



**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
_____ 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
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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) (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	Waterson 'A' 1-17
Doc ID	1048911

Tops

Name	Top	Datum
Anhydrite	2135	+ 583
B/Anhydrite	2168	+ 550
Heebner Shale	3972	-1254
Lansing	4010	-1292
B/KC	4338	-1620
Marmaton	4342	-1624
Ft. Scott	4512	-1794
Cherokee Shale	4539	-1821
Mississippian	4621	-1903



*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 15-101-22256-00-00  
Waterson 'A' 1-17  
NE/4 Sec.17-17S-27W  
Lane 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

# ALLIED CEMENTING CO., LLC. 036841

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Geary Bend 44

DATE	SEC.	TWP	RANGE	CALLS OUT	ON LOCATION	JOB START COUNTY	JOB FINISH STATE
9-30-10	17	175	28 W			530 PM	600 PM
LEASE <u>Waterbury</u>			WELL # 1-17		LOCATION <u>Geary Bend's 1/2 East To South RD South To 220 RD 1/2 W South Into</u>	COUNTY <u>Leane</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Dave Riss  
TYPE OF JOB Surface  
HOLE SIZE 12 1/2" T.D. 230  
CASING SIZE 4 3/8" DEPTH 230  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DEPTH  
PRES. MAX MINIMUM  
MEAS. LINE SHOE JOINT  
CEMENT LEFT IN CSG. 15  
PERFS.  
DISPLACEMENT 13.50 BBLs  
EQUIPMENT

OWNER Mary Collins  
CEMENT AMOUNT ORDERED 165 st class A 390 cc  
206 gal  
COMMON 165 @ 13.50 2227.50  
POZMIX @  
GEL 3 @ 20.25 60.75  
CHLORIDE 6 @ 51.50 309.00  
ASC @  
HANDLING 165 @ 2.25 371.25  
MILEAGE 165 X 38 X .10 627.00  
TOTAL 3595.50

PUMP TRUCK CEMENTER Wesley D  
# 191 HELPER Bob R  
BULK TRUCK DRIVER Bill  
BULK TRUCK DRIVER  
# DRIVER  
# DRIVER

REMARKS:  
Pipe on bottom Break circulation with Rig used  
Mix 165 st class A 390 cc 296 gal  
Shut Down Release Plus  
Displace 13.50 BBLs fresh water - wash up on top of Plus  
Cement did circulate  
Rig Down

CHARGE TO: Mary Collins  
STREET  
CITY STATE ZIP

DEPTH OF JOB 230  
PUMP TRUCK CHARGE 991.00  
EXTRA FOOTAGE @  
MILEAGE 38 @ 7.00 266.00  
MANIFOLD @  
TOTAL 1257.00

PLUG & FLOAT EQUIPMENT

TOTAL

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Rich Wheeler  
SIGNATURE Rich Wheeler

SALES TAX (If Any)  
TOTAL CHARGES ~~1257.00~~  
DISCOUNT IF PAID IN 30 DAYS

# ALLIED CEMENTING CO., LLC. 035578

Federal Tax I.D.# 20-5975804

REMIT TO PO. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: Overlark

10-9-10	SEC 17	TWP 17	RANGE 28	LOCATION <u>Pendennis 112E. 45</u>	ON LOCATION <u>Overlark</u>	JOB START <u>1:30 PM</u>	JOB FINISH <u>1:30 PM</u>
WATSON	WELL # 1-17	LOCATION <u>Pendennis 112E. 45</u>			COUNTY <u>Lane</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)				<u>112W 51N</u>			

3:00 AM 1:00 PM

CONTRACTOR DREXEL

TYPE OF JOB PTA T.D. 4680

HOLE SIZE 7 7/8 DEPTH

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH 2190'

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED 270 60 140 470 gal

114 + CLOSAL

COMMON	<u>162</u>	@	<u>13.65</u>	<u>2211.30</u>
POZMIX	<u>108</u>	@	<u>7.60</u>	<u>820.80</u>
GEL	<u>9</u>	@	<u>20.40</u>	<u>183.60</u>
CHLORIDE		@		
ASC		@		
<u>CLOSAL</u>	<u>68</u>	@	<u>2.45</u>	<u>166.80</u>

