



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1076558
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1076558

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> <i>(Submit ACO-4)</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	KWT 1-6
Doc ID	1076558

All Electric Logs Run

CDL/CNL/PE
Micro
Sonic
DIL

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	KWT 1-6
Doc ID	1076558

Tops

Name	Top	Datum
Anhydrite	1776	+ 662
B/Anhydrite	1814	+ 625
Heebner Shale	3797	- 1358
Lansing	3832	- 1393
Stark Shale	4052	- 1613
B/KC	4103	- 1664
Pawnee	4202	- 1763
Ft. Scott	4295	- 1856
Cherokee Shale	4314	- 1875
Cherokee Sand	4387	- 1948
Mississippian	4438	- 1999

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

March 26, 2012

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

Re: ACO1
API 15-135-25315-00-00
KWT 1-6
SW/4 Sec.06-16S-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



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: _____	

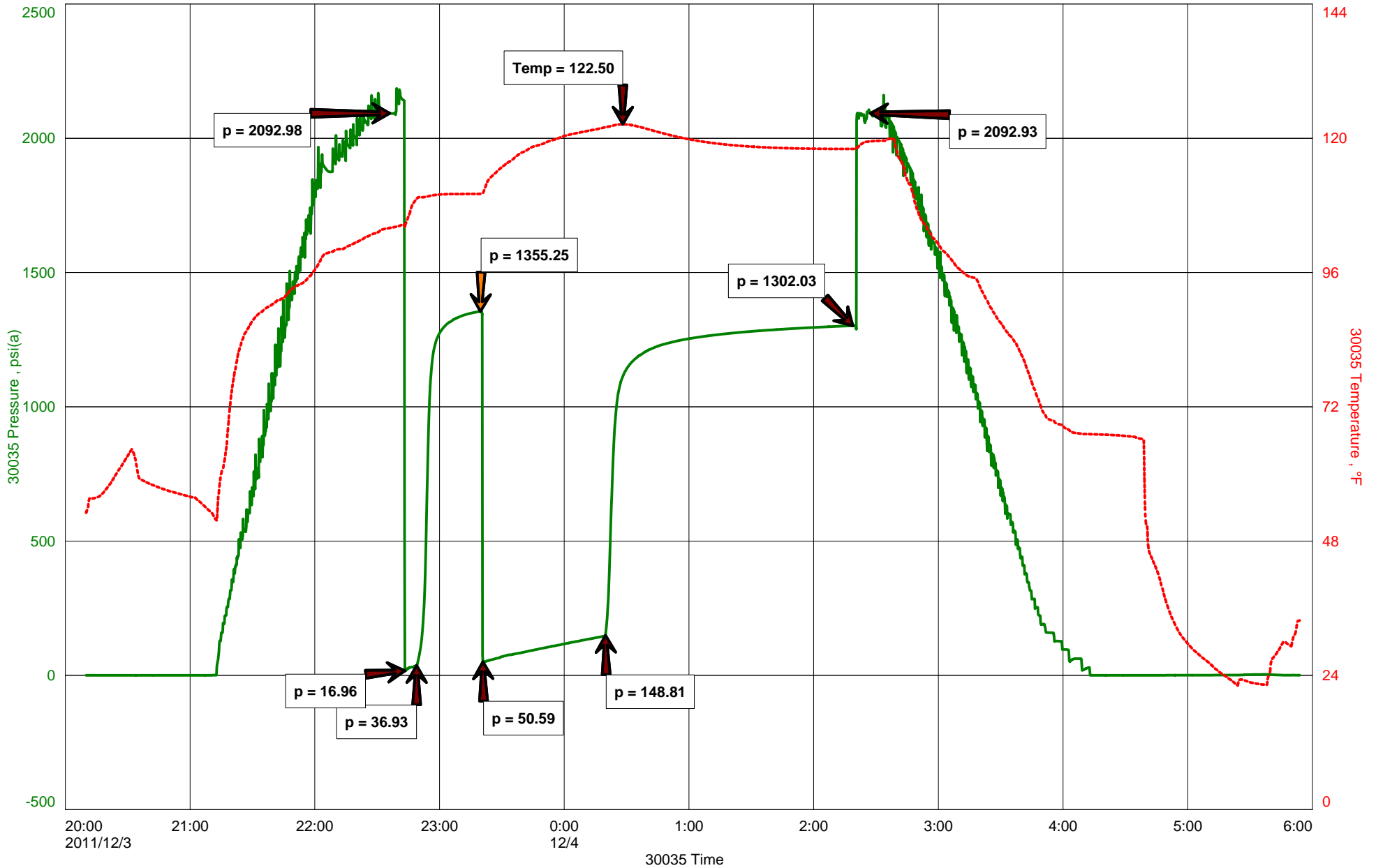
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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.

