



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079032
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: _____

1079032

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> <input type="checkbox"/> Other <i>(Specify)</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	Steffens 2-25
Doc ID	1079032

All Electric Logs Run

CDL/CNL/PE
DII
Micro
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Steffens 2-25
Doc ID	1079032

Tops

Name	Top	Datum
Anhydrite	1920	+ 547
B/Anhydrite	1957	+ 510
Heebner Shale	3710	- 1241
Lansing	3750	- 1281
Stark	3994	- 1525
Ft. Scott	4252	- 1783
Cherokee Shale	4278	- 1809
Mississippian	4336	- 1867



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-487-8878

TICKET NUMBER 33925
LOCATION Osley
FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-29-12	5659	Stappens 2-25	25	15	27	Gove
CUSTOMER Mou Dals			TRUCK# DRIVER TRUCK# DRIVER 463 Josh G 439 Moele			
MAILING ADDRESS						
CITY	STATE	ZIP CODE				

JOB TYPE Su/Su HOLE SIZE 12 1/4 HOLE DEPTH 237' CASING SIZE & WEIGHT 8 1/8
 CASING DEPTH 237' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/ok 6.5 CEMENT LEFT IN CASING 20'
 DISPLACEMENT 13.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Su/Su meeting in Docket. Recap + circulate mix
165 lbs class 'A' 390cc 290gal. Dip plug and displace 13 3/4
BALS. cement did circulate approx 4' BALS. top pit

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	5.00	200.00
5407A	7.8 ton	Ton Mileage Delivery	67.00	521.00
11045	165 lbs	Class 'A' cement	17.63	2912.25
1102	465	Calcium Chloride	8.80	413.55
1118B	310	Bentonite	2.50	77.50
4432	1	8 1/8 wood cap plug	96.00	96.00
		subtotal		5305.00
		less 109.00 disc		5305.00
		subtotal		4775.00
		SALES TAX		253.55
		ESTIMATED TOTAL		5028.55

Tannis

24126

AUTHORIZATION Rich Wilbur 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: 22020
 PAGE 1 OF 2

SERVICE LOCATIONS: Wichita, KS
 WELLS/PROJECT NO.: 2-25 LEASE: Staffing
 TICKET TYPE: SERVICE SALES CONTRACTOR:
 WELL TYPE: Oil WELL CATEGORY: Development RIG NAME/NO.: Gene 4
 REFERRAL LOCATION: Oil JOB PURPOSE: Convent long string
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY	U/M	QTY	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DE							
575					MILEAGE	426	1/4			6.00	300.00
578					Pump Charge	1	ea			1500.00	1500.00
400					Guide shoe	1	ea			1600.00	1600.00
402					Control valve	1	ea			700.00	700.00
403					Convent Basket	1	ea			250.00	250.00
404					Port Collar	1	ea			2400.00	2400.00
410					Top Plug	1	ea			100.00	100.00
418					Rotd Coll Scratcher	1	ea			400.00	400.00
415					Insect Float collar w/ F-71 yd	1	ea			400.00	400.00
419					Rotating head rental	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

DATE SIGNED: April 12, 2012 TIME SIGNED: 12:00 PM

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

PAGE TOTAL: 1
 6,750.00
 6,176.43
 5/16/12
 12,926.43
 Conc
 TAX 8.05%
 835.99
 TOTAL 13,762.42

SWIFT OPERATOR: REPLY APPROVAL: REPLY
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: REPLY
 Thank You!



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

TICKET CONTINUATION

TICKET No. 22020

CUSTOMER: MULH DRIVING
WELL: 2x PENS 2-25
DATE: 9 MAR 12
PAGE 2 OF 3

LINE	DESCRIPTION	QTY	UNIT	WEIGHT	CUBIC FEET	DATE	AMOUNT
327	50/50 P02MIX (286 gal)	1		186 SK		12 00	1800.00
284	Alad-1	1		140 lb		7 50	750.00
283	SAC	1		900 lb		0 120	180.00
276	Floable	1		25 lb		2 00	50.00
290	D-4R	1		3 gal		35 00	105.00
280	Floable 21	1		100 gal		2 50	250.00
221	KCL Liquid	1		2 gal		25 00	50.00
SERVICE CHARGE				180		2 00	360.00
TOTAL WEIGHT				15257		1 00	381.43
LOADED MILES				50			6176.43
TON MILES					381.43		

JOB LOG

SWIFT Services, Inc.

