



KANSAS CORPORATION COMMISSION 1067628  
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> <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	Backstrom 1-29
Doc ID	1067628

All Electric Logs Run

CDL/CNL
DIL
Sonic
Micro

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Backstrom 1-29
Doc ID	1067628

Tops

Name	Top	Datum
Anhydrite	1754	+ 678
B/Anhydrite	1788	+ 644
Heebner Shale	3838	- 1406
Lansing	3876	- 1444
B/KC	4147	- 1715
Pawnee	4243	- 1811
Ft. Scott	4342	- 1910
Cherokee Shale	4357	- 1925
Cherokee Sand	4422	- 1990
Mississippian	4477	- 2035

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

December 02, 2011

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

Re: ACO1  
API 15-135-25275-00-00  
Backstrom 1-29  
SE/4 Sec.29-16S-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





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Mull Drilling Company, Inc  
1700 N. Waterfront Pkwy  
Bldg 1200 Wichita, Ks 67206  
ATTN: Mack Armstrong

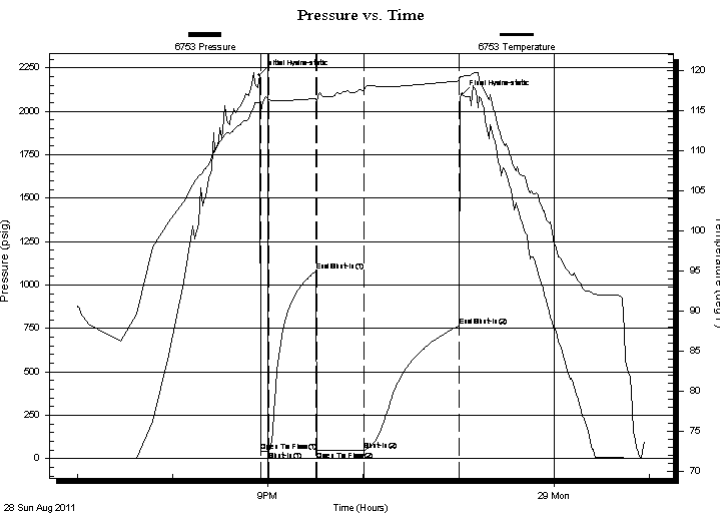
**Backstrom #1-29**  
**29-16-22 Ness, Ks**  
Job Ticket: 44299 **DST#: 1**  
Test Start: 2011.08.28 @ 19:00:18

## GENERAL INFORMATION:

Formation: **Ft. Scott - Cherokee**  
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole  
Time Tool Opened: 20:55:48 Tester: Brian Fairbank  
Time Test Ended: 00:56:48 Unit No: 47  
**Interval: 4320.00 ft (KB) To 4374.00 ft (KB) (TVD)** Reference Elevations: 2432.00 ft (KB)  
Total Depth: 4374.00 ft (KB) (TVD) 2424.00 ft (CF)  
Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 8.00 ft

**Serial #: 6753 Inside**  
Press @ Run Depth: 49.48 psig @ 4321.00 ft (KB) Capacity: 8000.00 psig  
Start Date: 2011.08.28 End Date: 2011.08.29 Last Calib.: 2011.08.29  
Start Time: 19:00:23 End Time: 00:56:47 Time On Btm: 2011.08.28 @ 20:54:48  
Time Off Btm: 2011.08.28 @ 23:02:18

**TEST COMMENT:** IFP - weak blow throughout 1/4" - 1/2"  
ISI - no blow back  
FFP - no blow 4 min - sur blow died 10 min  
FSI - no blow back



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2210.81	115.98	Initial Hydro-static
1	42.21	114.90	Open To Flow (1)
6	43.93	116.45	Shut-In(1)
36	1080.82	116.57	End Shut-In(1)
36	45.01	116.34	Open To Flow (2)
66	49.48	117.64	Shut-In(2)
126	764.37	118.76	End Shut-In(2)
128	2096.04	119.32	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
15.00	drl mud 100%	0.21

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Mull Drilling Company, Inc  
1700 N. Waterfront Pkwy  
Bldg 1200 Wichita, Ks 67206  
ATTN: Mack Armstrong

