



**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
---	---

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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Reinert 1-11
Doc ID	1050802

Tops

Name	Top	Datum
Anhydrite	1471	+ 797
B/Anhydrite	1513	+ 755
Heebner Shale	3716	- 1448
Lansing	3764	- 1496
B/KC	4089	- 1821
Marmaton	4123	- 1855
Pawnee	4204	- 1934
Ft. Scott	4276	- 2008
Mississippian	4371	- 2103

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



phone: 316-337-6200  
fax: 316-337-6211  
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

February 25, 2011

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

Re: ACO1  
API 15-135-25185-00-00  
Reinert 1-11  
SW/4 Sec.11-20S-23W  
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

Dec 15 10 12:47p

Consolidated Oil Well Ser

1 785 672 8899

p.4



**CONSOLIDATED**  
Oil Well Services, LLC

PH  
JG  
MS

TICKET NUMBER **28690**

LOCATION Oakley Kansas

FOREMAN Pat Haisler

Box 884, Chanute, KS 66720  
10-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT** s+v  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-14-10	5659	Reinert 1-11	11	20S	23 W	NESS

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Miles S		
558	Josh G		

CUSTOMER: Matt Drilling Co. Inc  
 MAILING ADDRESS:  
 CITY: STATE: ZIP CODE:

Necessity  
 9 1/2  
 40 rd  
 3 1/2 E  
 N into

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 229 CASING SIZE & WEIGHT 8 5/8 24 lb  
 CASING DEPTH 217 DRILL PIPE TUBING OTHER  
 SLURRY WEIGHT 15.3 SLURRY VOL WATER gal/ok 5.6 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 13 1/4 DISPLACEMENT PSI MIX PSI RATE

REMARKS: Safety meeting Mix 160 sks 37% cc 28% gel Displace 13 1/4 bbl @ 20'  
2150 PSI shut in @ 100 PSI  
circulated good cement

Thank you  
Pat Haisler

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	985.00	985.00
5406	20 mi	MILEAGE	4.50	90.00
5407	1	Min Bulk Delivery	390.00	390.00
1104S	160 sk	Class "A" cement	16.00	2560.00
1118B	300 lb	Bentonite gel	.20	60.00
1101	451 lb	Calcium chloride	.85	383.35
		Subtotal		4481.35
		Less: 20%		896.27
				3585.08
		SALES TAX		190.06
		ESTIMATED TOTAL		3775.56

Revin 3737  
 AUTHORIZATION: John Ambuster TITLE Tool Pusher DATE 12-14-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CHARGE TO: **MULL DUG, Co, Inc**  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

TICKET 19901  
 PAGE 1 OF 2

SERVICE LOCATIONS  
 1. **Ness City, KS** WELL/PROJECT NO. **1-11** LEASE **RENTAL** COUNTY/PARISH **Ness** STATE **KS** DATE **12/21/10** ORDER NO. **5496**  
 2. \_\_\_\_\_ TICKET TYPE **CONTRACTOR** CONTRACTOR **Duke Dug #2** RIG NAME/NO. \_\_\_\_\_ SHIPPED VIA **RT** DELIVERED TO **LOCATION** WELL LOCATION **Ness City, KS - 9S3E, N20W**  
 3. \_\_\_\_\_ WELL TYPE **Oil** WELL CATEGORY **Development** JOB PURPOSE **4 1/2" Lateral** WELL PERMIT NO. \_\_\_\_\_  
 4. \_\_\_\_\_ INVOICE RESTRICTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	OF							
575		1			MILEAGE # 110	20	MI			\$100	100.00
578		1			PUMP CHANGE	1	JOB	4445	FT	1400.00	1400.00
221		1			LEAD WEL	2	GR			250.00	50.00
280		1			FLOCHECK 21	1000	GR			2.50	2500.00
400		1			GUIDE SHOE	1	EA	4 1/2"		100.00	100.00
402		1			CS PERIODS	12	EA			50.00	600.00
403		1			CONCRETE BARS	2	EA			200.00	400.00
404		1			PORT COUPLER TORST # 70	1	EA	1504	FT	1900.00	1900.00
410		1			TOP PLUG	1	EA			90.00	90.00
415		1			TRASSER FLOAT COUPLER W/ FILL UP	1	EA			300.00	300.00
419		1			ROTATEDS HEAD RENTAL	1	JOB			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 **12-22-10** TIME SIGNED **1430** SIGNATURE **[Signature]**