Mull Drilling Co. Inc.
DST # 1 4270-4320' Ft Scott
Start Test Date: 2011/12/03
Final Test Date: 2011/12/04

KWT # 1-6
Formation: DST # 1 4270-4320' Ft Scott
Pool: Wildcat
Job Number: S0062

KWT # 1-6



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0062
Well Name	KWT # 1-6	Representative	Jacob McCallie
Unique Well ID	DST # 1 4270-4320' Ft Scott	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 6-16S-22W Ness County	Report Date	2011/12/04
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST # 1 4270-4320' Ft Scott		
Well Fluid Type	01 Oil	Start Test Time	20:10:00
		Final Test Time	05:55:00
Start Test Date	2011/12/03		
Final Test Date	2011/12/04		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

1218'	GIP	
300'	Muddy Oil	78% OIL 22% MUD
62'	Clean Oil	100% Clean Oil
362'	TOTAL FLUID	

Gravity: 41.5 @ 60 degrees F

TOOL SAMPLE:

100% Clean Oil



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 _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

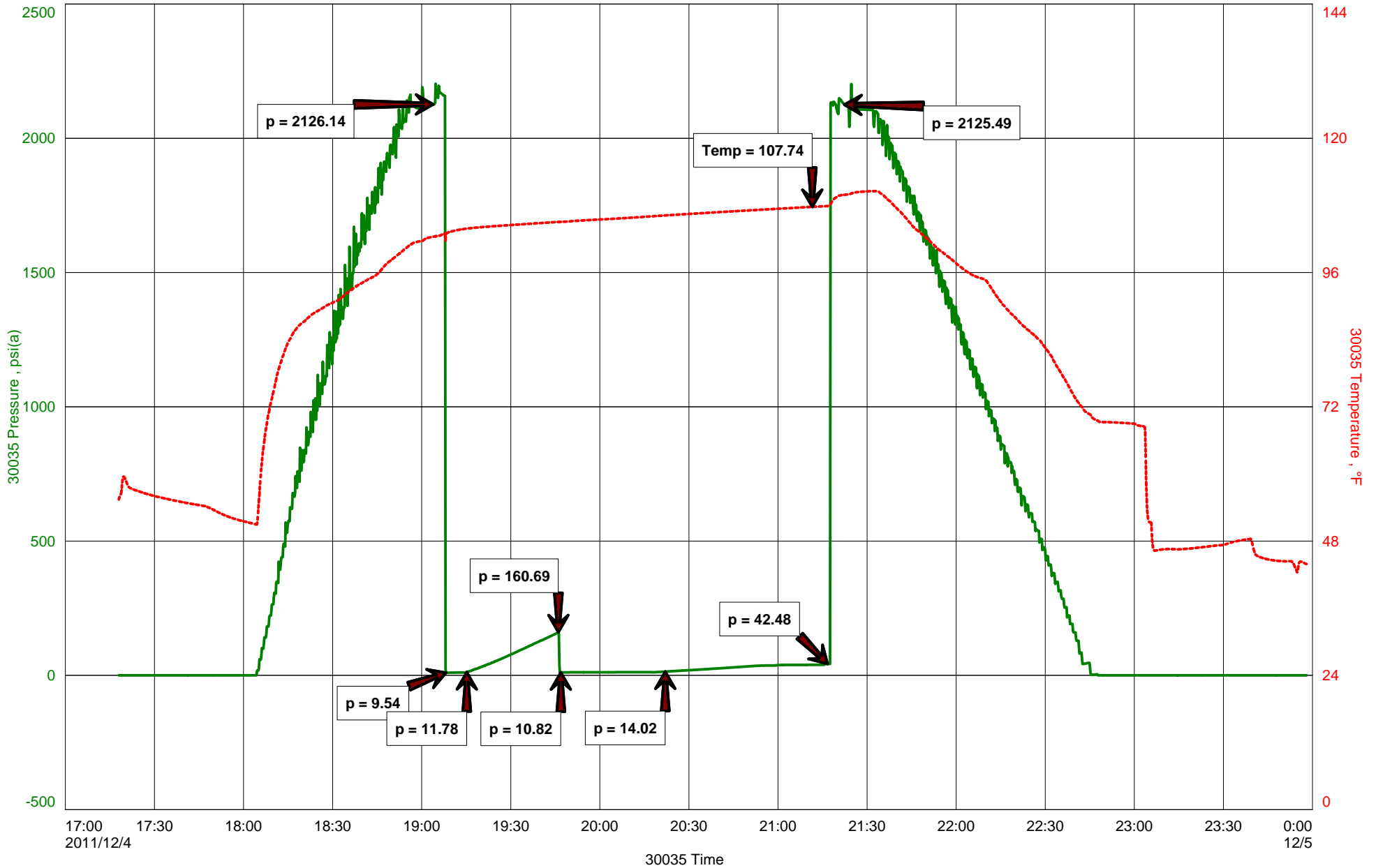
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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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Mull Drilling Co. Inc.
DST # 2 4310-4390' Cher. Snd.
Start Test Date: 2011/12/04
Final Test Date: 2011/12/04

