



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: _____



1063490

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Jedlicka 1-34
Doc ID	1063490

All Electric Logs Run

CDL/CNL
DIL
Micro
Sonic

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Tops

Name	Top	Datum
Anhydrite	1517	+ 745
B/Anhydrite	1562	+ 700
Heebner Shale	3724	- 1462
Lansing	3774	- 1512
Stark	4068	- 1806
B/KC	4102	- 1840
Pawnee	4216	- 1954
Fort Scott	4294	- 2032
Cherokee Shale	4318	- 2056
Mississippian	4376	- 2114

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

September 16, 2011

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

Re: ACO1
API 15-135-25268-00-00
Jedlicka 1-34
SE/4 Sec.34-19S-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

REMARKS: DUE TO THE LOW STRUCTURAL POSITION, THE RESULTS OF THE DRILL SYSTEM TEST AND THE FLOW CALCULATIONS, IT WAS DECIDED TO PLUG THIS TEST WELL.

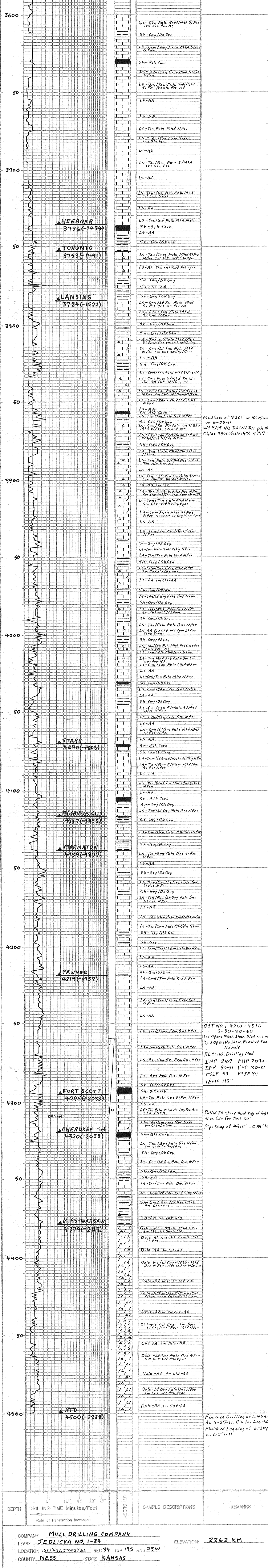
REPUTABLE SUBMITTED: Macdonald, M. Hamberg

Formation	Seep	Log	Notes	Formation	Seep	Log	Notes
ANHYDRITE	1517	1914	2789	-2			
BANHYDRITE	1562	1558	1704	-7			
HEEBNER	3756	3759	1492	-75			
TORONTO	3753	3753	1440	-17			
LANSING	3794	3783	1621	-21			
STARK	4010	4068	1896	-19			
KANSAS CITY	4117	4116	1954	-21			
MARMATON	4139	4138	1996	-19			
FORT SCOTT	4295	4294	2032	-17			
CHEROKEE SHALE	4320	4318	2056	-19			
MISS-WARSAW	4379	4376	2118	-52			
TOTAL DEPTH	4500	4501	2239				

Structural Position to: MULL DRILLING COMPANY
 MONTY NO. 1-34-2125ENL41855PWL SEC 34 T19S R23W

LEGEND

SCALE: 1" = 100'



COMPANY: MULL DRILLING COMPANY
 LEASE: JEDLUCK NO. 1-34
 LOCATION: 1925E19S23W SEC 34 T19S R23W
 COUNTY: NESS STATE: KANSAS
 ELEVATION: 2262 KM

GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: MAC ARMSTRONG

Phone: Fax: e-mail:

Well Information:

Name: JEDLICKA 1-34

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S34/19S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: MAC ARMSTRONG

Test Type: CONVENTIAL Job Number: D987

Test Unit:

Start Date: 2011/06/23 Start Time: 14:30:00

End Date: 2011/06/23 End Time: 20:10:00

Report Date: 2011/06/26 Prepared By: JOHN RIEDL

Qualified By: MAC ARMSTRONG

Remarks:

RECOVERY: 10' 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.

JEDLICKA 1-34