**Backstrom #1-29**  
**29-16-22 Ness, Ks**  
Job Ticket: 44299      **DST#: 1**  
Test Start: 2011.08.28 @ 19:00:18

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 60.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.59 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4700.00 ppm			
Filter Cake: inches			

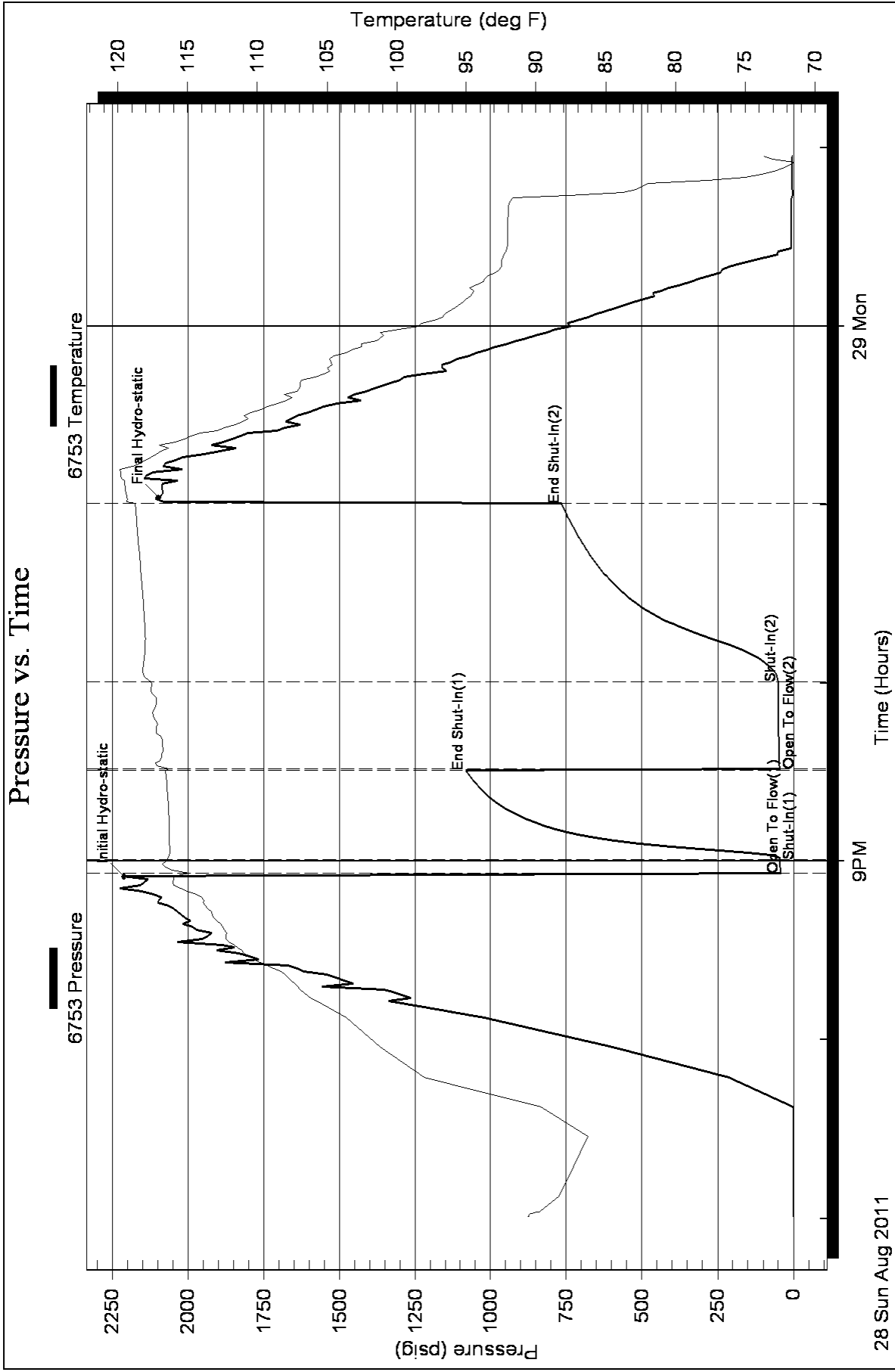
## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	drl mud 100%	0.210

Total Length: 15.00 ft      Total Volume: 0.210 bbl  
Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
Laboratory Name:      Laboratory Location:  
Recovery Comments:







