



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: _____



1054391

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> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Jones "A" 1-30
Doc ID	1054391

Tops

Name	Top	Datum
Anhydrite	1779	+ 666
B/Anhydrite	1814	+ 631
Heebner Shale	3846	- 1401
Lansing	3885	- 1440
B/KC	4186	- 1741
Pawnee	4257	- 1812
Fort Scott	4350	- 1905
Cherokee Sand	4435	- 1990
Mississippian	4507	- 2062

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M108
Well Name	JONES "A" #1-30	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4355-4440 CHER SAND	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.30-16S-22W NESS CO. KS.	Report Date	2011/02/27
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 4355-4440 CHER SAND		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/27	Start Test Time	12:53:00
Final Test Date	2011/02/27	Final Test Time	22:24:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
130' GIP
58' CO 100% OIL
63' GMCO 6% GAS, 62% OIL, 32% MUD
315' GMO 12% GAS, 81% OIL, 7% MUD
378' MO 96% OIL, 4% MUD
124' GMCO 2% GAS, 97% OIL, 1% MUD
938' TOTAL FLUID

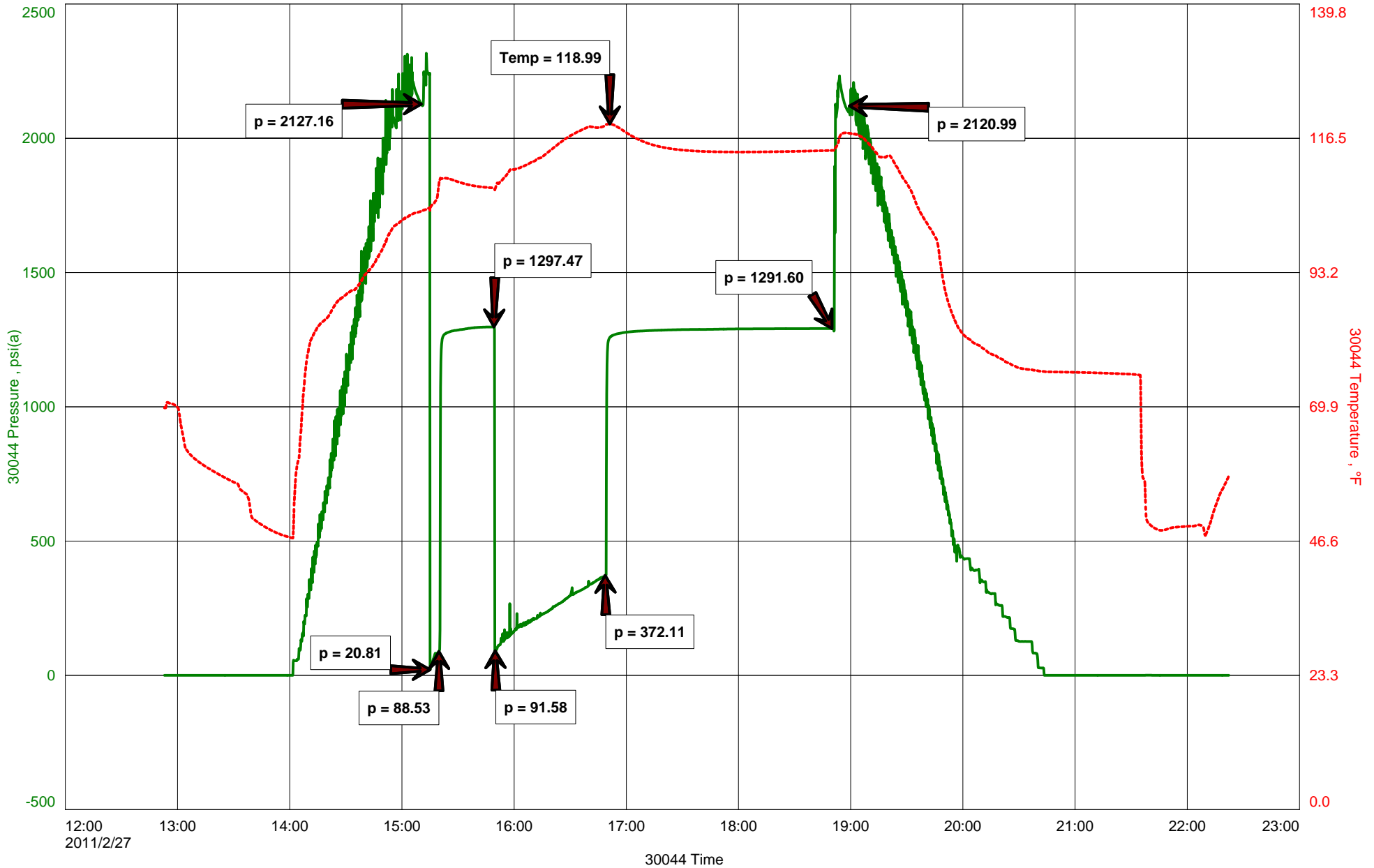
GRAVITY: 41.8@60DEG

TOOL SAMPLE: 54% OIL, 46% MUD

MULL DRLG CO. INC.
DST#1 4355-4440 CHER SAND
Start Test Date: 2011/02/27
Final Test Date: 2011/02/27

JONES "A" #1-30
Formation: DST#1 4355-4440 CHER SAND
Pool: WILDCAT
Job Number: M108

JONES "A" #1-30





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.



Services, Inc.

TICKET
19609

PAGE 1 OF 2

CHANGE TO: Mullins
ADDRESS
CITY, STATE, ZIP CODE

SERVICE LOCATIONS	WELL PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE
