



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
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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: _____



1045583

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
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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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Garvey 'B' 2-13
Doc ID	1045583

Tops

Name	Top	Datum
Anhydrite	1859	+ 569
B/Anhydrite	1898	+ 530
Heebner Shale	3650	- 1222
Lansing	3696	- 1265
Stark	3928	-1500
B/KC	3982	- 1554
Marmaton	4023	- 1595
Ft. Scott	4180	- 1752
Mississippi	4267	- 1839



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

November 09, 2010

Mark Shreve
Mull Drilling Company, Inc.
1700 N WATERFRONT PKWY
BLDG 1200
WICHITA, KS 67206-6637

Re: ACO1
API 15-063-21864-00-00
Garvey 'B' 2-13
NE/4 Sec.13-15S-27W
Gove 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

DIAMOND TESTING

Drill Test Report

General Information

Company Name MULL DRLG

Contact MARK SHREVE

Well Name GARVEY "B" # 2-13

Unique Well ID DST#1 LANS. H&I 3840-3895

Surface Location SEC 13-15s-27w GOVE Co. Ks.

Field WILDCAT

Well Type Vertical

Job Number M023

Representative MIKE COCHRAN

Well Operator MULL DRLG

Report Date 2010/09/01

Prepared By MIKE COCHRAN

Test Information

Test Type CONVENTIONAL

Formation DST#1 LANS. H&I 3840-3895

