

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: Yes 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Ottley 1-6

API/Permit #: 15-109-21066-00-00

Doc ID: 1084064

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/02/2012	06/15/2012
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	2300-2500
CementingDepthBase1		2500
CementingDepthTop1		2300
Completion Or Recompletion Date	04/20/2012	05/01/2012
Date of First or Resumed Production or SWD or Enhr	04/20/2012	06/15/2012
Number Of Sacks Used for Cementing / Squeezing- Line 1		25
Perf_Material_1	750 gal 15% MCA	
Perf_Material_2		750 gal 15% MCA

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_3	3000 gal 15% NEFE	
Perf_Material_4		3000 gal 15% NEFE
Perf_Record_1	3125 - 3142 Council Groce	1952 - 2002 White Horse, CIBP 3090'
Perf_Record_2	3216 - 3254 Council Grove	3125 - 3142 Council Grove
Perf_Record_3	3125 - 3142 & 3216 - 3254 Council Grove	3216 - 3254 Council Grove
Perf_Record_4		3125 - 3142 & 3216 - 3254 Council Grove
Perf_Shots_1	4	2
Perf_Shots_2	4	2
Perf_Shots_3		2
Plug Back Total Depth	3489	2300
Producing Formation	Council Grove	White Horse
Producing Method Other	No	Yes
Producing Method Other Detail		SWD

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Producing Method Pumping	Yes	No
Production - Barrels Oil	0	
Production - Barrels of Water	10	
Production Interval #1	3125-3254	1952 - 2002
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1079846	../../../../kcc/detail/operatorEditDetail.cfm?docID=1084064
Type Of Cement Used for Cementing / Squeezing - Line 1		Class A
Well Type	OIL	SWD



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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
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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

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: _____



1079846

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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

May 01, 2012

Leon Rodak
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: ACO1
API 15-109-21066-00-00
Ottley 1-6
SE/4 Sec.06-13S-32W
Logan 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,
Leon Rodak

MDCI Ottley #1-6 700' FSL 900' FEL Sec. 6-T13S-R32W 3022' KB							MDCI Vanava #1-5 2310' FSL 1800' FEL Sec. 5-T13S-R32W 3044' KB	
Formation	SampleTops	Datum	Ref	Log Tops	Datum	Ref	Log Tops	Datum
Anhydrite	2509	+513	-4	2524	+498	-19	2527	+517
B/Anhydrite	2533	+489	-6	2547	+475	-20	2549	+495
Topeka	3755	-733	-8	3750	-728	-3	3769	-725
Heebner	3980	-958	-7	3974	-952	-1	3995	-951
Lansing	4019	-997	-3	4017	-995	-1	4038	-994
Stark	4258	-1236	-15	4254	-1232	-11	4265	-1221
Up Pawnee	4458	-1436	-10	4454	-1432	-6	4470	-1426
Chero Sh	4544	-1522	-12	4539	-1517	-7	4554	-1510
Johnson	4584	-1562	-9	4583	-1561	-8	4597	-1553
B Penn Lm				4628	-1606	-5	4645	-1601
Mississippi	4655	-1633	+3	4650	-1628	+8	4680	-1636
RTD							4740	
LTD				5048			4741	



DRILL STEM TEST REPORT

Prepared For: **Murfin Drilling Co.**

250 N. Water
Suite 300
Wichita, KS 67202

ATTN: Tom Funk

#1-6 Ottley

6-13s-32w Logan,KS

Start Date: 2012.01.08 @ 12:29:00

End Date: 2012.01.08 @ 20:48:50

Job Ticket #: 45378 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.01.12 @ 12:14:50



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Murfin Drilling Co.
 250 N. Water
 Suite 300
 Wichita, KS 67202
 ATTN: Tom Funk

6-13s-32w Logan, KS

#1-6 Ottley

Job Ticket: 45378

DST#: 1

Test Start: 2012.01.08 @ 12:29:00

GENERAL INFORMATION:

Formation: **LKC 'H-K'**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 14:43:30
 Time Test Ended: 20:48:50
 Interval: **4171.00 ft (KB) To 4285.00 ft (KB) (TVD)**
 Total Depth: 4285.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Chuck Smith
 Unit No: 37
 Reference Elevations: 3022.00 ft (KB)
 3009.00 ft (CF)
 KB to GR/CF: 13.00 ft