DATE 7 MAR 12 PAGE NO. 1

CUSTOMER MULL DRILLING WELL NO. 2-25 LEASE Steffans JOB TYPE Cement long string TICKET NO. 22020

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								180 sk 50/50 Pozmix 2% gel
								5 1/2" casing 105 ft 4" PVC END-4950 LEO 0153
								slight 45' PortColor R54" GC 5000' +60
								Enterals 1, 2, 3, 4, 5, 7, 9, 10, 11, 12, 17
	1400							on loc TRK 114
	1700							start 5 1/2" 14" casing in well
	1935							Drop ball - circulate - rotate
	2050	4 3/4	15				200	Pump 15 bbl KCL H ₂ O
		4 3/4	24				200	Pump 1000 gal Floccak 21
		4 3/4	5				200	Pump 5 bbl KCL H ₂ O
			7					Plug RH 30SK
	2105	4 3/4	42				250	mix 50/50 Pozmix 2% gel @ 14.4 ppq 150 sks
								Release top plug
								kick out pump & line
	2120	6 3/4					250	Displace plug
		6 3/4	95				450	
	2137						1600	Land plug
								Release pressure to tank - dried up
								wash truck
								Back up
	2220							job complete
								Thank RCO: Dave ISAAC



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

TICKET No. **22073**

PAGE 1 OF

SERVICE LOCATION: **NESS CITY, KS**

WELL PROJECT NO.: **STEFFEN 2 2008** LEASE: **GOVE** COUNTY: **ARTICHA, KS** STATE: **KS** CITY: **ARTICHA, KS** DATE: **11/29/12** ORDER NO.: **11/29/12**

TICKET TYPE: SERVICE SALES CONTRACTOR: **PROFESSIONAL PULLING** RIG MAKE/NO.: **DEV** SHIPPED VIA: **DELIVERED TO**

WELL TYPE: **DIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT BIT DOLLAR** WELL PERMIT NO.: **W-10 QUINER RD 4M, WISIO (APP 5 M)**

REFERENCE LOCATION: **DIL** INVOICE INSTRUCTIONS: **DEVELOPMENT**

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UNIT	QTY.	UNIT	UNIT PRICE	AMOUNT
		LOC	ACCT							
575				MILEAGE #11D	410	mi	1	mi	1.250	2410.00
576D				PUMP CHARGE	1	hr	1	hr	1250.00	1250.00
276				PROCURE	44	lb	1	lb	2.00	88.00
29D				D-AIR	2	gal	1	gal	35.00	70.00
33D				SUITE MULTI DENSITY	175	SK	1	SK	16.50	2887.50
581				SERVICE CHARGE CEMENT	200	SK	1	SK	2.00	400.00
583				DRAINAGE	1997	165	1	165	399.47	399.47

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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? 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 SERVICES? YES NO

CUSTOMER DID NOT WANT TO RESPOND

PAGE TOTAL: **5334 90**

TOTAL: **5580 06**

GATE TAX 8.05% **245 16**

DATE SIGNED: **10 MAR 12** TIME SIGNED: **1030** BY: **AM**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: **10/2/2012**

SWIFT OPERATOR: **Joe Papp** APPROVAL: **Joe Papp**

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: 10 MAR 12 PAGE NO.

CUSTOMER: **MULL DRILLING** WELL NO. LEASE: **STEEFENS 2-25** JOB TYPE: **CEMENT PORT COLLAR** TICKET NO. **22073**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0850							ON LOCATION
								PORT COLLAR @ 1942
	0915				✓		1000	TEST - HELD
	0918	3 1/2			✓		200	OPEN PORT COLLAR TAKE LWS. RATE
	0920	4	97	✓		350		MIX 175 SX SMD
		3	10 1/2	✓		200		DISPLACE CEMENT
								CIRCULATE 20 SX TO PIT
	0947				✓		1000	CLOSE PORT COLLAR - TEST - HELD
	0950							RUN 4 JTS
	0958	4	26		✓		200	REVERSE CEMENT OUT OF TUBING
	1009							WASH TRUCK
	1030							JOB COMPLETE
								THANKS #110
								JASON JEFF DOUG

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M287
Well Name	STEFFENS 2-25	Representative	MIKE COCHRAN
Unique Well ID	DST#1 LANSING H-J 3900-3990	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.25-15S-27W GOVE CO.KS.	Report Date	2012/03/05
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 LANSING H-J 3900-3990		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/03/05	Start Test Time	02:25:00
Final Test Date	2012/03/05	Final Test Time	10:15:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