KWT # 1-6
Formation: DST # 2 4310-4390' Cher. Snd.
Pool: Wildcat
Job Number: S0063

KWT # 1-6



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0063
Well Name	KWT # 1-6	Representative	Jacob McCallie
Unique Well ID	DST # 2 4310-4390' Cher. Snd.	Well Operator	Mull Drilling Co. Inc
Surface Location	SEC 6-16S-22W Ness County	Report Date	2011/12/04
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST # 2 4310-4390' Cher. Snd.		
Well Fluid Type	01 Oil	Start Test Time	17:18:00
		Final Test Time	23:58:00
Start Test Date	2011/12/04		
Final Test Date	2011/12/04		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
3' Oil Specked Mud 1% OIL 99% MUD
3' Total Fluid

TOOL SAMPLE:
100% MUD



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: _____	

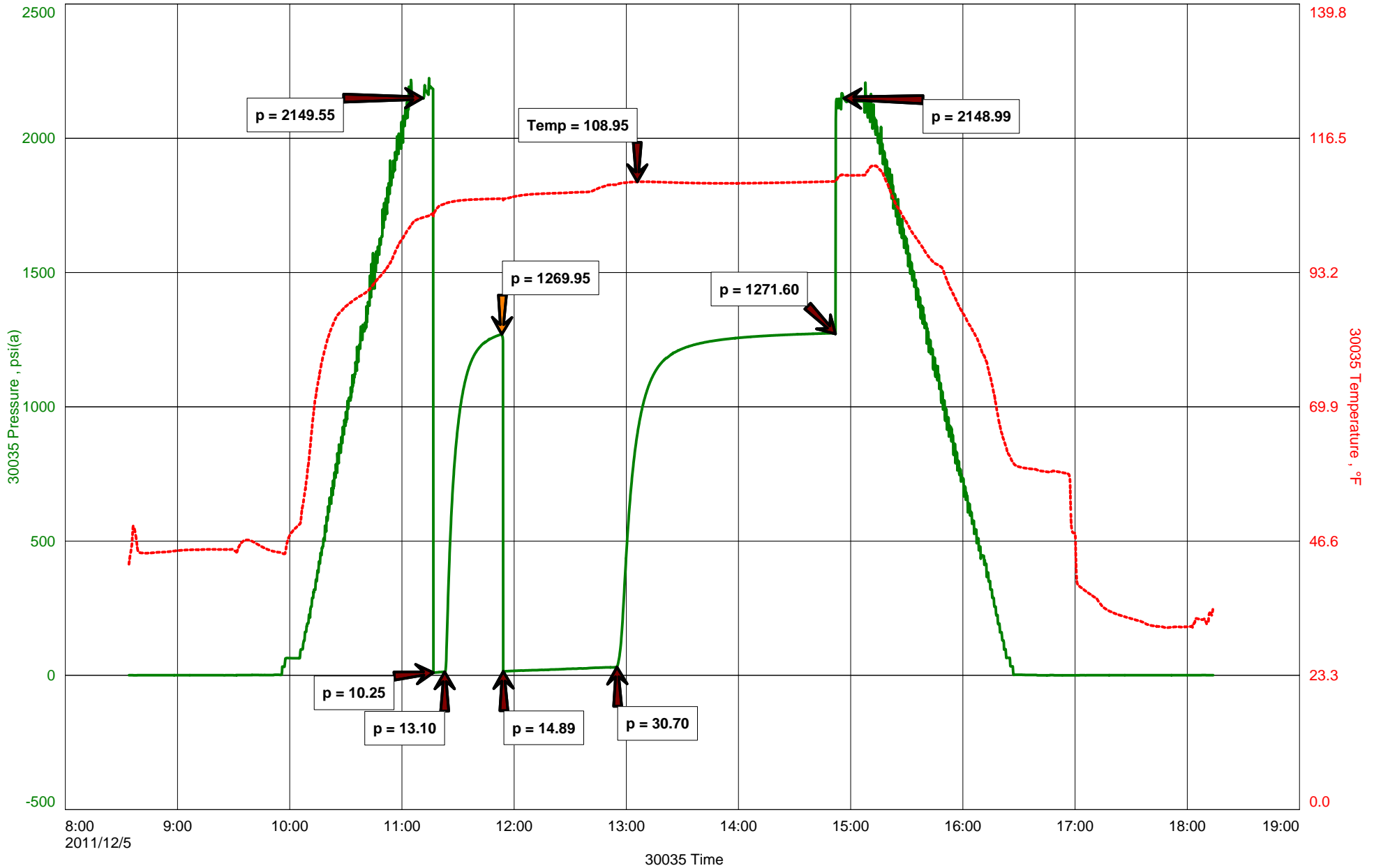
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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.

Mull Drilling Co. Inc
DST # 3 4335-4405' Cher Sand
Start Test Date: 2011/12/05
Final Test Date: 2011/12/05

KWT # 1-6
Formation: DST # 3 4335-4405' Cher Sand
Pool: Wildcat
Job Number: S0064

KWT # 1-6



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc

Contact	Mark Shreve	Job Number	S0064
Well Name	KWT # 1-6	Representative	Jacob McCallie
Unique Well ID	DST # 3 4335-4405' Cher Sand	Well Operator	Mull Drilling Co. Inc
Surface Location	SEC 6-16S-22W Ness County	Report Date	2011/12/05
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST # 3 4335-4405' Cher Sand		
Well Fluid Type	01 Oil	Start Test Time	08:34:00
		Final Test Time	18:15:00
Start Test Date	2011/12/05		
Final Test Date	2011/12/05		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

2'	Clean Oil	100% CO
50'	Oily Mud	35% Oil 65% MUD
52'	TOTAL FLUID	

GRAVITY: 33.5 @ 60 degrees F

TOOL SAMPLE:

6% OIL 94% MUD

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

OPERATOR : MULL DRILLING COMPANY INC.
LEASE : KWT WELL # : 1 - 6
LOCATION : 1320' FSL & 660' FWL
SEC: 06 TWP : 16 S RGE : 22 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2439
GL : 2431
 MEASUREMENTS FROM
KB