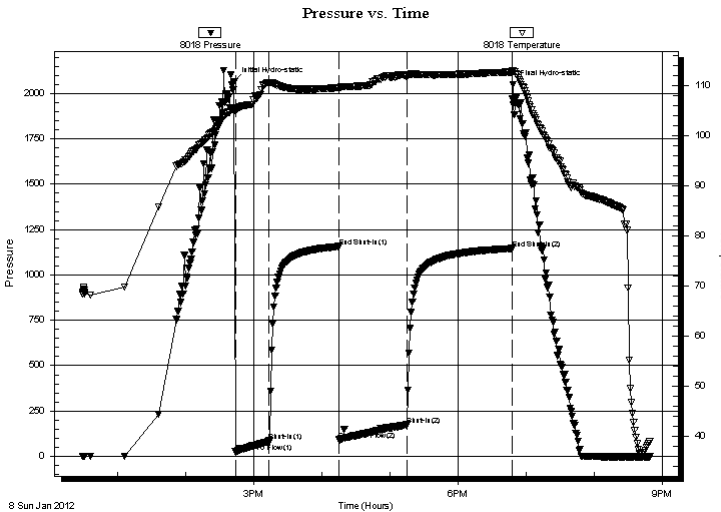
Serial #: 8018

Inside

Press @ Run Depth: 173.66 psig @ 4176.00 ft (KB)
 Start Date: 2012.01.08 End Date: 2012.01.08
 Start Time: 12:29:02 End Time: 20:48:49
 Capacity: 8000.00 psig
 Last Calib.: 2012.01.08
 Time On Btm: 2012.01.08 @ 14:42:30
 Time Off Btm: 2012.01.08 @ 18:48:09

TEST COMMENT: 4 1/2" Blow .
 No return.
 5" Blow .
 No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2064.65	105.14	Initial Hydro-static
1	25.16	104.86	Open To Flow (1)
31	82.15	110.38	Shut-In(1)
92	1156.28	109.50	End Shut-In(1)
93	90.99	109.26	Open To Flow (2)
153	173.66	111.86	Shut-In(2)
245	1145.84	112.64	End Shut-In(2)
246	2049.31	112.84	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
320.00	SOCM 1 to 99m	1.57

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Murfin Drilling Co.

6-13s-32w Logan, KS

250 N. Water
Suite 300
Wichita, KS 67202
ATTN: Tom Funk

#1-6 Ottley

Job Ticket: 45378

DST#: 1

Test Start: 2012.01.08 @ 12:29:00

Tool Information

Drill Pipe:	Length: 3596.00 ft	Diameter: 3.80 inches	Volume: 50.44 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 550.00 ft	Diameter: 2.25 inches	Volume: 2.70 bbl	Weight to Pull Loose: 95000.00 lb
			<u>Total Volume: 53.14 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	2.50 ft			String Weight: Initial 80000.00 lb
Depth to Top Packer:	4171.00 ft			Final 82000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	114.00 ft			
Tool Length:	141.50 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4144.50	
Shut In Tool	5.00			4149.50	
Hydraulic tool	5.00			4154.50	
Jars	5.00			4159.50	
Safety Joint	2.50			4162.00	
Packer	5.00			4167.00	27.50 Bottom Of Top Packer
Packer	4.00			4171.00	
Stubb	1.00			4172.00	
Perforations	4.00			4176.00	
Recorder	0.00	8018	Inside	4176.00	
Recorder	0.00	6751	Outside	4176.00	
Perforations	10.00			4186.00	
Change Over Sub	1.00			4187.00	
Drill Pipe	94.00			4281.00	
Change Over Sub	1.00			4282.00	
Bullnose	3.00			4285.00	114.00 Bottom Packers & Anchor
Total Tool Length:	141.50				



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Murfin Drilling Co.