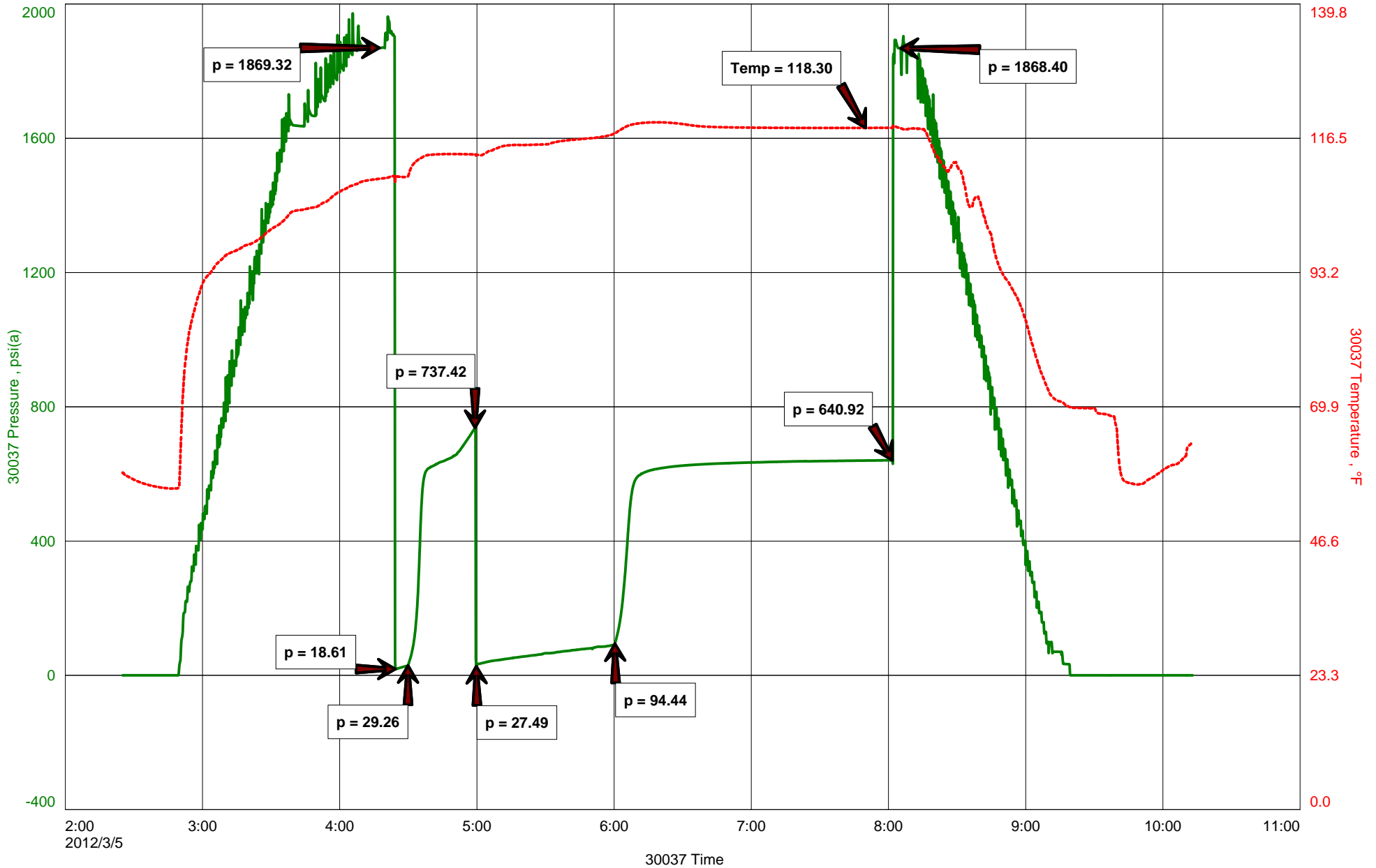
Test Results

Remarks

RECOVERED:
400' GIP
166' GOCM 20% GAS, 22% EMULSIFIED OIL, 58% MUD
166' TOTAL FLUID

TOOL SAMPLE: 50% OIL, 50% MUD

STEFFENS 2-25





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.

