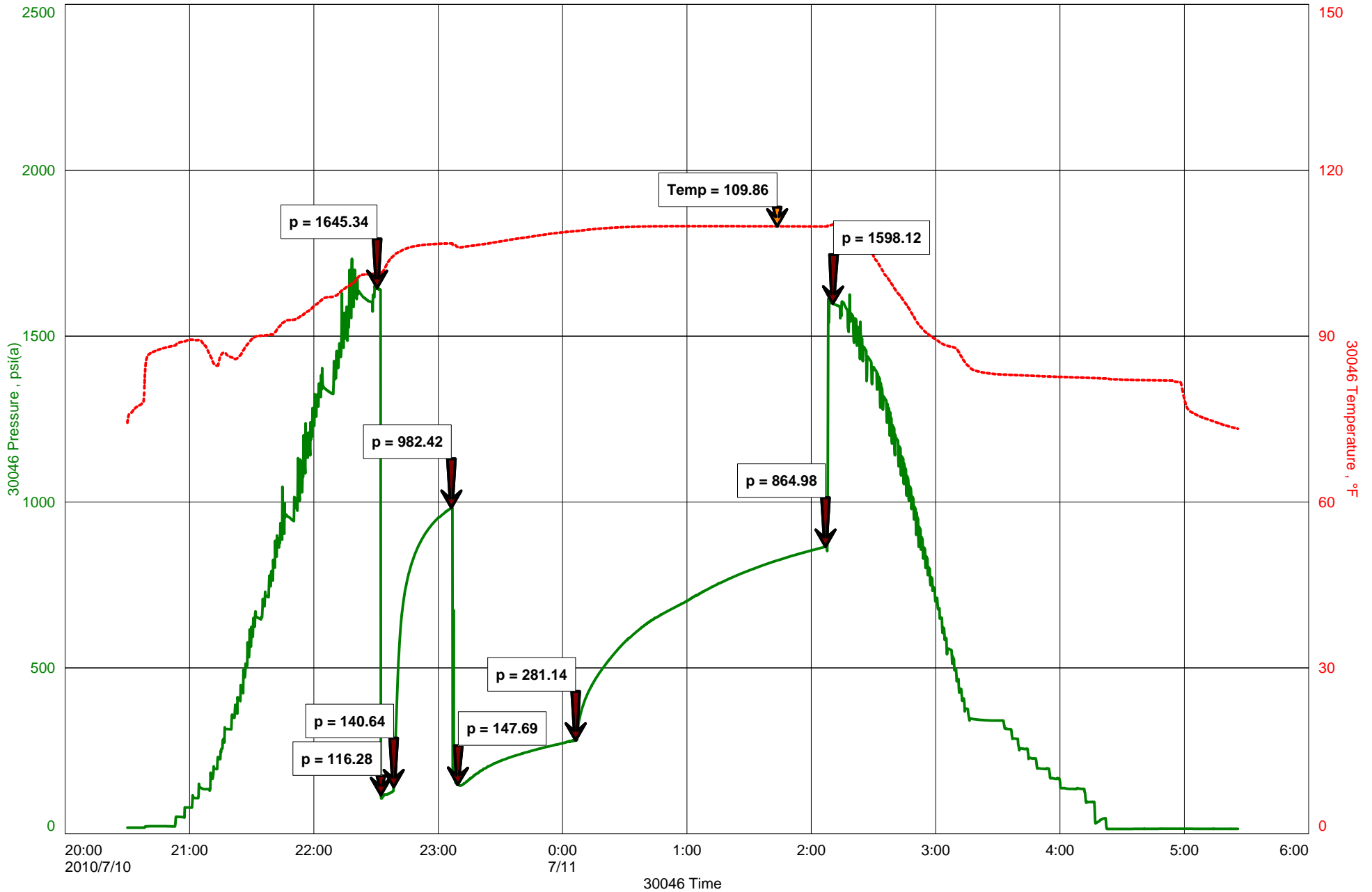
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) _____	A.M. P.M.	Time Started Off Bottom _____	A.M. P.M.	Maximum Temperature _____
Initial Hydrostatic Pressure _____	(A)	_____	P.S.I.	
Initial Flow Period _____	Minutes	(B)	_____	P.S.I. to (C) _____ P.S.I.
Initial Closed In Period _____	Minutes	(D)	_____	P.S.I.
Final Flow Period _____	Minutes	(E)	_____	P.S.I. to (F) _____ P.S.I.
Final Closed In Period _____	Minutes	(G)	_____	P.S.I.
Final Hydrostatic Pressure _____	(H)	_____	P.S.I.	

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HALL "D" # 2-17



GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: MAC ARMSTRONG

Phone: Fax: e-mail:

Well Information:

Name: HALL" D" # 2-17

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S17/21S/12W STAFFORD CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MAC ARNSTROMG

Test Type: CONVENTIONAL Job Number: D780

Test Unit:

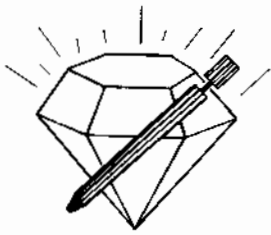
Start Date: 2010/07/11 Start Time: 13:15:00

End Date: 2919/07/11 End Time: 22:30:00

Report Date: 2010/07/11 Prepared By: JOHN RIEDL

Remarks: Qualified By: MAC ARMSTRONG

GAS TO SURFACE 30 MIN 2ND FLOW; GUAGED 3 MCF/D
RECOVERY: 1350 GASSY OIL



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____
 Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
 2nd Open: _____

