



KANSAS CORPORATION COMMISSION 1054114
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

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

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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

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

API No. 15 - _____

Spot Description: _____

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

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

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



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)</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	Albers 4-17
Doc ID	1054114

Tops

Name	Top	Datum
Anhydrite	1773	+ 683
B/Anhydrite	1805	+ 651
Heebner Shale	3824	- 1368
Lansing	3861	- 1405
Marmaton	4206	- 1750
Pawnee	4251	- 1795
Ft. Scott	4344	- 1888
Cherokee Shale	4366	- 1910
Mississippian	4428	- 1972

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

April 15, 2011

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

Re: ACO1
API 15-135-25201-00-00
Albers 4-17
NE/4 Sec.17-17S-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

KEVIN L. KESSLER
CONSULTING PETROLEUM GEOLOGIST
 (316) 522-7338

OPERATOR : MULL DRILLING CO. INC.
LEASE : ALBERS WELL # : 4 - 17
LOCATION : 335' FNL & 1944' FEL
SEC: 17 TWP : 17 S RGE : 23 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2456
GL : 2451
 MEASUREMENTS FROM
KB

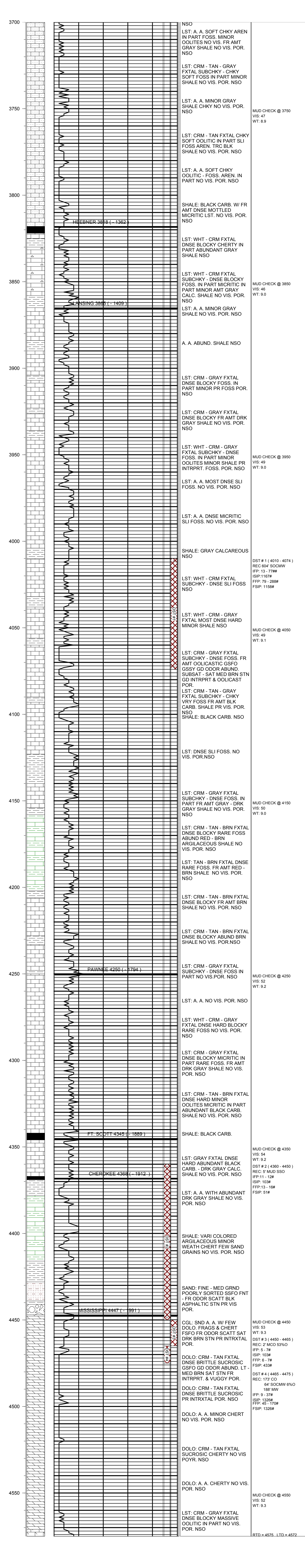
CONTRACTOR : W W DRILLING RIG # 10
COMM: 01/31/2011 COMP : 02/08/2011
RTD : 4575 LOG TD : 4572
SAMPLES SAVED FROM : 3600 TO: RTD
GEOLOGICAL SUPERVISION FROM : 3600 TO: RTD
MUD UP : 3600 TYPE MUD : CHEMICAL

CASING RECORD
SURFACE :
8 5/8 @ 224'
PRODUCTION :
NONE

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3824		- 1368	3818		- 1362	- 06
LANSING	3861		- 1405	3865		- 1409	- 07
STARK							
PAWNEE	4251		- 1795	4250		- 1794	- 12
FT SCOTT	4345		- 1889	4345		- 1889	- 11
CHEROKEE	4366		- 1910	4368		- 1912	- 10
MISSISSIPPI	4448		- 1992	4447		- 1991	- 20

ELECTRICAL SURVEYS:
 DIL
 CNL / CDL
 MICRO
 SONIC

REFERENCE WELL FOR STRUCTURAL COMPARISON :
 MULL DRILLING CO INC. # 1 - 17 ALBERS SEC.17 - T 17 S - R 23 W NESS COUNTY KANSAS



COMMENTS:

**DUE TO MARGINAL DST RESULTS & POOR LOG CALCULATIONS THIS WELL WAS
 PLUGGED AS DRY & ABANDONED**

KEVIN L. KESSLER

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	MO93
Well Name	ALBERS #4-17	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4010-4074 LANS. J ZN	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.17-17S-23W NESS CO. KS.	Report Date	2011/02/04
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4010-4074 LANS. J ZN		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/04	Start Test Time	15:53:00
Final Test Date	2011/02/04	Final Test Time	23:53:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