6-13s-32w Logan,KS

250 N.Water
Suite 300
Wichita, KS 67202
ATTN: Tom Funk

#1-6 Ottley

Job Ticket: 45378

DST#: 1

Test Start: 2012.01.08 @ 12:29:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 55.00 sec/qt

Water Loss: 5.59 in³

Resistivity: ohm.m

Salinity: 2500.00 ppm

Filter Cake: 2.00 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
320.00	SOCM 1o 99m	1.574

Total Length: 320.00 ft Total Volume: 1.574 bbl

Num Fluid Samples: 0

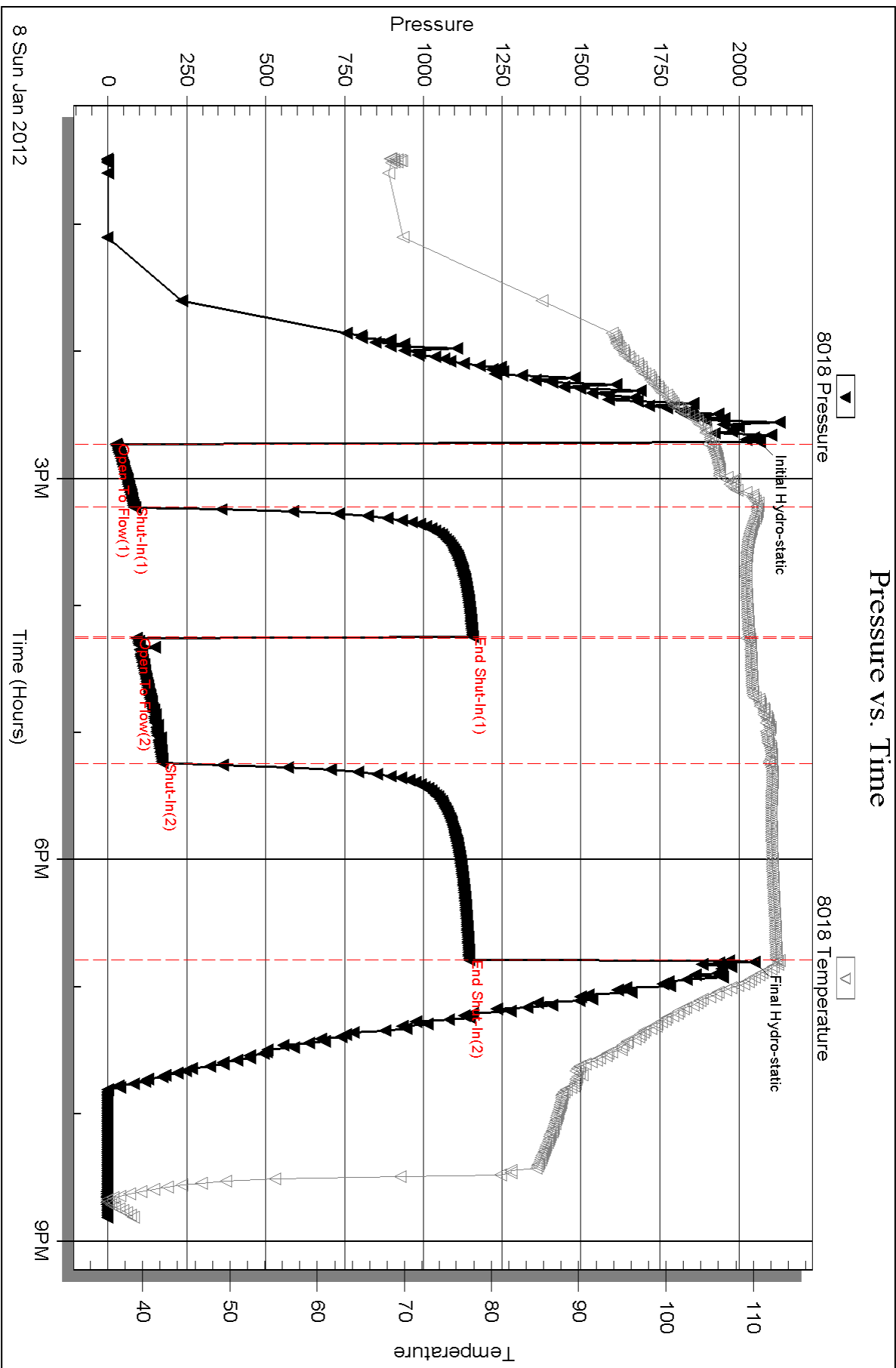
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