**TRILOBITE TESTING, INC.**

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 1700 N. Waterfront Pkwy  
 Bldg 1200 Wichita, Ks 67206  
 ATTN: Mack Armstrong

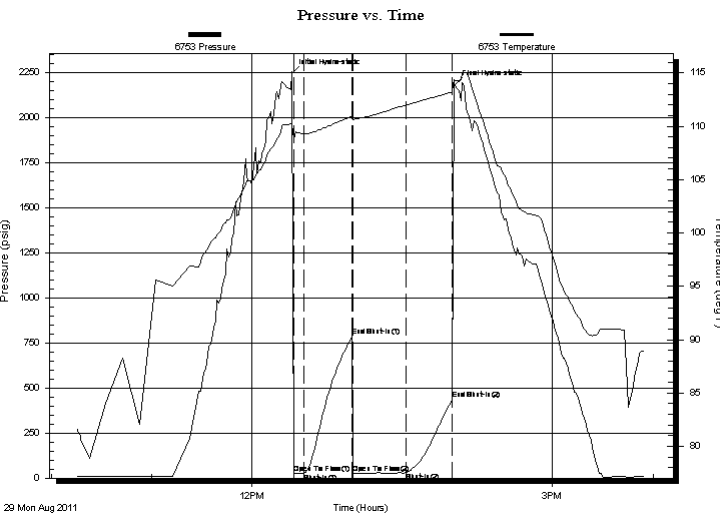
**Backstrom #1-29**  
**29-16-22 Ness, Ks**  
 Job Ticket: 44300 **DST#: 2**  
 Test Start: 2011.08.29 @ 10:15:35

## GENERAL INFORMATION:

Formation: **Cherokee SD.**  
 Deviated: No Whipstock: ft (KB)  
 Test Type: Conventional Bottom Hole  
 Time Tool Opened: 12:25:05 Tester: Brett Dickinson  
 Time Test Ended: 15:55:05 Unit No: 47  
 Interval: **4392.00 ft (KB) To 4435.00 ft (KB) (TVD)** Reference Elevations: 2432.00 ft (KB)  
 Total Depth: 4435.00 ft (KB) (TVD) 2424.00 ft (CF)  
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 8.00 ft

**Serial #: 6753 Inside**  
 Press @ RunDepth: 30.47 psig @ 4393.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2011.08.29 End Date: 2011.08.29 Last Calib.: 2011.08.29  
 Start Time: 10:15:40 End Time: 15:55:04 Time On Btm: 2011.08.29 @ 12:24:05  
 Time Off Btm: 2011.08.29 @ 14:01:35

TEST COMMENT: IF-Very weak surface blow  
 IS-No blow  
 FF-No blow  
 FS-No blow



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2247.75	110.16	Initial Hydro-static
1	27.10	108.82	Open To Flow (1)
7	27.05	109.29	Shut-In(1)
36	786.49	110.95	End Shut-In(1)
37	25.73	110.58	Open To Flow (2)
68	30.47	111.97	Shut-In(2)
96	440.84	113.20	End Shut-In(2)
98	2184.12	114.26	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud	0.07

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

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**FLUID SUMMARY**

Mull Drilling Company, Inc  
1700 N. Waterfront Pkwy  
Bldg 1200 Wichita, Ks 67206  
ATTN: Mack Armstrong