Well Fluid Type 01 Oil

Test Purpose (AEUB) Initial Test

Start Test Time 05:02:00

Final Test Time 11:30:00

Start Test Date 2010/09/01

Final Test Date 2010/09/01

Gauge Name 30037

Test Type Name

Test Results

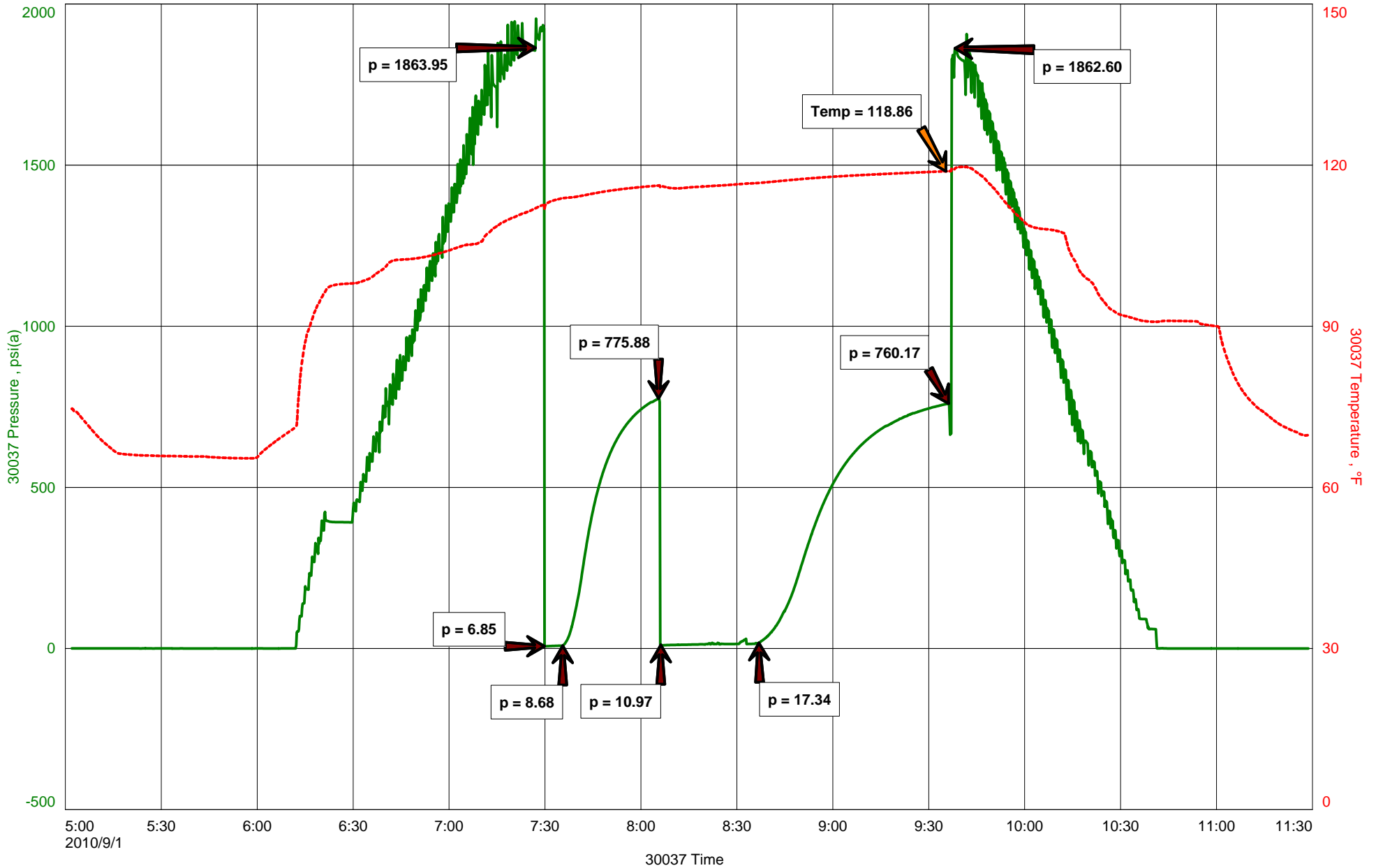
RECOVERED: 3' MUD

TOOLSAMPLE: MUD, FEW OIL SPECKS

MULL DRLG
DST#1 LANS. H&I 3840-3895
Start Test Date: 2010/09/01
Final Test Date: 2010/09/01

GARVEY "B" # 2-13
Formation: DST#1 LANS. H&I 3840-3895
Pool: WILDCAT
Job Number: M023

GARVEY "B" # 2-13





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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.

DIAMOND TESTING

Drill Test Report

General Information

Company Name MULL DRLG

Contact MARK SHREVE
Well Name GARVEY "B" # 2-13
Unique Well ID DST#2 LANS. J 3902-3925
Surface Location SEC 13-15s-27w GOVE Co. Ks.
Field WILDCAT
Well Type Vertical

Job Number M024
Representative MIKE COCHRAN
Well Operator MULL DRLG
Report Date 2010/09/02
Prepared By MIKE COCHRAN

Test Information

Test Type CONVENTIONAL
Formation DST#2 LANS. J 3902-3925
Well Fluid Type 01 Oil
Test Purpose (AEUB) Initial Test

Start Test Time 16:52:00
Final Test Time 01:50:00

Start Test Date 2010/09/01
Final Test Date 2010/09/02

Gauge Name 30037
Test Type Name

Test Results

RECOVERED 85' G.I.P
15' CLEAN OIL
30' WM 2% GAS, 8% WTR, 90% MUD, SCUM OF OIL
366' MW 70%WTR, 30% MUD
123' MW 70% WTR, 30% MUD
534' TOTAL FLUID