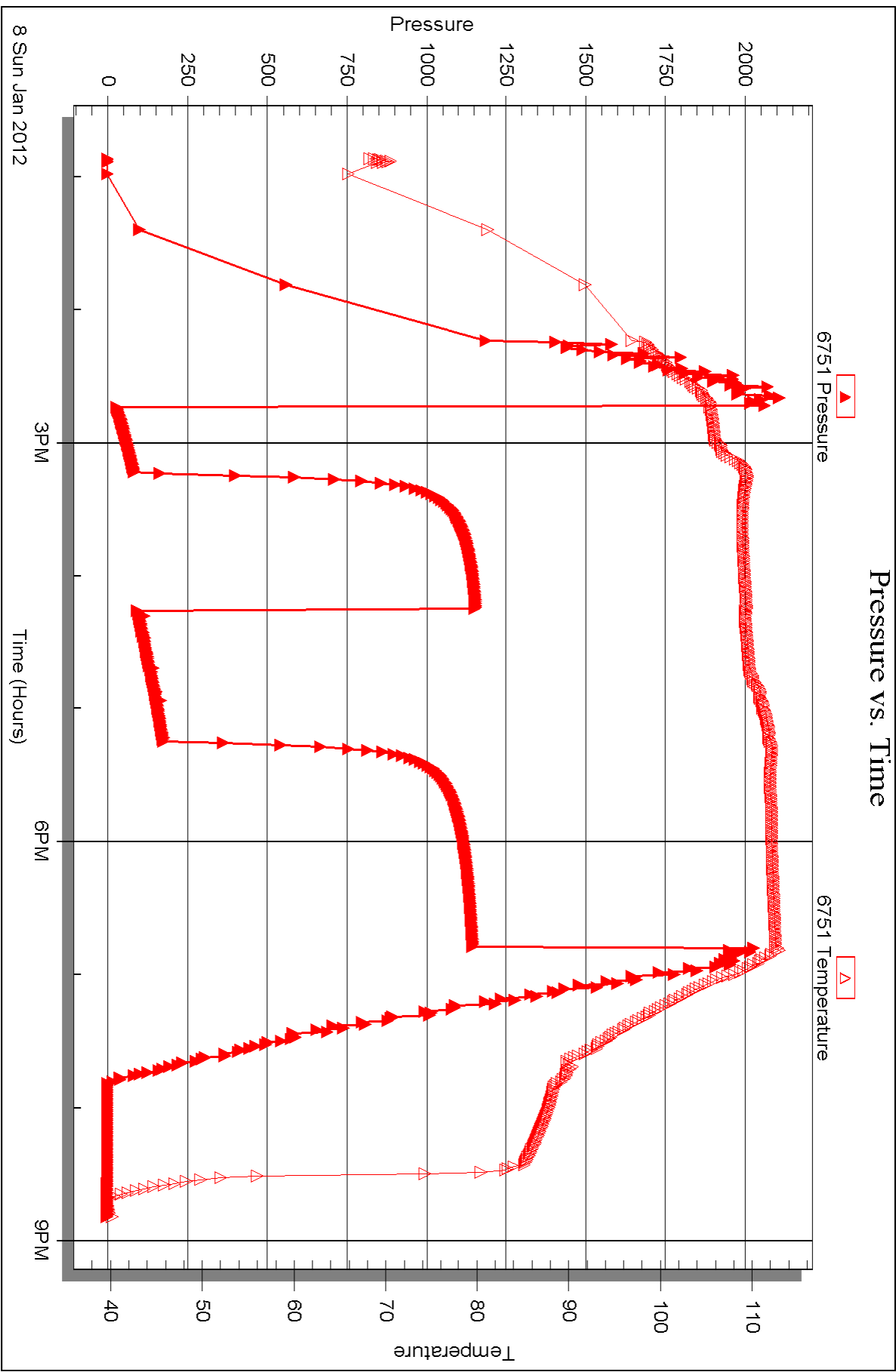


Serial #: 6751

Outside Murfin Drilling Co.