**Backstrom #1-29**  
**29-16-22 Ness, Ks**  
Job Ticket: 44300      **DST#: 2**  
Test Start: 2011.08.29 @ 10:15:35

## Mud and Cushion Information

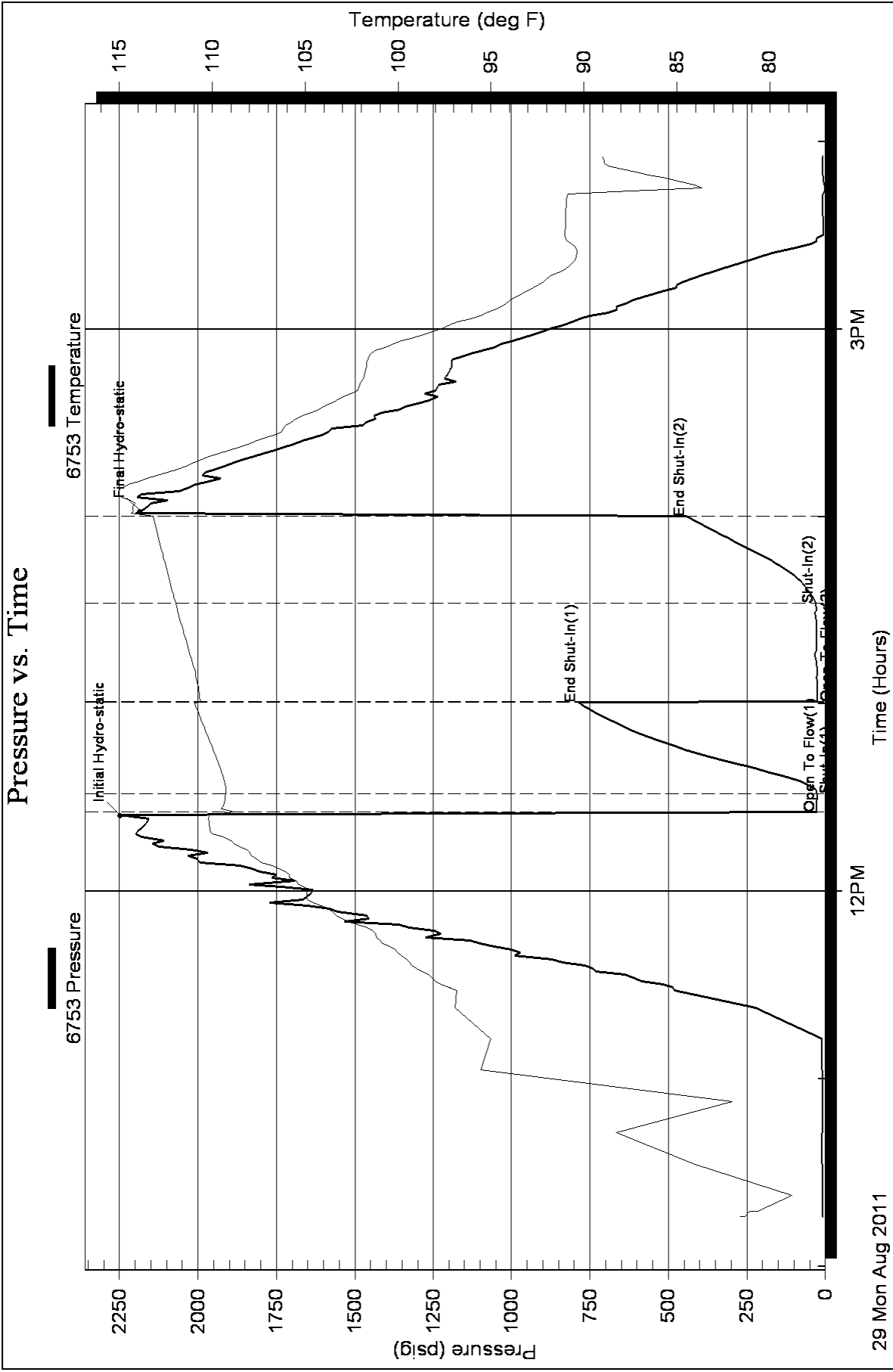
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 60.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.58 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4700.00 ppm			
Filter Cake: inches			

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud	0.070

Total Length: 5.00 ft      Total Volume: 0.070 bbl  
Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
Laboratory Name:      Laboratory Location:  
Recovery Comments:





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

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Bldg 1200 Wichita, Ks 67206  
ATTN: Mack Armstrong

