



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
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	David 1-16X
Doc ID	1060647

Tops

Name	Top	Datum
Anhydrite	1727	
B/Anhydrite	1761	
Heebner Shale	3793	
Lansing	3834	
B/KC	4115	
Marmaton	4160	
Pawnee	4220	
Ft. Scott	4316	
Cherokee Shale	4338	
Cherokee Sand	4398	
Mississippian	4458	

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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 23, 2011

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

Re: ACO1
API 15-135-25239-00-00
David 1-16X
SW/4 Sec.16-17S-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

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: DAVID 1-16X

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S16/17S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D950

Test Unit:

Start Date: 2011/05/07 Start Time: 14:00:00

End Date: 2011/05/07 End Time: 19:00:00

Report Date: 2011/05/07 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

Remarks:

RECOVERY: 5' 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: _____

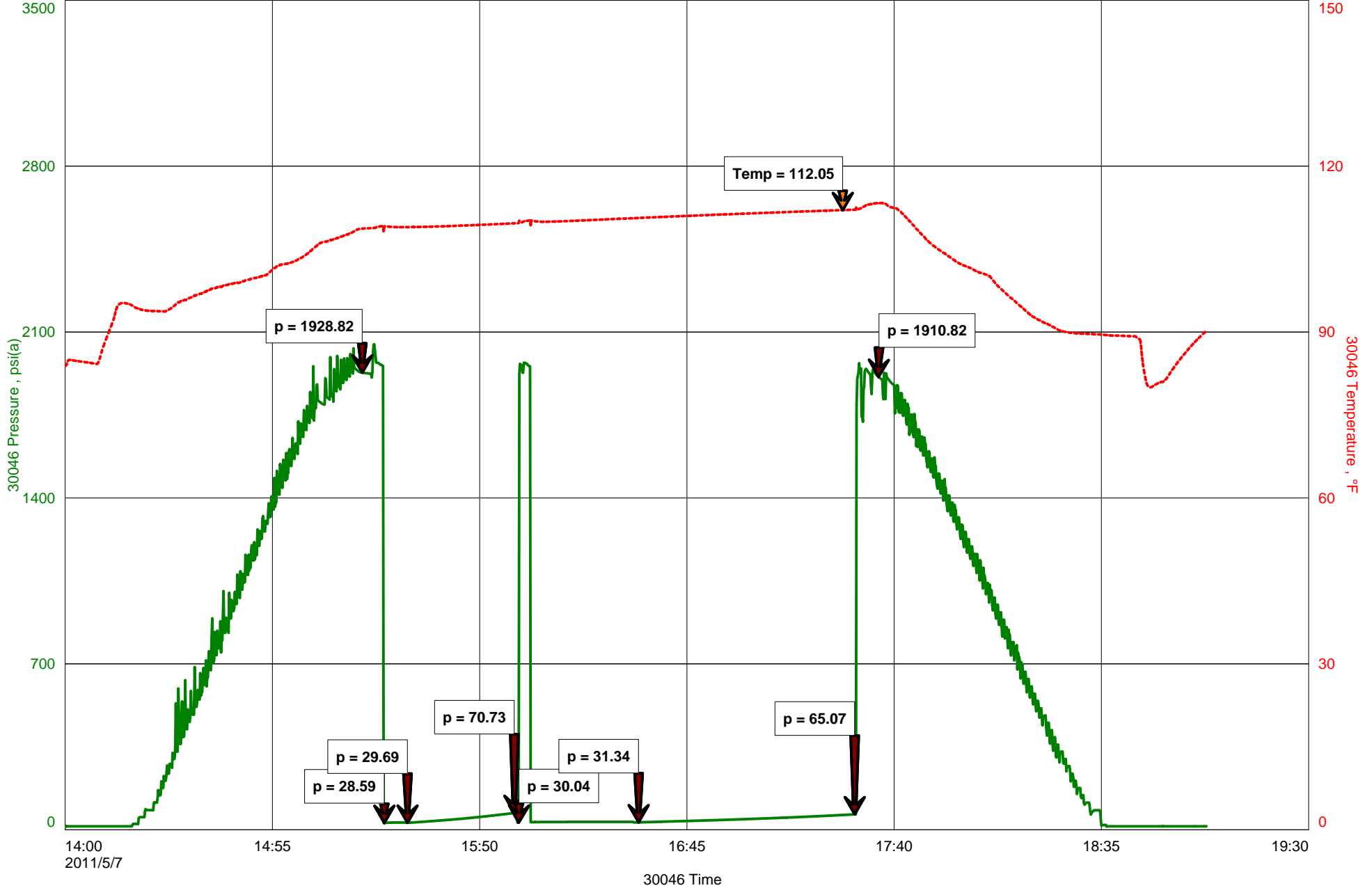
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