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

SURVEY  
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  YES  NO  
 WE UNDERSTOOD AND MET YOUR NEEDS?  YES  NO  
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?  YES  NO  
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  YES  NO  
 ARE YOU SATISFIED WITH OUR SERVICES?  YES  NO  
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL #1 7590.00  
 #2 4799.05  
 Subtotal 12,389.05  
 TAX 643.70  
 TOTAL 13,032.75

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The 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.  
 SWIFT OPERATOR **Wayne Wesson** APPROVAL **[Signature]** **Thank You!**



PO Box 466  
Ness City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 19901

CUSTOMER: **Mobil Dole Co. Inc** | VEH: **REARER** | DATE: **1-11** | PAGE **2** OF **2**

LINE NO	DESCRIPTION	QTY	UNIT	DATE	AMOUNT
327	50/50 POLYMER (290 GEL)	100	SKS	8.75	875.00
330	SWIFT MIXTE-DRESSER STAYPADS	175	SKS	15.00	2625.00
276	FLOCEL	75	SKS	1.50	112.50
279	ASTROBITE GEL	2	SKS	—	ALL
283	SALT	500	US	1.5	750.00
286	HAVALD-1	50	US	6.00	300.00
290	D-APR	4	SKS	35.00	140.00
581	SERVICE CHARGE	1		1.50	412.50
583	TOTAL WEIGHT	2590.5	TON MILES	1.00	2591.05
		LOADED MILES	20		
		CUBIC FEET	275		
		TON MILES	259.05		
					4799.05

**JOB LOG**

**SWIFT Services, Inc.**

DATE 12-22-10 PAGE NO. 1

CUSTOMER MOLL DRUG Co, Inc WELL NO. 1-11 LEASE REINERT JOB TYPE 4 1/2 LONGSTRONG TICKET NO. 19901

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							ON LOCATION
	1500							START 4 1/2" CASING IN WELL
								TD-4452' SET-4445'
								TP-4445' 4 1/2-10.5"
								ST-42'
								CENTRALIZERS - 1,2,3,4,5,6,7,8,10,12,69,71
								CMT BSPTS - 7,70
								PORT COLLAR - 1504' ... TOBJT #70
	1700							DROP BALL - OCCURATE ROTATE
	1845	6	5		✓		400	PUMP 5 RBLS KCL-SPACE "
	1846	6	24		✓		400	PUMP 24 RBLS FLOCHECK-31 "
	1850	6	5		✓		400	PUMP 5 RBLS KCL-SPACE "
	1855		7-5					PLUG RH (30SKS) MH (20SKS)
	1900	6	52		✓		400	MIX CEMENT WD-125 SKS SMD = 12.2 PPG "
		4 1/2	23		✓		200	TL-100 SKS SD/SD = 14.4 PPG "
	1915							WASH OUT PUMP - 12ZES / RELEASE TOP PLUG
	1920	7	0		✓			DISPLACE PLUG "
		7	60				600	SHUT OFF ROTATING
	1930	6 1/2	70				1500	PLUG DOWN
	1932							OK RELEASE PST-HELD
								WASH TRUCK
	2000							JOB COMPLETE THANK YOU WAYNE, JASON, JEFF, BOB





Services, Inc.