96' GIP
1' CO
95' SOSDM 100% MUD W/ SCUM OF OIL
384' SOSW 100% WTR, W/SCUM OF OIL
124' SOSW 100% WTR, W/SCUM OF OIL
604' TOTAL FLUID

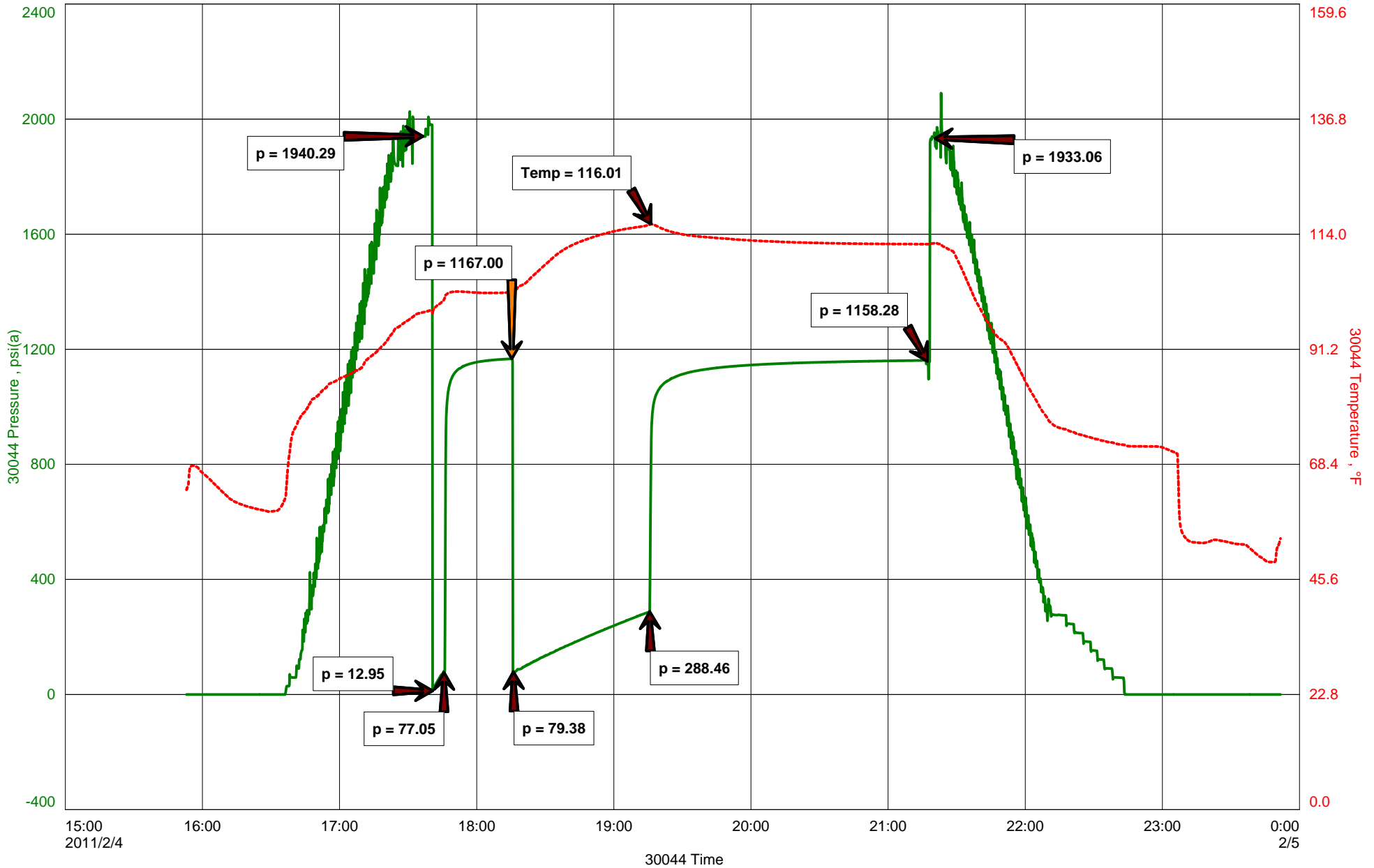
CHLOR: 70,000 PPM
PH: 8.0
RW: .12 @ 65 DEG

TOOL SAMPLE: 1% OIL, 99% WTR

MULL DRLG CO. INC.
DST#1 4010-4074 LANS. J ZN
Start Test Date: 2011/02/04
Final Test Date: 2011/02/04