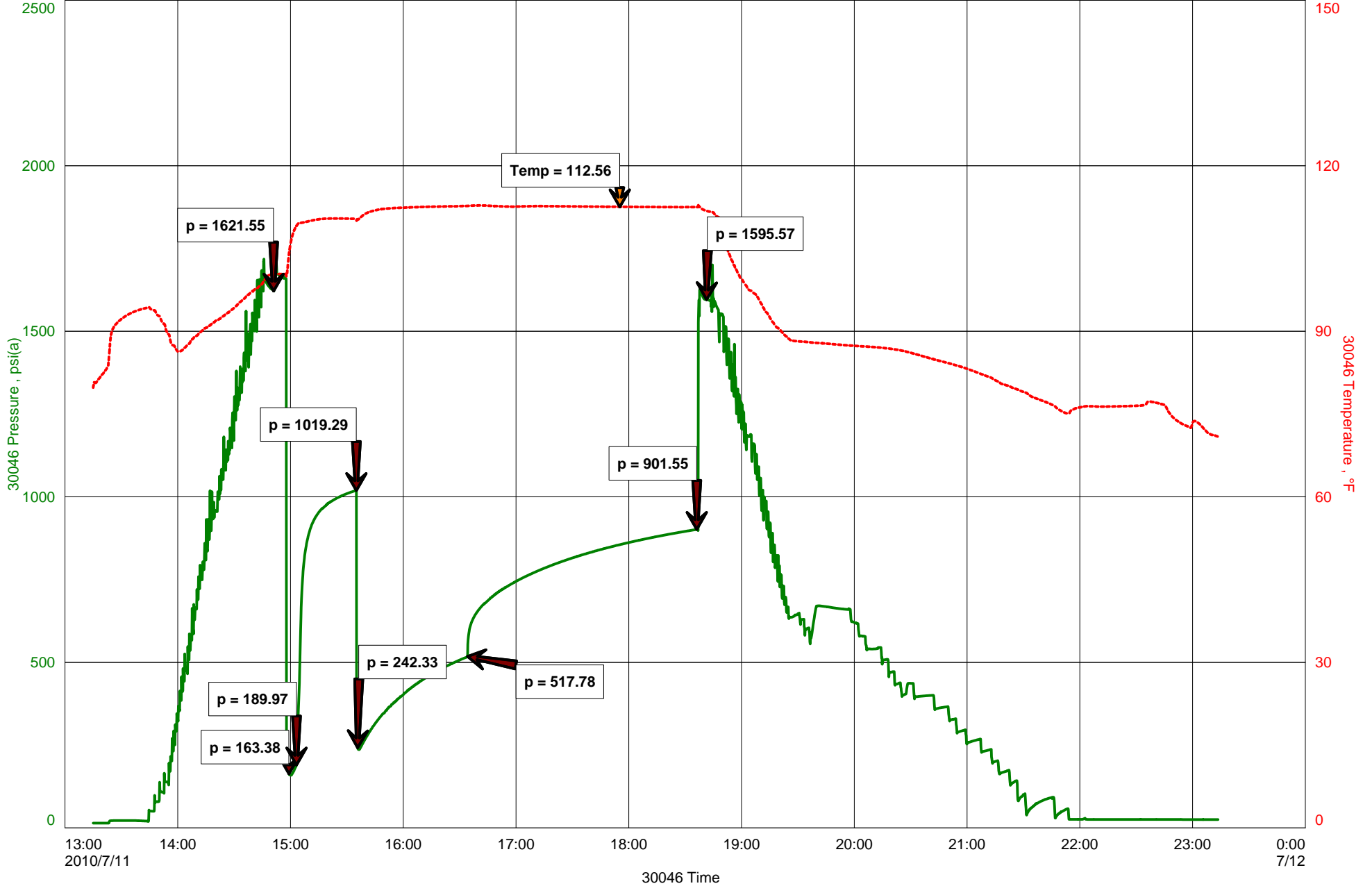
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s)	A.M. P.M.	Time Started Off Bottom	A.M. P.M.	Maximum Temperature
Initial Hydrostatic Pressure		(A)		P.S.I.
Initial Flow Period		Minutes (B)		P.S.I. to (C) P.S.I.
Initial Closed In Period		Minutes (D)		P.S.I.
Final Flow Period		Minutes (E)		P.S.I. to (F) P.S.I.
Final Closed In Period		Minutes (G)		P.S.I.
Final Hydrostatic Pressure		(H)		P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HALL" D" # 2-17



MACKLIN H. ARMSTRONG

Geologist

350 SOUTH TYLER ROAD, NO. 311
WICHITA, KANSAS 67209

PHONE
316-440-5858

COMPANY **MULL DRILLING COMPANY, INC.**

WELL **HALL "D" NO. 2-17**

FIELD
17

COUNTY **STAFFORD** STATE **KANSAS**

LOCATION: **345' FNL & 1147' FEL** Elevations
 SEC **17** TWP **21S** RGE **12W** KB **1868**
 DF
 GL **1857**

Logging by: **Superior**
 Well Services

1. OIL-GR-SP
2. CNL / CDL-GR-PE-CAL
3. MICRO LOG
4. SONIC LOG
- 5.
- 6.

Contractor **STERLING DRILLING COMPANY RIG NO. 2**

Commenced **7-1-10** Completed **7-13-10**
 RTD **3580** LTD **3578**

Surface Casing **8 5/8" 23# @ 265'**

Production Casing **5 1/2" 14# @ 3570'**

Drilling Time **2800-TD** Samples **3000-TD**

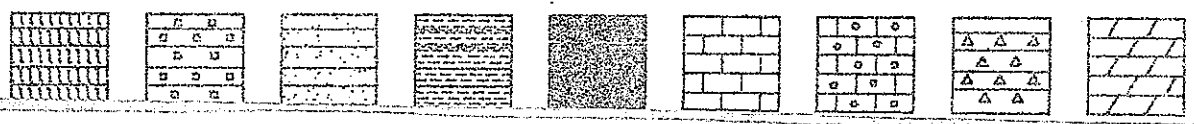
Daily Penetration Rate Date	Depth	Activity @ 7:00AM.	Date	Depth	Activity
7-1-10	SPUD				
7-2-10	280	WAIT ON CEMENT			
7-3-10	280	SHUT DOWN			
7-4-10	280	SHUT DOWN			
7-5-10	280	RIG UP			
7-6-10	1575	DRILLING			
7-7-10	2635	DRILLING			
7-8-10	3295	DST NO. 1			
7-9-10	3330	DST NO. 2			
7-10-10	3406	DST NO. 3			
7-11-10	3473	DST NO. 4			
7-12-10	3560	CIR FOR LOG			
7-13-10	3580	SET 5 1/2"			

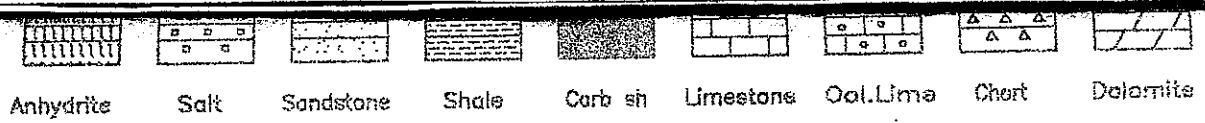
REMARKS	BIT RECORD					
	Make & Type	Serial No.	Nozzles	Depth In	Depth Out	Hours
PIPE WAS SET TO FURTHER TEST THE LANSING AND ARBUCKLE ZONES. Respectfully submitted, M. Dublin M. Armstrong	12 1/4" GA-1C	F31370		0	280	
	7 7/8" J25X20	H00482	14-14-15	280	3295	43 1/8
	7 7/8" J20X20	G03667	14-14-15	3295	3580	1 1/2