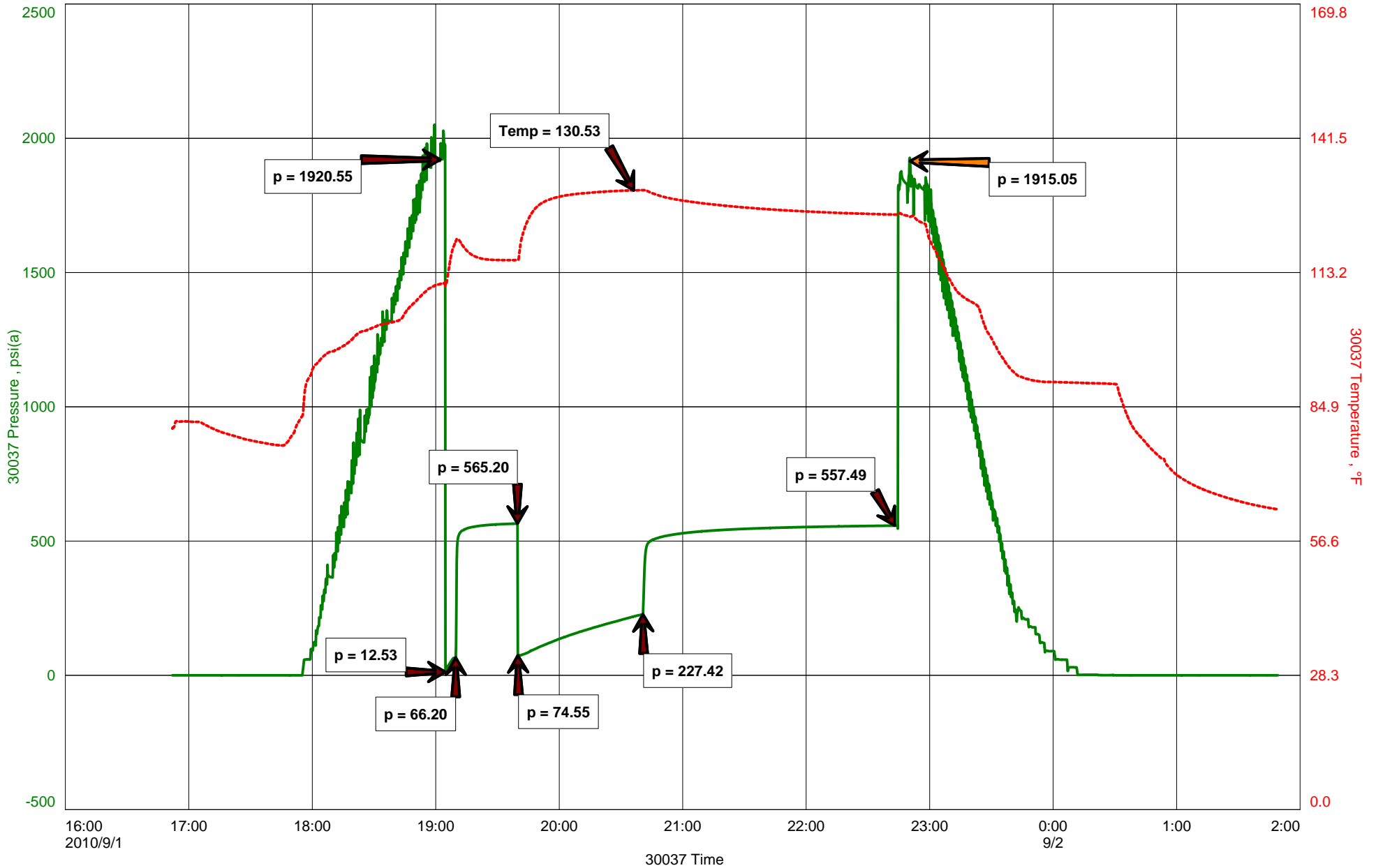
TOOL SAMPLE: 100% WTR, GOOD OIL SPOTS

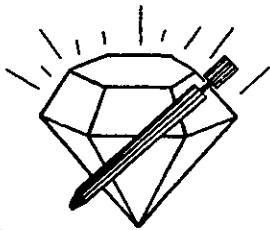
GRAVITY: 40.6@ 60 DEG
Ph: 7.5
CHLOR: 55,000 Ppm
RW .09 @ 68 DEG

MULL DRLG
DST#2 LANS. J 3902-3925
Start Test Date: 2010/09/01
Final Test Date: 2010/09/02

GARVEY "B" # 2-13
Formation: DST#2 LANS. J 3902-3925
Pool: WILDCAT
Job Number: M024

GARVEY "B" # 2-13





DIAMOND TESTING

P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
STC 30037.D025

Company Mull Drilling Company, Inc. Lease & Well No. Garvey "B" No. 2-13

Elevation 2428 KB Formation Mississippi Effective Pay Ft. Ticket No. M025

Date 9-3-10 Sec. 13 Twp. 15S Range 27W County Gove State Kansas

Test Approved By Phil Askey Diamond Representative Michael Cochran

Formation Test No. 3 Interval Tested from 4,195 ft. to 4,280 ft. Total Depth 4,280 ft.

Packer Depth 4,190 ft. Size 6 3/4 in. Packer Depth ft. Size in.

Packer Depth 4,195 ft. Size 6 3/4 in. Packer Depth ft. Size in.

Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 4,184 ft. Recorder Number 30037 Cap. 5,000 psi

Bottom Recorder Depth (Outside) 4,277 ft. Recorder Number 13386 Cap. 3,875 psi

Below Straddle Recorder Depth ft. Recorder Number Cap. psi

Drilling Contractor WW Drilling, LLC - Rig 6 Drill Collar Length 123 ft. I.D. 2 1/4 in.

Mud Type Chemical Viscosity 53 Weight Pipe Length ft. I.D. in.

Weight 9.1 Water Loss 11.2 cc. Drill Pipe Length 4,109 ft. I.D. 3 1/2 in.

Chlorides 9,800 P.P.M. Test Tool Length 25 ft. Tool Size 3 1/2 - IF in.

Jars: Make Sterling Serial Number Not Run Anchor Length 23' perf. w/62' drill pipe Size 4 1/2 - FH in.

Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 - XH in.

Blow: 1st Open: Weak, surface blow. No blow back during shut-in.

2nd Open: No blow. No blow back during shut-in.

Recovered 5 ft. of mud = .024600 bbls.

Recovered ft. of

Recovered ft. of

Recovered ft. of

Recovered ft. of

Remarks Tool Sample Grind Out: 100%-oil specked mud

Time Set Packer(s) 10:53 A.M. Time Started Off Bottom 12:58 P.M. Maximum Temperature 122 °

Initial Hydrostatic Pressure (A) 2103 P.S.I.

Initial Flow Period Minutes 5 (B) 10 P.S.I. to (C) 11 P.S.I.

Initial Closed In Period Minutes 30 (D) 244 P.S.I.