1. <u>NAES</u>	<u>130</u>	<u>Truss A</u>	<u>NAES</u>	<u>K</u>		<u>02-28-11</u>
2. <u>NAES</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.
	<input checked="" type="checkbox"/> SERVICE		<u>WINDRILL #10</u>	<u>BY</u>	<u>301 S. 34th Avenue</u>	
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION	
4.	<u>OH</u>	<u>Denroy</u>	<u>LOGS/STREETS</u>	<u>KS-KS-05-211</u>	<u>SS-30-716-022</u>	
REFERRAL LOCATION INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>525</u>					MIILEAGE #112	<u>230</u>	<u>MI</u>			<u>5.00</u>	<u>1150.00</u>
<u>578</u>					<u>Pump Service</u>	<u>1</u>	<u>EA</u>			<u>1400.00</u>	<u>1400.00</u>
<u>091</u>					<u>LABOR HCL</u>	<u>2</u>	<u>HR</u>			<u>25.00</u>	<u>50.00</u>
<u>080</u>					<u>FACEDRILL</u>	<u>1000</u>	<u>HR</u>			<u>2.50</u>	<u>2500.00</u>
<u>090</u>					<u>DRILL</u>	<u>2</u>	<u>HR</u>			<u>35.00</u>	<u>70.00</u>
<u>490</u>					<u>CRUISE SHZ</u>	<u>1</u>	<u>EA</u>	<u>5 1/2</u>	<u>HR</u>	<u>155.00</u>	<u>155.00</u>
<u>410</u>					<u>CENTRALIZER</u>	<u>7</u>	<u>EA</u>	<u>5 1/2</u>	<u>HR</u>	<u>55.00</u>	<u>385.00</u>
<u>404</u>					<u>WATER</u>	<u>1</u>	<u>EA</u>	<u>5 1/2</u>	<u>HR</u>	<u>200.00</u>	<u>200.00</u>
<u>410</u>					<u>PORT DRAIN</u>	<u>1</u>	<u>EA</u>	<u>5 1/2</u>	<u>HR</u>	<u>1000.00</u>	<u>1000.00</u>
<u>413</u>					<u>TOP PUG</u>	<u>1</u>	<u>EA</u>	<u>5 1/2</u>	<u>HR</u>	<u>100.00</u>	<u>100.00</u>
<u>415</u>					<u>ROD/DRILL SERVICES</u>	<u>10</u>	<u>EA</u>	<u>SD</u>	<u>FT</u>	<u>40.00</u>	<u>400.00</u>
					<u>TRUSS/STREETS/CRUISE/SHZ/WATER</u>	<u>1</u>	<u>EA</u>	<u>5 1/2</u>	<u>HR</u>	<u>330.00</u>	<u>330.00</u>