**EQUIPMENT**

PUMP TRUCK CEMENTER EGZ-25

# 431 HELPER PULLY

BULK TRUCK DRIVER DANN

# 396

BULK TRUCK DRIVER

**REMARKS:**

50 SKS @ 2190'

80 SKS @ 1290'

50 SKS @ 630'

40 SKS @ 240'

30 SKS @ 60'

30 SKS IN B&I

Job completed @ 1:15 PM

THANKS FOR SERVICE

HANDLING 282 @ 2.15 597.30

MILEAGE 102.5 @ 1.10 112.75

TOTAL 5102.35

**SERVICE**

DEPTH OF JOB 2190'

PUMP TRUCK CHARGE 1000.00

EXTRA FOOTAGE

MILEAGE 40 @ 7.00 280.00

MANIFOLD

CHARGE TO: MUN Bldg

STREET

TOTAL 1280.00

**PLUG & FLOAT EQUIPMENT**

	@	
	@	
	@	
	@	
	@	
	@	
	@	

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

TOTAL

PRINTED NAME Rob Wheeler

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

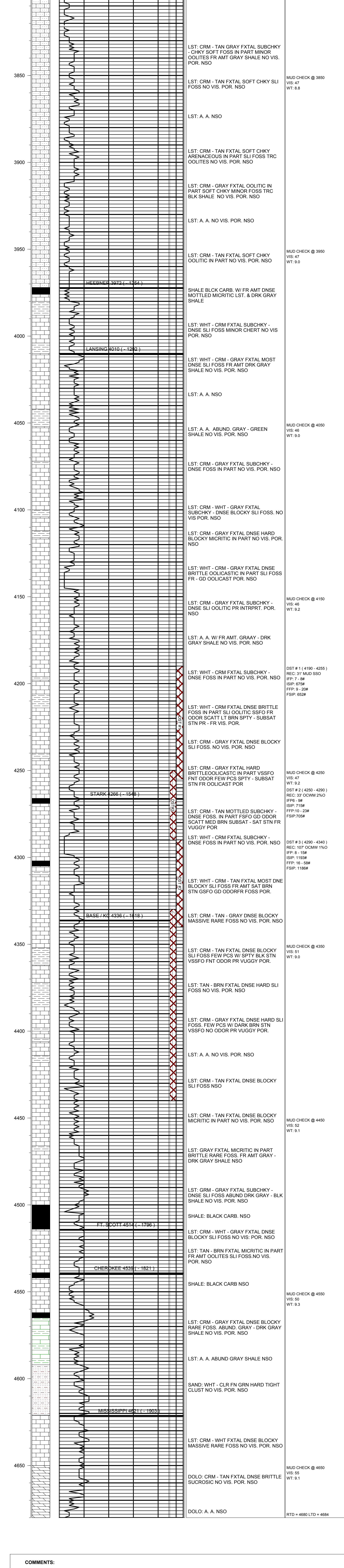
SIGNATURE Rob Wheeler

# KEVIN L. KESSLER

## CONSULTING PETROLEUM GEOLOGIST

( 316 ) 522-7338

<b>OPERATOR : MULL DRILLING CO. INC.</b> <b>LEASE : WATERSON 'A'      WELL # : 1 - 17</b> <b>LOCATION : 486' FNL &amp; 1320' FEL</b> <b>SEC: 17                      TWP : 17 S                      RGE : 27 W</b> <b>COUNTY : LANE                      STATE : KANSAS</b>		<b>ELEVATION</b> <b>KB : 2718</b> <b>GL : 2709</b> <b>MEASUREMENTS FROM</b> <b>KB</b>
<b>CONTRACTOR : DUKE DRILLING RIG # 4</b> <b>COMM : 09 / 30 / 2010                      COMP : 10 / 09 / 2010</b> <b>RTD : 4680                      LOG TD : 4686</b> <b>SAMPLES SAVED FROM : 3850                      TO: RTD</b> <b>GEOLOGICAL SUPERVISION FROM : 3850                      TO: RTD</b> <b>MUD UP : 3700                      TYPE MUD : CHEMICAL</b>		<b>CASING RECORD</b> <b>SURFACE : 8 5/8 @ 230'</b>  <b>PRODUCTION :</b> <b>NONE</b>  <b>ELECTRICAL SURVEYS :</b>  <b>DIL</b> <b>CNL / CDL</b>  <b>MICRO</b> <b>SONIC</b>
<b>REFERENCE WELL FOR STRUCTURAL COMPARISON :</b>  <b>THUNDERBIRD DRLG. # 1 WATERSON    SEC. 17 - T 17 S - R 27 W                      LANE COUNTY KANSAS</b>		