Final Flow Period Minutes 30 (E) 12 P.S.I. to (F) 14 P.S.I.

Final Closed In Period Minutes 60 (G) 67 P.S.I.

Final Hydrostatic Pressure (H) 2067 P.S.I.

DIAMOND TESTING

General Information

Company Name MULL DRLG

Contact MARK SHREVE
Well Name GARVEY "B" # 2-13
Unique Well ID DST#3 MISS 4195-4280
Surface Location SEC 13-15s-27w GOVE Co. Ks.
Field WILDCAT
Well Type Vertical

Job Number M025
Representative MIKE COCHRAN
Well Operator MULL DRLG
Report Date 2010/09/03
Prepared By MIKE COCHRAN

Test Information

Test Type CONVENTIONAL
Formation DST#3 MISS 4195-4280
Well Fluid Type 01 Oil
Test Purpose (AEUB) Initial Test

Start Test Time 08:42:00
Final Test Time 02:46:00

Start Test Date 2010/09/03
Final Test Date 2010/09/03

Gauge Name 30037
Test Type Name

Test Results

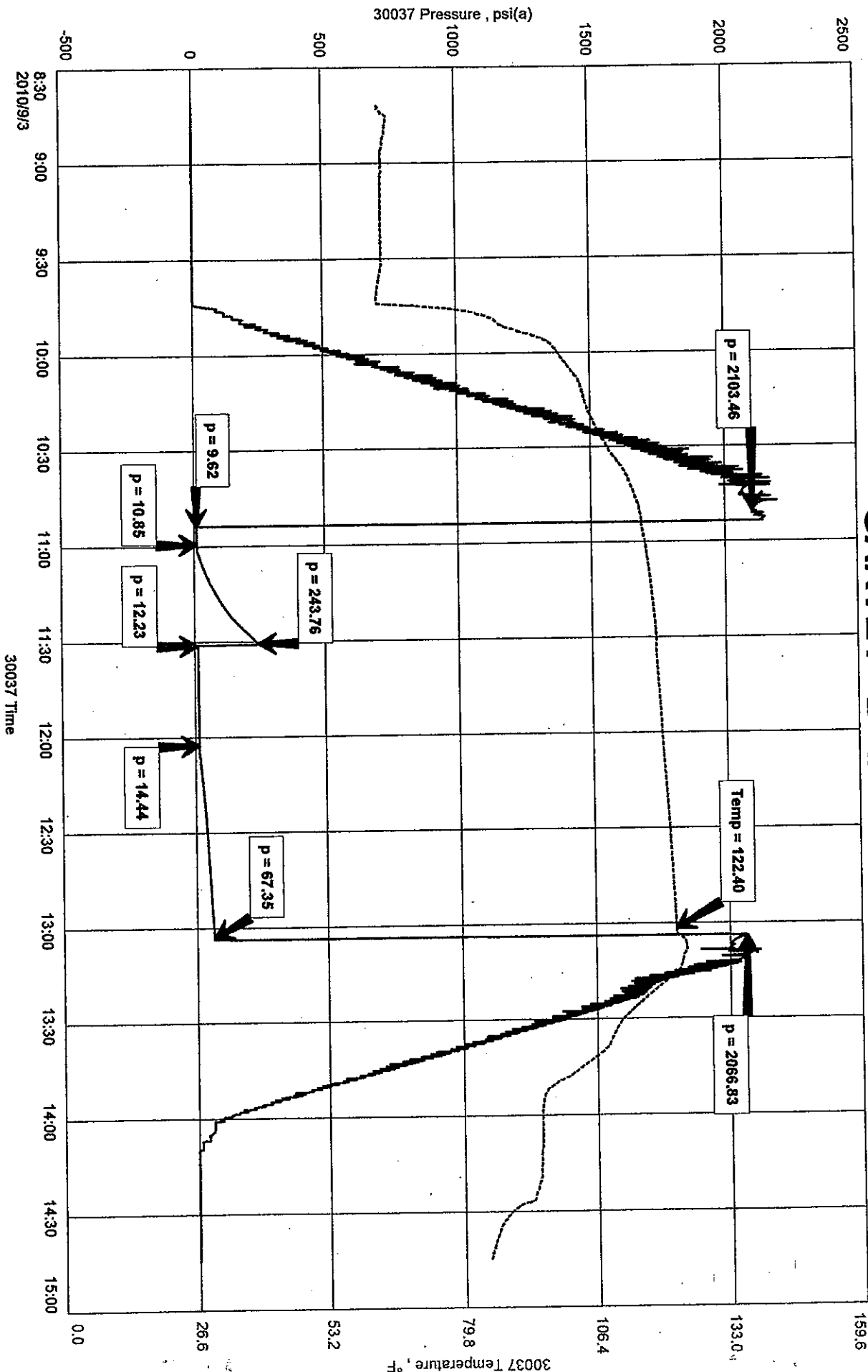
RECOVERED: 5' MUD

TOOL SAMPLE: 100% MUD, OIL SPECKED

MULL DRLG
 DST#3 MISS 4195-4280
 Start Test Date: 2010/09/03
 Final Test Date: 2010/09/03

