



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079015
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: _____

1079015

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Wierman 'C' 1-19
Doc ID	1079015

All Electric Logs Run

CDL/CNL
DIL
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Wierman 'C' 1-19
Doc ID	1079015

Tops

Name	Top	Datum
Anhydrite	1781	+ 667
B/Anhydrite	1818	+ 630
Heebner Shale	3843	- 1395
Lansing	3879	- 1431
Stark Shale	4103	- 1655
Pawnee	4256	- 1808
Ft. Scott	4352	- 1904
Cherokee Shale	4370	- 1922
Cherokee Sand	4450	- 2002
Mississippian	4462	- 2014

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

April 18, 2012

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

Re: ACO1
API 15-135-25333-00-00
Wierman 'C' 1-19
SW/4 Sec.19-16S-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



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 68720
820-431-9210 or 800-487-8678



FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 33824
LOCATION OKLAH
FOREMAN Fuzzy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-26-12	5659	WICKMAN C-1-19	6	19S	22W	Ness
CUSTOMER Mull Bldg		Brownell 3W W.M	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS			399	Kelly G		
CITY			566	Damon M		
STATE						
ZIP CODE						

JOB TYPE Surf Calc HOLE SIZE 12 1/4 HOLE DEPTH 227' CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 224' DRILL PIPE 4 1/2 TUBING _____ OTHER _____
SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/ok 6.5 CEMENT LEFT IN CASING 20'
DISPLACEMENT 12.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Duke #4. Rig up and circulate
Mix 165 sks cement 390cc 20 gal. Drop plus and displace
12 3/4 BBL and shut in. Cement did circulate approx 4
BBLs to pit

THANKS Fuzzy +
C.M.W.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	1085.00	1085.00
5406	18	MILEAGE	5.00	90.00
5407	7.76 tow	Tow mileage delivery (min)	410.00	410.00
11045	165 sks	CLASS 'A' cement	17.00	2912.25
1118 B	310 #	Bentonite	1.25	77.50
1102	465 #	Calcium chloride	1.89	413.85
4432	1	8 5/8 wood cup plug	96.00	96.00
		subtotal		5084.60
		less 10% disc		5084.60
				4576.14
		247456	SALES TAX	198.42
			ESTIMATED TOTAL	4774.56

Rev'n 3737

AUTHORIZATION _____

TITLE _____

DATE 1-26-2012

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 Dale
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 21187

PAGE 1 OF 2

SERVICE LOCATIONS:
 1. HAYS WELL/PROJECT NO. 1-19 LEASE WYEMAN C COUNTY/PARISH NESS STATE KS DATE 02-03-12 OWNER
 2. NESS CONTRACTOR DAVE DILL # 4 RIG NAME NO. DAVE DILL # 4 SHIPPED BY EL DELIVERED TO DAVID ORDER NO.
 3. WELL TYPE OIL WELL CATEGORY DAVID JOB PURPOSE LOOKS LIKE WELL PERMIT NO. 15-135-26343 WELL LOCATION S19-16E22
 4. REFERRAL LOCATION: DAVID INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE 4 1/2	20	EA			6.00	120.00
578					Ang Service	1	EA			1500.00	1500.00
580					Abnormalities	1	EA			200.00	200.00
281					Liquidate	2	EA			25.00	50.00
280					ROCKERY 21	1000	EA			2.50	2500.00
290					DAIR	2	EA			25.00	50.00
902					GRASSHOP	1	EA			160.00	160.00
902					Cediment	9	EA			70.00	630.00
903					Boxes	1	EA			250.00	250.00
904					Box COUN	1	EA			2400.00	2400.00
910					rop plus	1	EA			100.00	100.00
913					Producers Services	15	EA			75.00	1125.00

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 02-03-12 TIME SIGNED 1430 AM PM

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

SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREACH/DAMAGE? YES NO
 WE UNDERSTOOD AND 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

TOTAL 13,261.97

START OPERATOR Dave Dill APPROVAL _____
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby certifies that the materials and services were used for the purpose intended.

JOB LOG

SWIFT Services, Inc.

