



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: _____



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
<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 <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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

January 04, 2011

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

Re: ACO1
API 15-135-25151-00-00
Jones Unit 1-30
SE/4 Sec.30-16S-22W
Ness 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



PHIL ASKEY
PETROLEUM GEOLOGIST



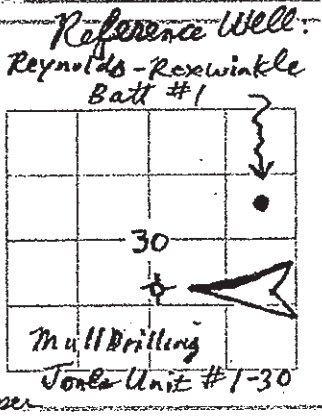
GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

COMPANY Mull Drilling Company, Inc
LEASE Jones Unit #1-30
FIELD Wildcat
LOCATION 1778' ESL & 2580' FEL NW/4 SE/4
SEC 30 TWSP 16S RGE 22W
COUNTY Ness STATE Kansas
CONTRACTOR WW Drilling Rig #6
SPUD 9/8/10 COMP 9/15/10
RTD 4530' LTD 4530'
MUD UP 3091'-3112' TYPE MUD Chemical-Mud-Co

ELEVATIONS
KB 2437'
DF 2435'
GL 2432'
Measurements Are All From KB
CASING SURFACE 856" @ 218' w/1505x5
PRODUCTION _____
ELECTRICAL SURVEYS
Superior Well Services: PE, CNL/DL; OIL; Micro; Sonic

SAMPLES SAVED FROM 3600' TO RTD
DRILLING TIME KEPT FROM 1700'-1900'; 3600' TO RTD
SAMPLES EXAMINED FROM 3600' TO RTD
GEOLOGICAL SUPERVISION FROM 3800' TO RTD
GEOLOGIST ON WELL Phil Askey, P.G.

FORMATION TOPS	LOG	SAMPLES	
Anhydrite	1766 +671	1765	+6 #
Heelner	3823 -1386	3823	+1
Lansing	3862 -1425	3862	Flat
B/KC	4138 -1701	4138	-1
Pharmaton	4197 -1760	4196	+7
Pawnee	4237 -1800	4237	+2
Ft. Scott	4332 -1895	4332	+5
Cherokee shale	4350 -1913	4349	+4
Cherokee sand	4412 -1975	4412	+5
Mississippi	4447 -2010	4447	+10
LTD / RTD	4530 -2093	4530	32' deeper



REMARKS

The Mull Drilling Co. Jones Unit #1-30 was structurally high on the lower formations to the Reynolds-Roxwinkle Batt #1. All sample shows wacke drill stem tested - Ft. Scott, Cherokee sand, and Mississippi - with non-commercial pay zones.
After review of all DST data and log evaluation, it was decided to plug and abandon this well.

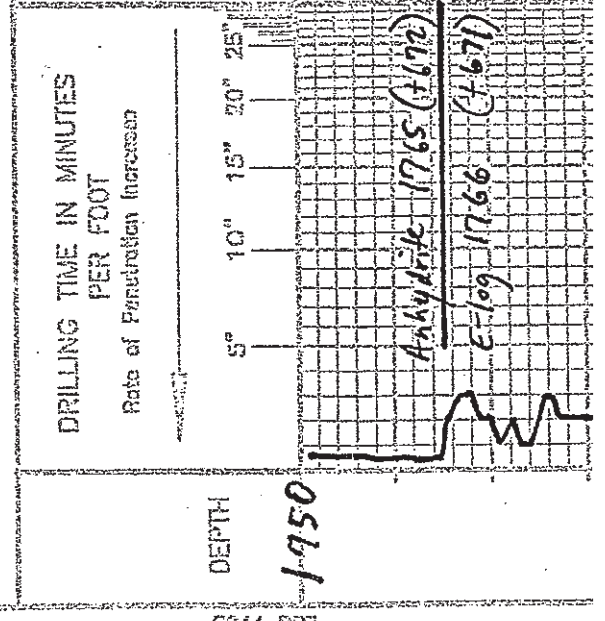
Phil Askey, P.G.