GARVEY "B" # 2-13

GARVEY "B" # 2-13
 Formation: DST#3 MISS 4195-4280
 Pool: WILDCAT
 Job Number: M025



30037 Pressure, psi(a)

30037 Temperature, °F

2010/9/3

30037 Time

DIAMOND TESTING

Drill Test Report

General Information

Company Name MULL DRLG

Contact MARK SHREVE
Well Name GARVEY "B" # 2-13
Unique Well ID DST#4 MISS. 4280-4292
Surface Location SEC 13-15s-27w GOVE Co. Ks.
Field WILDCAT
Well Type Vertical

Job Number M026
Representative MIKE COCHRAN
Well Operator MULL DRLG
Report Date 2010/09/04
Prepared By MIKE COCHRAN

Test Information

Test Type CONVENTIONAL
Formation DST#4 MISS. 4280-4292
Well Fluid Type 01 Oil
Test Purpose (AEUB) Initial Test

Start Test Time 20:03:00
Final Test Time 03:54:00

Start Test Date 2010/09/03
Final Test Date 2010/09/04

Gauge Name 30037
Test Type Name

Test Results

RECOVERED: 273' CLEAN OIL
15' HOCM
123' HOCM 6% GAS, 44% OIL, 5% WTR, 40% MUD
411' TOTAL FLUID

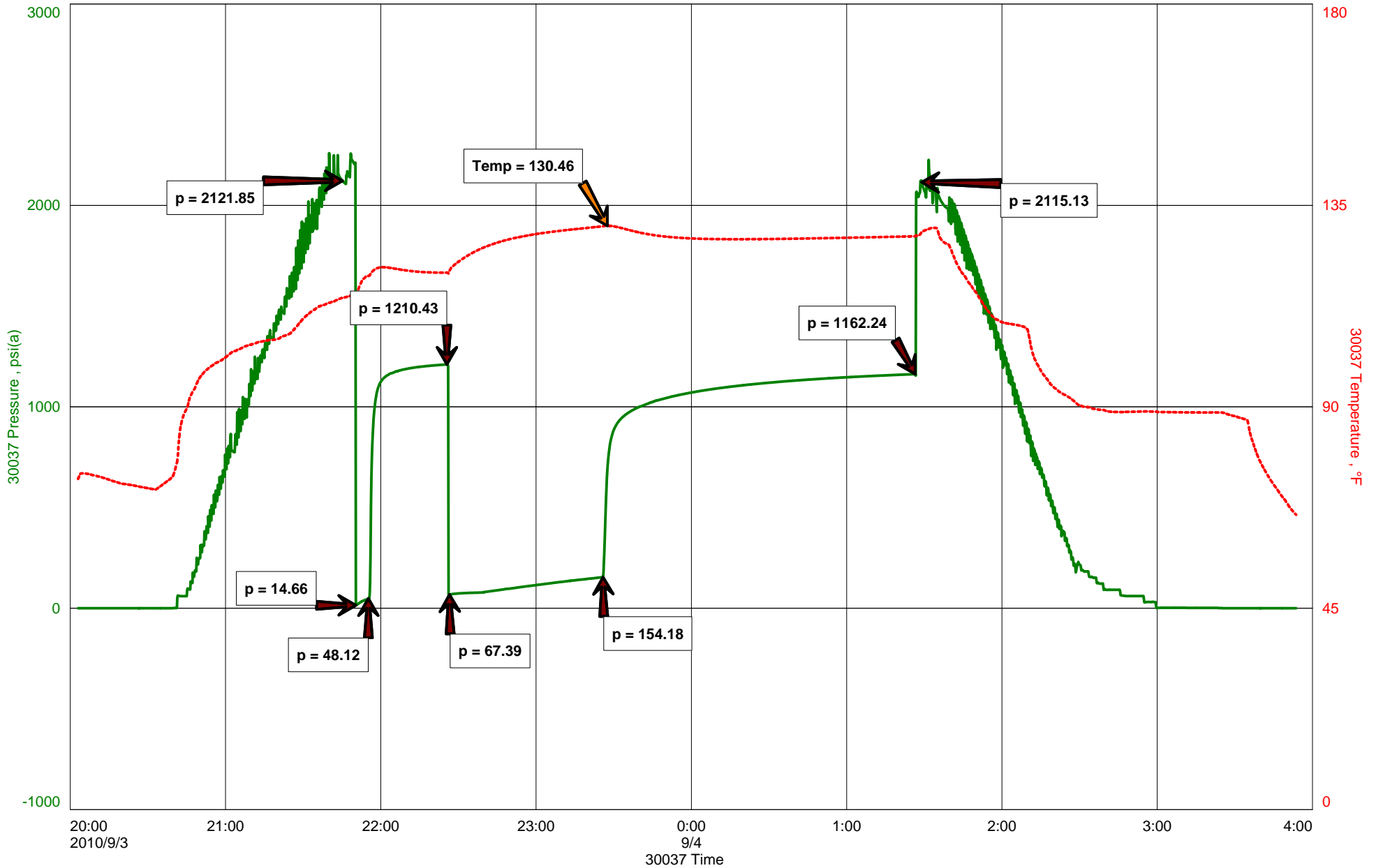
TOOL SAMPLE: 7% GAS, 48% OIL, 5% WTR, 40% MUD