**COMMENTS:**

**DUE TO NEGATIVE DST RESULTS THIS WELL WAS PLUGGED AS DRY & ABANDONED**

**KEVIN L. KESSLER**



# Diamond Testing

## General information Report

### General Information

**Company Name** MULL DRILLING COMPANY, INC.

<b>Contact</b>	ERNIE MORRISON	<b>Job Number</b>	
<b>Well Name</b>	WATERSON 'A' #1-17	<b>Representative</b>	ROGER D. FRIEDLY
<b>Unique Well ID</b>	DST #1 LANS 'I-J' 4,190 - 4,255'	<b>Well Operator</b>	MULL DRILLING COMPANY, INC.
<b>Surface Location</b>	SEC 17-17S-27W LANE COUNTY, KS	<b>Report Date</b>	2010/10/05
<b>Well License Number</b>		<b>Prepared By</b>	ROGER D. FRIEDLY
<b>Field</b>	WILDCAT		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	CONVENTIONAL		
<b>Formation</b>	DST #1 LANS 'I-J' 4,190' - 4,255'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	12:30:00
		<b>Final Test Time</b>	20:17:00
<b>Start Test Date</b>	2010/10/05		
<b>Final Test Date</b>	2010/10/05		
<b>Gauge Name</b>	1150		
<b>Gauge Serial Number</b>			