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: 02-28-11 TIME SIGNED: 1500

SIGNED BY: Blayne Beck MDC

ALL 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?

WE UNDERSTOOD AND MET YOUR NEEDS?

YOUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

7.55 TAX @ 9%	555.35
TOTAL	11,420.35

SWIFT OPERATOR: Beck APPROVA: _____

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: _____

DATE: _____

Thank You!



CHARGE TO: **MULTI DRILLING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET **205339**
 PAGE 1 OF 1

LEASEE: **Stones A 1-3D** COUNTY/PARISH: **Ness** STATE: **KS.** CITY: **Brookville, KS** DATE: **11/11/11** OWNER:
 SERVICE LOCATION: **Ness City, KS.** WELL PROJECT NO.: **HD OILFIELD SERU.** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT PORT COLLAR** WELL PERMIT NO.: **LOCATION** WELL LOCATION: **3WJ15 WENTO**
 REFERRAL LOCATION: **OIL** INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575-					MILEAGE #110	25	MIL			5.00	125.00	
576D					Pump P CHARGE	1		1811	FT	1100.00	1100.00	
276					FLUCCLE	45	1/B			1.50	67.50	
29D					D-AIR	2	GR			35.00	70.00	
105					PORT COLLAR OPENING TOOL	1		1008		300.00	300.00	
33D					SWIFT MULTI DENSITY	18	DSX			15.00	270.00	
581					SERVICE CHARGE CEMENT	2	DSX			1.50	300.00	
582					MINIMUM DRAVAGE	1997	1/B	249	1/B	1M	250.00	250.00

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: **11/11/11** TIME SIGNED: **1:20** AM PM

SIGNED: *[Signature]*

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

SURVEY		ASR	UN-DECIDED	DIS-AGREE	PAGE TOTAL	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4912	50
WE UNDERSTOOD AND MET YOUR NEEDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						
TAX 5.5% 197.66						
TOTAL					5110	110

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: *[Signature]* APPROVAL: *[Signature]*
 SWIFT OPERATOR: *[Signature]*
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11 MAR 11 PAGE NO.

CUSTOMER ~~MANA BILLING~~ WELL NO. LEASE JONES A 1-3D JOB TYPE CEMENT PORT COLLAR TICKET NO. 20539

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1040							ON LOCATION
								PORT COLLAR @ 1811'
	1057				✓		1000	PRESSURE UP HELD
	1100	4			✓		100	OPEN PORT COLLAR TAKE LOG RATE
	1104	4	100		✓		200	MIX 180SX SMD @ 11.2 ppg.
		4	9 1/2		✓			DISPLACE CEMENT CIRCULATE 10SX TO PIT
	1132							CLOSE PORT COLLAR
	1134				✓		1000	PRESSURE UP HELD
								RUN 4 JTS.
	1144	4	23		✓		200	REVERSE CEMENT DWT
	1155							WASH TRUCK
	1215							JOB COMPLETE.
								THANKS #110
								JASON JEFF LANE

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

May 03, 2011

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

Re: ACO1
API 15-135-25211-00-00
Jones "A" 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

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

OPERATOR : MULL DRILLING COMPANY INC.
LEASE : JONES 'A' WELL # : 1 - 30
LOCATION : 1249' FSL & 1136' FEL
SEC: 30 TWP : 16 S RGE : 22 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2445
GL : 2440
MEASUREMENTS FROM
KB