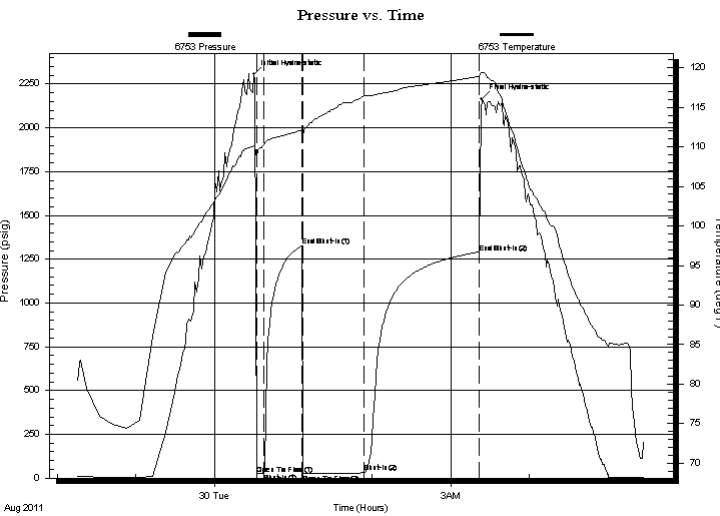
**Backstrom #1-29**  
**29-16-22 Ness, Ks**  
Job Ticket: 44601      **DST#: 3**  
Test Start: 2011.08.29 @ 22:15:30

## GENERAL INFORMATION:

Formation: **Cherokee Sd**  
Deviated: No Whipstock:                      ft (KB)  
Time Tool Opened: 00:32:00  
Time Test Ended: 05:28:00  
**Interval: 4435.00 ft (KB) To 4450.00 ft (KB) (TVD)**  
Total Depth: 4450.00 ft (KB) (TVD)  
Hole Diameter: 7.88 inches Hole Condition: Fair  
Reference Elevations: 2432.00 ft (KB)  
2424.00 ft (CF)  
KB to GR/CF: 8.00 ft  
Test Type: Conventional Bottom Hole  
Tester: Brett Dickinson  
Unit No: 47

**Serial #: 6753      Inside**  
Press @ Run Depth: 31.17 psig @ 4436.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2011.08.29      End Date: 2011.08.30      Last Calib.: 2011.08.30  
Start Time: 22:15:35      End Time: 05:27:59      Time On Btm: 2011.08.30 @ 00:30:00  
Time Off Btm: 2011.08.30 @ 03:24:00

**TEST COMMENT:** IF-1/4in blow  
ISI-No blow  
FF-Very weak surface blow died in 40min  
FSI-No blow



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2305.52	110.08	Initial Hydro-static
2	24.22	108.63	Open To Flow (1)
8	25.81	110.22	Shut-In(1)
37	1327.69	112.14	End Shut-In(1)
37	24.30	111.31	Open To Flow (2)
84	31.17	116.42	Shut-In(2)
172	1288.89	118.91	End Shut-In(2)
174	2165.94	119.40	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
1.00	Oil	0.01
15.00	Oilspotted Mud	0.21

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Mull Drilling Company, Inc  
1700 N. Waterfront Pkwy  
Bldg 1200 Wichita, Ks 67206  
ATTN: Mack Armstrong