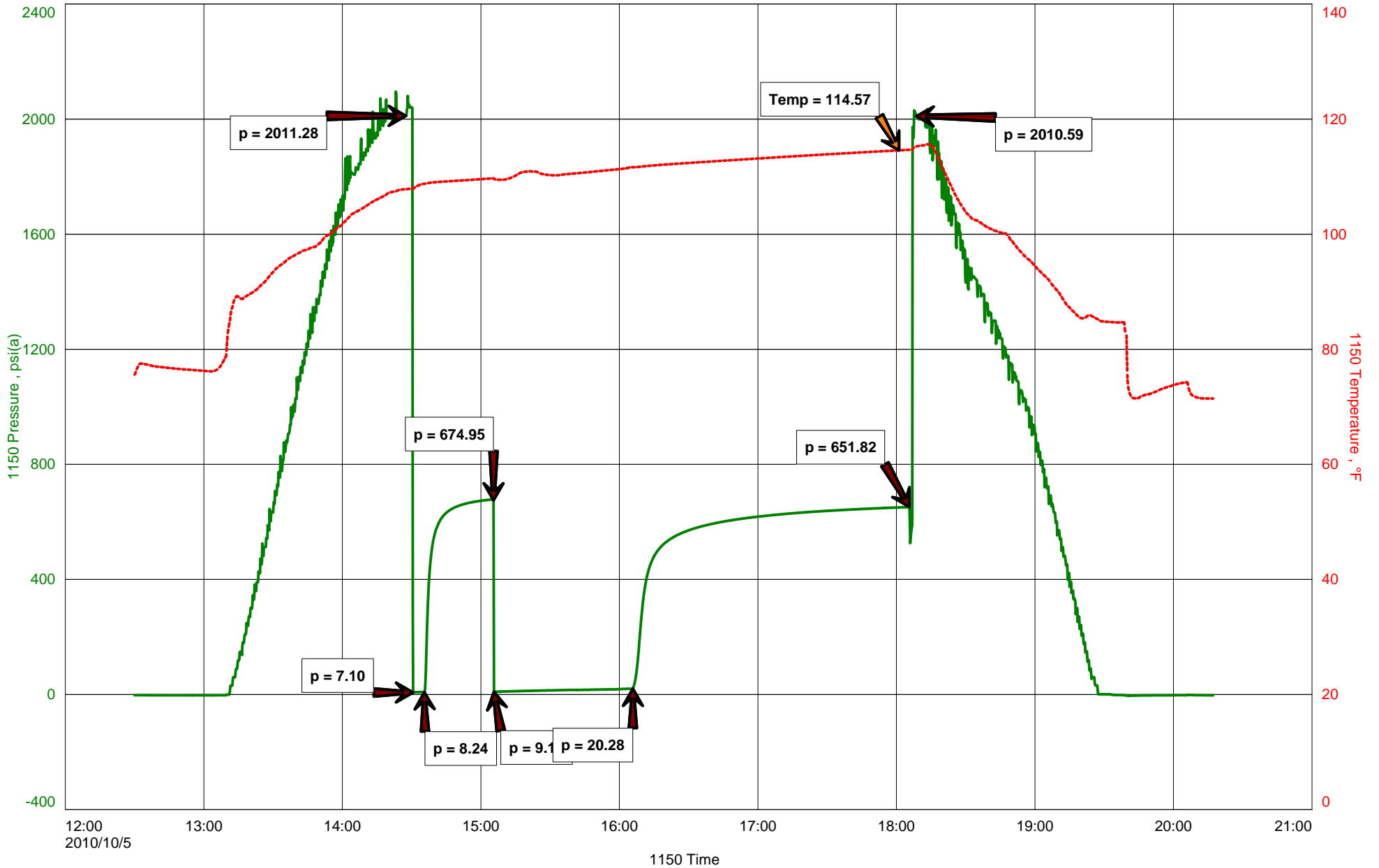
### Test Results

RECOVERED: 31' DM 100% MUD - GOOD SCUM OF OIL

TOOL SAMPLE: 2% OIL, 98% MUD



# WATERSON 'A' #1-17





**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  
**Well Name** WATERSON 'A' #1-17  
**Unique Well ID** DST #2 LANS 'K' 4,250' - 4,290'  
**Surface Location** SEC 17-17S-27W LANE CUNTY, KS  
**Well License Number**  
**Field** WILDCAT  
**Well Type** Vertical

**Job Number**  
**Representative** ROGER D. FRIEDLY  
**Well Operator** MULL DRILLING COMPANY, INC.  
**Report Date** 2010/10/06  
**Prepared By** ROGER D. FRIEDLY

**Test Type** CONVENTIONAL  
**Formation** DST #2 LANS 'K' 4,250' - 4,290'  
**Well Fluid Type** 01 Oil  
**Start Test Date** 2010/10/06  
**Final Test Date** 2010/10/06  
**Gauge Name** 1150  
**Gauge Serial Number**