DATE 02-03-12 PAGE NO. 7

CUSTOMER *MVIA/DLLS* WELL NO. *1-19* LEASE *WIERMANC* JOB TYPE *CONTRACT* TICKET NO. *21127*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBM) (GAL)	PUMP		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							ON LOCATION CMT: 180 SIG 50 50 P-2 28 SEC. ADJ. SMT, 1/4" HEAD 1/4" HEAD
								RTD 4550, SECT. PG 1541, 57 42, INSERT 4502 5 1/2" 14" PUMP COLUMN 68, 1800 FT CENT 1, 2, 3, 9, 5, 7, 9, 11, 67 BARRER EP SCRATCHES 75 FT
	1515							START CLARE TRK - JACOBS
	1715							BREAK CIRC & ROTATE PIPE
	1900		7					PLUG 2H 3D
	1905	5.0	5		-		200	HCL FLUSH
			24		-			1000 CFS FLOORCON 21
			5		-			HCL FLUSH
			34.5		-			150 SIG CMT
								RELEASE PLUG, WASHOUT PL
	1930	6.5	0		-		200	START INSP
			76		-		5	CMT ON BITTEN
			95		-		50	
			100		-		60	
			105		-		75	
	1940	4.5	109.8		-		140	LAND PLUG
								RELEASE - DEY
	2030							JOB COMPLETE
								THANK YOU! D.A.E. JESRB, DONG



Services, Inc.

CHARGE TO: **Mull Dale, Co. Inc.**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No. **21984**

PAGE 1 OF 1

1. SERVICE LOCATION: **NESS City, KS**

2. WELPROJCT NO.: **1-19**

3. LEASE: **Wideman "C"** COUNTY/PARISH: **NESS** STATE: **KS** CITY: **HOUSTON**

4. TICKET TYPE: SERVICE CONTRACTOR: **WIDEMAN WEST WEL SERVICE** RIG NAME/NO.: **NESS**

5. SALES: SALES **ROCKWELL PROSPECT**

6. WELL TYPE: **Oil** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT PUMP COLUER**

7. REFERRAL LOCATION: **Oil** INVOICE INSTRUCTIONS: **PAUSON NEG - BE, ALTAHO**

8. DATE: **2-15-12** ORDER NO.: **SAME**

9. WELL LOCATION: **PAUSON NEG - BE, ALTAHO**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCT	DF	DESCRIPTION	QTY.	UOM	QTY.	UOM	UNIT PRICE	AMOUNT
575					MILEAGE # 110	20	ME			6.00	120.00
576b					Pump Gauge	1	NDB			1250.00	1250.00
330					SWIFT MULTI-DRUM STACKED	155	SUS			16.50	2557.50
27b					FLOOCE	50	URS			2.00	100.00
290					D-APR	2	GM			35.00	70.00
581					SERVICE CHARGE CEMT	200	SUS			2.00	400.00
582					MEDIUM DUTY CHARGE	1997	URS			199.70	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: **2-15-12** TIME SIGNED: **1100**

SIGNED: *[Signature]*

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE?

CUSTOMER DID NOT WISH TO RESPOND

AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	4747.50
171	83		TOTAL	4919.33

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

SWIFT OPERATOR: *[Signature]* APPROVAL: *[Signature]*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-15-12 PAGE NO.

CUSTOMER: MVA DRIG CO INC WELL NO: 1-19 LEASE: WIERMAN "C" JOB TYPE: CEMENT PORT COLLAR TICKET NO: 21984

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/24H)	PUMP		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1100							ON LOCATION
								TUBING - 2 7/8
								CASING - 5 1/2
								PORT COLLAR - 1800'
	1110				✓		1000	PSE TEST CASING - HEAD
	1115	3	3	✓		250		OPEN PORT COLLAR - 2 1/2 RATE
	1120	4 1/4	86	✓		300		MAX CEMENT 155 SKS S.M.A @ 11.2 PPG
	1140	4	9 1/2	✓		450		DISPLACE CEMENT
	1150			✓		1000		CLOSE PORT COLLAR - PSE TEST HEAD
								CIRCULATE 15 SKS CEMENT TO POT
	1200	4	25	✓		400		RUN 5 SKS - CIRCULATE CLEAN
								WASH TRUCK -
	1300							JOB COMPLETE
								THANK YOU
								WAYNE, JEFF D., ZSAC

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M268
Well Name	WIERMAN "C" #1-19	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4320-4390 FT. SCOTT	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.19-16S-22W NESS CO.KS.	Report Date	2012/01/31
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4320-4390 FT. SCOTT		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/01/31	Start Test Time	23:10:00
Final Test Date	2012/02/01	Final Test Time	07:20:00
		Well Fluid Type	01 Oil
Gauge Name	E1150		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
165' GDM 2% GAS, 98% MUD
65' GWM 2% GAS, 25% WTR, 73% MUD
230' TOTAL FLUID