CHANGE TO:  
 ADDRESS: MULL Drilling  
 CITY, STATE, ZIP CODE:

TICKET  
 19982

PAGE 1 OF 1

SERVICE LOCATIONS: 1100 4th St LEASE: 1-11 COUNTY/PARISH: MOOD STATE: KS CITY: NEED CITY DATE: 4 Jan 11 OWNER: \_\_\_\_\_

WELL/PROJECT NO.: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_ TICKET TYPE:  SERVICE  SALES  WELLS

WELL TYPE: \_\_\_\_\_ WELLS CATEGORY: Developments RIG NAME/NO.: \_\_\_\_\_ SHIPPED VIA: CT DELIVERED TO: Location ORDER NO.: \_\_\_\_\_

INVOICE INSTRUCTIONS: \_\_\_\_\_ WELL PERMIT NO.: \_\_\_\_\_ WELL LOCATION: 11-20-2300 NS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UOM	QTY.	UOM	UNIT PRICE	AMOUNT
		LOC	ACCT	DT							
575					MILEAGE	15.1	M			5.00	75.00
576D					Pump Charge	1	EA			1100.00	1100.00
335 33D					SUD cement			180	SK	15.00	2700.00
276					fueler			50	LB	1.50	75.00
290					D-AIR	2	Gal			35.00	70.00
581					Service charge	225	SK			1.50	337.50
104					Drayage (min)	1	EA			250.00	250.00
					Pber collar tool rental	1	EA			200.00	200.00

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.

LIST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO PART OF WORK OR DELIVERY OF GOODS

TIME SIGNED: \_\_\_\_\_  
 A.M.  P.M.

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  YES  NO

WE UNDERSTOOD AND MET YOUR NEEDS?  YES  NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY?  YES  NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  YES  NO

ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	4807	50
TOTAL	4999	34
TAX 9%	191	84

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The Customer hereby acknowledges receipt of the above and is satisfied with the work performed.

WRT OPERATOR: AKK APPROVA: \_\_\_\_\_

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4 Jan 11 PAGE NO. 1

CUSTOMER MULL DRILLING WELL NO. 1-11 LEASE Reineer JOB TYPE cement port collar TICKET NO. 19982

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								225 SKS SMD w/ 1/4" flocele
								4 1/2" port collar 1503'
								+ Swift port after opening tool
	0945							on loc TRK 114
	1025					1000	1000	test to 1000 - held
	1035							open port collar
		2 1/2	4			450		inj rate 2 1/2 @ 450 - blow at pit
	1040	4				500		start down hole w/ SMD 1 1/2 PPG
		4	6			450		circulation to pits
		4	12			500		circulation stops
	1055	4	55			650		Kick out - wait - 100 SKS mixed
	1130							MIX cement SMD 11.2 PPG
		4	57			600		circ to pit
		3 1/2	96			750		cement to pit
	1150	3 1/2	98			800		Kick out 180 SKS mixed
		3	5			800		Displace 5 bbl H2O
	1200							close port collar
								test to 1000 - held
	<del>1215</del>	4	1-22			400		Reverse hole clean - 2 floz
	1230							wash truck
								Rack up
	1250							job complete
								Thank Blaine Rob Dine

## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO. INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: REINERT 1-11

Operator: MULL DRILLING CO. INC.

Location-Downhole:

Location-Surface: S11/20S/23W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D876

Test Unit:

Start Date: 2010/12/20 Start Time: 03:30:00

End Date: 2010/12/20 End Time: 11:45:00

Report Date: 2010/12/20 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY: 1350' GAS IN PIPE, 80' GAS+OIL CUT MUD  
60' SLIGHTLY WATER CUT GASSY MUDDY 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: \_\_\_\_\_