**Start Test Time** 05:15:00  
**Final Test Time**

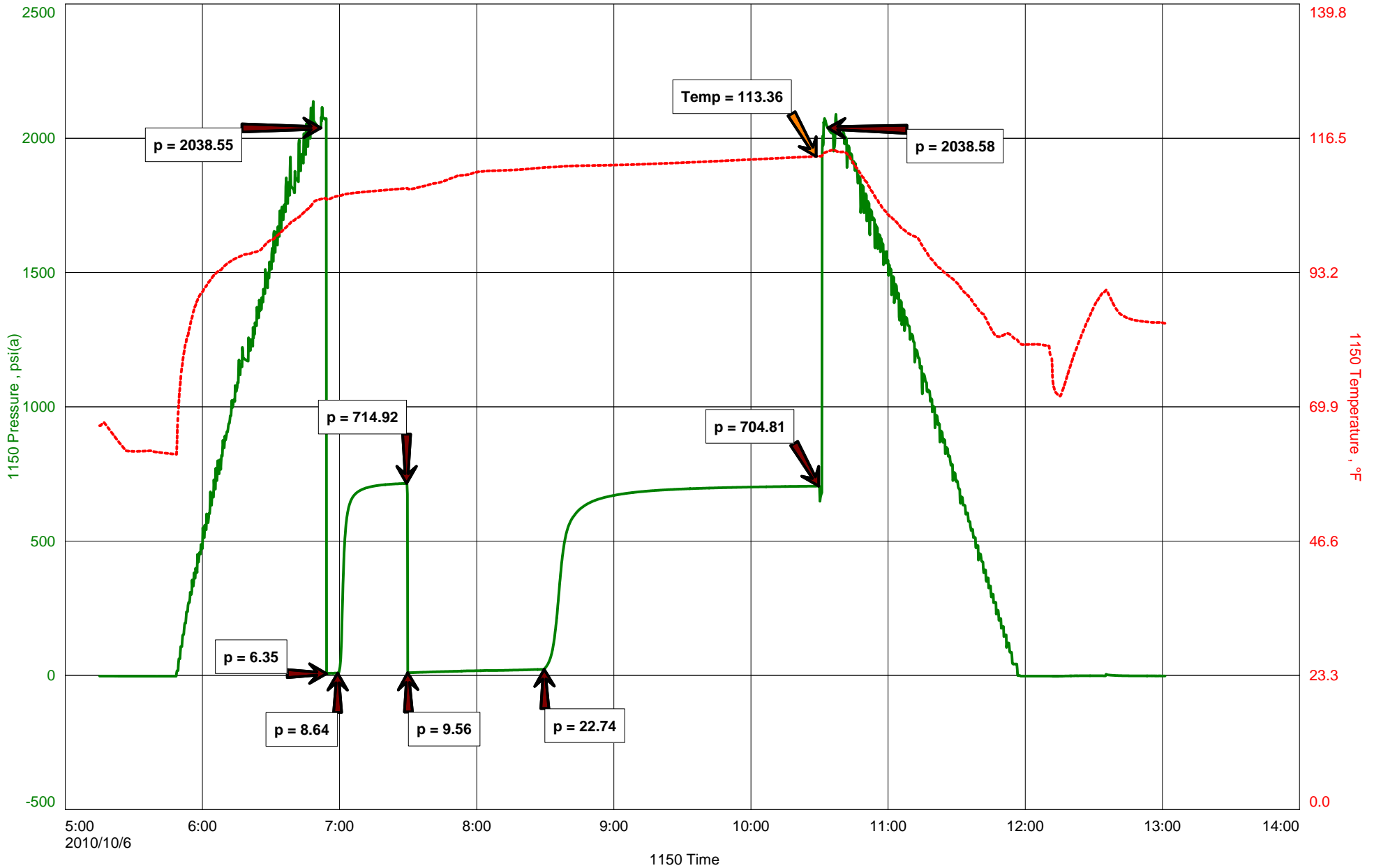
### Test Results

RECOVERED: 33' OCWM 2% OIL, 4% WTR, 94% MUD

TOOL SAMPLE: 2% OIL, 19% WTR, 79% MUD

CHLORIDES 12,000 Ppm  
PH: 7.5  
RW: .43 @ 74 deg

# WATERSON 'A' #1-17





**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.  
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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.  
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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.  
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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.

<b>Contact</b>	ERNIE MORRISON	<b>Job Number</b>	
<b>Well Name</b>	WATERSON 'A' #1-17	<b>Representative</b>	ROGER D. FRIEDLY
<b>Unique Well ID</b>	DST #3 LANS 'L' 4,290' - 4,340'	<b>Well Operator</b>	MULL DRILLING COMPANY, INC.
<b>Surface Location</b>	SEC 17-17S-27W LANE COUNTY, KS	<b>Report Date</b>	
<b>Well License Number</b>		<b>Prepared By</b>	ROGER D. FRIEDLY
<b>Field</b>	WILDCAT		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	CONVENTIONAL	<b>Start Test Time</b>	21:15:00
<b>Formation</b>	DST #3 LANS 'L' 4,290' - 4,340'	<b>Final Test Time</b>	05:18:00
<b>Well Fluid Type</b>	01 Oil		
<b>Start Test Date</b>	2010/10/06		
<b>Final Test Date</b>	2010/10/07		
<b>Gauge Name</b>	1150		
<b>Gauge Serial Number</b>			