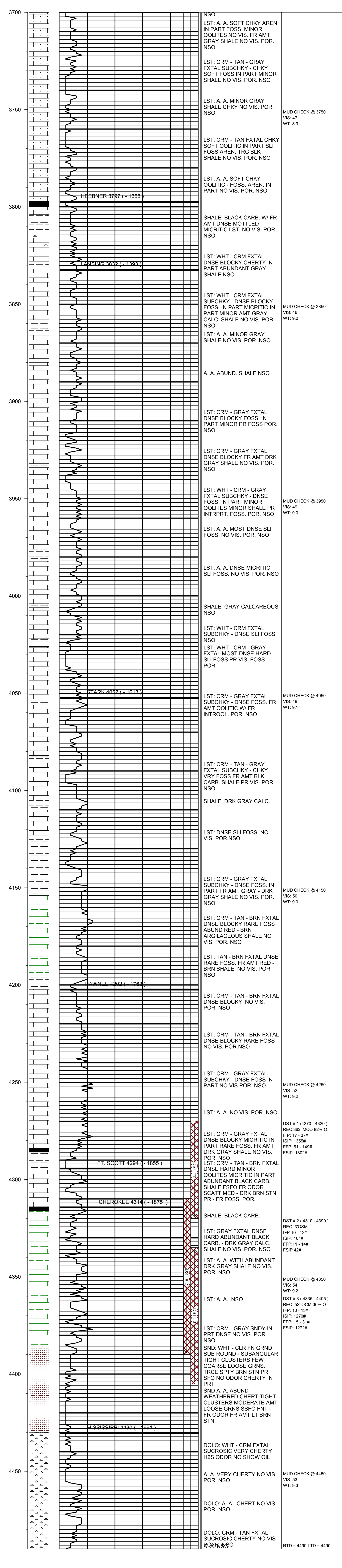
CONTRACTOR : DUKE DRILLING RIG #2
COMM: 11 / 28 / 2011 COMP : 12 / 06 / 2011
RTD : 4490 LOG TD : 4490
SAMPLES SAVED FROM : 3700 TO: RTD
GEOLOGICAL SUPERVISION FROM : 3600 TO : RTD
MUD UP : 3500 TYPE MUD : CHEMICAL

CASING RECORD
SURFACE :
8 5/8" @ 221
PRODUCTION :
5 1/2" @ 4490

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3797		- 1358	3797		- 1358	+ 04
LANSING	3832		- 1393	3832		- 1393	+ 03
STARK	4052		- 1613	4052		- 1613	+ 05
PAWNEE	4202		- 1763	4202		- 1763	+ 06
FT. SCOTT	4294		- 1855	4294		- 1855	+ 06
CHEROKEE	4314		- 1875	4314		- 1875	+ 05
MISSISSIPPI	4430		- 1991	4430		- 1991	+ 02

ELECTRICAL SURVEYS:
DIL
CNL / CDL
MICRO
SONIC

REFERENCE WELL FOR STRUCTURAL COMPARISON :
CORAL COAST PET. # 1 WANDS " A" SEC.06 - T 16 S - R 22 W NESS COUNTY KANSAS



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

KEVIN L. KESSLER



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8675

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 33751
LOCATION Oakley, Ks
FOREMAN Walt Dunkel

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-28-11	5659	RWT 1-6	6	16 ^s	22 ^w	Nowa
CUSTOMER <u>Mull Dely Co</u>			Browell			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			3 1/2 W	463	Cory Davis - Josh Gudele	
STATE			3 1/4 N	439	Cody Roots	
ZIP CODE			E.S.			

JOB TYPE Surface - O HOLE SIZE 12 1/4 HOLE DEPTH 224' CASING SIZE & WEIGHT 8 5/8 - 20#
 CASING DEPTH 221 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/bk _____ CEMENT LEFT IN CASING 15-20'
 DISPLACEMENT 12 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety meeting, Rig up on Dink #2, circ on bottom
mix 165 sks Cem, 3% gel - 2% gel, Displace 12 3/4 BBL H₂O
Shut in
Cement Dial Circ

1:00^p Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,025 ⁰⁰	1,025 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
11043	165 sks	Class A Cement	16 ⁸⁰	2,772 ⁰⁰
1102	465 #	Calcium Chloride	.84	390 ⁰⁰
1118B	310 #	Bentonite Gel	.24	74 ⁴⁰
5407	7.76	Tan Mileage Delivery	15 ⁰⁰	410 ⁰⁰
				4,772 ⁰⁰
		Less 10% Disc		- 477 ²⁰
				4,294 ⁸⁰
		246138	SALES TAX	183 ⁵⁰
			ESTIMATED TOTAL	4478 ³⁰

Revin 3737
 AUTHORIZATION John J. Dambrosio 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.