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	M288
Well Name	STEFFENS 2-25	Representative	MIKE COCHRAN
Unique Well ID	DST#2 LANSING K 3985-4030	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.25-15S-27W GOVE CO.KS.	Report Date	2012/03/06
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 LANSING K 3985-4030		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/03/05	Start Test Time	17:45:00
Final Test Date	2012/03/06	Final Test Time	02:10:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
627' GIP
149' GHOCM 15% GAS, 39% OIL, 46% MUD
30'OSMW 2% OIL, 72% WTR, 26% MUD
179' TOTAL FLUID

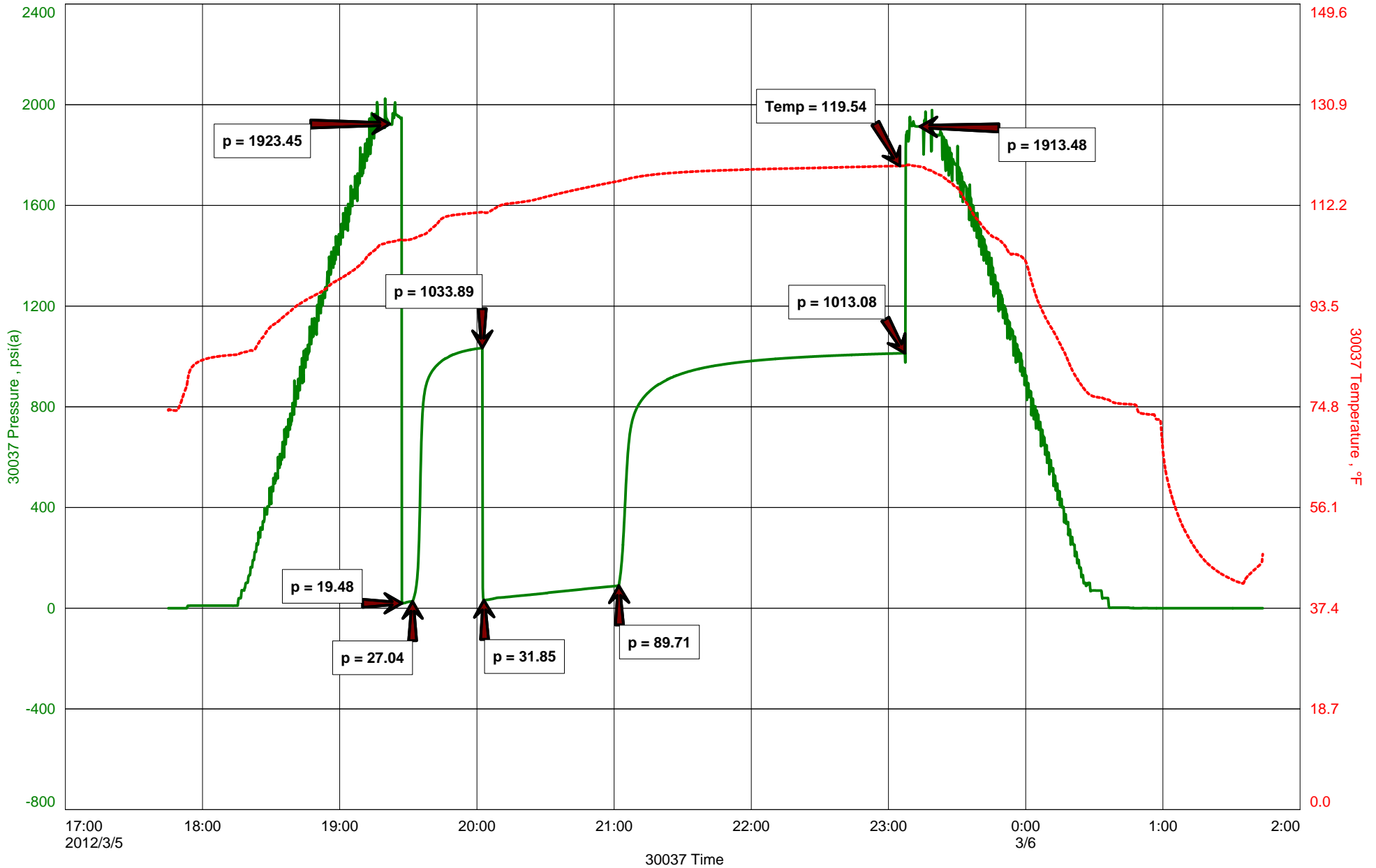
CHLOR: 35,000 PPM
PH:8.5
RW: .36 @ 76 DEG

TOOL SAMPLE: 60% OIL, 20% WTR, 20% MUD

MULL DRLG CO. INC.
DST#2 LANSING K 3985-4030
Start Test Date: 2012/03/05
Final Test Date: 2012/03/06

STEFFENS 2-25
Formation: DST#2 LANSING K 3985-4030
Pool: WILDCAT
Job Number: M288

STEFFENS 2-25





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.