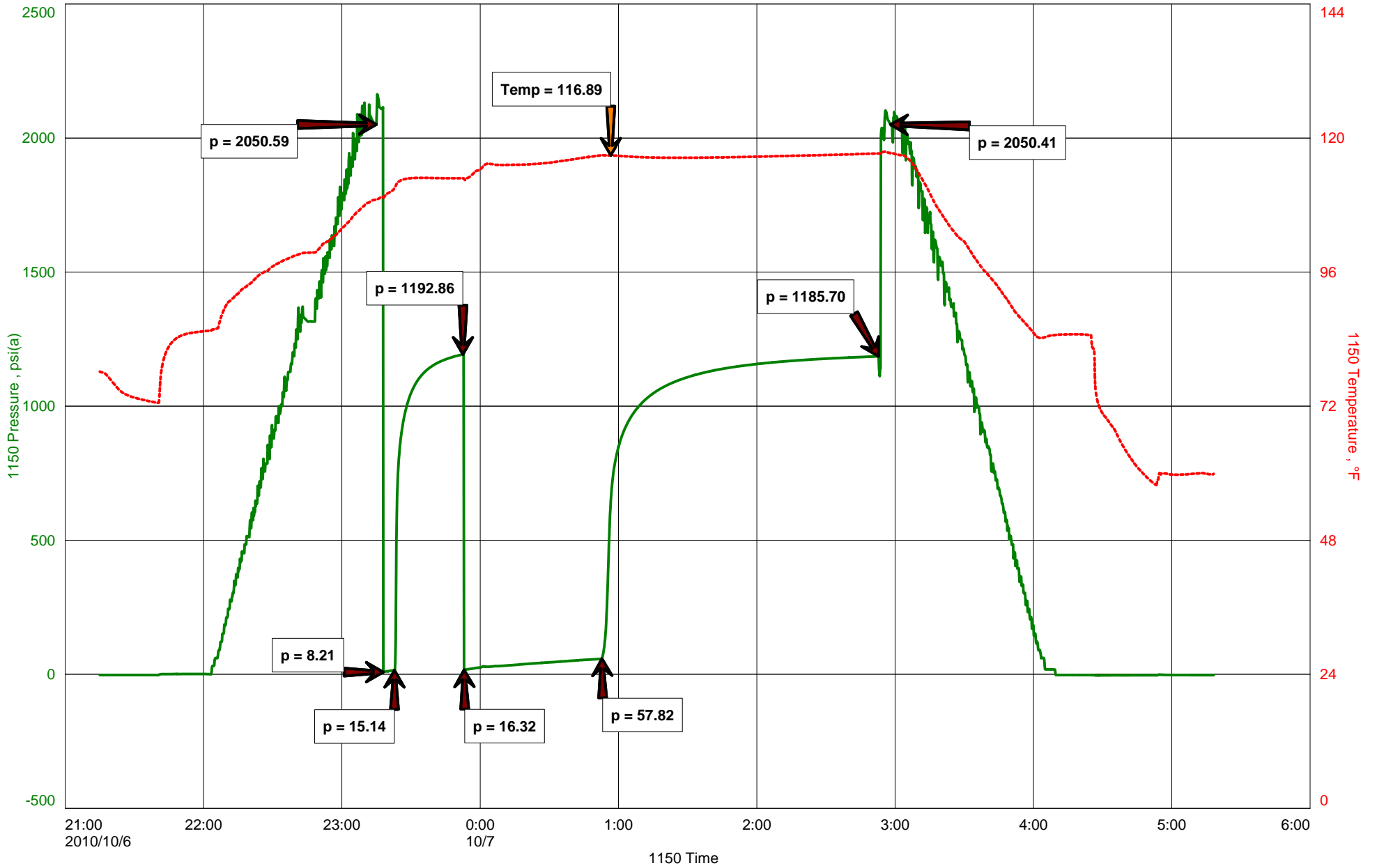
### Test Results

RECOVERED: 45' OCWM 2% OIL, 28% WTR, 70% MUD  
62' MW 57% WTR, 43% MUD  
107' TOTAL FLUID

TOOL SAMPLE: 2% OIL, 26% WTR, 72% MUD

CHLORIDES: 42,500 Ppm  
PH: 7.0  
RW: .17 @ 67 deg

# WATERSON 'A' #1-17







**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  
**Well Name** WATERSON 'A' #1-17  
**Unique Well ID** DST #4 MARMATON 4,330' - 4,440'  
**Surface Location** SEC 17-17S-27W LANE COUNTY, KS  
**Well License Number**  
**Field** WILDCAT  
**Well Type** Vertical

**Job Number**  
**Representative** ROGER D. FRIEDLY  
**Well Operator** MULL DRILLING COMPANY, INC.  
**Report Date** 2010/10/07  
**Prepared By** ROGER D. FRIEDLY

**Test Type** CONVENTIONAL  
**Formation** DST #4 MARMATON 4,330' - 4,440'  
**Well Fluid Type** 01 Oil  
**Start Test Date** 2010/10/07  
**Final Test Date** 2010/10/08