**Backstrom #1-29**  
**29-16-22 Ness, Ks**  
Job Ticket: 44601      **DST#: 3**  
Test Start: 2011.08.29 @ 22:15:30

## Mud and Cushion Information

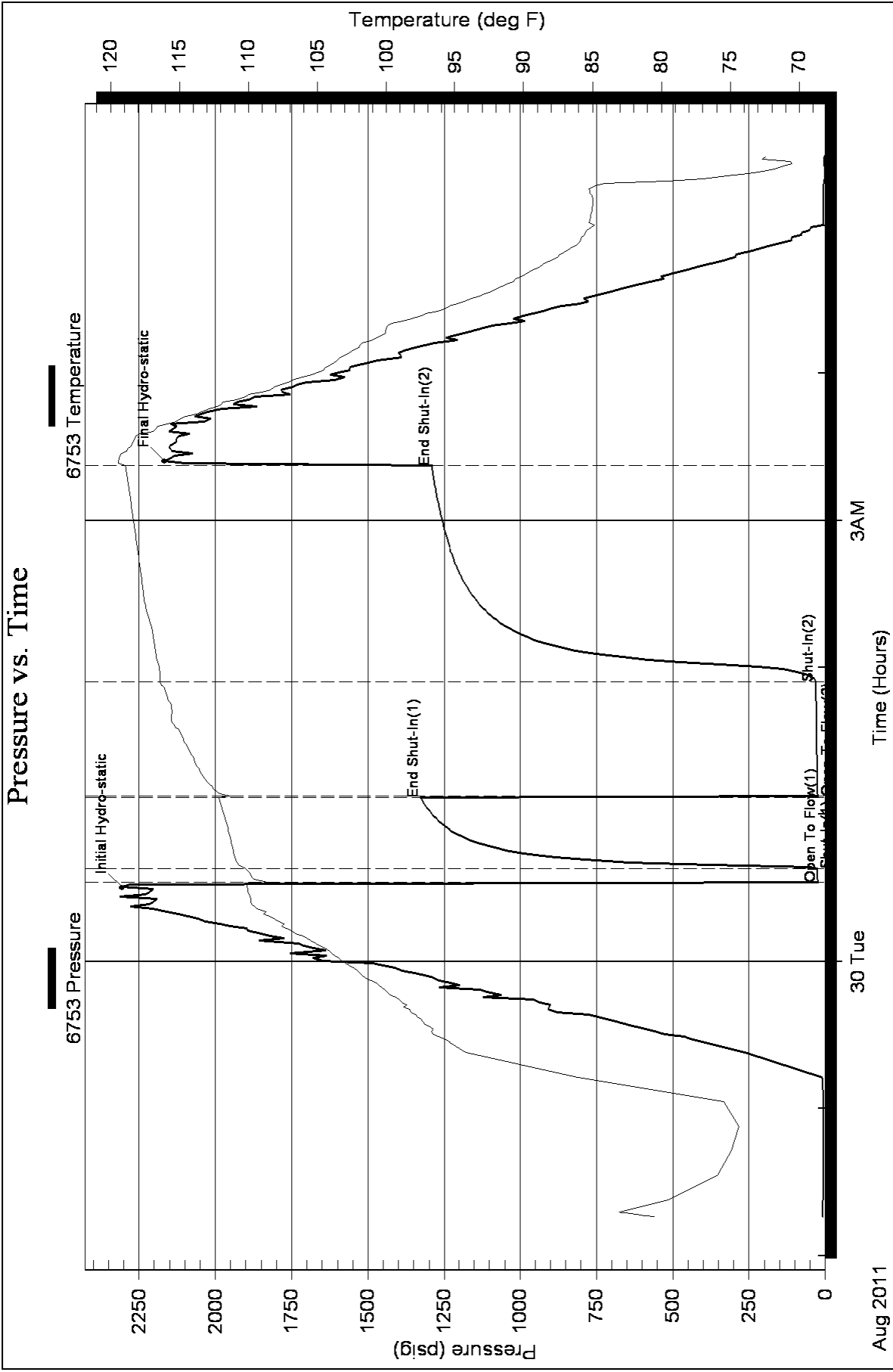
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 55.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.38 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4800.00 ppm			
Filter Cake: inches			

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	Oil	0.014
15.00	Oilspotted Mud	0.210

Total Length: 16.00 ft      Total Volume: 0.224 bbl  
Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
Laboratory Name:      Laboratory Location:  
Recovery Comments:





**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 28179

LOCATION Dakota

FOREMAN Fuzz

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8576

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-23-11	5659	Backstrom 1-29	29	165	22w	Noss
CUSTOMER			Browne			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			11-15	463	Jay G	
STATE			11-2w	439	Cody R	
ZIP CODE			11-1w			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 2471 CASING SIZE & WEIGHT 8 7/8  
 CASING DEPTH 246' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/ok 6.5 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 14.3 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Surface mud on Duke #2, Rig up and circulate  
Mix 175s CLASS 'A' 300cc 29gal, Displace 14 1/4  
896s Cement did circulate approx 6 BBLs to  
pit

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401s	1	PUMP CHARGE	1025 <sup>00</sup>	1025 <sup>00</sup>
5406	20	MILEAGE	5 <sup>00</sup>	100 <sup>00</sup>
5407	8.23 Ton	Tow Mileage Delivery (MEN)	158	410 <sup>00</sup>
1104s	175 SKS	Class 'A' cement	16 <sup>80</sup>	2940 <sup>00</sup>
1118B	329 #	Bentonite	.24	78 <sup>96</sup>
1102	494 #	Calcium Chloride	.84	414 <sup>96</sup>
		Subtotal		4968 <sup>92</sup>
		less 1590 disc		745 <sup>34</sup>
				4223 <sup>58</sup>
		243708	6.39%	SALES TAX ESTIMATED TOTAL 183 <sup>84</sup>

Rev'n 3737

AUTHORIZATION John Chambers TITLE \_\_\_\_\_ 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.