#1-6 Otley

DST Test Number: 1





DRILL STEM TEST REPORT

Prepared For: **Murfin Drilling Co.**

250 N. Water
Suite 300
Wichita, KS 67202

ATTN: Tom Funk

#1-6 Ottley

6-13s-32w Logan,KS

Start Date: 2012.01.09 @ 22:05:00

End Date: 2012.01.10 @ 05:17:20

Job Ticket #: 45379 DST #: 2

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.01.12 @ 12:14:11



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Murfin Drilling Co.
250 N. Water
Suite 300
Wichita, KS 67202
ATTN: Tom Funk

6-13s-32w Logan, KS

#1-6 Ottley

Job Ticket: 45379

DST#: 2

Test Start: 2012.01.09 @ 22:05:00

GENERAL INFORMATION:

Formation: **Johnson**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:43:50
 Time Test Ended: 05:17:20
 Interval: **4563.00 ft (KB) To 4618.00 ft (KB) (TVD)**
 Total Depth: 4618.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Chuck Smith
 Unit No: 37
 Reference Elevations: 3022.00 ft (KB)
 3009.00 ft (CF)
 KB to GR/CF: 13.00 ft

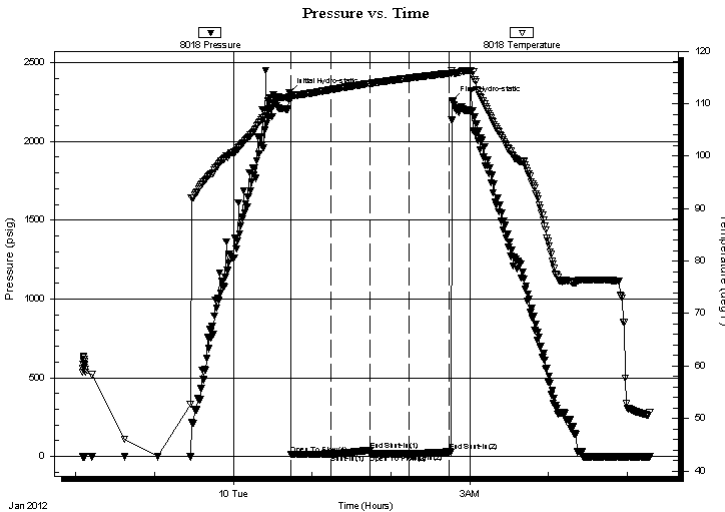
Serial #: 8018

Inside

Press @ Run Depth: 17.72 psig @ 4568.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.01.09 End Date: 2012.01.10 Last Calib.: 2012.01.10
 Start Time: 22:05:02 End Time: 05:17:19 Time On Btm: 2012.01.10 @ 00:42:30
 Time Off Btm: 2012.01.10 @ 02:46:50

TEST COMMENT: 1/4" Blow .
 No return.
 No blow .
 No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2309.18	111.26	Initial Hydro-static
2	14.36	110.72	Open To Flow (1)
32	15.45	112.65	Shut-In(1)
61	41.40	113.85	End Shut-In(1)
62	16.69	113.85	Open To Flow (2)
92	17.72	114.87	Shut-In(2)
122	30.81	115.77	End Shut-In(2)
125	2260.54	115.91	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	M100m	0.02

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Murfin Drilling Co.

6-13s-32w Logan, KS

250 N. Water
Suite 300
Wichita, KS 67202
ATTN: Tom Funk

#1-6 Ottley

Job Ticket: 45379

DST#: 2

Test Start: 2012.01.09 @ 22:05:00

Tool Information

Drill Pipe:	Length: 4004.00 ft	Diameter: 3.80 inches	Volume: 56.17 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 550.00 ft	Diameter: 2.25 inches	Volume: 2.70 bbl	Weight to Pull Loose: 95000.00 lb
			<u>Total Volume: 58.87 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	18.50 ft			String Weight: Initial 84000.00 lb
Depth to Top Packer:	4563.00 ft			Final 84000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	55.00 ft			
Tool Length:	82.50 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4536.50	
Shut In Tool	5.00			4541.50	
Hydraulic tool	5.00			4546.50	
Jars	5.00			4551.50	
Safety Joint	2.50			4554.00	
Packer	5.00			4559.00	27.50 Bottom Of Top Packer
Packer	4.00			4563.00	
Stubb	1.00			4564.00	
Perforations	4.00			4568.00	
Recorder	0.00	8018	Inside	4568.00	
Recorder	0.00	6751	Outside	4568.00	
Perforations	14.00			4582.00	
Change Over Sub	1.00			4583.00	
Drill Pipe	31.00			4614.00	
Change Over Sub	1.00			4615.00	
Bullnose	3.00			4618.00	55.00 Bottom Packers & Anchor
Total Tool Length:	82.50				



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Murfin Drilling Co.