**Start Test Time** 17:00:00  
**Final Test Time** 01:02:00

**Gauge Name** 1150  
**Gauge Serial Number**

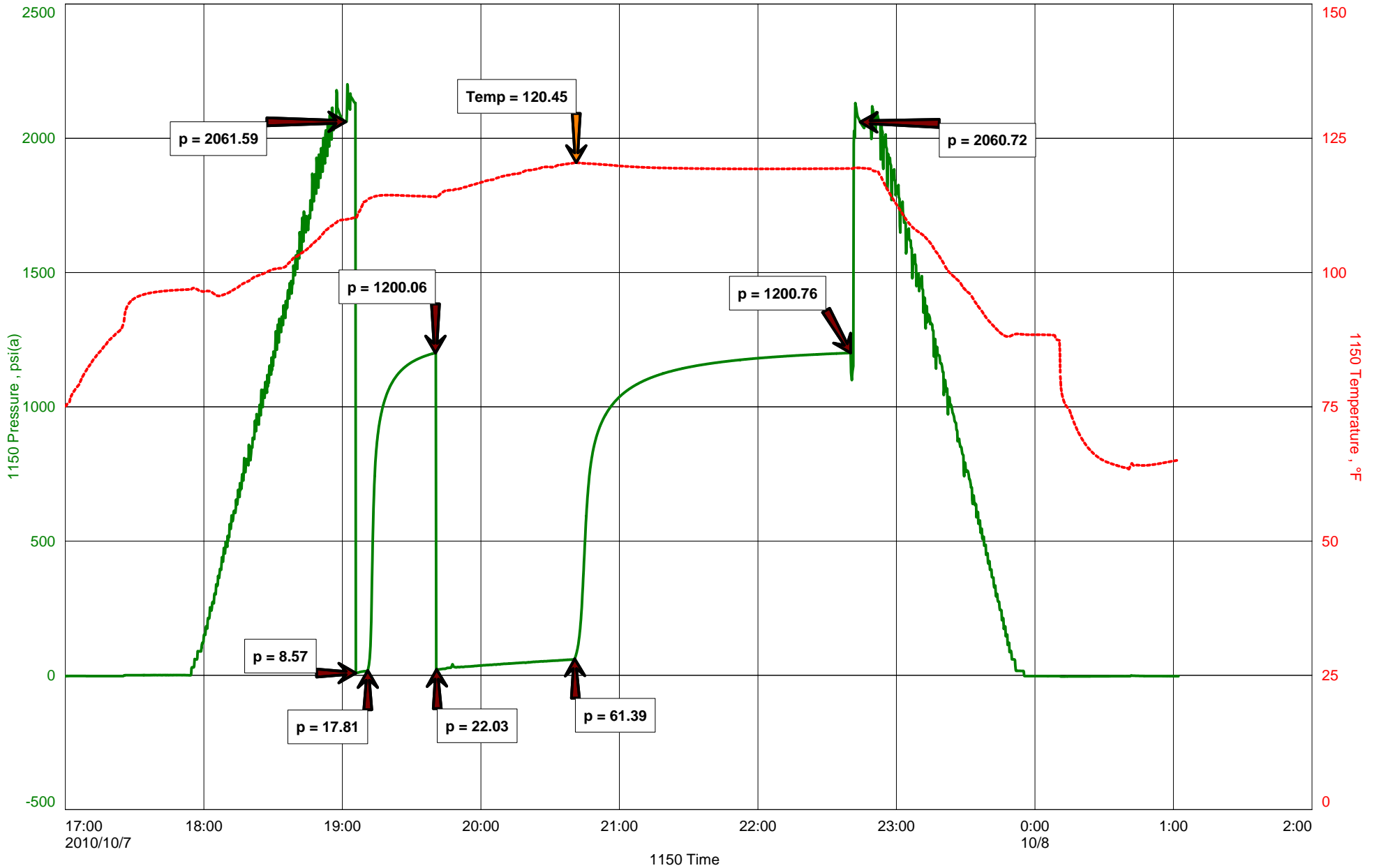
### Test Results

**RECOVERED:** 30' GAS IN PIPE  
50' OCWM 1% OIL, 19% WTR, 80% MUD  
62' MW 71% WTR, 29% MUD - SCUM OF OIL  
112' TOTAL FLUID

**TOOL SAMPLE:** 1% OIL, 38% MUD, 61% WTR

**CHLORIDES:** 54,000 Ppm  
**PH:** 7.0  
**RW:** .10 @ 68 deg.

# WATERSON 'A' #1-17





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P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
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**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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