ALBERS #4-17
Formation: DST#1 4010-4074 LANS. J ZN
Pool: WILDCAT
Job Number: MO93

ALBERS #4-17





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: _____	

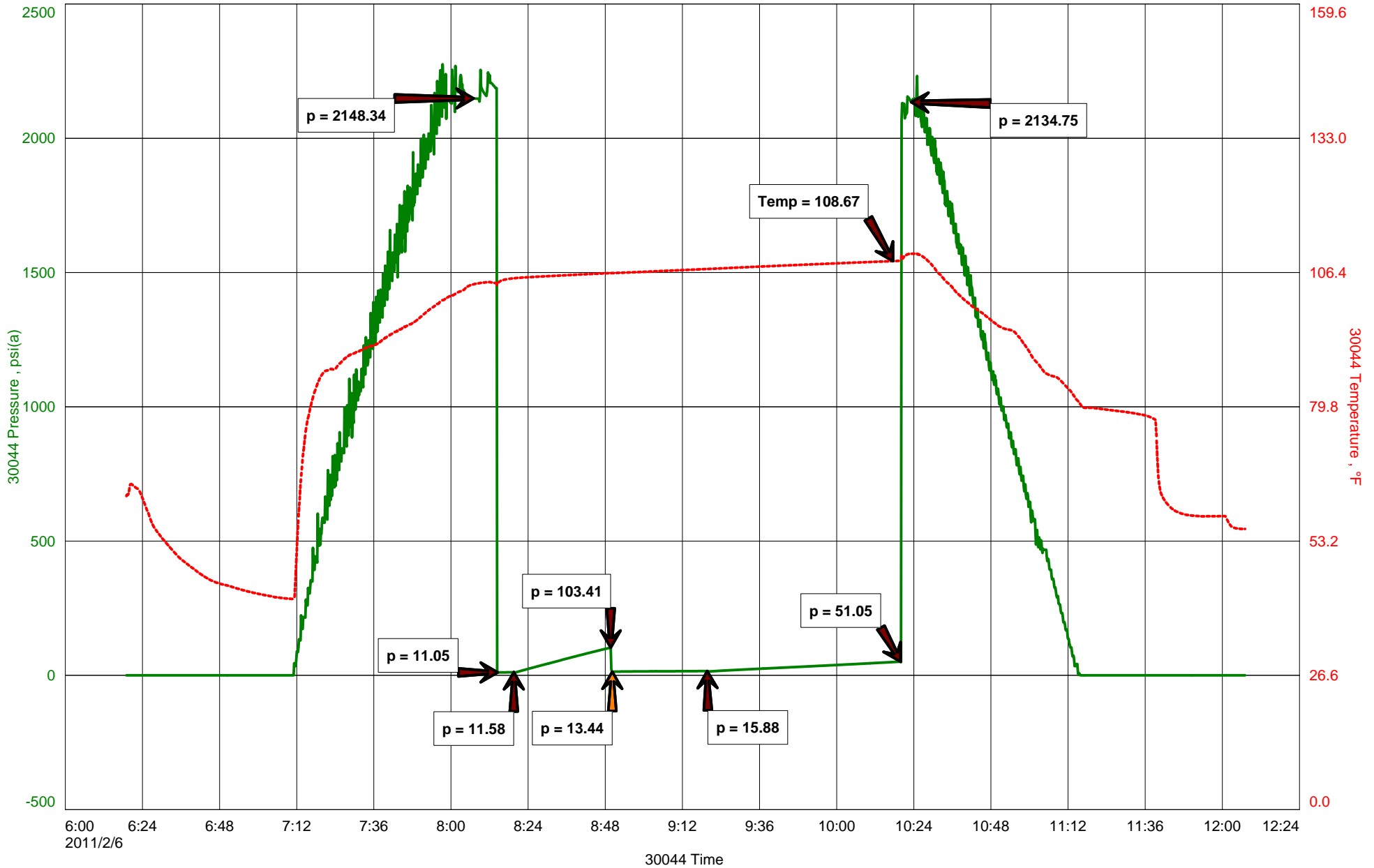
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

MULL DRLG CO. INC.
DST#2 4360-4450 MISS.
Start Test Date: 2011/02/06
Final Test Date: 2011/02/06