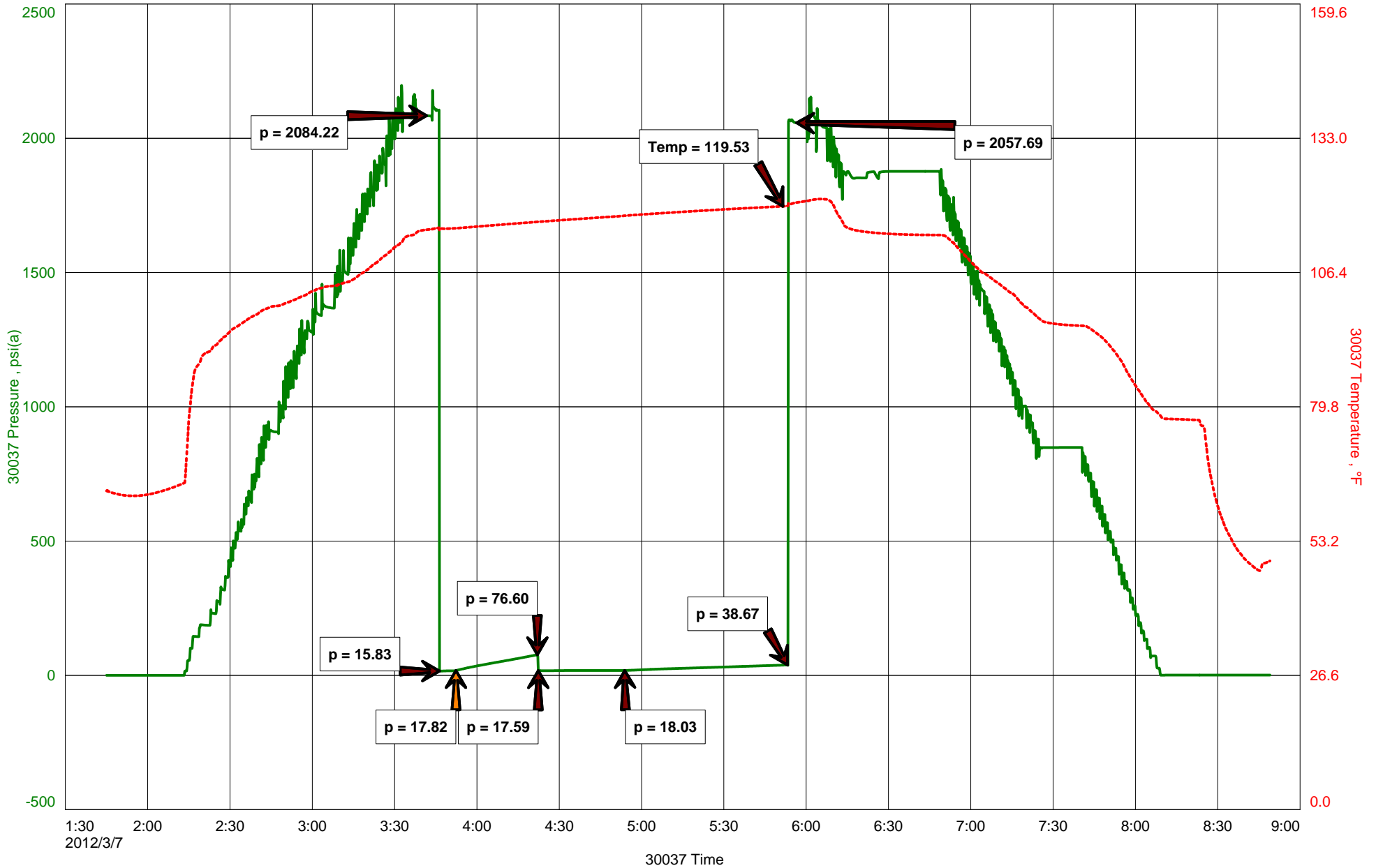
Blow: 1st Open: _____
2nd Open: _____

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.