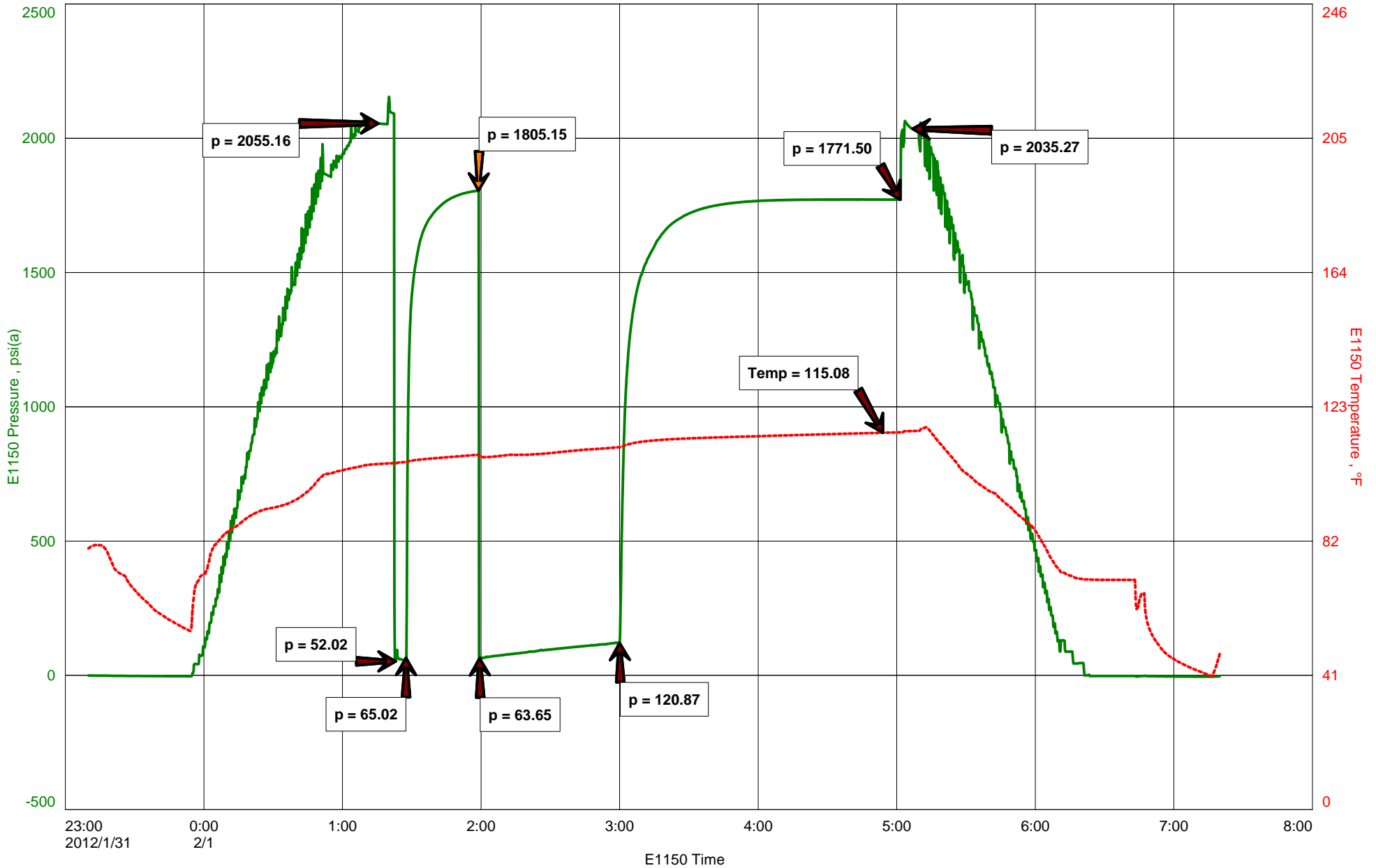
CHLOR: 1,000 PPM
PH:8.5
RW: .76 @ 59 DEG

TOOL SAMPLE: 5% GAS, 33% WTR, 62% MUD, THIN SCUM OF OIL

MULL DRLG CO. INC.
DST#1 4320-4390 FT. SCOTT
Start Test Date: 2012/01/31
Final Test Date: 2012/02/01