CONTRACTOR : W W DRILLING RIG # 10
COMM : 02 / 23 / 2011 COMP : 02 / 28 / 2011
RTD : 4550 LOG TD : 4552
SAMPLES SAVED FROM : 3700 TO: RTD
GEOLOGICAL SUPERVISION FROM : 3700 TO : RTD
MUD UP : 3600 TYPE MUD : CHEMICAL

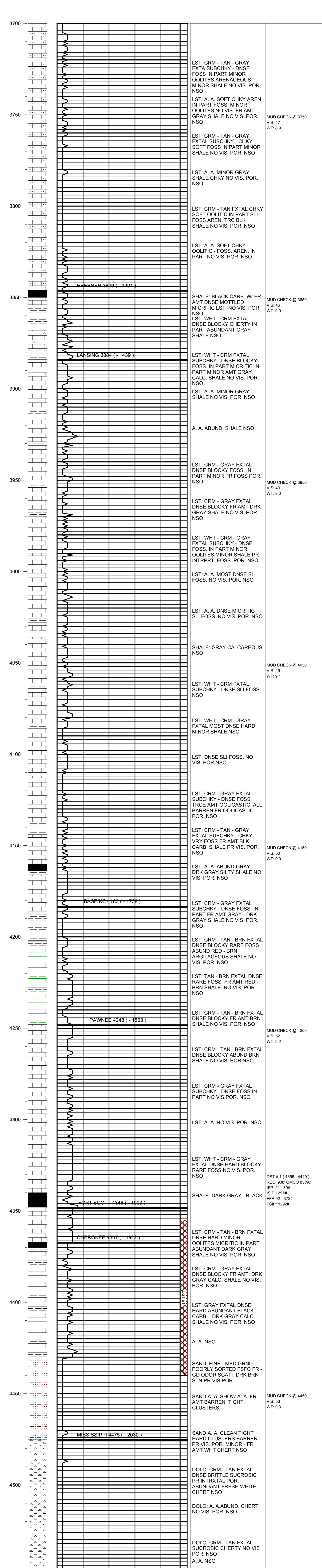
CASING RECORD
SURFACE :
8 5/8" @ 227
PRODUCTION :
5 1/2" @ 4550

ELECTRICAL SURVEYS:
DIL
CNL / CDL
MICRO
SONIC

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3846		- 1401	3846		- 1401	- 15
LANSING	3884		- 1439	3884		- 1439	- 14
B/KC	4183		- 1738	4183		- 1738	- 11
PAWNEE	4248		- 1803	4248		- 1803	- 03
FT SCOTT	4348		- 1903	4348		- 1903	- 08
CHEROKEE	4367		- 1922	4367		- 1922	- 09
MISSISSIPPI	4475		- 2030	4475		- 2030	- 19

REFERENCE WELL FOR STRUCTURAL COMPARISON :

MULL DRILLING # 1 - 30 JONES UNIT SEC. 30 - T 16S - R 22W NESS COUNTY KANSAS



MUD CHECK @ 3750
VIS: 47
WT: 8.9

MUD CHECK @ 3850
VIS: 46
WT: 9.0

MUD CHECK @ 3950
VIS: 49
WT: 9.0

MUD CHECK @ 4050
VIS: 49
WT: 9.1

MUD CHECK @ 4150
VIS: 50
WT: 9.0

MUD CHECK @ 4250
VIS: 52
WT: 9.2

MUD CHECK @ 4400
VIS: 53
WT: 9.3

MUD CHECK @ 4450
VIS: 53
WT: 9.3

DST # 1 (4355 - 4440)
REC: 938' GMCO 85%O
IFP: 21 - 89#
ISIP: 1297#
FFP: 92 - 372#
FSIP: 1292#

RTD = 4550 LTD = 4552

COMMENTS:

**5 1/2 " PRODUCTION CASING WAS SET TO FURTHER EVALUATE
THE PRODUCTIVITY OF THIS WELL**

KEVIN L. KESSLER