Well API # 15-185-25151

LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carb sh
- Limestone
- Cool. Lime
- Chert
- Dolomite

SCALE 1" = 100'



LITHOLOGY

SAMPLE DESCRIPTIONS

REMARKS

MSDP 42-2864, 77-117, 2167, 2254
containing 1/2 gal. front-end oil
to cat. oil

SH - Heavy, yellow, oil, some 1/2 gal. oil
to cat. oil

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

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MSDP 42-2864, 77-117, 2167, 2254

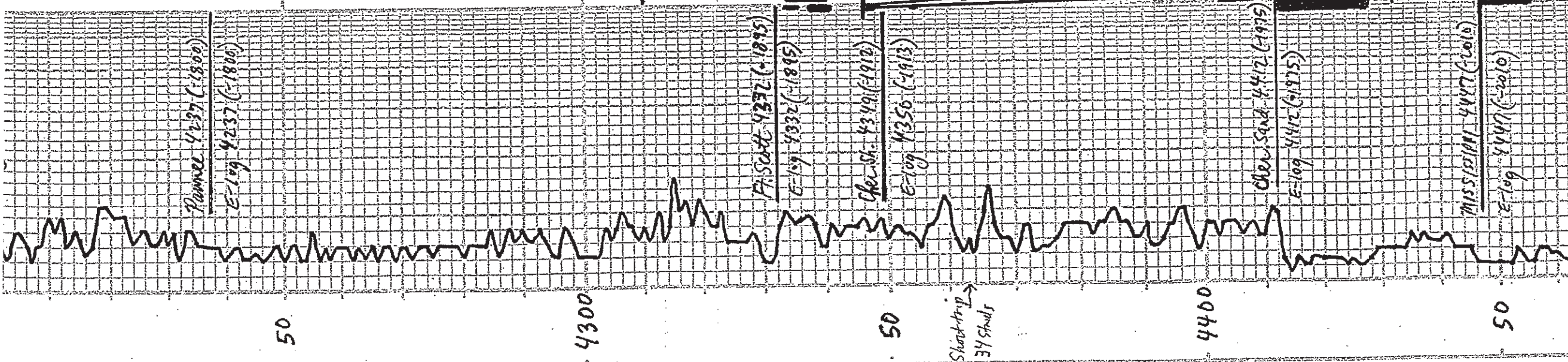
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MSDP 42-2864, 77-117, 2167, 2254

MSDP 42-2864, 77-117, 2167, 2254

DST #1 4310-4363

Times: 5"-30"-30"-60"

1st open: West blow 1/2 inch to 1/4 inch

2nd open: West surface blow

Rec: 63' 5140cm (2% oil 98% mud)

total sample: 28% oil 78% mud

IPP 10-20# 151P 1296#

IPP 23-45# 151P 1277#

BHT 117'F

Mud-co data: Y363'

WT 93 VIS 70 WL 8.1Y

PH 9.5 CC 1000ppm LCM 2#

DST #2 4346'-4420'

Times: 5"-30"-30"-60"

1st open: wk blow 1/2 inch to 1/4 inch

2nd open: wk blow built to 1/4 inch

Rec: 82' 4100cm (3% oil 97% mud)

IPP 118#-119# 151P 799#

IPP 126-130# 151P 571#

BHT -

DST #3 4346'-4420'

Times: 5"-30"-30"-60"

Diamond Testing

General information Report

General Information

Company Name MULL DRILLING COMPANY, INC.

Contact ERNIE MORRISON
Well Name JONES UNIT #1-30
Unique Well ID DST #1 FT. SCOTT CHERO. 'A' 4,310' - 4,363'
Surface Location SEC 30-16S-22W NESS COUNTY, KS
Well License Number
Field WILDCAT
Well Type Vertical

Job Number
Representative ROGER D. FRIEDLY
Well Operator MULL DRILLING COMPANY, INC.
Report Date 2010/09/13
Prepared By ROGER D. FRIEDLY

Test Type CONVENTIONAL
Formation DST #1 FT. SCOTT CHERO. 'A' 4,310' - 4,363'
Well Fluid Type 01 Oil
Start Test Date 2010/09/13
Final Test Date 2010/09/13
Gauge Name 1150
Gauge Serial Number