WIERMAN "C" #1-19
Formation: DST#1 4320-4390 FT. SCOTT
Pool: WILDCAT
Job Number: M268

WIERMAN "C" #1-19





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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M269
Well Name	WIERMAN "C" #1-19	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4400-4455 CHEROKEE	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.19-16S-22W NESS CO.KS.	Report Date	2012/02/02
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4400-4455 CHEROKEE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/02/01	Start Test Time	19:10:00
Final Test Date	2012/02/02	Final Test Time	03:35:00
		Well Fluid Type	01 Oil
Gauge Name	E1150		
Gauge Serial Number			

Test Results

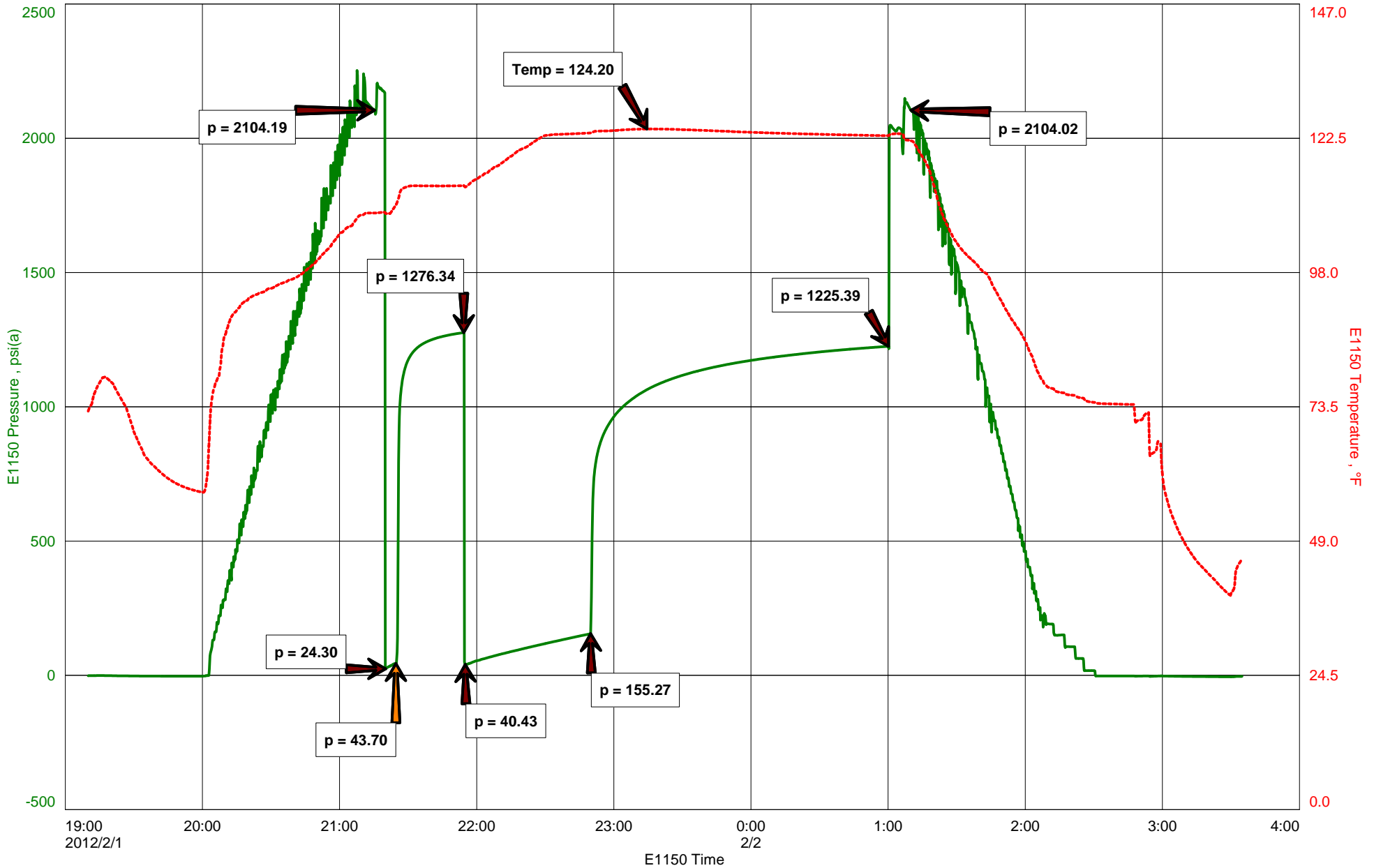
Remarks

RECOVERED:
180' GIP
485' GCO 2% GAS, 98% OIL
30' GHOCM 4% GAS, 10% OIL, 32% EMULSIFIED OIL,54% MUD
515' TOTAL FLUID