DAVID 1-16X



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: DAVID 1-16X

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S16/17S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D951

Test Unit:

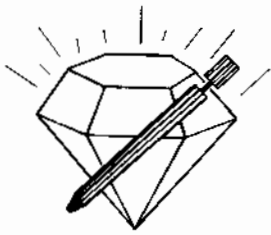
Start Date: 2011/05/08 Start Time: 01:00:00

End Date: 2011/05/08 End Time: 08:30:00

Report Date: 2011/05/08 Prepared By: JOHN RIEDL

Remarks: Qualified By: KEVIN KESSLER

RECOVER: 1500' WATER WITH A SCUM OF OIL+MUD IN TOP 3 STANDS



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: _____

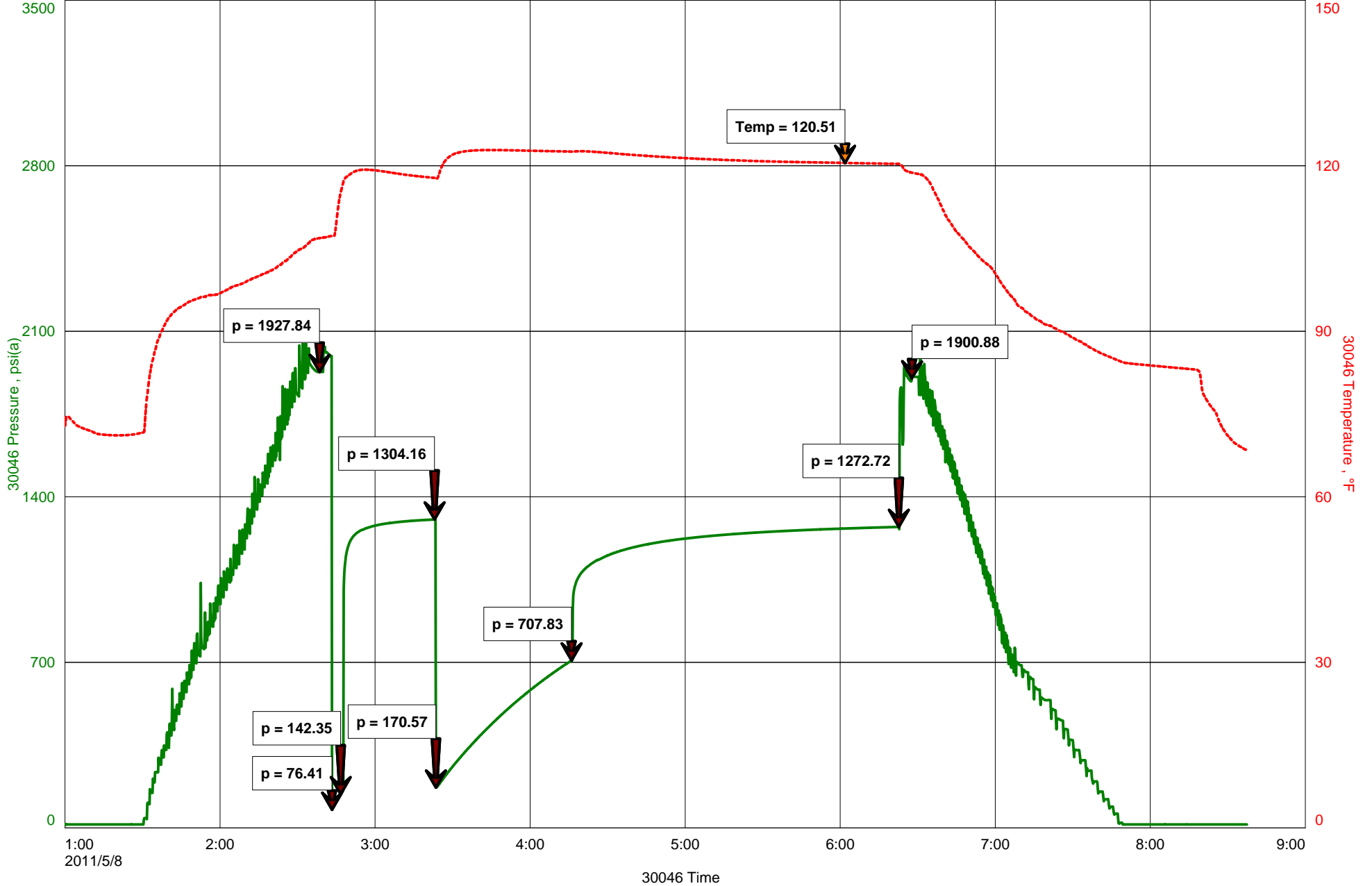
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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DAVID 1-16X