Formation	Sample	Log	Datum	*	Formation	Sample	Log	Datum	*
HEEBNER	3099	3094	-1226	+5					
TORONTO	3117	3112	-1244	+1					
DOUGLAS	3130	3126	-1258	+6					
BROWN LIME	3224	3222	-1354	+7					
LANSING	3240	3237	-1369	+6					
B/KANSAS CITY	3460	3460	-1589						
ARBUCKLE	3469	3468	-1598	+19					
TOTAL DEPTH	3580	3578	-1710						

* Structural Position to: HUDSON PETROLEUM
WESTAFTER NO. 1 330' FNL & 1650' FEL SEC 17T 21S R 12W

LEGEND



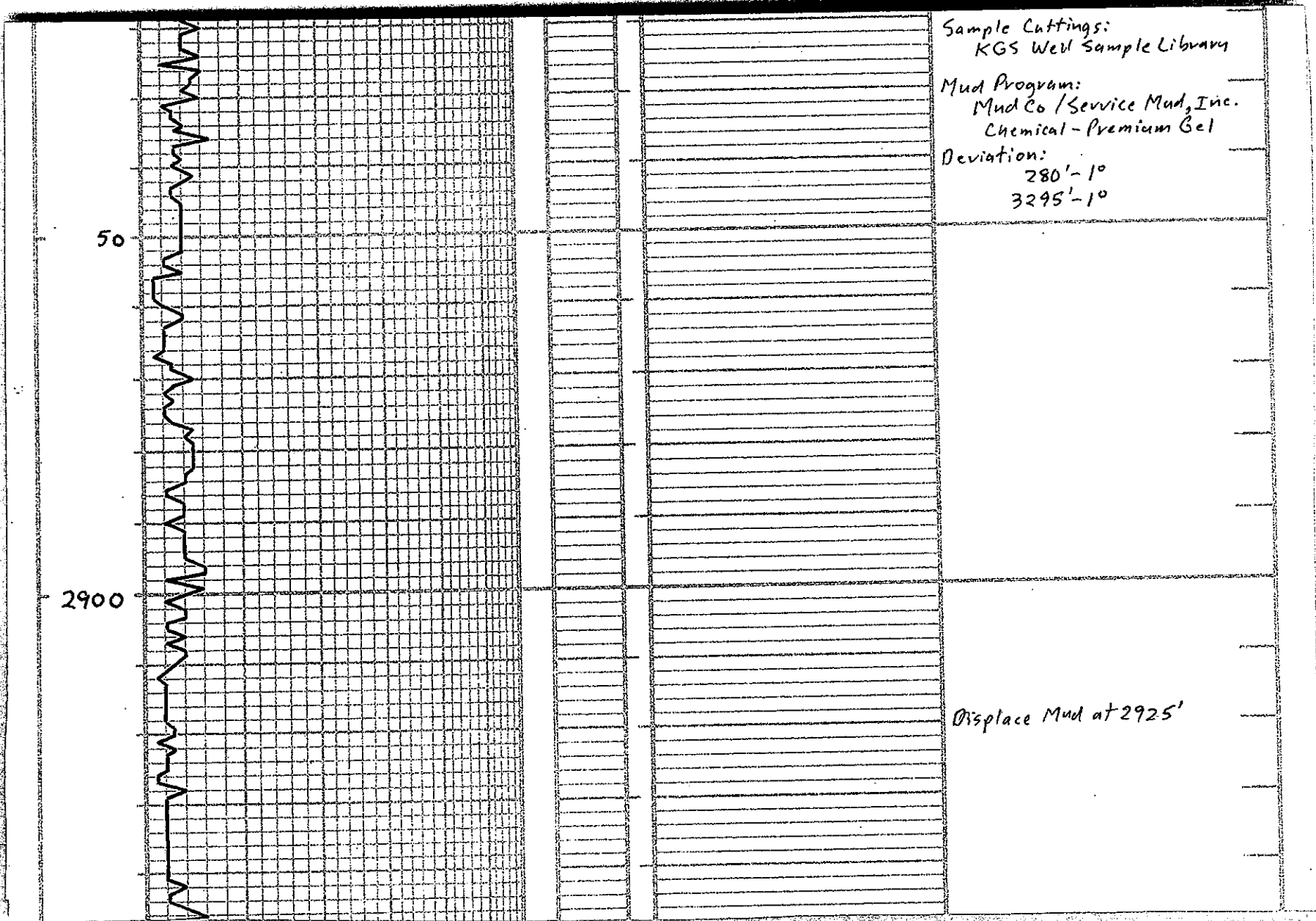


Anhydrite Salt Sandstone Shale Carb sh Limestone Ool. Lims Chert Dolomite

SCALE " = 100'

DEPTH	DRILLING TIME IN MINUTES PER FOOT Rate of Penetration Increases	LITHOLOGY	SAMPLE DESCRIPTIONS	REMARKS
	 5" 10" 15" 20" 25"			
2800				Geo on Loc at 2780' at 11:27am on 7-7-10 Testing: Diamond Testing