STEFFENS 2-25



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M289
Well Name	STEFFENS 2-25	Representative	MIKE COCHRAN
Unique Well ID	DST#3 FT. SCOTT 4220-4270	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.25-15S-27W GOVE CO.KS.	Report Date	2012/03/07
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 FT. SCOTT 4220-4270		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/03/07	Start Test Time	01:45:00
Final Test Date	2012/03/07	Final Test Time	09:15:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
2' DM 100% MUD
2' TOTAL FLUID

TOOL SAMPLE: DM W/ A FEW SPOTS OF LIGHT 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 _____	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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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M290
Well Name	STEFFENS 2-25	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4265-4340 MISSISSIPPI	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.25-15S-27W GOVE CO.KS.	Report Date	2012/03/08
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#4 4265-4340 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/03/07	Start Test Time	21:40:00
Final Test Date	2012/03/08	Final Test Time	04:25:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

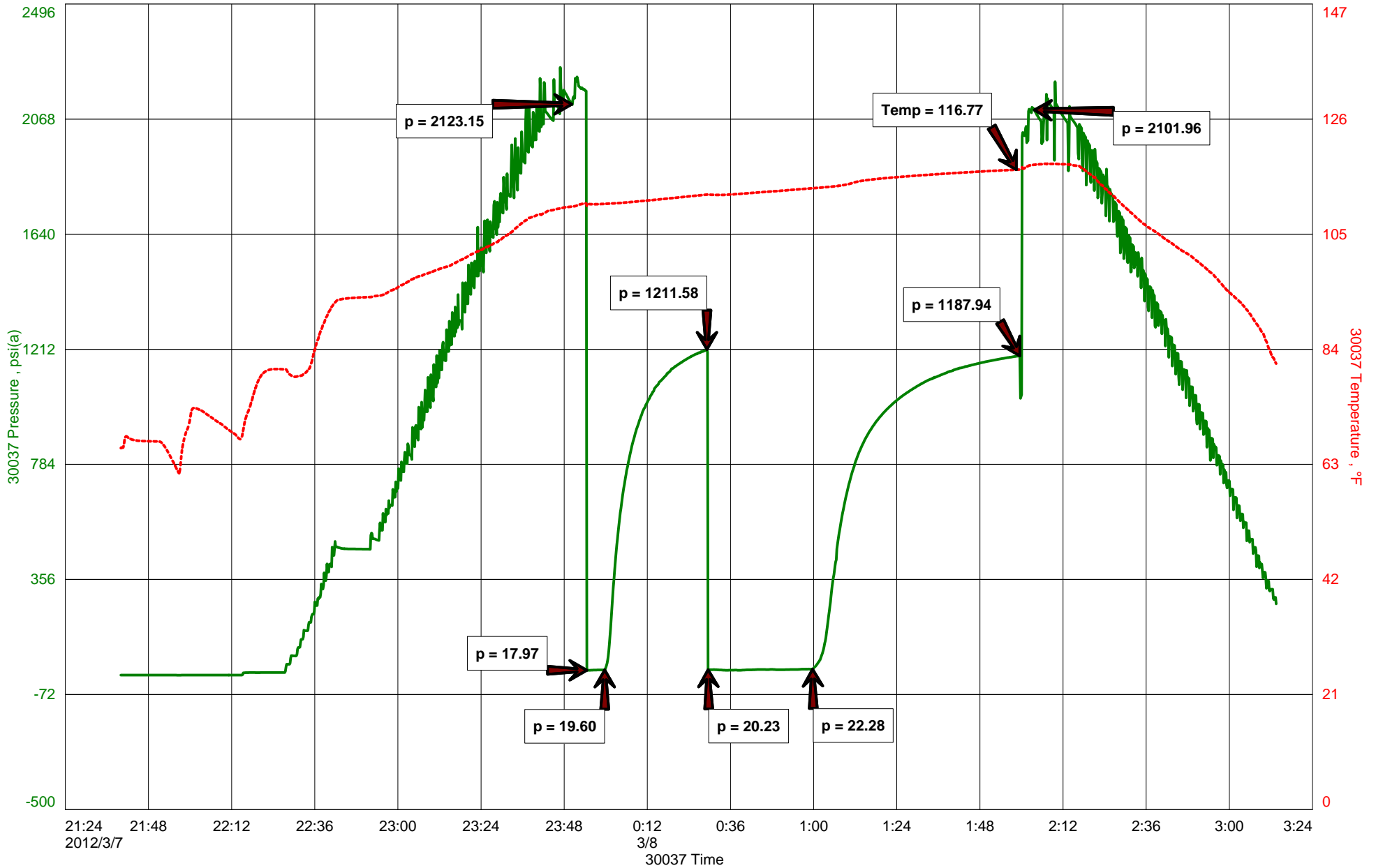
Remarks

RECOVERED:
1' CO 100% OIL
14' SOSDM 1% OIL, 99% DRLG MUD
15' TOTAL FLUID

GRAVITY: 37.4 @ 60

TOOL SAMPLE: 2% OIL, 98% MUD

STEFFENS 2-25





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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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M291
Well Name	STEFFENS 2-25	Representative	MIKE COCHRAN
Unique Well ID	DST#5 4340-4350 MISSISSIPPI	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.25-15S-27W GOVE CO.KS.	Report Date	2012/03/08
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#5 4340-4350 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/03/08	Start Test Time	10:10:00
Final Test Date	2012/03/08	Final Test Time	18:55:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks

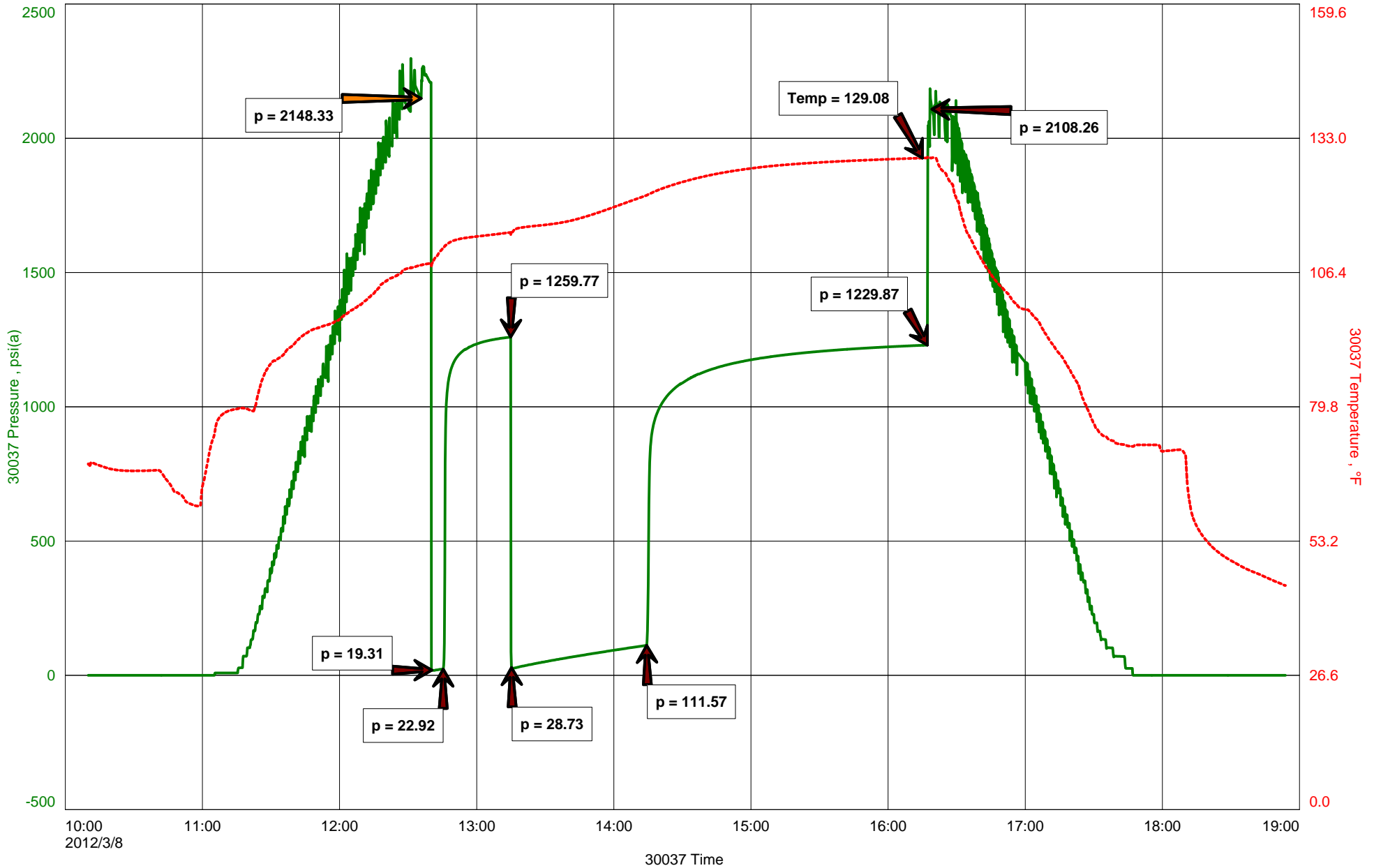
RECOVERED:
230' GIP
240' CO 100% OIL
30' GSOCWM 8% GAS, 8% OIL, 22% WTR, 62% MUD
270' TOTAL FLUID