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

TICKET No **22511**
 PAGE 1 OF 2

1. SERVICE LOCATION: **NO 17 KS** WELL/PROJECT NO: **1-6** LEASE: **KWT** COUNTY/PARISH: **NEAR** STATE: **KS** CITY: **Brownell** DATE: **6 Dec 11** OWNER:
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **Q14** RIG NAME/NO.: **2** SHIPPED WET: DELIVERED TO: **location** ORDER NO.:
 3. WELL TYPE: **0-1** WELL CATEGORY: **Development** JOB PURPOSE: **cement long string** WELL PERMIT NO.:
 4. REFERRAL LOCATION: **Development** INVOICE RESTRICTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOG	ACCT	DF	DESCRIPTION	QTY.		UNIT		PRICE	AMOUNT
						QTY.	UM	QTY.	UM		
575		1			MILEAGE TRK 114	25	mi			6.00	150.00
578		1			Pump Charges	1	ea			1500.00	1500.00
400		1			Gulda shoe	52	lin			160.00	160.00
402		1			Centralizer	9	ea			70.00	630.00
403		1			Cement Basket	52	in			250.00	250.00
404		1			Cement Collar	52	in			2400.00	2400.00
410		1			TRP Plug	52	in			100.00	100.00
415		1			Insert First Collar w/ Fill up	52	in			400.00	400.00
419		1			Rotating head Rental	52	in			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
 DATE SIGNED: **12/19/11** TIME SIGNED: A.M. P.M.
 SIGNATURE: **Bygh Baker**

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
 MET YOUR NEEDS? YES NO
 OUR 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: **1** 5790.00
 PAGE TOTAL: **2** 6065.00
 Subtotal: **12,455.00**
 TAX: **6.36**
 TOTAL: **13,091.62**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: **Thank You!**



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

TICKET CONTINUATION

TICKET No. 22511

CUSTOMER
MUL. DRILLING

WELL
KWIT 1-6

DATE
8 Dec 11

PAGE 21 OF 22

LINE NO.	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT
287	9/50 202 mix (296g/l)	1	285 sk	10.00	2,250.00
283	SALT	1	16SD lb	0.120	210.00
286	h/mad-1	1	160. lb	7.50	750.00
276	Placee	1	5D lb	2.00	100.00
280	Placee- 21	1	1000 gal	2.50	2,500.00
281	KEK liquid	1	2 gal	25.00	50.00
290	D-AIR	1	3 gal	35.00	105.00
582	DRILL (M/M)	1	1.01	250.00	250.00
581	SERVICE CHARGE	1	200	200	450.00
TOTAL WEIGHT				4445	
TOTAL TONNAGE				25	
CUBIC FEET				235	
TONNAGES				237.08	

6665 00



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

TICKET
 No 22548

PAGE 1 OF 1

SERVICE LOG/JOB NO. 1. **NESS Drilling**

WELL/PROJECT NO. **KWT 1-16** COUNTY/STATE **NESS** STATE **KS** CITY **Barnwell, KS** DATE **14 Dec 11** OWNER

TICKET TYPE SERVICE SALES CONTRACTOR **PROFESSIONAL Drillers** REG. NUMBER

WELL TYPE **DEV** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **CEMENT BKT COLLAR** WELL PERMIT NO.

REFERRAL LOCATION **W To X RD 3 1/2 W E 250** WELL LOCATION

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	UN.	QTY.	UN.	UNIT PRICE	AMOUNT
		LOC	ACCT								
575				MILEAGE #110	25	mi				6.00	150.00
576B				Pump Charge	1.00			1777	Yr	1250	1250.00
29D				2 PAIR	2	pa				35.00	70.00
276				FLOCELE	4	dlbs				21.00	84.00
330				SCALE MUST DENSITY	160	5x				16.00	2560.00
581				SERVICE CHARGE CEMENT	200	5x				2.00	400.00
582				MINIMUM DRAYAGE	1997	lbs		249	lb	1.10	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

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

SURVEY	AGREE	UN-DECEID	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				4840.00
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
TOTAL				5015.77

DATE SIGNED **14 Dec 11** TIME SIGNED **1530** AM PM

SWIFT OPERATOR **ja chrocks** APPROVAL

CUSTOMER ACCEPTANCE OF TERMS AND SERVICES The above signed and dated invoice is hereby accepted by the customer and represents the final invoice.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: 4 DEC 11 PAGE NO. 1

CUSTOMER: **MULL DRILLING**

WELL NO.