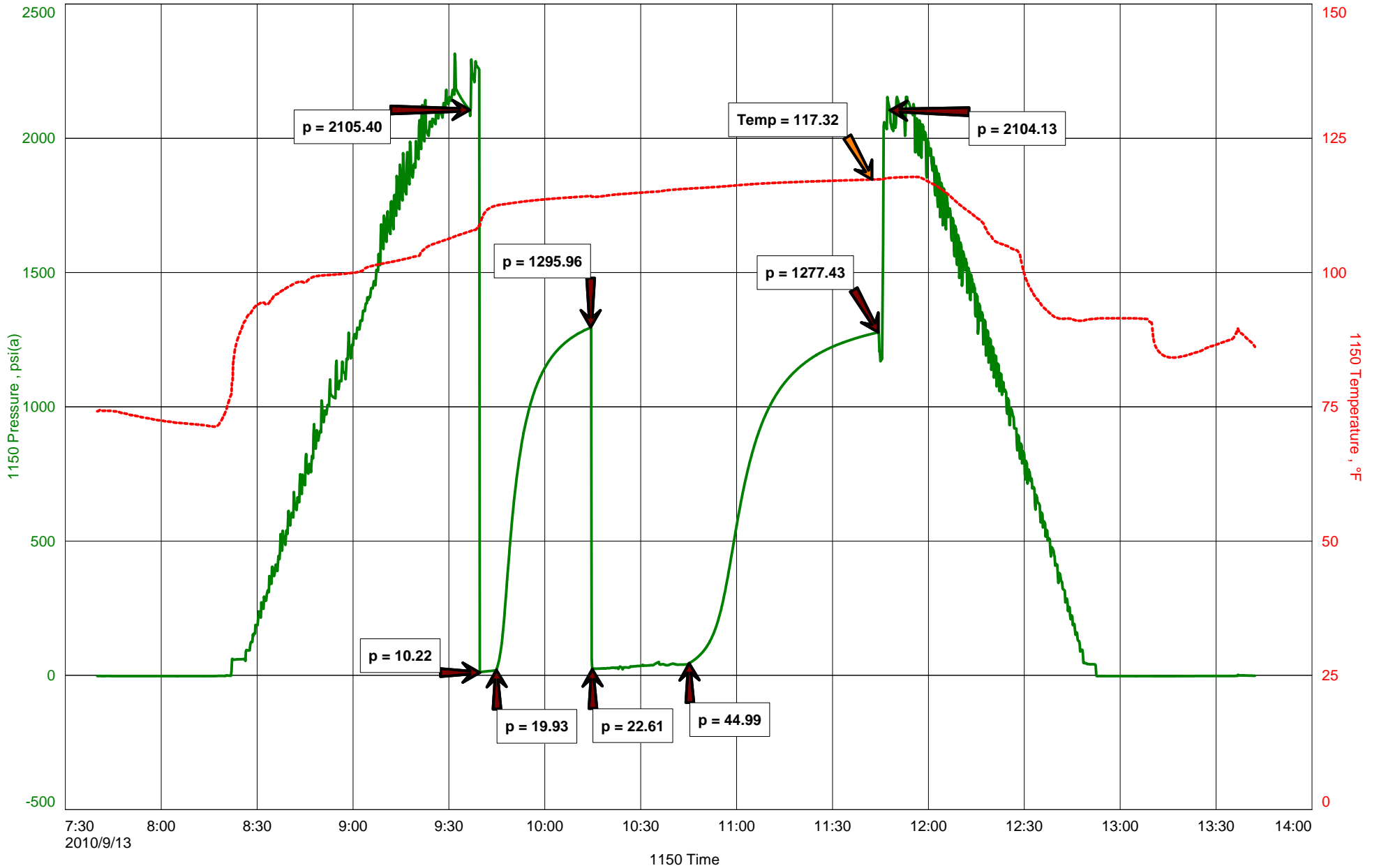
Start Test Time 07:40:00
Final Test Time 13:42:00

Test Results

RECOVERED: 63' SLTOCM 2% OIL, 98% MUD

TOOL SAMPLE: 28% OIL, 72% MUD

JONES UNIT #1-30





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(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 KANSAS
Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

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.

Diamond Testing

General information Report

General Information

Company Name MULL DRILLING COMPANY, INC.