GRAVITY: 38.2 @ 60 DEG.

MULL DRLG
DST#4 MISS. 4280-4292
Start Test Date: 2010/09/03
Final Test Date: 2010/09/04

GARVEY "B" # 2-13
Formation: DST#4 MISS. 4280-4292
Pool: WILDCAT
Job Number: M026

GARVEY "B" # 2-13





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

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DIAMOND TESTING

Drill Test Report

General Information

Company Name MULL DRLG

Contact MARK SHREVE
Well Name GARVEY "B" # 2-13
Unique Well ID DST#5 MISS. 4292-4302
Surface Location SEC 13-15s-27w GOVE Co. Ks.
Field WILDCAT
Well Type Vertical

Job Number M027
Representative MIKE COCHRAN
Well Operator MULL DRLG
Report Date 2010/09/04
Prepared By MIKE COCHRAN

Test Information

Test Type CONVENTIONAL
Formation DST#5 MISS. 4292-4302
Well Fluid Type 01 Oil
Test Purpose (AEUB) Initial Test

Start Test Time 08:55:00
Final Test Time 18:22:00

Start Test Date 2010/09/04
Final Test Date 2010/09/04

Gauge Name 300
Test Type Name

Test Results

RECOVERED: 236' CLEAN OIL
124' WGMCO 14% GAS, 59% OIL, 12% WTR, 15% MUD
123 HOCMW 2% GAS, 44% OIL, 29% WTR, 25% MUD
483' TOTAL FLUID

TOOL SAMPLE: 4% OIL, 90% WTR, 6% MUD

GRAVITY: 35.7 @ 60 DEG.

