



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
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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: _____



1061687

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	HBW Unit 1-23
Doc ID	1061687

Tops

Name	Top	Datum
Anhydrite	1407	+ 832
B/Anhydrite	1425	+ 813
Heebner Shale	3748	- 1509
Lansing	3800	- 1561
Stark Shale	4098	- 1859
B/KC	4220	- 1981
Pawnee	4253	- 2014
Ft. Scott	4320	- 2081
Cherokee Shale	4344	- 2105
Mississippian	4405	- 2166
Osage	4419	- 2180

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 17, 2011

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

Re: ACO1
API 15-083-21703-00-00
HBW Unit 1-23
NW/4 Sec.23-21S-22W
Hodgeman 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



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 28078

LOCATION Oakley Ks

FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-24-11	5659	HBLW unit 1-23	23	215	22W	Hodgeman
CUSTOMER Mull Dalg		Muss city S. Rd 10 E 2 1/2 S etwin	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			399	Kelly G.		
CITY			460	Damon M.		
STATE						
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 230' CASING SIZE & WEIGHT 9 5/8
 CASING DEPTH 230' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/bk 6.5 CEMENT LEFT IN CASING 15'
 DISPLACEMENT 13.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting @ 8:00 AM - 8:30 AM. Ring up and circulate
Mix 160 sks class 'A' 3900s 29 gal. Displace 13.6 bbls
cement did circulate approx 6 bbls

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54019	1	PUMP CHARGE		
5406	25	MILEAGE	1025.00	1025.00
5407	7.5	Tax Mileage Delivery (min)	5.00	125.00
			1.58	410.00
11045	160 sks	Class 'A' Cement		
1118B	301 #	Bentonite	16.80	2688.00
1102	451 #	Calcium Chloride	0.24	72.24
			1.84	378.84
		subtotal		4699.04
		less 15% disc		704.88
				3994.16

24/621

Revin 3737

AUTHORIZATION [Signature]

TITLE _____ DATE _____
 SALES TAX ESTIMATED TOTAL 298.78
192.99

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, LLC

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

TICKET NUMBER 28081
LOCATION Oakley KS
FOREMAN Fuzzy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
5-27-11	5659	HBW UNIT 1-23	23	215	22w	Hotchkiss KS												
CUSTOMER <u>Mull Dalg</u>			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>399</td> <td>Kelly G</td> <td></td> <td></td> </tr> <tr> <td>460</td> <td>Josh G.</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	399	Kelly G			460	Josh G.		
TRUCK #	DRIVER	TRUCK #					DRIVER											
399	Kelly G																	
460	Josh G.																	
MAILING ADDRESS																		
CITY STATE ZIP CODE																		

JOB TYPE 1-inch HOLE SIZE HOLE DEPTH CASING SIZE & WEIGHT
CASING DEPTH 40' DRILL PIPE TUBING OTHER
SLURRY WEIGHT 15.5 SLURRY VOL 1.18 WATER gal/sk 5.2 CEMENT LEFT IN CASING
DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE

REMARKS: Safety meeting on location #8. Rig up & run thru 1" pipe @ 50' mix 10 SKS class 'A' 592cc set cement 30 mins. Pump 25 SKS cement to fill cellar. wait 20 mins. Job complete filled B-side

Thanks Fuzzy
Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	1025.00	1025.00
5406	2.5	MILEAGE	5.00	125.00
5407	1.4 tons	Ton Mileage Delivery (min)	150	410.00
11045	30 SKS	Class 'A' cement	16.80	504.00
1102	85*	Calcium Chloride	.84	71.40
		Subtotal		2135.40
		less 1990 disc		320.00
				1815.40
			7.5%	SALES TAX 36.44
				ESTIMATED TOTAL 1851.84

241696

7.5% SALES TAX 36.44
ESTIMATED TOTAL 1851.84

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 form.