76 770B



Sample Cuttings:
KGS Well Sample Library

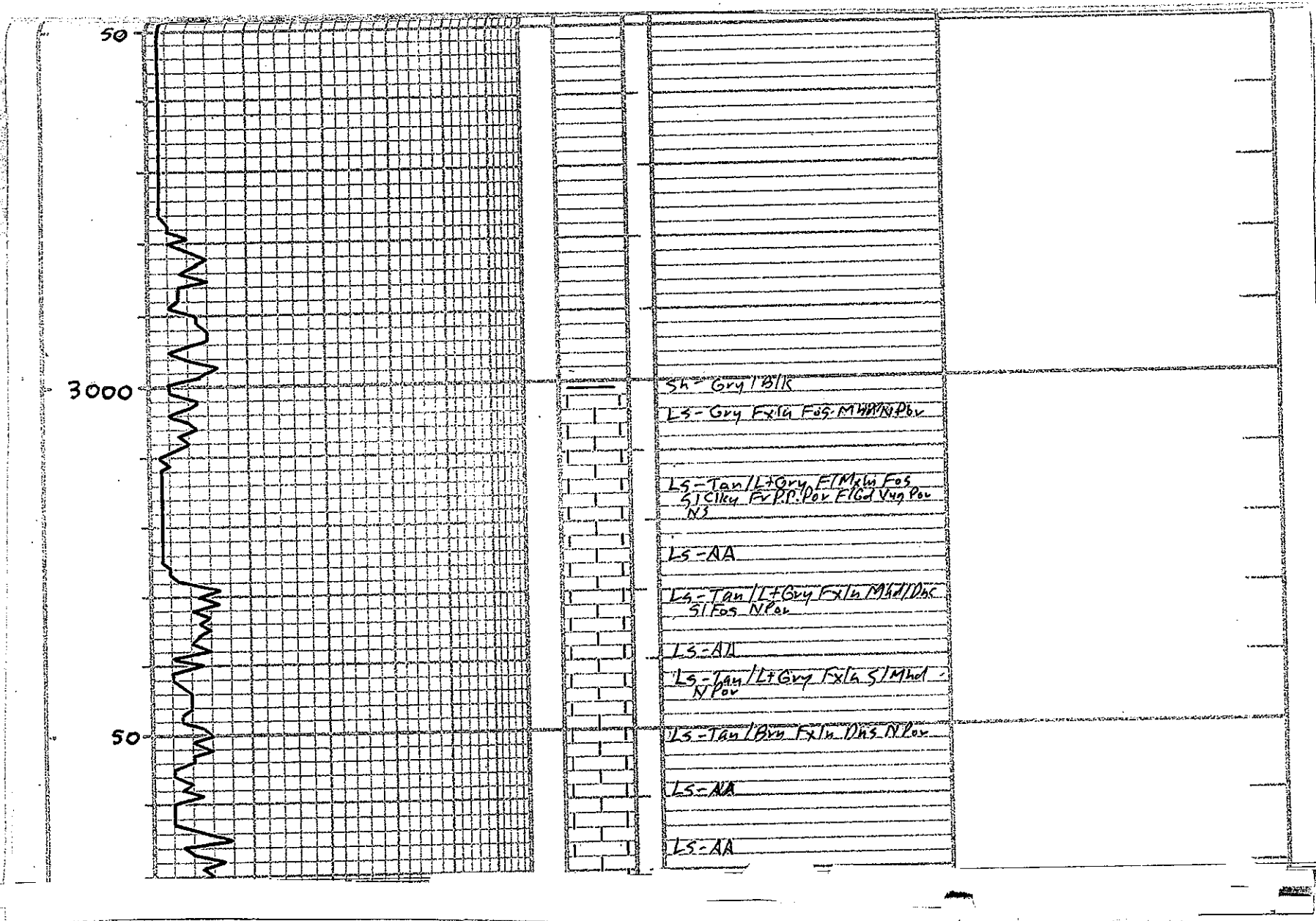
Mud Program:
Mud Co / Service Mud, Inc.
Chemical - Premium Gel

Deviation:
280' - 10
3295' - 10

50

2900

Displace Mud at 2925'



50

3000

50

Sh = Gry / BIR

LS - Gry Fxla Fos MHRN Pov

LS - Tan / Lt Gry F / Mch Fos
S / Ciry Fr P.P. Pov F / Gd Vng Pov
NS

LS - AA

LS - Tan / Lt Gry Fxla Mhd / Dsc
S / Fos N Pov

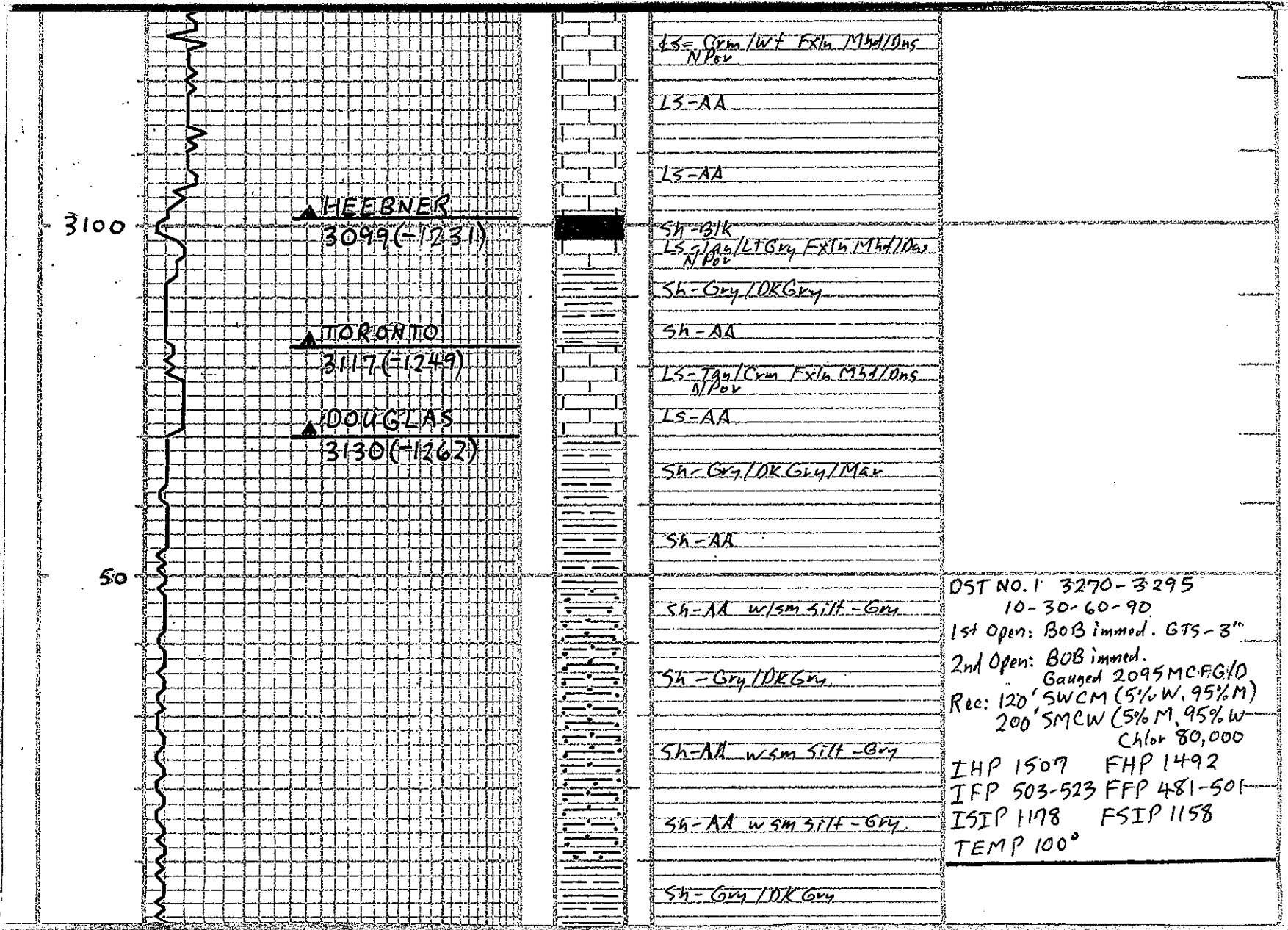
LS - AA

LS - Tan / Lt Gry Fxla S / Mhd
N Pov

LS - Tan / Avn Fxla Dns N Pov

LS - AA

LS - AA



3100

▲ HEEBNER
3099 (-1231)