PH: 9.0

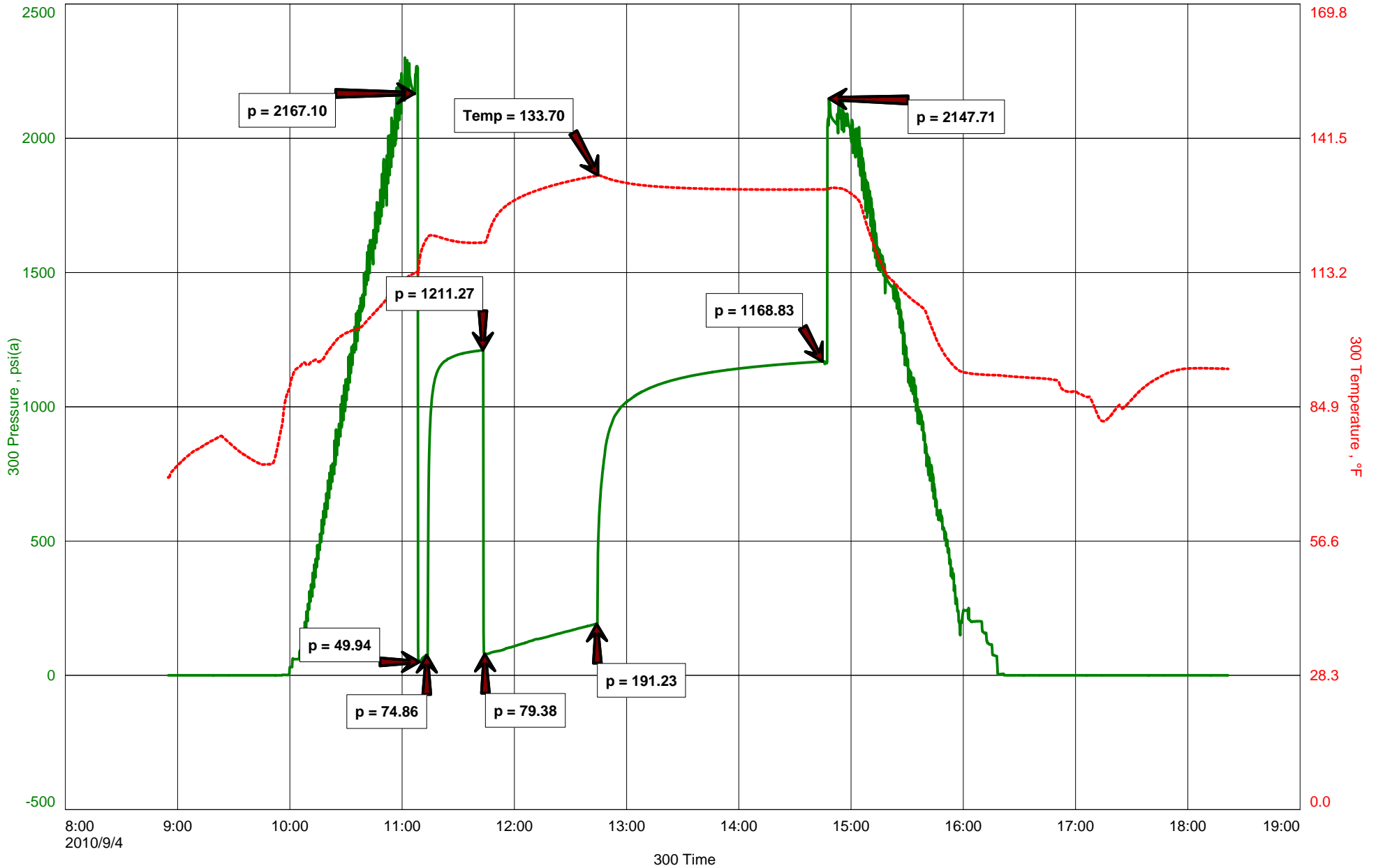
CHLOR: 17,000

RW: .24 @ 104 DEG

MULL DRLG
DST#5 MISS. 4292-4302
Start Test Date: 2010/09/04
Final Test Date: 2010/09/04

GARVEY "B" # 2-13
Formation: DST#5 MISS. 4292-4302
Pool: WILDCAT
Job Number: M027

GARVEY "B" # 2-13





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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.

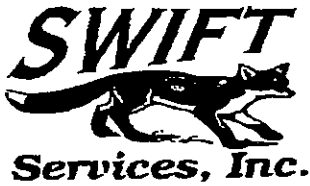
Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF 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 _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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.



CHARGE TO: **MUD DRILLING**

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET
18872

PAGE 1 OF 1

SERVICE LOCATIONS

1. **NESS city KS**

2.

3.

4.

WELL/PROJECT NO. **2-13** LEASE **Garvey B** COUNTY/PARISH **Cove** STATE **KS** CITY **URA** DATE **9 SEP 10** OWNER

TICKET TYPE SERVICE SALES CONTRACTOR **Fitzler** RIG NAME/NO. SHIPPED VIA **CT** DELIVERED TO **location** ORDER NO.

WELL TYPE **oil** WELL CATEGORY **Development** JOB PURPOSE **cement part collar** WELL PERMIT NO. WELL LOCATION **13-155-27W**

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE TRK 114	95		mi		5.00	225	00
576 D		1			Pump Charge - PORT COLLAR	1		ea		1100.00	1100	00
330		1			SMD cement				160	15.00	2400	00
276		1			Floate				50	1.50	75	00
290		1			D-AIR				1	35.00	35	00
583		1			Drayage	20897		lb	470.18	1.00	470	18
581		1			Service Charge	210		sk		1.50	315	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

x **Phyllis Ford MDC**

DATE SIGNED **6542 10** TIME SIGNED **1430** A.M. P.M.

REMIT PAYMENT TO:

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				4620 19
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				
				GWC TAX 8.05%
				202 00
TOTAL				4822 24

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

SWIFT OPERATOR **APC** APPROVAL

Thank You!

03/14/2010 10:03 AM 1131010034 MUD-UNIT_MELLO.CU 7 MUD-UNIT.M 03/14/2010



CHARGE TO: **MULL DRILLING**

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET
18950

PAGE 1 OF 2

SERVICE LOCATIONS
1. **NESS CITY, KS.**

WELL/PROJECT NO. **GARVEY B 2-13** LEASE **GOVE** COUNTY/PARISH **KS** STATE **UTICA, KS.** CITY **5 SEP 10** DATE **OWNER**

2. TICKET TYPE SERVICE SALES CONTRACTOR **LOW DRILLING** RIG NAME/NO. SHIPPED VIA DELIVERED TO **LOCATION** ORDER NO.

3. WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **5 1/2 LONGSTRING.** WELL PERMIT NO. WELL LOCATION **3W, 7N, 3 W/N.**