LEASE: **KWT 1-16**

JOB TYPE: **CEMENT PORT COLLAR**

TICKET NO. **22548**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1320							ON LOCATION -
	1421				✓		1000	PORT COLLAR @ 1777 TEST HELD
	1422	3			✓		300	OPEN PORT COLLAR TAKE INJ. RATE
	1426	4	89		✓		350	MIX 160 SX SMD.
		3	9		✓		250	DISPLACE CEMENT CIRCULATE 20 SX TO TTI
	1451				✓		1000	CLOSE PORT COLLAR TEST - HELD
	1453							RUN 3 JOINTS.
	1459	4	22		✓		250	REVERSE CEMENT OUT
	1509							WASH TRUCK
	1530							JOB COMPLETE
								THANKS BTD
								JASON JEFF DOUG



Services, Inc.

CHARGE TO: Mull's Drilling
 ADDRESS: _____
 CITY, STATE ZIP CODE: _____

TICKET No 22601

PAGE 1 OF 1

SERVICE LOCATIONS: Wells PROJECT NO. 1-10 LEASE WUT COUNTY/PARISH ADD STATE KS CITY Rowell DATE 19 Dec 11 OWNER _____

TICKET TYPE SERVICE SALES CONTRACTOR _____ RIG NAME/NO. _____ ORDER NO. _____

WELL TYPE D-1 WELL CATEGORY Development JOB PURPOSE Development WELL PERMIT NO. _____

INVOICE INSTRUCTIONS: Development Pre service WELL LOCATION: 6-16-2225

PRICE REFERENCE	SECONDARY REFERENCED PART NUMBER	ACCOUNTING		DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575				MILEAGE	75	mi			6.00	450.00
576				Pump Charge	1	ea			1500.00	1500.00
325				STANDARD cement	100	sk			13.50	1350.00
280				Holed	10	lb			7.50	75.00
290				D-AIR	1	gal			35.00	35.00
581				Secure charge	100	sk			2.00	200.00
580				Drillage (dry)	1	hr			250.00	250.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X DATE SIGNED Allyn Perry TIME SIGNED _____

A.M. P.M.

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

SURVEY		UN-DECEID		DIS-AGREE		PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREACH/DAMAGE?	WE UNDERSTOOD AND MET YOUR NEEDS?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	ARE YOU SATISFIED WITH OUR SERVICE?	CUSTOMER DID NOT WASH TO RESPOND	
						3560.00
						7.55 TAX 3%
						91.98
						TOTAL 3651.98

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The above information is true and correct to the best of my knowledge and belief.

APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10/22/11 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
				KWT		plug squeeze		22601	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
								100 SKS standard 2 7/8 x 5 1/2"	
								plugs 4367-95 packer 41300	
	0930							on loc TRK 114	
	0945		22				500	load backside to 520psi	
	0958	1 1/2				1200		inj rate 1 1/2 bpm @ 1200 psi	
	1010	1 3/4				0	500	mix started cement @ 15.6 ppg	
		1 3/4	7			800		catch pressure 7 bbl (water - inj pres)	
		1 3/4	20			500		35 SKS	
		1 3/4	22			550		rocket falls to vacuum	
	1045	2				0	50	wash out plug & liner	
			6					Displace cement	
		1	7			1400		catch pressure	
		1/3	8			200			
	1100					2000	100	holding 2000	
	1120	1/2				1200		pressure out short way	
		1	26			800		cement to pit	
								hole clean	
	1225					1500	400	pressure holding	
								wash through squeeze	
	1330							wash through 4 joints to 4925'	
								wash truck	
								pull 15 joints	
	1350					520	500	pressure to 500	
						500		shut in	
								RACK UP	
	1410							Job complete	
								Thanks	
								Lane, Byrne & Dave	