▲ TORONTO
3117 (-1249)

▲ DOUGLAS
3130 (-1262)

50

LS = Crm/Wt Fxln Mhd/Dns
N/Pov

LS-AA

LS-AA

SH = Blk
LS = G/Ah/LTGry Fxln Mhd/Dns
N/Pov

SH = GRY/DK GRY

SH-AA

LS = Tan/Crm Fxln Mhd/Dns
N/Pov

LS-AA

SH = GRY/DK GRY/Mar

SH-AA

SH-AA w/sm silt - GRY

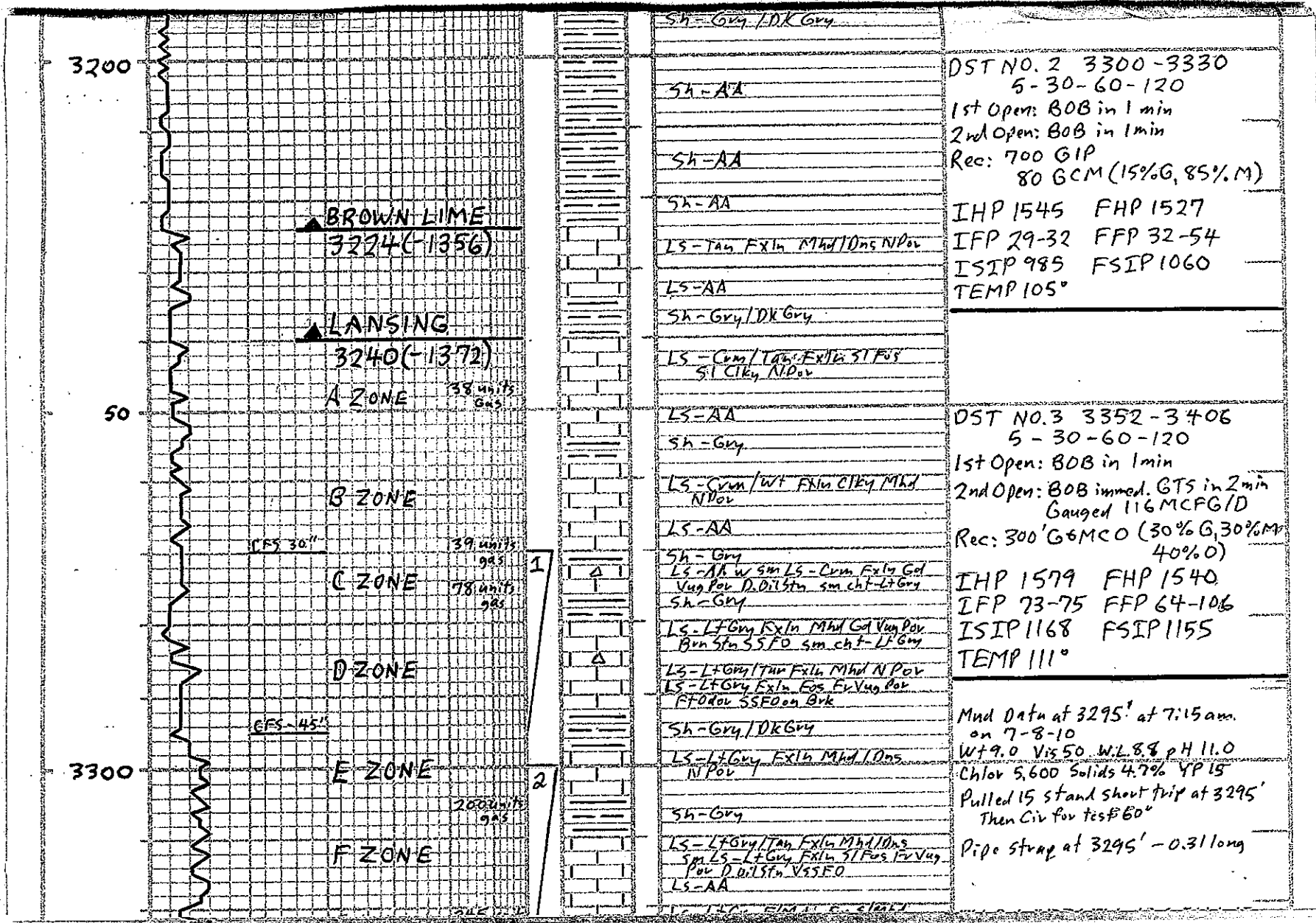
SH = GRY/DK GRY

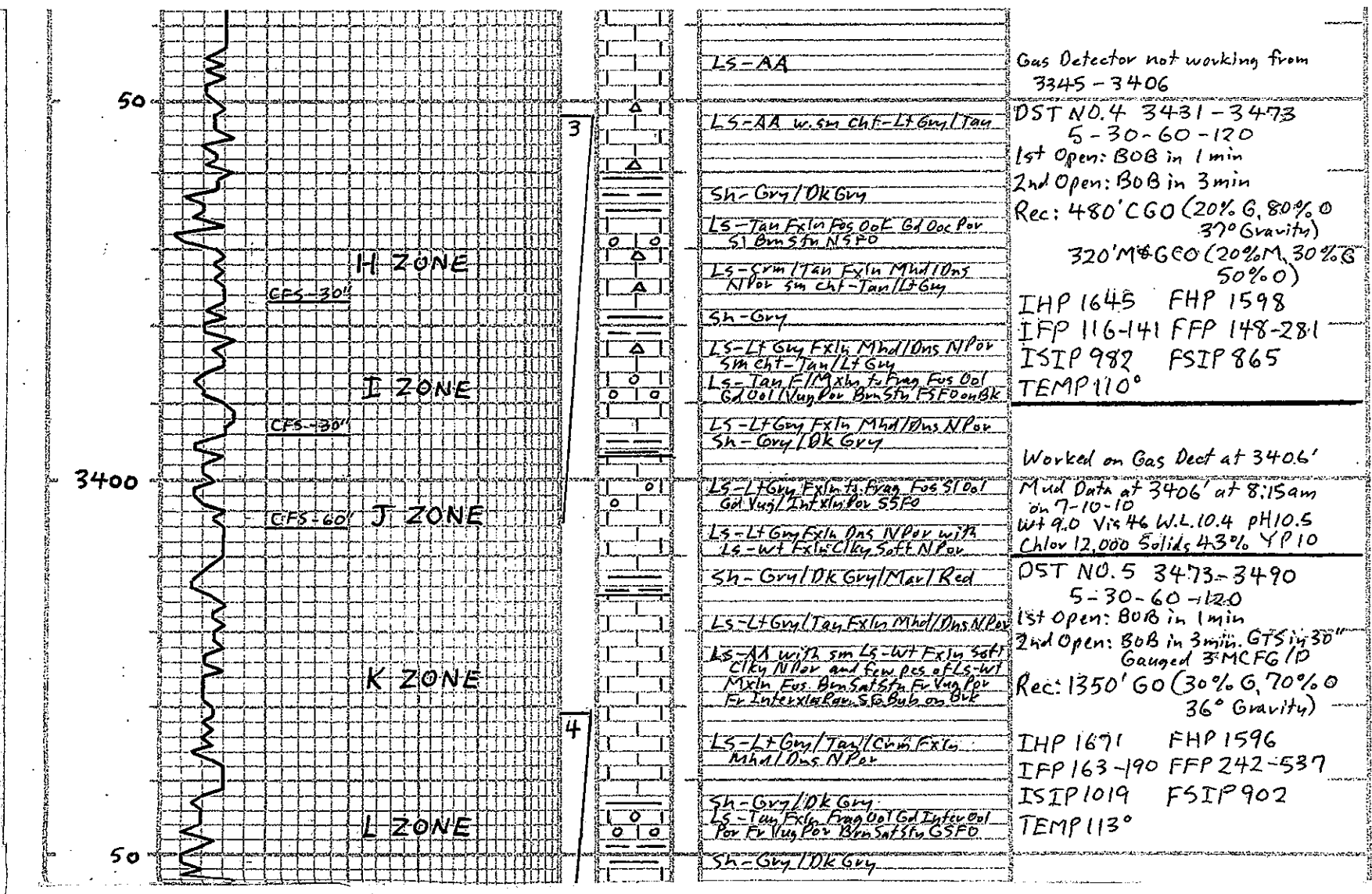
SH-AA w/sm silt - GRY

SH-AA w/sm silt - GRY

SH = GRY/DK GRY

DST NO. 1 3270-3295
10-30-60-90
1st Open: BOB immed. GTS-3"
2nd Open: BOB immed.
Gauged 2095 MCFG/D
Rec: 120' SWCM (5% W, 95% M)
200' SMCW (5% M, 95% W
Chlor 80,000
IHP 1507 FHP 1492
IFP 503-523 FFP 481-501
ISIP 1178 FSIP 1158
TEMP 100°





50

3

H ZONE

CFS-30'

LS-AA

Gas Detector not working from
3345 - 3406

LS-AA w. sm chf-Lt Gry/Tau

DST NO. 4 3431-3473
5-30-60-120

1st Open: BOB in 1 min

2nd Open: BOB in 3 min

Rec: 480' CGO (20% G, 80% O
37° Gravity)

320' M&GEO (20% M, 30% B
50% O)

IHP 1645 FHP 1598

IFP 116-141 FFP 148-281