JACKSON BR. ARMSSTRONG
 COMPANY MULL DRILLING COMPANY
 FIELD HBW UNIT NO. 1-23
 COUNTY HODGEMAN STATE KANSAS
 68°E N 1/4 Sec 23, Twp 21S, Rng 22W
 4500' @ 380'

FORMATION	SAMPLE	LOG	DATUM	FORMATION	SAMPLE	LOG	DATUM
ANHYDRITE	7	1700	+981				
HEBERNER	3756	3745	-1500				
TORONTO	3772	3764	-1525				
LANSING	3809	3801	-1562				
STARK	4107	4098	-1859				
BIRKINGHAM CITY	4229	4220	-1981				
MARMATON	4238	4230	-1991				
PAWNEE	4263	4255	-2010				
FORT SCOTT	4326	4320	-2086				
CHEROKEE SHALE	4381	4384	-2105				
MISS WASSAW	4402	4406	-2167				
OSAGE	4460	4447	-2190				
TOTAL DEPTH	4500	4444	-2255				

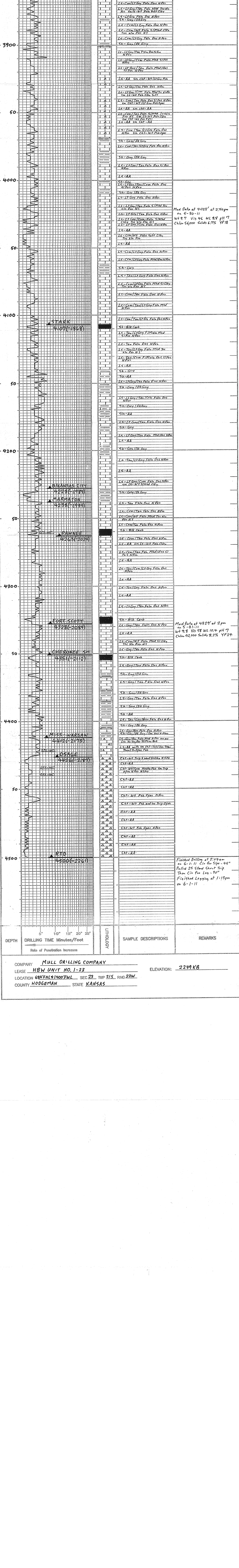
BIT RECORD
 0 230 44
 230 245 56
 245 450 87

DUE TO THE LACK OF SHOWS AND THE
 EXCESS CALCULATIONS IT WAS DECIDED TO
 PLUG THIS TEST WELL
 Report fully submitted
 7/16/68 W. W. W.

Structural Position to: AURORA GASLINE COMPANY
 GREENSTREET NO. 1 SW SE SEC 14 T21S R22W

LEGEND
 Anhydrite Salt Sandstone Shale Carb. sh. Limestone Ool. Limestone Chert Dolomite

SCALE 1" = 100'
 DRILLING TIME IN MINUTES PER FOOT
 Rate of Penetration Increases



COMPANY: MULL DRILLING COMPANY
 LEASE: HBW UNIT NO. 1-23
 LOCATION: 68°E N 1/4 SEC 23, TWP 21S, RING 22W
 COUNTY: HODGEMAN STATE: KANSAS
 ELEVATION: 2297 KB

Remarks: Mud Data at 4025' at 2:00 pm on 5-30-11
 Mud Data at 4229' at 2 pm on 5-30-11
 Mud Data at 4329' at 2 pm on 5-30-11
 Mud Data at 4381' at 2 pm on 5-30-11
 Mud Data at 4402' at 2 pm on 5-30-11
 Mud Data at 4460' at 2 pm on 5-30-11
 Finished Drilling at 2:00 pm on 6-1-11
 Cased to 4500' on 6-1-11
 Plugged 25' Stand Short Trip
 Then Cased for Log - 90'
 Finished Logging at 1:15 pm on 6-1-11