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: DAVID 1-16X

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S16/17S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D952

Test Unit:

Start Date: 2011/05/09 Start Time: 09:10:00

End Date: 2011/05/09 End Time: 14:50:00

Report Date: 2011/05/09 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

Remarks:

RECOVERU:10' OIL SPECKED MUD



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 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: _____

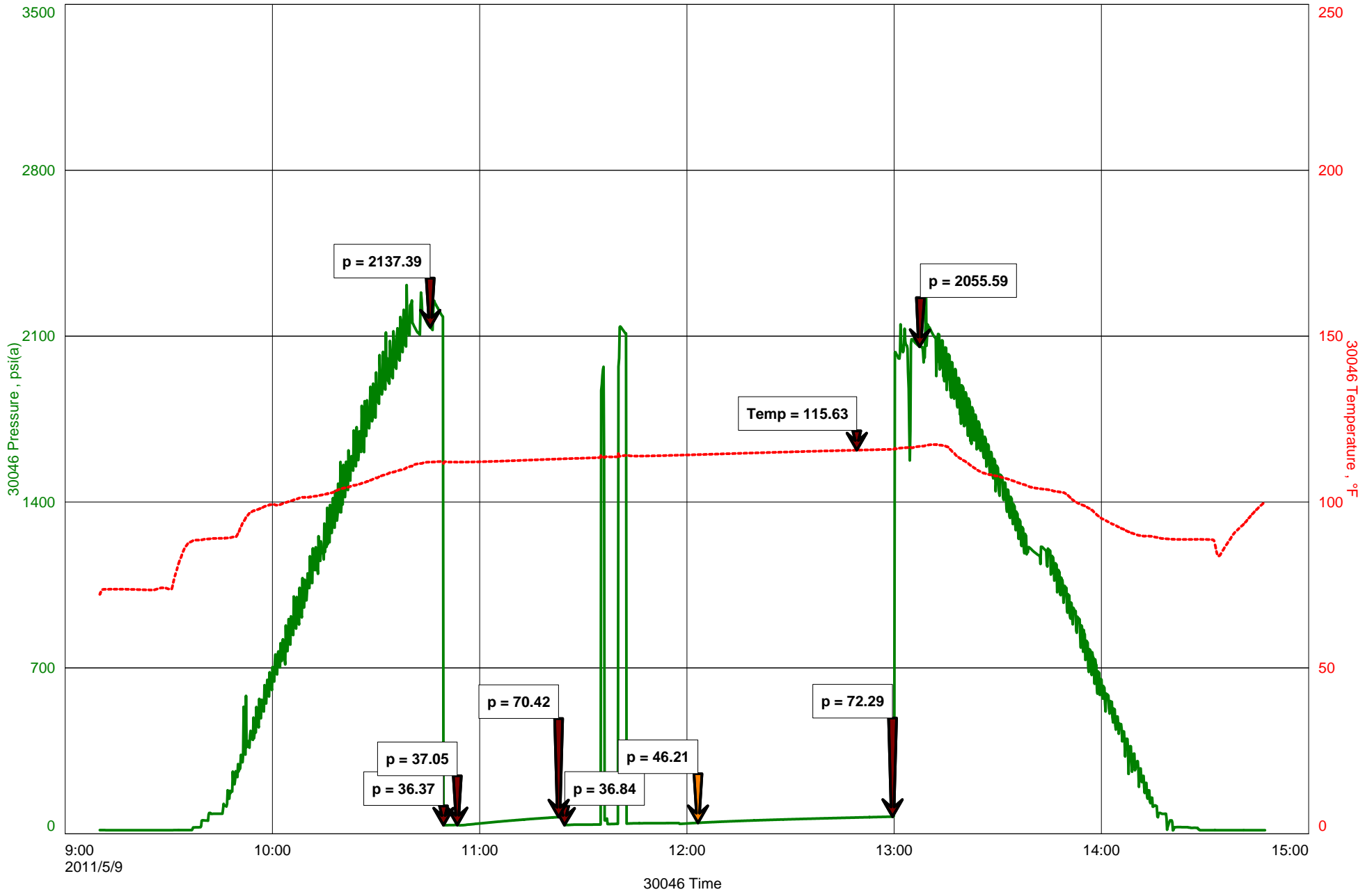
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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DAVID 1-16X