ISIP 982 FSIP 865

TEMP 110°

I ZONE

CFS-30'

Sh-Gry/DK Gry

LS-Tan Fxln Fos Dol Gd Doc Por
Sl Brn Sfn NSFO

LS-Gry/Tan Fxln Mhd/Dns
N Por sm chf-Tan/Lt Gry

Sh-Gry

LS-Lt Gry Fxln Mhd/Dns N Por
sm chf-Tan/Lt Gry

LS-Tan F/Mab, Fr Frag Fos Dol
Gd Dol Vug Por Brn Sfn FSFO on BK

LS-Lt Gry Fxln Mhd/Dns N Por
Sh-Gry/DK Gry

Worked on Gas Deet at 3406'

Mud Data at 3406' at 8:15 am
on 7-10-10

Wt 9.0 Vis 46 W.L. 10.4 pH 10.5
Chlor 12,000 Solids 43% YP 10

3400

J ZONE

CFS-60'

LS-Lt Gry Fxln Fr Frag Fos Sl Dol
Gd Vug/Int xln Por SSFO

LS-Lt Gry Fxln Dns N Por with
Lg-Wt Fxln Clky Soft N Por

Sh-Gry/DK Gry/Mar/Red

DST NO. 5 3473-3490

5-30-60-120

1st Open: BOB in 1 min

2nd Open: BOB in 3 min. GTS in 30"
Gauged 3" MCFG/ID

Rec: 1350' GO (30% G, 70% O
36° Gravity)

K ZONE

4

LS-Lt Gry/Tan Fxln Mhd/Dns N Por

LS-AA with sm Lg-Wt Fxln soft
Clky N Por and few pes. of Lg-Wt
Mxln Fos Brn Sat Sfn Fr Vug Por
Fr Interxln Rau. S. B. Bub on Bub