6-13s-32w Logan,KS

250 N.Water
Suite 300
Wichita, KS 67202
ATTN: Tom Funk

#1-6 Ottley

Job Ticket: 45379

DST#: 2

Test Start: 2012.01.09 @ 22:05:00

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: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2200.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	M100m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

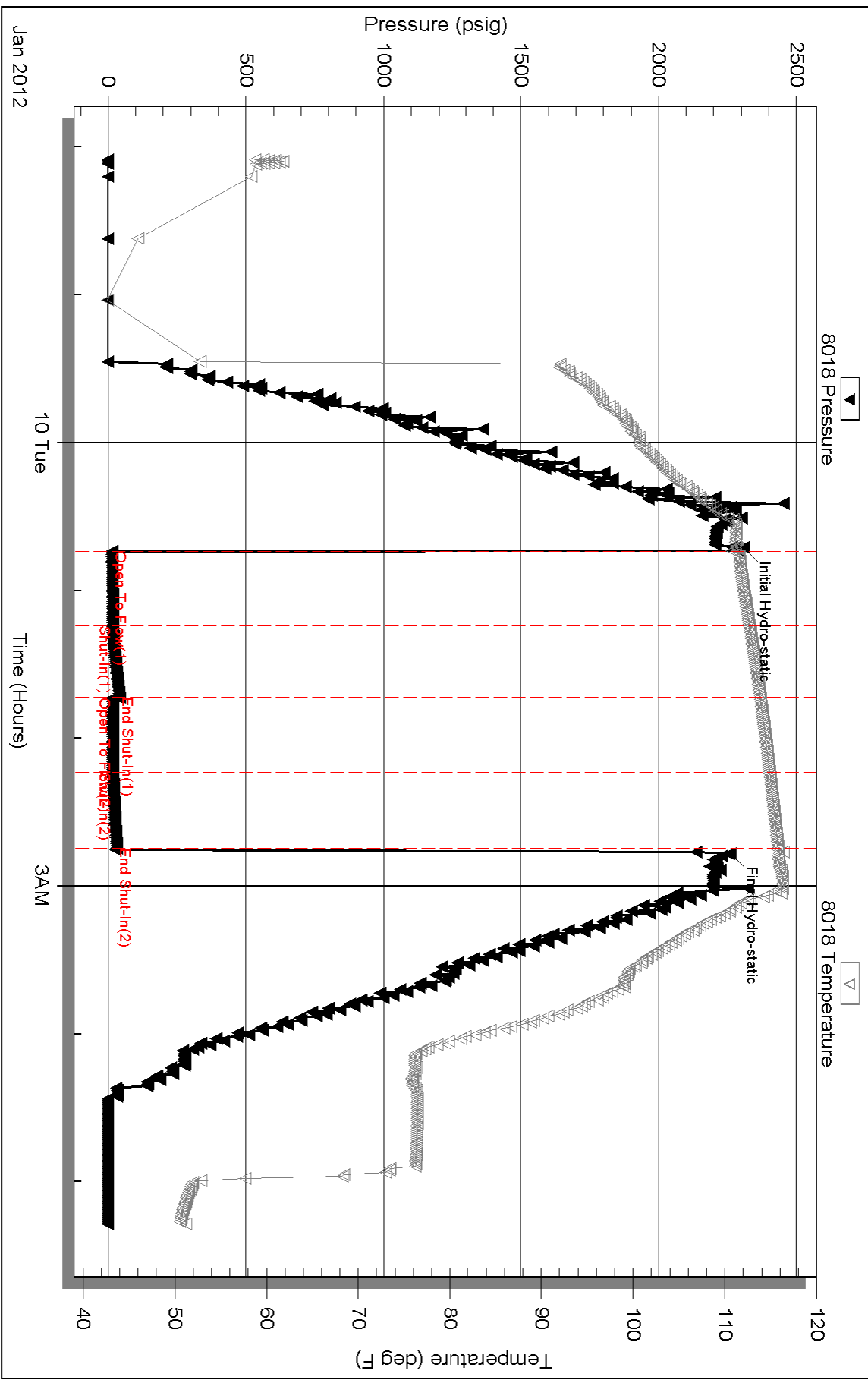
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