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: DAVID 1-16X

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S16/17S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: CONVENTIONAL Job Number: D953

Test Unit:

Start Date: 2011/05/10 Start Time: 00:01:00

End Date: 2011/05/10 End Time: 06:30:00

Report Date: 2011/05/10 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

Remarks:

RECOVERY: 15' 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: _____

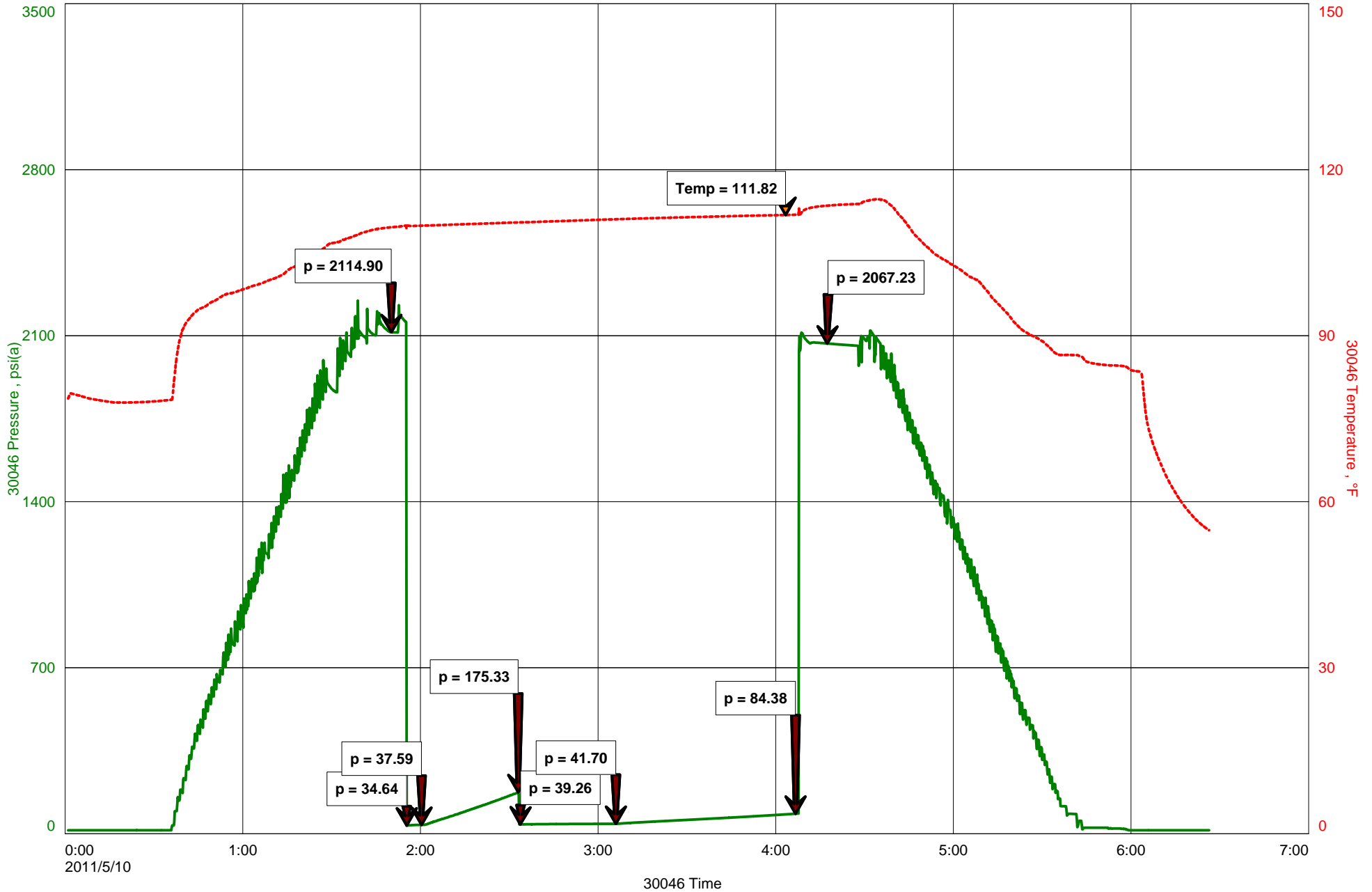
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.	