GRAVITY: 36.6 @ 60

CHLOR: 7,000 PPM
PH:8.5
RW: .90 @ 65 DEG

TOOL SAMPLE: 2% GAS, 20% OIL, 25% WTR, 53% MUD

STEFFENS 2-25





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 : STEFFENS WELL # : 2 - 25
LOCATION : 620' FNL & 520' FEL
SEC: 25 TWP : 15 S RGE : 27 W
COUNTY : GOVE STATE : KANSAS

ELEVATION
KB : 2469
GL : 2460
MEASUREMENTS FROM
KB

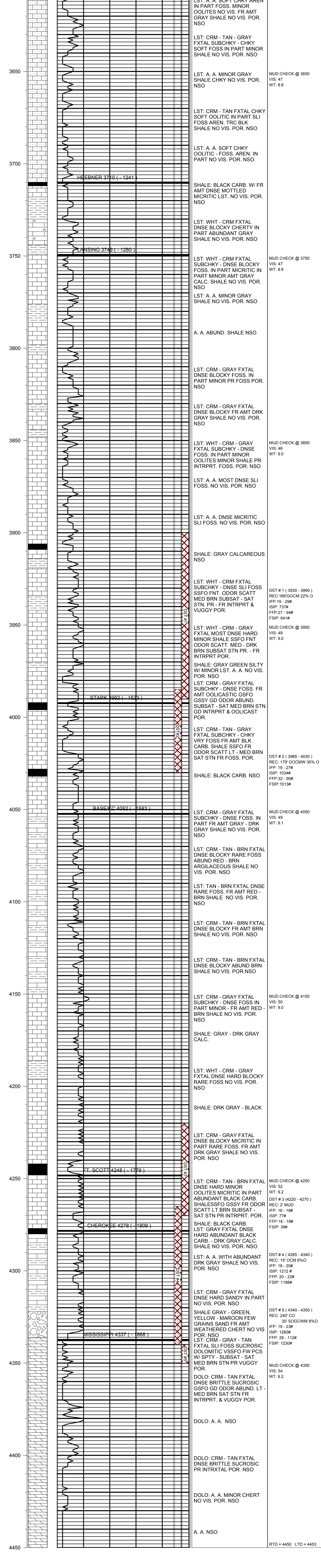
CONTRACTOR : DUKE RIG # 4
COMM: 02 / 29 / 2012 COMP : 03 / 09 / 2012
RTD : 4450 LOG TD : 4453
SAMPLES SAVED FROM : 3600 TO: RTD
GEOLOGICAL SUPERVISION FROM : 3600 TO : RTD
MUD UP : 3500 TYPE MUD : CHEMICAL

CASING RECORD
SURFACE :
8 5/8" @ 237'
PRODUCTION :
5 1/2" @ 4450

ELECTRICAL SURVEYS:
DIL
CNL / CDL
MICRO
SONIC

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3710		- 1241	3710		- 1241	+ 01
LANSING	3749		- 1280	3749		- 1280	+ 02
STARK	3994		- 1525	3992		- 1523	- 01
BASE/ KC	4052		- 1583	4052		- 1583	- 01
FT. SCOTT	4250		- 1781	4248		- 1779	- 03
CHEROKEE	4278		- 1809	4278		- 1809	- 03
MISSISSIPPI	4337		- 1868	4337		- 1868	- 03

REFERENCE WELL FOR STRUCTURAL COMPARISON :
MULL DRILLING CO. INC. # 1-25 STEFFENS SEC.25 - T 15 S - R 27 W GOVE COUNTY KANSAS



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

KEVIN L. KESSLER

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

June 05, 2012

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

Re: ACO1
API 15-063-21970-00-00
Steffens 2-25
NE/4 Sec.25-15S-27W
Gove 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