LS-Lt Gry/Tan/Chn Fxln
Mhd/Dns N Por

IHP 1671 FHP 1596

IFP 163-190 FFP 242-537

ISIP 1019 FSIP 902

TEMP 113°

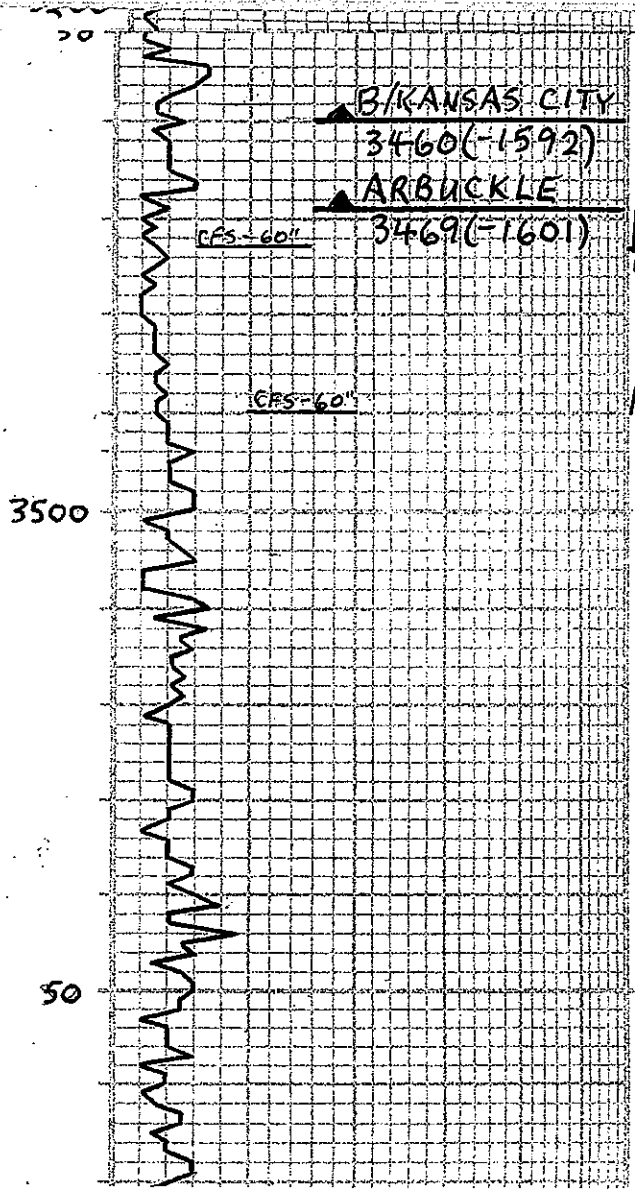
L ZONE

50

Sh-Gry/DK Gry

LS-Tan Fxln Frag Dol Gd Inter Dol
Por Fr Vug Por Brn Sat Sfn GSF0

Sh-Gry/DK Gry



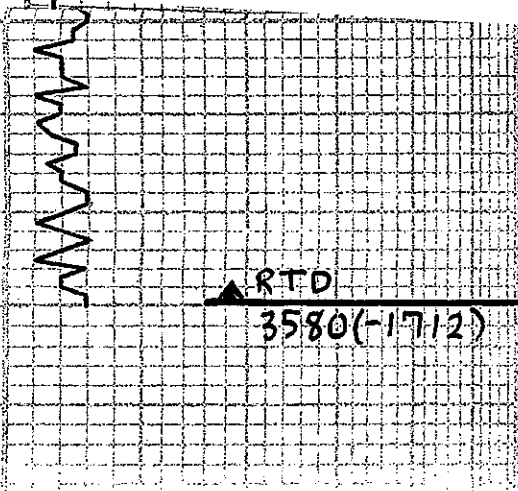
Sh - Grg / DK Grg
Ls - Tan Fxln Fss Ool Gd Inter Ool Per Brn Sat Stn GSFO
Sh - Grg / DK Grg / Brn / Rtd / Mar
Dolo - Brn Mixln to Suc Sat Brn Stn GSFO FT Ool Per Fr Vng / Inter xln Per
Dolo - Brn / Tan Suc Sat Brn Stn Fr Vng Per FSFO
Dolo - Brn / Tan F / Mixln to Suc Fr Gd Vng / Inter xln Per Sat Brn Stn GSFO Fr Ool
Dolo - Brn Mixln to Suc Fr Vng Per Sat Brn Stn GSFO Stn Ool
Dolo - AA
Dolo - Brn / Tan Mixln to Suc Fr Vng / Inter xln Per FT Ool Brn Stn FSFO
Dolo - AA sm Dolo - Tan Dol + Ool Gd Ool Per Brn Stn FSFO
Dolo - AA
Dolo - Tan Fxln to S1 Suc w/ Dolo - Brn / Tan Dol + Ool Fr Ool Per SSFO
Dolo - AA
Dolo - Tan Fxln to S1 Suc Mhd Dns N3 sm cht - Lt Grg / Tan
Dolo - AA sm cht - Lt Grg / Tan

OCT NO 7 22AA 222A

Mud Data at 3473' at 8:30 am
 on 7-11-10
 Wt 8.8 Vis 50 W.L. 10.8 pH 11.0
 Chlor 13,500 Solids 2.8% Y.P. 14

Mud Data at 3580' at 9:05 am
 on 7-12-10

50



Dolo - Tan Fxla to 5150' Mud
Dns Ns Sm ch+ - Lt Gray/Tan

Dolo - AA sm ch+ - Lt Gray/Tan

Dolo - AA

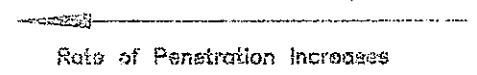
Mud Data at 3580' at 9:05am
on 7-12-10
Wt 8.9 Vis 52 W.L. 13.2 pH 11.0
Chlor 15:800 Solids 3.4% YP 18

Finished Drilling at 6:43am
on 7-12-10 Cir For Log 60"

Finished Logging at 2:05 p.m
on 7-12-10

DEPTH

DRILLING TIME Minutes/Foot



LITHOLOGY

SAMPLE DESCRIPTIONS

REMARKS

COMPANY MULL DRILLING COMPANY, INC

LEASE HALL "D" NO. 2-17

LOCATION 345' ENL & 1147' FEL SEC 17 TWP 21S RNG 12W

COUNTY STAFFORD STATE KANSAS

ELEVATION: 1868 KB

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4079

Date	7-2-2010	Sec.	17	Twp.	21	Range	12	County	Stafford	State	Ks	On Location		Finish	4:30 AM
------	----------	------	----	------	----	-------	----	--------	----------	-------	----	-------------	--	--------	---------

Lease	Hall "D"	Well No.	2-17	Location	BT+SF CL, 2 S, 4 1/2 E, 5/5
-------	----------	----------	------	----------	-----------------------------

Contractor	Steering Drilling Rig #2	Owner	To Quality Oilwell Cementing, Inc.
------------	--------------------------	-------	------------------------------------

Type Job	Surface	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
----------	---------	--	--

Hole Size	12 1/4"	T.D.	280'
-----------	---------	------	------

Csg.	8 5/8"	Depth	284'	Charge To	Mull Drilling
------	--------	-------	------	-----------	---------------

Tbg. Size		Depth		Street	
-----------	--	-------	--	--------	--

Tool		Depth		City		State	1/4 Flowseal
------	--	-------	--	------	--	-------	--------------

Cement Left in Csg.	15'	Shoe Joint	15'	The above was done to satisfaction and supervision of owner agent or contractor.		
---------------------	-----	------------	-----	--	--	--

Meas Line		Displace	17 BBLs	Cement Amount Ordered	430 sx Common 3% (2% gel)
-----------	--	----------	---------	-----------------------	---------------------------

EQUIPMENT

Pumptrk	9	No.	Cement Helper	Wente	6'	Used	330
Bulktrk	4	No.	Driver	Jason	6'	Common	430 330
Bulktrk pickup		No.	Driver	Rich	6'	Poz. Mix	
			Driver			Gel.	9.6

JOB SERVICES & REMARKS

Remarks	Cement did Circulate	Calcium	18.11
---------	----------------------	---------	-------