Contact	ERNIE MORRISON	Job Number	
Well Name	JONES UNIT #1-30	Representative	ROGER D. FRIEDLY
Unique Well ID	DST #2 CHEROKEE 4,346' - 4,420'	Well Operator	MULL DRILLING COMPANY, INC.
Surface Location	SEC 30-16S-22W NESS COUNTY, KS	Report Date	2010/09/14
Well License Number		Prepared By	ROGER D. FRIEDLY
Field	WILDCAT		
Well Type	Vertical		

Test Type	CONVENTIONAL		
Formation	DST #2 CHEROKEE 4,346' - 4,420'		
Well Fluid Type	01 Oil	Start Test Time	23:15:00
		Final Test Time	03:40:00
Start Test Date	2010/09/13		
Final Test Date	2010/09/14		
Gauge Name	1150		
Gauge Serial Number			

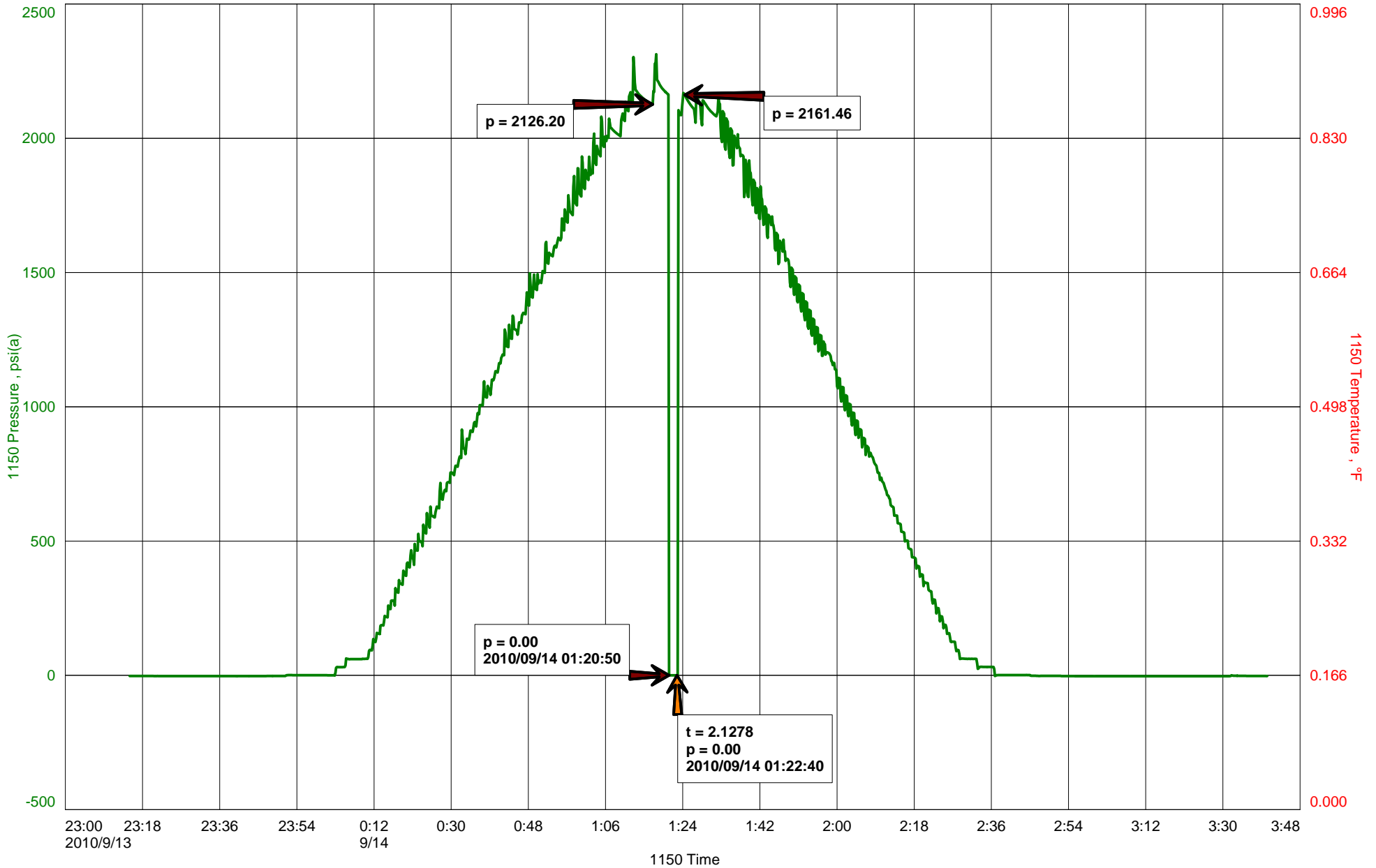
Test Results

RECOVERED: 82' HGOCM 3% GAS, 41% OIL, 56% MUD

TOOL SAMPLE: 4% GAS, 44% OIL, 56% MUD

ELECTRONIC BATTERY STOPPED THE RESTARTED
REPLACE BATTERY 9-14-2010

JONES UNIT #1-30





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(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 KANSAS
Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

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 _____

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.

Diamond Testing

General information Report

General Information

Company Name MULL DRILLING COMPANY, INC.

Contact	ERNIE MORRISON	Job Number	
Well Name	JONES UNIT #1-30	Representative	ROGER D. FRIEDLY
Unique Well ID	DST #3 CHEROKEE 4,346' - 4,432'	Well Operator	MULL DRILLING COMPANY, INC.
Surface Location	SEC 30-16S-22W NESS COUNTY, KS	Report Date	2010/09/14
Well License Number		Prepared By	ROGER D. FRIEDLY
Field	WILDCAT		
Well Type	Vertical		

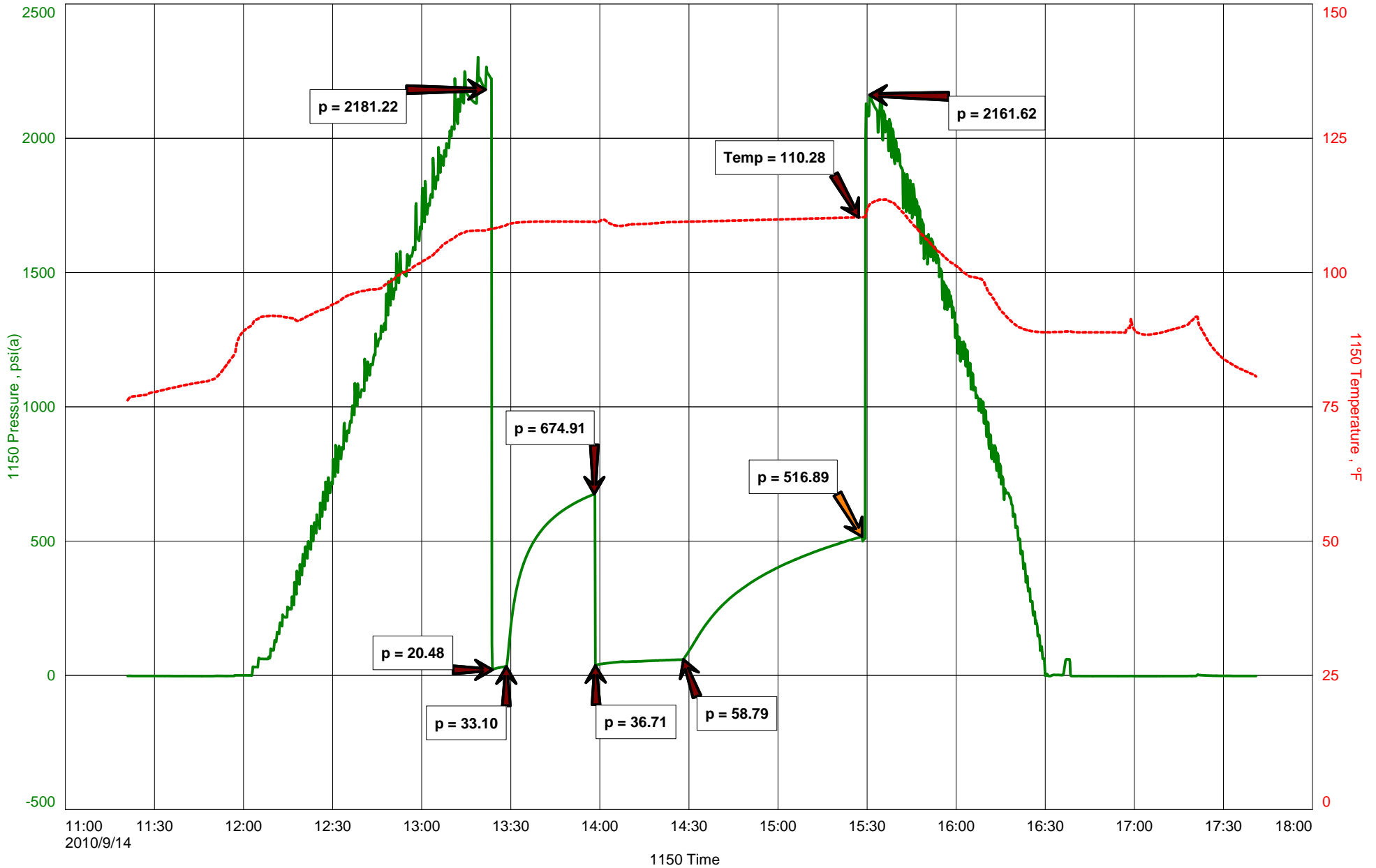
Test Type	CONVENTIONAL		
Formation	DST #3 CHEROKEE 4,346' - 4,432'		
Well Fluid Type	01 Oil	Start Test Time	11:21:00
		Final Test Time	17:41:00
Start Test Date	2010/09/14		
Final Test Date	2010/09/14		
Gauge Name	1150		
Gauge Serial Number			