GRAVITY: 39.6 @ 60DEG

TOOL SAMPLE: 5% GAS, 10% OIL, 30% EO, 55% MUD

WIERMAN "C" #1-19





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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M270
Well Name	WIERMAN "C" #1-19	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4455-4465 CHEROKEE	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.19-16S-22W NESS CO.KS.	Report Date	2012/02/02
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4455-4465 CHEROKEE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/02/02	Start Test Time	09:05:00
Final Test Date	2012/02/02	Final Test Time	17:50:00
		Well Fluid Type	01 Oil
Gauge Name	E1150		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
15' CO 100% OIL
63' SOCMW 2% OIL, 63% WTR, 35% MUD
78' TOTAL FLUID

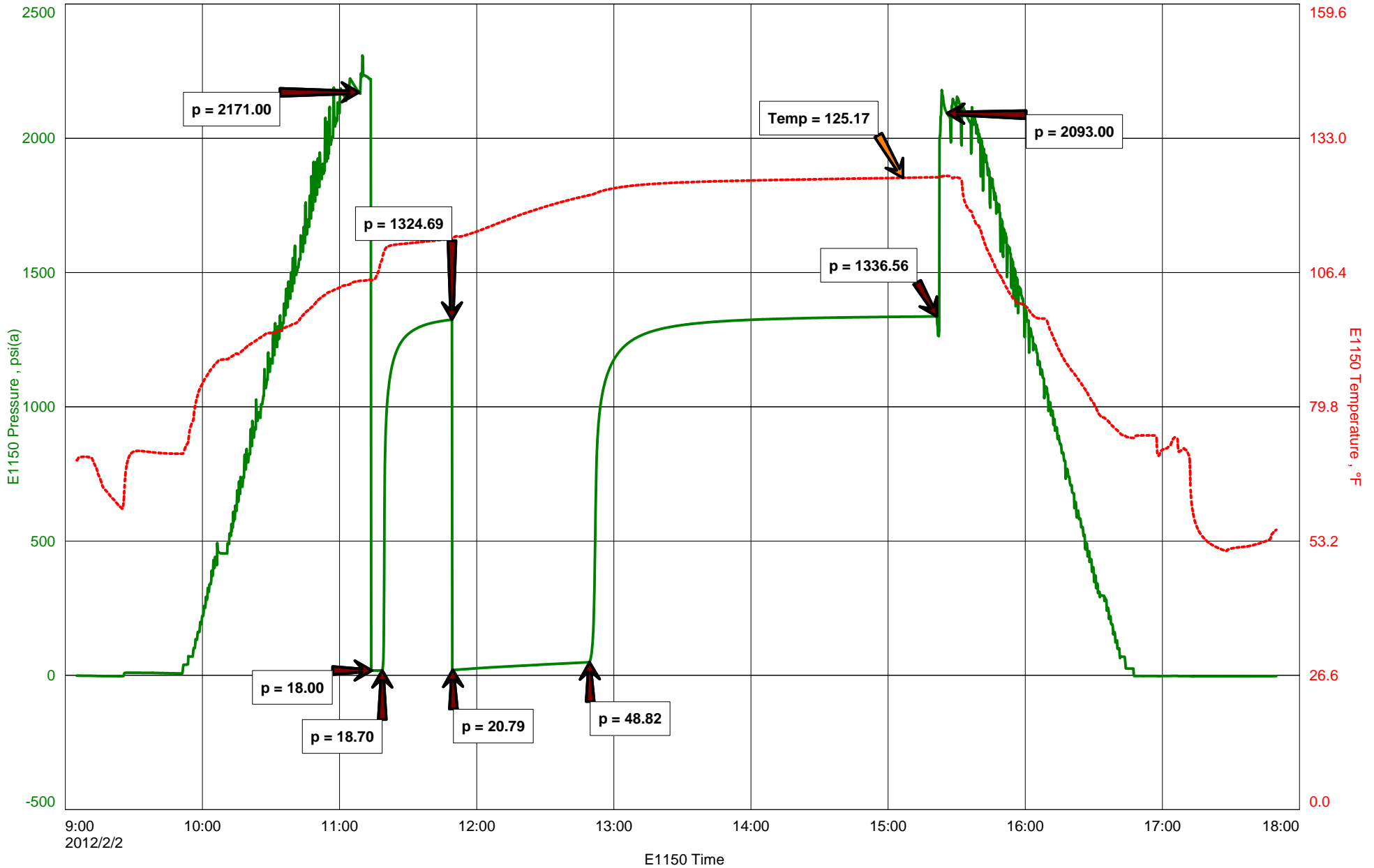
GRAVITY: 37.6 @ 60DEG
CHLOR: 15,000 PPM
PH:7.0
RW: .55 @ 42DEG