ALBERS #4-17
Formation: DST#2 4360-4450 MISS.
Pool: WILDCAT
Job Number: MO94

ALBERS #4-17



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	MO94
Well Name	ALBERS #4-17	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4360-4450 MISS.	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.17-17S-23W NESS CO. KS.	Report Date	2011/02/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4360-4450 MISS.		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/06	Start Test Time	06:19:00
Final Test Date	2011/02/06	Final Test Time	12:08:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:

5' DM W/ GASSY ODOR
5' TOTAL FLUID

TOOL SAMPLE: DM W/ A FEW SPOTS OF OIL



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: _____	

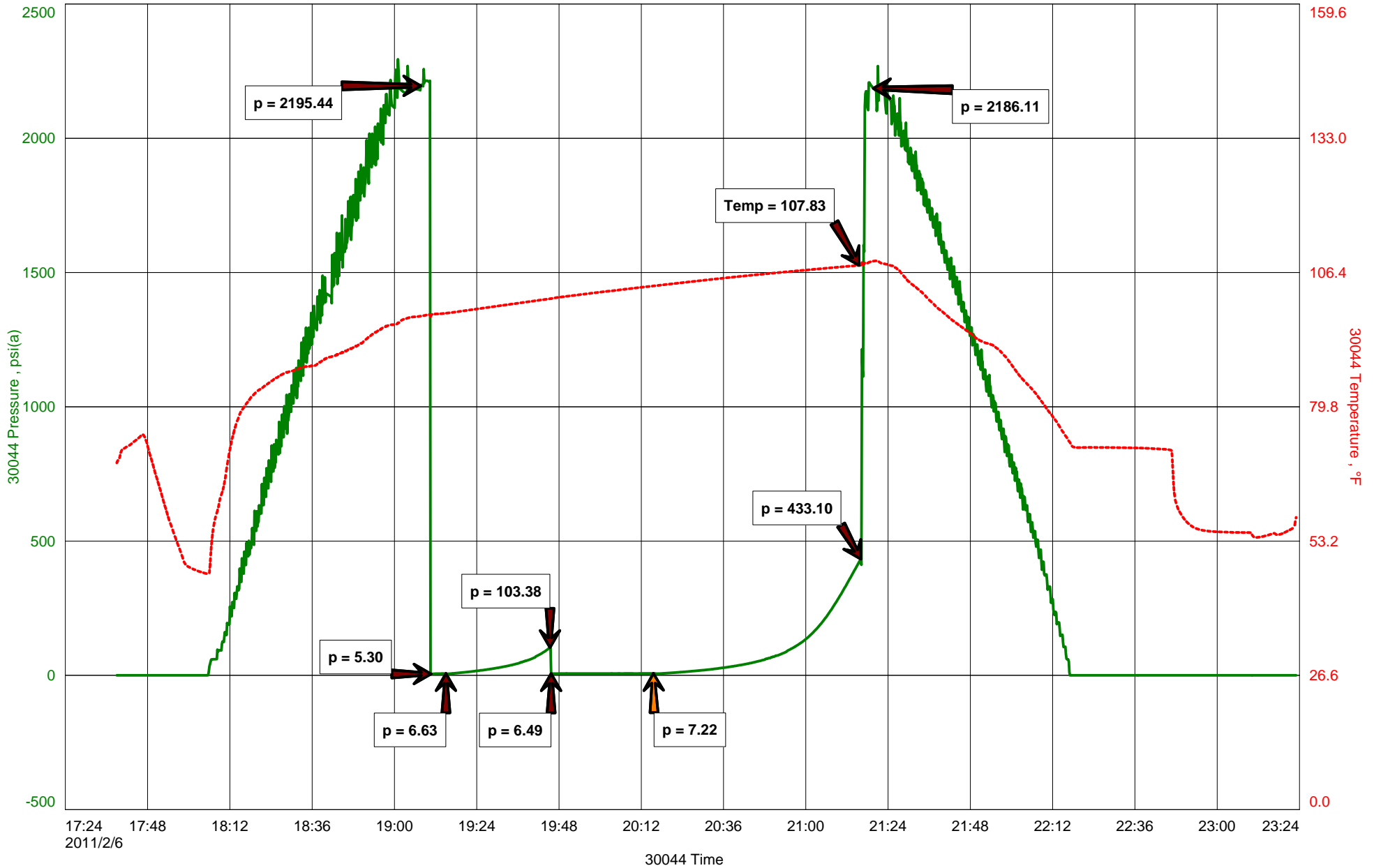
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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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MULL DRLG CO. INC.
DST#3 4450-4465 MISS.
Start Test Date: 2011/02/06
Final Test Date: 2011/02/06