Test Results

RECOVERED: 82' G&OCM 2% GAS, 16% OIL, 82% MUD

TOOL SAMPLE: 4% GAS, 21% OIL, 75% MUD

JONES UNIT #1-30





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(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 KANSAS
Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

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.

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Diamond Testing

General information Report

General Information

Company Name MULL DRILLING COMPANY, INC.

Contact	ERNIE MORRISON	Job Number	
Well Name	JONES UNIT #1-30	Representative	ROGER D. FRIEDLY
Unique Well ID	DST #4 MISSISSIPPI 4,430' - 4,462'	Well Operator	MULL DRILLING COMPANY, INC.
Surface Location	SEC 30-16S-22W NESS COUNTY, KS	Report Date	2010/09/15
Well License Number		Prepared By	ROGER D. FRIEDLY
Field	WILDCAT		
Well Type	Vertical		

Test Type	CONVENTIONAL		
Formation	DST #4 MISSISSIPPI 4,430' - 4,462'		
Well Fluid Type	01 Oil	Start Test Time	01:15:00
		Final Test Time	09:33:00
Start Test Date	2010/09/15		
Final Test Date	2010/09/15		
Gauge Name	1150		
Gauge Serial Number			

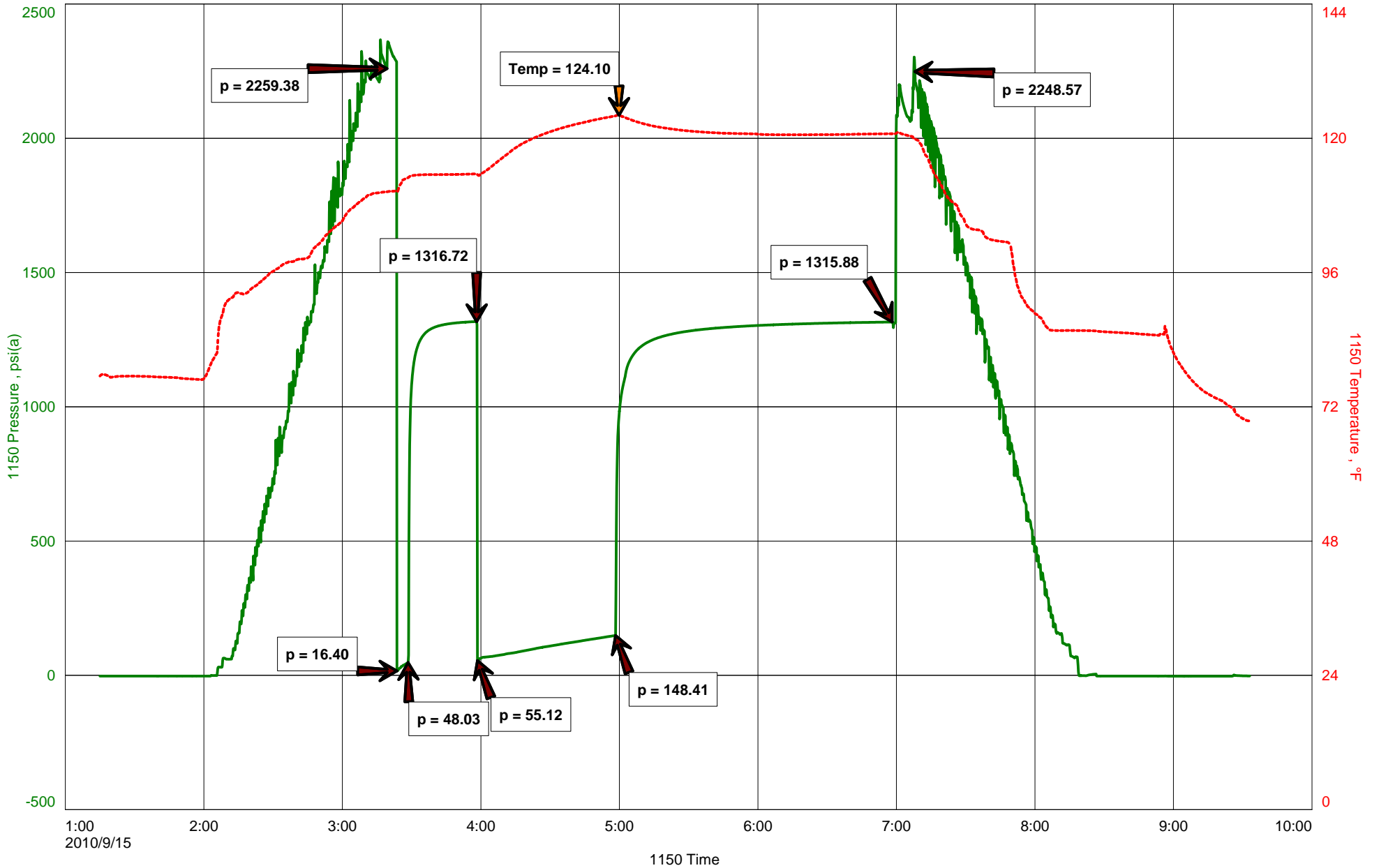
Test Results

RECOVERED: 50' GAS IN PIPE
15' CO 35.4 GRAVITY @ 60 deg.
57' OCWM 6% OIL, 45% WTR, 49% MUD
124' OCMW 2% OIL, 56% WTR, 42% MUD
123' MW 91% WTR, 9% MUD - SCUM OF OIL
319' TOTAL FLUID

TOOL SAMPLE: 2% OIL, 90% WTR, 8% MUD