TOOL SAMPLE: SALTY WATER W/ SOME OIL SPOTS

MULL DRLG CO. INC.
DST#3 4455-4465 CHEROKEE
Start Test Date: 2012/02/02
Final Test Date: 2012/02/02

WIERMAN "C" #1-19
Formation: DST#3 4455-4465 CHEROKEE
Pool: WILDCAT
Job Number: M270

WIERMAN "C" #1-19





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.

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

OPERATOR : MULL DRILLING COMPANY INC.
LEASE : WIERMAN 'C' WELL # : 1 - 19
LOCATION : 1555 FSL & 1753 FWL
SEC: 19 TWP : 16 S RGE : 22 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2448
GL : 2439
MEASUREMENTS FROM
KB

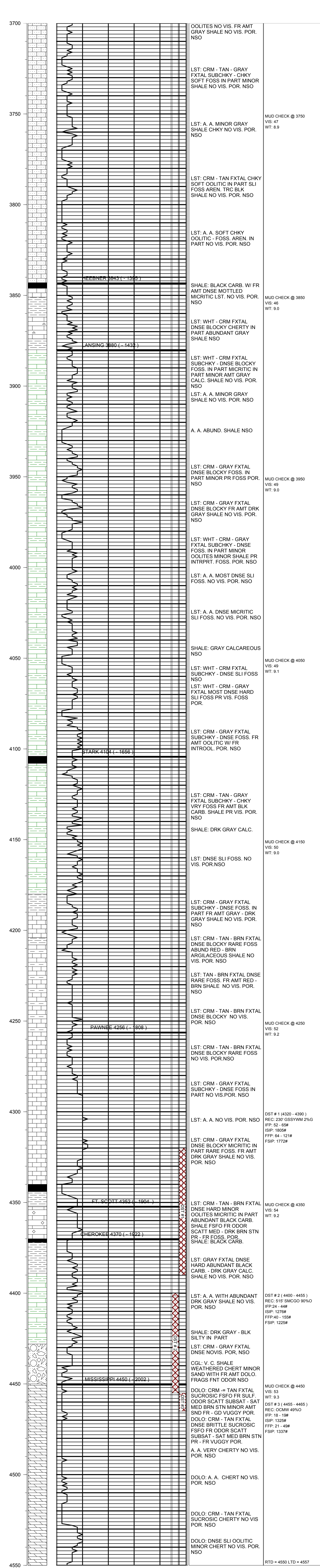
CONTRACTOR : DUKE DRILLING RIG # 4
COMM : 01 / 26 / 2012 COMP : 02 / 03 / 2012
RTD : 4550 LOG TD : 4557
SAMPLES SAVED FROM : 3700 TO : RTD
GEOLOGICAL SUPERVISION FROM : 3600 TO : RTD
MUD UP : 3500 TYPE MUD : CHEMICAL

CASING RECORD
SURFACE :
8 5/8" @ 224
PRODUCTION :
5 1/2" @ 4550

ELECTRICAL SURVEYS:
DIL
CNL / CDL
MICRO
SONIC

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3843		- 1395	3843		- 1395	+ 06
LANSING	3880		- 1432	3880		- 1432	+ 06
STARK	4104		- 1656	4104		- 1656	+ 06
PAWNEE	4256		- 1808	4256		- 1808	+ 05
FT. SCOTT	4352		- 1904	4352		- 1904	+ 07
CHEROKEE	4370		- 1922	4370		- 1922	+ 07
MISSISSIPPI	4450		- 2002	4450		- 2002	+ 11

REFERENCE WELL FOR STRUCTURAL COMPARISON :
CORAL COAST PET. # 1 WANDA JUDEEN SEC 19 - 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