Services, Inc.

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

TICKET No 22255

PAGE 1 OF 2

WELL/PROJECT NO. BACKSTROM 1-29  
 LEASE NESS  
 COUNTY/PARISH NESS  
 RIG NUMBER  
 STATE CITY BROWNELL, KS  
 TICKET TYPE CONTRACTOR  
 SERVICE SALES  
 SALES  
 WELL TYPE DUKED DRILLING RIG # 2  
 WELL CATEGORY DEVELOPMENT  
 JOB PURPOSE S&L DRILLING  
 REFERRAL LOCATION INVOICE INSTRUCTIONS  
 DATE 31 AUG 11  
 ORDER NO.  
 WELL LOCATION 2016/S 1/2W VISTO

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCT	DF	DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
575					MILEAGE # 110	20	MIL			6.00	120.00
578					PUMP CHARGE	1	CHG	4540	FT	1500.00	1500.00
400					GUIDE SHOE	1	EA			1600.00	1600.00
402					NEUTRALIZERS	9	EA			70.00	630.00
403					CEMENT BASKET	1	EA			251.00	251.00
404					PDR1 COLLAR	1	EA	1763	FT	2400.00	2400.00
410					TOP PLUG	1	EA			100.00	100.00
413					ROTO WHEEL SCRATCHERS	10	EA			40.00	400.00
415					INSERT FLOOT COLLAR W/FILL UP	1	EA			400.00	400.00
419					ROTATING HEAD REPAIR	1	EA			200.00	200.00

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

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

DATE SIGNED 31 AUG 11  
 TIME SIGNED 0930  
 BY [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES  
 APPROVAL [Signature]

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1	6160.00
WE UNDERSTOOD AND MET YOUR NEEDS?				2	6320.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Subtotal	12480.00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB SAFELY AND SATISFACTORILY?				Tax	643.23
ARE YOU SATISFIED WITH OUR SERVICE?				TOTAL	13123.23

SWIFT OPERATOR [Signature]  
 APPROVAL [Signature]  
 Thank You!



PO Box 466,  
Ness City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 22255

CUSTOMER MUL DRILLING- WELLS BACKSTROM 1-29 DATE 31 AUG 11 PAGE 2 OF 2

ITEM NO	DESCRIPTION	QTY	UNIT	PRICE	TOTAL	DATE	TIME
276	FLOCELE	1	SD/lbs	2.00	2.00		
283	SALT	1	1000/lbs	2.00	2.00		
286	HALAD-1	1	1000/lbs	7.50	7.50		
290	D-AIR	1	2 gal	35.00	35.00		
290	FLUORCHERK	1	1000 gal	2.50	2.50		
291	LIQUID KEL	1	2 gal	25.00	25.00		
327	SD/SD Pozumix 29% 6EL	1	200 SX	1.00	2.00		
581	SERVICE CHARGE	1	200 SX	2.00	4.00		
58a	TOM WELLS TO	1	169.3 TM	2.50	2.50		

6320

JOB LOG

SWIFT Services, Inc.

DATE 3/14/61 PAGE NO. 7

CUSTOMER MULL DRILLING WELL NO. LEASE BACKSTRM 1-29 JOB TYPE 5 1/2 LONGSTRING TICKET NO. 22255

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMP		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0200							ON LOCATION
	0448							START PIPE 5 1/2-14" RTD @ 4550 LTD @ 4551 SNDE ST. 20.00 CENTRALIZERS 1,2,3,4,5,7,9,11,69 BASKETS # 70 PORT COLLAR TOP OF 70 @ 1763
	0639							DROP BALL CIRCULATE
	0814	6	15			400		Pump 15 BBL KCL SPACER
		6	24			400		Pump 1000 gal FLOCHECK
		6	5			400		Pump 5 BBL KCL SPACER
	0824		7.5					PLUG RH/MAH (30sx-20sx)
	0828	4	34 1/2					MIX 150 SX 50/50 POZINX
	0841							WASH OUT PUMPING LINES
	0843	6						RELEASE PLUG START DISPLACEMENT
	0902	6	110			1100		PLUG DOWN
	0905							RELEASE PRESSURE DRY
								WASH TRUCK
	0930							JOB COMPLETE
								THANKS # 110
								JASON JEFF JOE