CHLORIDES: 18,000 Ppm
PH: 7.0
RW: .35 @ 68 deg

JONES UNIT #1-30





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(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 KANSAS
Test Approved By _____ Diamond Representative ROGER D. FRIEDLY

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.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 24455
LOCATION Rocky KS
FOREMAN Pat Mailer

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-16-10	5659	Jones Unit 1-30	30	16S	22W	Wess
CUSTOMER Mull Drilling Company, Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700N Waterfront Pkwy Bldg 1300			463	Shannon F		
CITY Wichita		STATE KS	439	Miles S		
ZIP CODE 67204				Billy N		
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Plug			OTHER			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
REMARKS: 1 st 50 sks @ 1800'						
2 nd 80 sks @ 1080'						
3 rd 50 sks @ 500'						
4 th 50 sks @ 250'						
5 th 20 sks @ 60'						
Bottomhole 30 sks						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1200.00	1200.00
5406	20 mi	MILEAGE	4.50	90.00
5407	1204 Tan	Min Bulk Delivery	390.00	390.00
1131	280 sks	60/40 Poz	13.00	3640.00
1118.B	963.2 lbs	Bentonite	.20	192.64
1107	60.2 lbs	Flo Seal	2.50	150.50
Subtotal				5663.14
Less				209.69
SALES TAX				4500.75
ESTIMATED TOTAL				259.94
TOTAL				4781.45

Ravin 3737

AUTHORIZATION Mark Ryzge TITLE Tool Pusher DATE 9-16-10