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE 110	40	MIL			5.00	200.00
578		1			PUMP CHARGE	1	SSB	4390	FT.	1400.00	1400.00
400		1			GUIDE SHOE	1	EA.			155.00	155.00
403		1			CEMENT BASKET	1	EA.			200.00	200.00
404		1			PORT COLLAR	1	EA.	1855	FT.	1900.00	1900.00
409		1			TURBIDITERS	12	EA.			65.00	780.00
410		1			TOP PLUG	1	EA.			100.00	100.00
413		1			ROTO WALL SCRATCHERS.	15	EA.			40.00	600.00
419		1			ROTATING HEAD RENTAL	1	TOP			150.00	150.00
415		1			INSERT FLOAT COLLAR W/AUTO FILL	1	EA.			330.00	330.00

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.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE 1	5815.00
WE UNDERSTOOD AND MET YOUR NEEDS?				PAGE 2	5466.51
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Subtotal	11,281.51
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Gove TAX 8.05%	731.85
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	12,013.36
<input type="checkbox"/> CUSTOMER DID NOT WASH TO RESPOND					

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

X *[Signature]* **MDC**

DATE SIGNED **5 SEP 10** TIME SIGNED **1200** AM. P.M.

SWIFT OPERATOR *[Signature]* APPROVAL *[Signature]*

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

Thank You!

09/14/2010 10:02 FAX 7197678994 MDC-CHEV_WELLS.CO → MDC WICHITA 001/003

JOB LOG **SWIFT Services, Inc.**

DATE 5 SEPT 10 PAGE NO. 18950

CUSTOMER MULL DRILLING WELL NO. GARVEY B 2-13 JOB TYPE S&L LONG STRING TICKET NO. 18950

CHART NO.	TIME	RATE (GPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)	CASING	DESCRIPTION OF OPERATION AND MATERIALS
				T	C			
	1200							ON LOCATION
	1244							START PIPE - 5 1/2" 15.5 #
								RIP @ 4395 LTD @ 4396
								SET @ 4390 - SMOEST 44'
								CENTRALIZERS 12, 3, 4, 5, 6, 7, 8, 9, 10, 59, 61
								BASKET 59
								PORT COLLAR TOP OF ST 160 @ 1885
	1453							DROP BALL CIRCULATE
	1625	6	5	✓		200		Pump 5 BAR KCL FLUSH
		6	24	✓		200		Pump 1000 GAL FLOODCHECK
		6	5	✓		200		Pump 5 BAR KCL FLUSH
	1645							TRUCK BROKE DOWN
	1655							CIRCULATE WELL
	1905	4	5	✓		200		Pump 5 BAR KCL FLUSH
		4	24	✓		200		Pump 24 BAR FLOODCHECK
		4	5	✓		200		Pump 5 BAR KCL FLUSH
	1912	2	7	✓				PLUG RH (30 SY)
	1915	4	42 1/2	✓		300		MIX 15.5x 50/50 Permox @ 14.4ppg
								WASH MUD PUMP LINES.
	1925							RELEASE PLUG
	1926	6 1/2		✓				START DISPLACEMENT
	1941	0	103 1/2	✓		1200		PLUG DOWN.
	1943							RELEASE PRESSURE - HEAD
	1945							WASH TRUCK UP.
	2000							JOB COMPLETE
								THANKS B/10
								THANKS JEFF, JOHN, JOSH, WAYNE.



PO Box 466
Ness City, KS 67550
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 18950

CUSTOMER **MULL DRILLING** WELL **GARVEY B2-13** DATE **5 SEP 16** PAGE **2** OF **2**

TICKET REFERENCE	SECONDARY REFERENCE/DATE	QUANTITY	UNIT	DESCRIPTION	CITY		STATE		PRICE	AMOUNT
					1	2	1	2		
283		1		SALT	900	lbs			15	135.00
276		1		FLOCELE	47	lbs			1.50	70.50
286		1		HALAD-1	72	lbs			6.00	432.00
221		1		LIQUID KCL	2	gal			25.00	50.00
280		1		FLOCHECK 21	1000	gal			2.50	2500.00
290		1		D-AIR	2	gal			35.00	70.00
327		1		50/50 POCMIX	185	sq			8.75	1618.75
581		1		SERVICE CHARGE	185	sq			1.50	277.50
583		1		TOTAL WEIGHT	312.76	TON MILES			1.00	312.76

TOTAL WEIGHT **156.38** LOADED MILES **40**

CONFIRMATION TOTAL **5466.51**

09/14/2010 10:02 FAX 7197678994 MDC-CHEY_WELLS.CO MDC WICHITA 002/003