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DAVID 1-16X



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

OPERATOR : MULL DRILLING COMPANY INC.

LEASE : DAVID WELL # : 1 - 16 X

LOCATION : 603' FSL & 599' FWL

SEC: 16 TWP : 17 S RGE : 23 W

COUNTY : NESS STATE : KANSAS

ELEVATION

KB : 2426

GL : 2421

MEASUREMENTS FROM
KB

CASING RECORD

SURFACE :

8 5/8" @ 220

PRODUCTION :

5 1/2" @ 4550

ELECTRICAL SURVEYS:

DIL

CNL / CDL

MICRO

SONIC

CONTRACTOR : W W DRILLING RIG # 10

COMM : 05 / 03 / 2011

RTD : 4550

SAMPLES SAVED FROM : 3700

GEOLOGICAL SUPERVISION FROM : 3600

MUD UP : 3500

COMP : 05 / 11 / 2011

LOG TD : 4548

TO: RTD

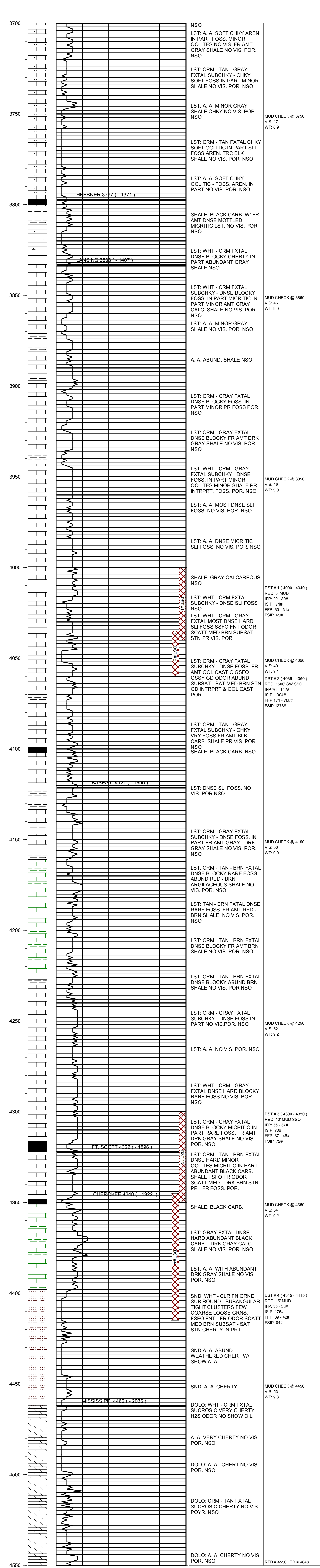
TO: RTD

TYPE MUD : CHEMICAL

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3793		- 1367	3797		- 1371	- 04
LANSING	3828		- 1402	3833		- 1407	- 03
BASE/KC	4116		- 1690	4121		- 1695	- 05
FT. SCOTT	4317		- 1891	4322		- 1896	- 04
CHEROKEE	4338		- 1912	4348		- 1922	- 01
MISSISSIPPI	4456		- 2030	4462		- 2036	- 20

REFERENCE WELL FOR STRUCTURAL COMPARISON :

MULL DRILLING CO INC. # 5 - 17 SNODGRASS SEC.17 - T 17S - R23W NESS COUNTY KANSAS



COMMENTS:

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

KEVIN L. KESSLER



TICKET NUMBER **23070**

Corrected Copy. Nupich, 4 the left
LOCATION **Cambley**
FOREMAN **FUDZY**

**FIELD TICKET & TREATMENT REPORT
CEMENT**

FO BOX 884, Chanute, KS 66720
620-491-9210 or 800-467-8676

DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-11-11	5659	Daniel 1-16x	16	17	23	NESS
CUSTOMER	Mud's					
MAILING ADDRESS	2156-7-118 Chard S					
CITY	STATE	ZIP CODE	TRUCK#	DRIVER	TRUCK#	DRIVER
			566	COY		