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

TICKET  
**21089**  
 PAGE 1 OF 1

SERVICE LOCATIONS  
 1. **Wells City KS** WELL/PROJECT NO. **1-29** LEASE **Bakstrom** COUNTY/PARISH **Woo** STATE **KS** CITY **Brownell** DATE **8SEP11** OWNER  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR **H-D** RIG NAME/NO.  
 3. WELL TYPE **oil** WELL CATEGORY **Development** JOB PURPOSE **concrete post collar** WELL PERMIT NO.  
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	UNIT	QTY.	UNIT	UNIT PRICE	AMOUNT
		LOC	ACCT								
575				MILEAGE		13	mi			6.00	78.00
576D				Pump Charge		1	hr			12.50	12.50
330				SWD cement		190	sk			16.50	3135.00
376				Flare		50	lb			2.00	100.00
290				D-AIR		200	hr			35.00	7000.00
<del>181</del>				<del>Box Office tool Rental</del>							
581				Service charge		200	sk			2.00	400.00
582				Swab Drayage (min)		1	hr			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 **8-2-11** TIME SIGNED  A.M.  P.M.  
 SIGNATURE **Alpha Dan**

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

**SURVEY**  
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  YES  NO  
 WE UNDERSTOOD AND MET YOUR NEEDS?  YES  NO  
 YOUR SERVICE WAS PERFORMED WITHOUT DELAY?  YES  NO  
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  YES  NO  
 ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO  
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL **5293.00**  
 TAX **6.3%** **208.22**  
 TOTAL **5491.22**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this invoice.  
 SWIFT OPERATOR **Alpha Dan** APPROVAL **Alpha Dan**  
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: 8 SEP 11 PAGE NO. 7

CUSTOMER: MULL DRILLING WELL NO. 1-29 LEASE: Backstrom JOB TYPE: cement port collar TICKET NO. 21089

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASINO	
								700 lbs SMD w/ 1/4" Spindle port collar 1763' 2 3/8" x 5 1/2"
	0845							on loc TRK 114
	0903					1000	1000	test to 1000 psi - held
	0906	3	3			250		inj rate 3bpm @ 250 psi
	0915	3 1/2	17			200		mix SMD @ 11.2 ppm flush to surface
	0935		105					cement to surface 1905/15 20/10/11
	0958		22					close port collar tool Reverse out 2 cement plugs
	1015							wash truck back up
	1020							job complete
								Turn to from Bob & Dave



**CONSOLIDATED ENERGY**  
Oil Well Services, LLC

TICKET NUMBER 33652  
LOCATION Oakley, Ks  
FOREMAN Walt Dunkel

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-487-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-12-11	5659	Backstorm 1-29	29	16 <sup>s</sup>	22 <sup>w</sup>	Ness
CUSTOMER Mull Drk Co			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Squeeze HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2 - 14 #  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 " OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.2 SLURRY VOL \_\_\_\_\_ WATER gal/ok \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT 16.8-T DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety, waiting, air casing clean, bit set on backside, set packer 24327', took rate: 3 BPM @ 800', profs @ 4424'-90', mix 25 sls cement / 25 CFI-115, Tail in w/ 25 com, clear pump lines, Displace + Squeeze to 1500# Wash out 3 hrs, came out of hole w/ tubing

*Thank You  
Walt + crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 B	1	PUMP CHARGE	1600 <sup>00</sup>	1600 <sup>00</sup>
5406	30	MILEAGE	5 <sup>00</sup>	150 <sup>00</sup>
1104S	50 sls	Class A Cement	16 <sup>80</sup>	840 <sup>00</sup>
1135A	8 #	CFI-115	9 <sup>95</sup>	79 <sup>60</sup>
5407	2.35	Tan Mileage Delivery	150	410 <sup>00</sup>
				3,079 <sup>60</sup>
		Less 10% Disc		307 <sup>96</sup>
				2,771 <sup>64</sup>
			SALES TAX	52 <sup>14</sup>
			ESTIMATED TOTAL	2823 <sup>78</sup>

Revin 3787  
 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ 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.