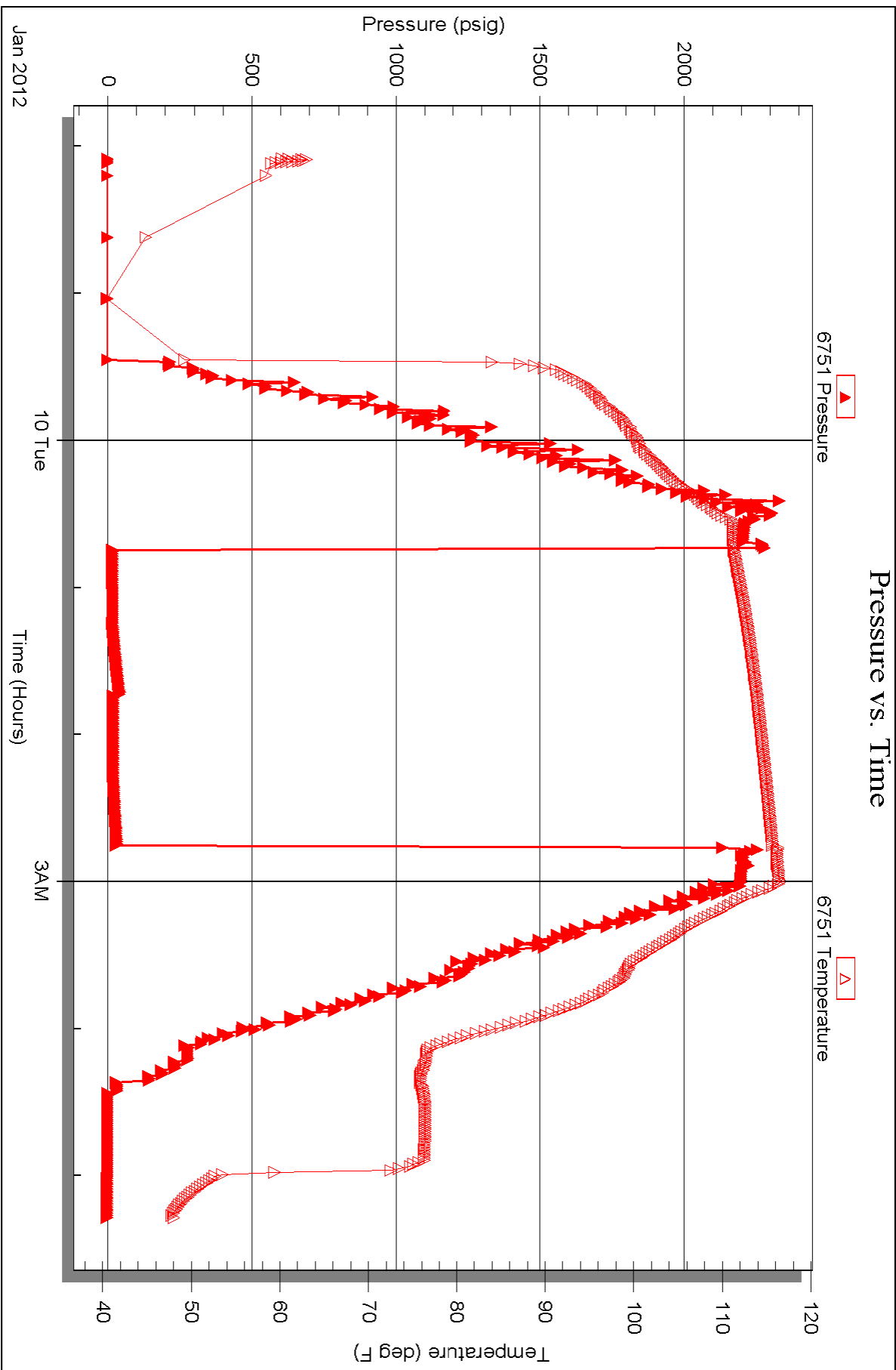


Serial #: 6751

Outside Murfin Drilling Co.