JOB TYPE **Production** HOLE SIZE **7718** HOLE DEPTH **4548** CASING SIZE & WEIGHT **5 1/2 14#**

CASING DEPTH **4534** DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER GALLON _____ CEMENT LEFT IN CASING **20**

DISPLACEMENT **112.14** DISPLACEMENT POL **650** MIX PBL _____ RATE **6.7 bpm**

REMARKS: **5 1/2" job on w.u. 10 Rtg to circulate. Mix 1000 gal flo-cher flush. Mix 300 gal RH cement 5 1/2" job. With 140# cement, 1000 gal flo-cher flush. Dip plug & dip place to front collar with 10 1/2" BBL. Flo-cher work held. Press to 800# + shut in. BLOT Press 650# hand Press 1500#.**

Thanks Fresh crew

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	2850	2850
5406	10	MILEAGE	50	500
5407	7.1	Ten mileage Delivery min	1.58	410
1124	170	50/50 per	12.53	2130
1118B	286	Bentonite	124	688
1111	792	Salt	142	332
1102	240	Calcium chloride	184	301
111A	200	Sodium mono silicate	2.26	452
4104	1	5 1/2" Basket	276	276
4136	7	5 1/2" Turbodrills	72	304
4177	1	5 1/2" Flood collar	441	441
4203	1	5 1/2" Guide shoe	192	192
4285	1	5 1/2" Port collar	207	207
1135	36	6 FLS	9.42	340
		Subtotal		10524
		6.3% Salontax		441
		Subtotal		10966
				1614
			ESTIMATED TOTAL	9151

AUTHORIZATION *[Signature]* TITLE **Prod. Foreman** DATE _____

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 to



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

TICKET
20792

PAGE 1 OF 1

SERVICE LOCATIONS: 1. **NESS CITY, KS.** WELL/PROJECT NO.: **DAVID 1-16X** LEASE: **NESS** COUNTY/PARISH: **NESS** STATE: **KS.** CITY: **NESS CITY, KS.** DATE: **18 MAY 11** OWNER:
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **FRITZLER TRUCKING** RIG NAME/NO.: **LOCATION** SHIPPED VIA: **LOCATION** DELIVERED TO: **LOCATION** ORDER NO.:
 3. WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT PORT COLLAR** WELL PERMIT NO.: WELL LOCATION: **7N, 1E, 1/4N E FUTO**
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOG	ACCT	DF			UM		UM	
575		1			MILEAGE #110	15	mi		5.00	75.00
576D		1			PUMP CHARGE	1	DBB	1732	FT.	1100.00
105		1			PORT COLLAR OPENING TOOL	1	CRB		300.00	300.00
276		1			FLOCELE	35	lbs		1.50	52.50
290		1			D-AIR	12	gal		35.00	52.50
330		1			SWIFT MULTI DENSITY	140	SK		15.00	2100.00
581		1			SERVICE CHARGE CEMENT	200	SK		1.50	300.00
582		1			MINIMUM DRAVAGE	19970	lbs	14977	TN	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

x *John R. Hawk* MDC
 DATE SIGNED: **18 May 11** TIME SIGNED: **1245** A.M. P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				4230.00
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				7.655 TAX 6.3%
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		157.82
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL 4387.82

SWIFT OPERATOR: *Joe R. Ratliff* APPROVAL: _____
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: _____
 The customer hereby acknowledges receipt of the material and services listed on this ticket.

Thank You!

003/004 MDC WICHITA MDC-CHEY_WELLS.CO 06/01/2011 08:14 FAX 7197678994

JOB LOG

SWIFT Services, Inc.

DATE: 5 May 11 PAGE: 1

CHART NO.	TIME	RATE (GPM)	VOLUME (BBL/GAL)	PUMPS		LEASE	JOB TYPE	DESCRIPTION OF OPERATION AND MATERIALS
				T	C			
						DAVID I-1/EX	CEMENT PASTE	TICKET NO. <u>20792</u>
							ON LOCATION	
	1130			✓			TEST HELD	
	1133	3		✓		400	OPEN PORT COLLAR TAKE INJECTION RATE	
	1136	4	78	✓		500	MIX 140SX SMD	
		3	5 1/2	✓		400	DISPLACE CEMENT	
							CIRCULATE 20SX TO PIT	
	1157						CLOSE PORT COLLAR	
	1159			✓		1000	TEST HELD	
							RUN H JOINTS.	
	1209	3	20	✓		300	REVERSE CLEAN	
	1218						WASH TRUCK	
	1245						JOB COMPLETE.	
							THANKS #110	
							JASON SEFF ROE	