ALBERS #4-17
Formation: DST#3 4450-4465 MISS.
Pool: WILDCAT
Job Number: MO95

ALBERS #4-17



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	MO95
Well Name	ALBERS #4-17	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4450-4465 MISS.	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.17-17S-23W NESS CO. KS.	Report Date	2011/02/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4450-4465 MISS.		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/06	Start Test Time	17:39:00
Final Test Date	2011/02/06	Final Test Time	23:24:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
1' CO
1' SOCM 6% OIL, 94% MUD
2' TOTAL FLUID

GRAVITY: 38.8@60 DEG

TOOL SAMPLE: 15% OIL, 85% MUD



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: _____	

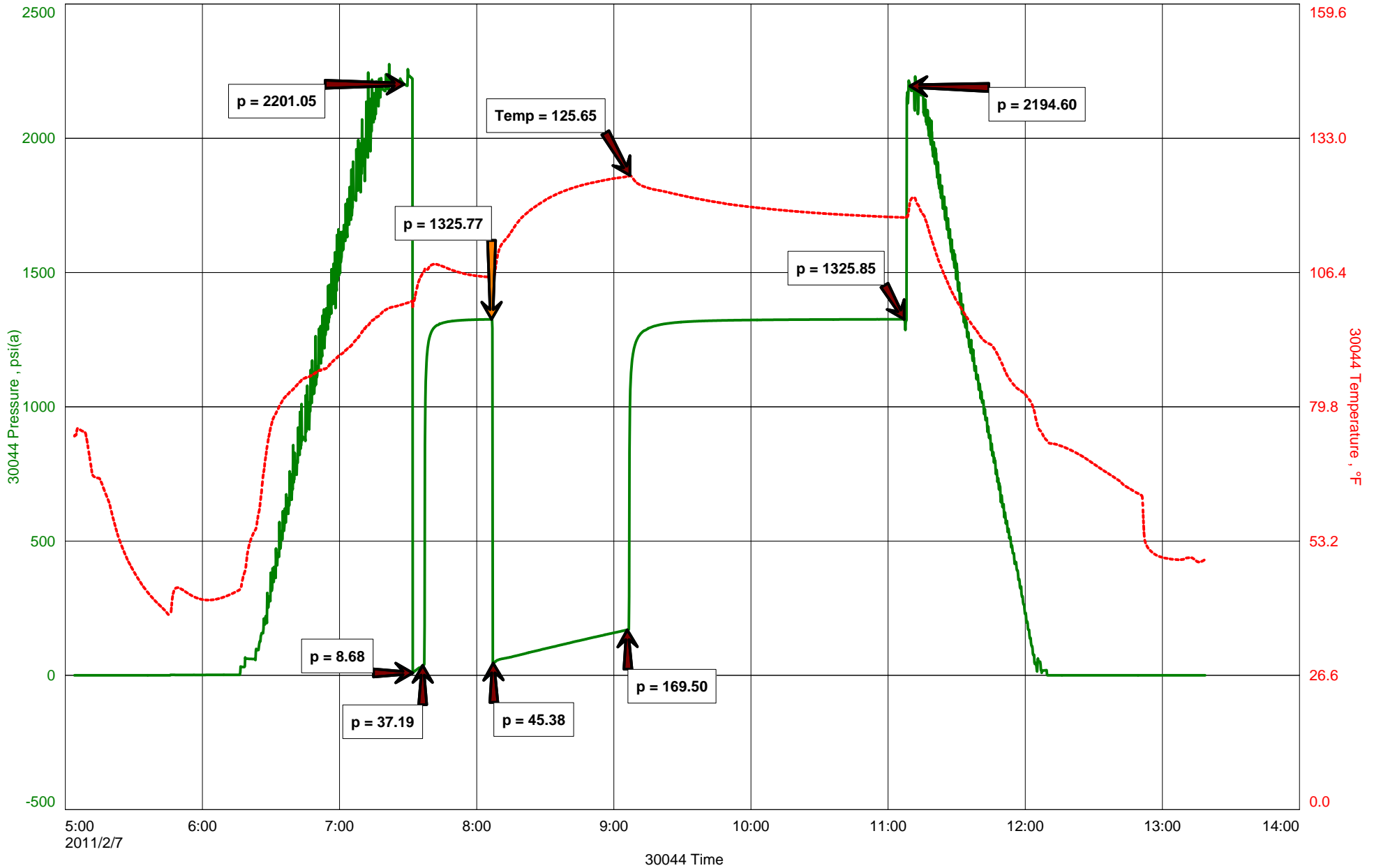
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
 Initial Hydrostatic Pressure..... (A) _____ P.S.I.
 Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
 Final Flow 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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MULL DRLG CO. INC.
DST#4 4465-4475 MISS.
Start Test Date: 2011/02/07
Final Test Date: 2011/02/07