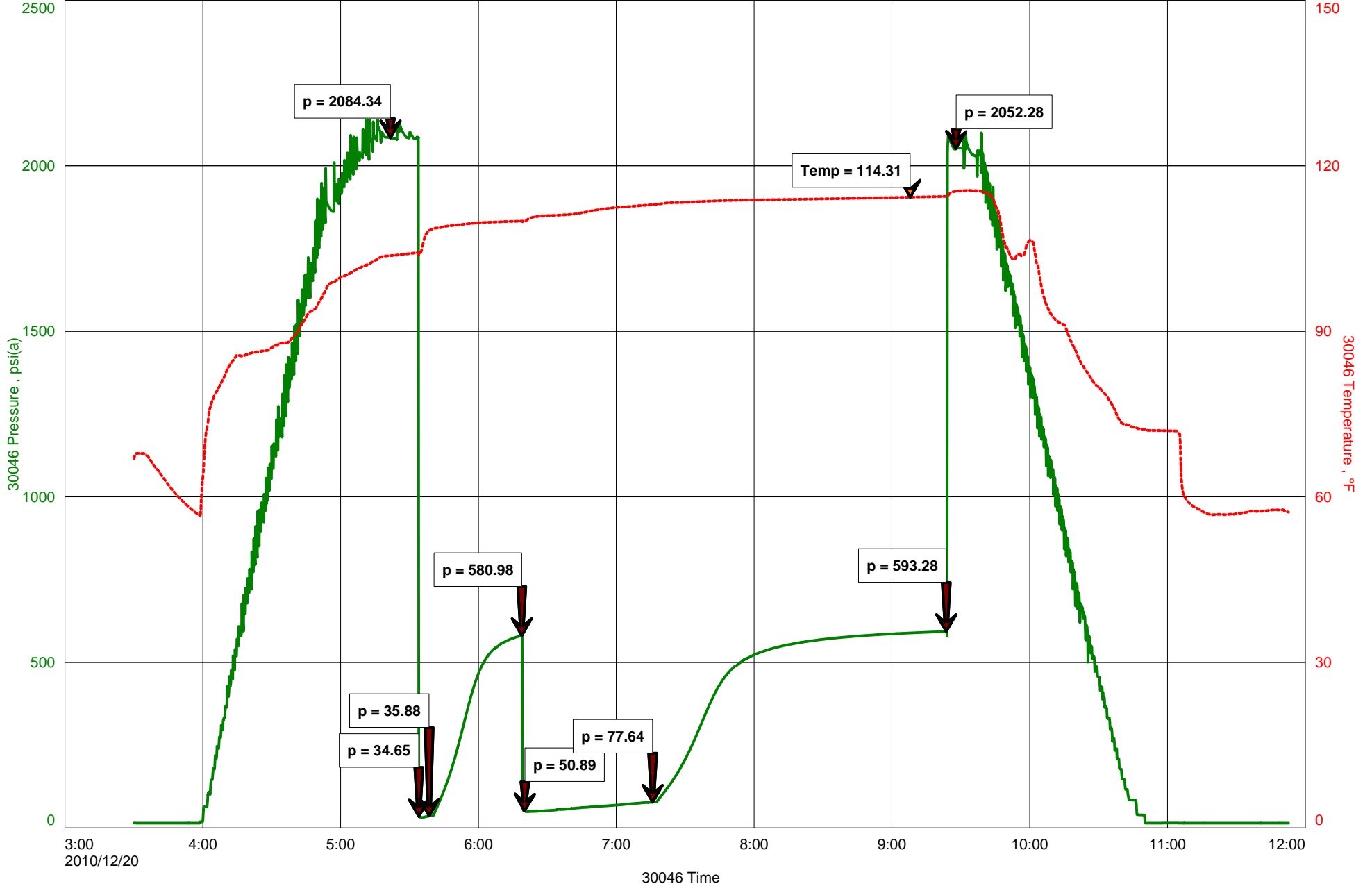
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

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.

# REINERT 1-11



## GENERAL INFORMATION

### Client Information:

Company: MULL DRILING CO. INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: REINERT 1-11

Operator: MULL DRILLING CO. INC.

Location-Downhole:

Location-Surface: S11/20S/23W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D877

Test Unit:

Start Date: 2010/12/21 Start Time: 23:30:00

End Date: 2010/12/21 End Time: 05:00:00

Report Date: 2010/12/21 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY: 5' SLIGHTLY OILCUT 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: \_\_\_\_\_