Rat Hole		Hulls	
----------	--	-------	--

Mouse Hole		Salt	
------------	--	------	--

Centralizers		Flowseal	100#
--------------	--	----------	------

Baskets		Kol-Seal	
---------	--	----------	--

D/V or Port Collar		Mud CLR 48	
--------------------	--	------------	--

		CFL-117 or CD110 CAF 38	
--	--	-------------------------	--

		Sand	
--	--	------	--

		Handling	447
--	--	----------	-----

		Mileage	
--	--	---------	--

FLOAT EQUIPMENT

		Guide Shoe	
--	--	------------	--

		Centralizer	
--	--	-------------	--

		Baskets	
--	--	---------	--

		AFU Inserts	
--	--	-------------	--

		Float Shoe	
--	--	------------	--

		Latch Down	
--	--	------------	--

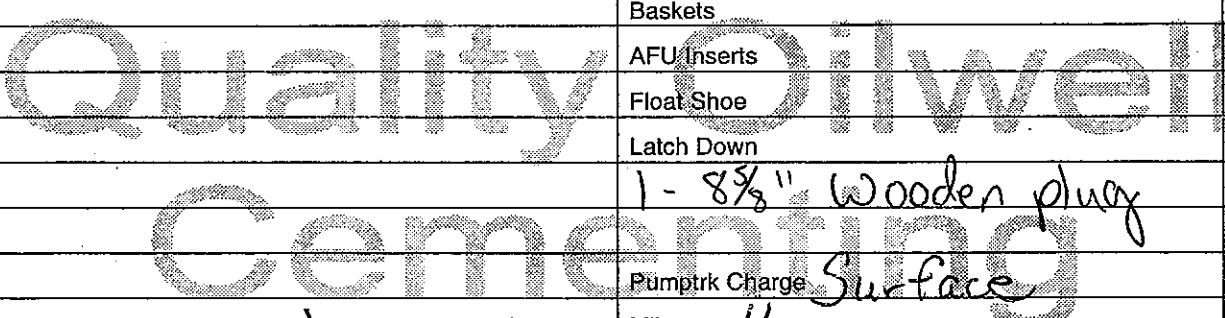
		1- 8 5/8" Wooden plug	
--	--	-----------------------	--

		Pumptrk Charge	Surface
--	--	----------------	---------

		Mileage	16
--	--	---------	----

X Signature *[Handwritten Signature]*

Tax
Discount
Total Charge





CHARGE TO: MILLER CO
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
18033

PAGE 1 OF 2

WELL PROJECT NO. 277 LEASE Block 11 COUNTY/PARISH SEAFORD STATE DE CITY _____ DATE 02/18/10 OWNER _____
 TRIGGERING CONTRACTOR _____ RIG NAME/NO. SEAFORD RIG # 2 SHIPPED BY DELIVERED TO SEAFORD ORDER NO. _____
 WELL TYPE OIL WELL CATEGORY Develop JOB PURPOSE LOGGING WELL PERMIT NO. 15-185-23329 WELL LOCATION ST221R12

PRIME REFERENCE	SECONDARY/REFERENCE RAKI NUMBER	ACCOUNTING LOG ACCT. DR.	DESCRIPTION	QTY	UNIT	QTY	UNIT	UNIT PRICE	AMOUNT	SURVEY	
										OUR EQUIPMENT PERFORMED WITHOUT FERREROING	WE UNDERSTOOD AND MET YOUR NEEDS
575			MILEAGE #11	25	MI			5.00	125.00		
578			TRUCK SERVICES	1	HR			1400.00	1400.00		
580			ADDITIONAL HRS	4	HRS			200.00	800.00		
221			LABORER	2	HR			25.00	50.00		
280			ROD SCREW	1000	PCS			2.00	2000.00		
490			OIL	2	BAR			35.00	70.00		
400			CALLS/SPC	1	HR			155.00	155.00		
402			LABORER	12	HR			65.00	780.00		
410			TRUCK	1	HR			100.00	100.00		
415			LABORER SERVICES	8	HR			40.00	320.00		
415			TRUCK	1	HR			330.00	330.00		
415			LABORER	1	HR			150.00	150.00		

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 02/18/10 TIME SIGNED: 2:30 A.M. P.M.
 SIGNATURE: [Signature]

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

CUSTOMER DID NOT WISH TO RESPOND

OUR EQUIPMENT PERFORMED WITHOUT FERREROING YES NO

WE UNDERSTOOD AND MET YOUR NEEDS YES NO

OUR SERVICES WAS PERFORMED WITHOUT DELAY, AND OPERATED THE EQUIPMENT ON A SCHEDULED JOB YES NO

ARE YOU SATISFIED WITH OUR SERVICES? YES NO

PAGE TOTAL	161	751.00	50
TOTAL	10,969.88		

SWIFT OPERATOR: [Signature] APPROVAL: _____

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!



PO Box 466
 Ness City, KS 67560
 Off: 785/298-2300

TICKET CONTINUATION

TICKET No. 18233

CUSTOMER: *MILLER, DICK CO.* WELL: *2-17, HALL D.* DATE: *02/29/10* PAGE: *2* OF: *2*

LINE NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL	DATE	WELL	DATE	WELL	DATE	WELL
282	50-SQZ OILGR	qt	125	54	6750						
286	Fluore	qt	115	48	5520						
283	SPZ	qt	125	120	15000						
286	Hand	qt	70	48	3360						
SR1	Service Charge	qt	125	150	18750						
SR3	Drainage	qt	520	25	13000						
SERVICE CHARGE TOTAL WEIGHT LOADED MILES CUBIC FEET TON MILES											

2943.50

JOB LOG

SWIFT Services, Inc.

DATE: 07-12-10 PAGE NO. 1

CUSTOMER: MULLDRE CO WELL NO.: 2-17 LEASE: HALL D JOB TYPE: LONGSTRINE TICKET NO.: 18233

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0230							ON LOCATION, @ LAYING DOWN W.P. CMT: 175.52 50' 50' 2 ^{1/2} SEC. SAE7, HAWAD. FIBRE R21-350, SET PIPE 3570, SJ-420, J-528 5 1/2" M.H. R20 W/AL SCRATCHES 20EA, 100FT CENT. 1-11-12, TRUCKS ON LOCATION, 2145
	0230							START CSGO FLOATED W.
	0240							TAL Bottom. DROD BAR
	0245							BROOK CIRC, ROTATE PIPE, PIPE TO BE WASH UP.
	0445		7.4					PLUG RA. 30, MH 20
	0450	5.0	7		✓		200	START WCL. FLUSH
			24		✓			1. FLOCHECK 21 1000GALS
			7		✓			WCL FLUSH
	0505		30		✓			CMT
								DROD PLUG; WASH OUT PL.
	0510	6.0	0		✓		200	START DISD
			57		✓		300	CMT ON BITTEN
			700		✓		350	
			750		✓		500	
			800		✓		600	
	0520	4.5	860		✓		1400	LAND PLUG
	0525							RELEASE DRY SET SLIPS WASHUP TR.
	0630							JOB COMPLETE THANK YOU! DAVE, JOSEPH, BRAIN