ALBERS #4-17
Formation: DST#4 4465-4475 MISS.
Pool: WILDCAT
Job Number: MO96

ALBERS #4-17



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	MO96
Well Name	ALBERS #4-17	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4465-4475 MISS.	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.17-17S-23W NESS CO. KS.	Report Date	2011/02/07
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4465-4475 MISS.		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/07	Start Test Time	05:04:00
Final Test Date	2011/02/07	Final Test Time	13:20:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
85' GIP
173' GO 2% GAS, 98% OIL
64' GSOCWM 4% GAS, 6% OIL, 18% WTR, 72% MUD
188' WTR, 100% WTR W/SCUM OF OIL
425' TOTAL FLUID

GRAVITY: 38.2 @ 60 DEG
CHLOR: 17,000 PPM
PH: 8.0
RW: .32@68 DEG

TOOL SAMPLE: 90% OIL, 5% WTR, 5% MUD



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.



CONSOLIDATED
Oil Well Services, L.L.C.

1" X 6

TICKET NUMBER 27983
LOCATION Oakley Kansas
FOREMAN Pat Heisler

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-31-11	5659	Albers #4-17	17	17S	23W	Ness
CUSTOMER Mall Drilling Company, Inc.			TRUCK#			
MAILING ADDRESS			DRIVER			
CITY			TRUCK#			
STATE			DRIVER			
ZIP CODE			TRUCK#			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 227 CASING SIZE & WEIGHT 3 1/2" 24#
 CASING DEPTH 220 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk 5.6 CEMENT LEET. in CASING 20'
 DISPLACEMENT 13 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softy meeting mix 160 sk 39ccs 250gal Displaced 13 BBL H₂O @
100 PSI shut in @ 100 PSI
circulated good cement

Thank you
Pat Heisler

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	985.00	985.00
5406	20 mi	MILEAGE	4.85	97.00
5407	1	Min. Bulk Delivery	390.00	390.00
11045	160 sks	Class "A" cement	16.00	2560.00
1102	457 lbs	Calcium Chloride	.88	396.36
1188	300 lbs	Bentonite gel	.60	180.00
		Subtotal		4482.36
		Less	20.00	4462.36
		SALES TAX		190.06
		ESTIMATED TOTAL		3781.16

RAVIN 3737

AUTHORIZATION

TITLE Toolpusher

DATE 1-31-11

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.



CONSOLIDATED
Oil Well Services, L.L.C.

L.D.
56

TICKET NUMBER 27987

LOCATION Dakota Ks

FOREMAN Pat Heister

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-8-11	51059	Albers 4-17	17	17 ^s	23 ^w	Ness
CUSTOMER <u>Mull Dts Co, Inc</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			
JOB TYPE <u>PTA-D</u>			HOLE SIZE <u>7 7/8"</u>			
CASING DEPTH			HOLE DEPTH <u>4575'</u>			
SLURRY WEIGHT			CASING SIZE & WEIGHT			
DISPLACEMENT			OTHER			
DISPLACEMENT PSI			WATER gal/sk			
MIX PSI			CEMENT LEFT in CASING			
RATE			RATE			

REMARKS: Safety meeting & Plug as ordered

50 SKS @ 1830'
 80 SKS @ 1020' 220 SKS @ 89/40 ppm 8% gel, 1 1/4 # Flu-Sol
 40 SKS @ 240'
 20 SKS @ 60'
 30 SKS in R66

*Thank You
Pat + crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N		PUMP CHARGE	1250 ⁰⁰	1,250 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
1131	220	89/40 ppm	14 ³⁵	3,157 ⁰⁰
1118 B	756 #	Benitomite	124	181 ⁴⁴
1107	55 #	Flu-Sol	2.66	146 ³⁰
5407 B	9.46	Ton Milesage Delivered	1.58	410 ⁰⁰
				5,244 ⁷⁴
		Less 20% Disc		1,048 ⁹³
				4195.79
		SALES TAX		219.54
		ESTIMATED TOTAL		4415.33

AUTHORIZATION [Signature] TITLE 239513 DATE _____

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