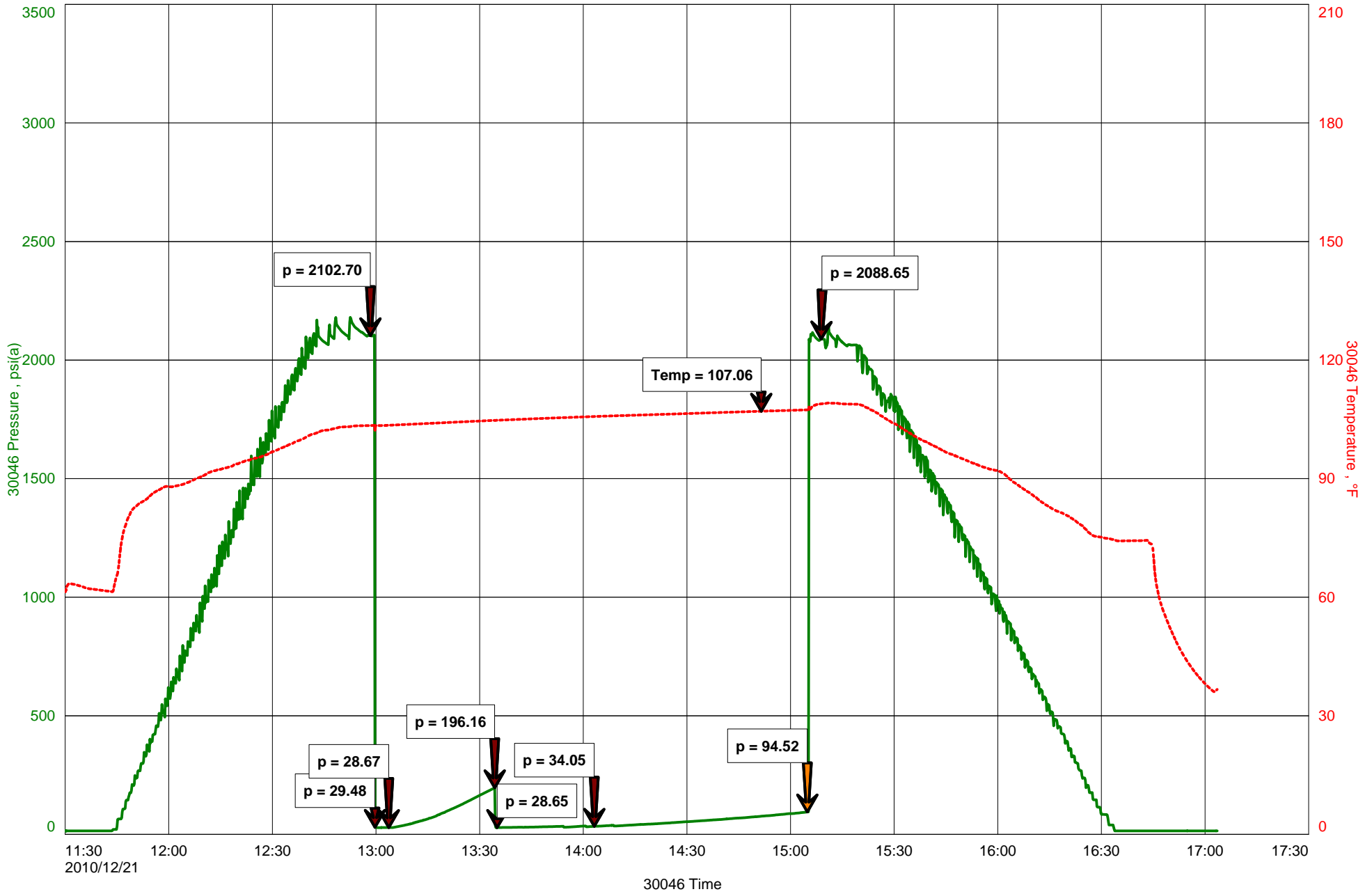
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

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.

# REINERT 1-11





## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO. INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: REINERT 1-11

Operator: MULL DRILLING CO. INC.

Location-Downhole:

Location-Surface: S22/30S/23W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D878

Test Unit:

Start Date: 2010/12/21 Start Time: 11:40:00

End Date: 2010/12/21 End Time: 16:10:00

Report Date: 2010/12/21 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY; 3' OIL SPECKED DRILLING 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.

# REINERT 1-11