#1-6 Otley

DST Test Number: 2





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
JAN 12 2012
BY: _____

Test Ticket

NO. 45378

Well Name & No. #1-6 Ottley Test No. 1 Date 1-8-12
 Company Murfin Drilling Co. Elevation 3022 KB 3009 GL
 Address 250 N. Water Ste. 300 Wichita, KS 67202
 Co. Rep / Geo. Tom Funk Rig MDC #25
 Location: Sec. 6 Twp. 13s Rge. 32w Co. Logan State KS

Interval Tested 4171-4285 Zone Tested LKC H, I, J, K
 Anchor Length 114 Drill Pipe Run 3596 Mud Wt. 9.2
 Top Packer Depth 4167 Drill Collars Run 550 Vis 55
 Bottom Packer Depth 4171 Wt. Pipe Run 0 WL 5.6
 Total Depth 4285 Chlorides 2500 ppm System LCM 4
 Blow Description 4 1/2" Blow
No return.
5" Blow
No return.

Rec	Feet of	%gas	%oil	%water	%mud
Rec <u>320</u>	Feet of <u>SOCM</u>	%gas	<u>1</u> %oil	%water	<u>99</u> %mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

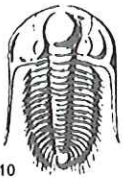
Rec Total 320 BHT 112 Gravity - API RW @ - °F Chlorides - ppm

(A) Initial Hydrostatic 2065 Test 1225- T-On Location 11:45
 (B) First Initial Flow 25 Jars 250- T-Started 12:29
 (C) First Final Flow 82 Safety Joint 75- T-Open 14:44
 (D) Initial Shut-In 1156 Circ Sub N/C T-Pulled 18:47
 (E) Second Initial Flow 91 Hourly Standby _____ T-Out 20:49
 (F) Second Final Flow 174 Mileage 8/RT 113.40 Comments _____
 (G) Final Shut-In 1146 Sampler _____
 (H) Final Hydrostatic 2049 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 0
 Initial Shut-In 60 Day Standby _____ Total 1663.40
 Final Flow 60 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 90

Sub Total 1663.40

Approved By [Signature] Our Representative Chuck Smith

Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
JAN 12 2012
BY: _____

Test Ticket

NO. 45379

Well Name & No. #1-6 Orley Test No. 2 Date 1-9-12
 Company Murfin Drilling Co. Elevation 3022 KB 3009 GL _____
 Address 250 N. Water Ste. 300 Wichita, KS 67202
 Co. Rep / Geo. Tom Funk Rig MDC #25
 Location: Sec. 6 Twp. 13s Rge. 32w Co. Logan State KS

Interval Tested 4563-4618 Zone Tested Johnson
 Anchor Length 55 Drill Pipe Run 4004 Mud Wt. 9.3
 Top Packer Depth 4559 Drill Collars Run 550 Vis 53
 Bottom Packer Depth 4563 Wt. Pipe Run 0 WL 6.0
 Total Depth 4618 Chlorides 2200 ppm System LCM 2
 Blow Description 1/4" Blow
No return
No blow
No return

Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec <u>5</u>	Feet of <u>M</u>	%gas	%oil	%water <u>100</u>	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 5 BHT 116 Gravity - API RW @ _____ °F Chlorides - ppm
 (A) Initial Hydrostatic 2309 Test 1225 T-On Location 21:15
 (B) First Initial Flow 14 Jars _____ T-Started 22:05
 (C) First Final Flow 15 Safety Joint _____ T-Open 00:44
 (D) Initial Shut-In 41 Circ Sub N/C T-Pulled 2:45
 (E) Second Initial Flow 17 Hourly Standby _____ T-Out 5:17
 (F) Second Final Flow 18 Mileage 8/RTx2 226.80 ¹⁰² Comments Picked up tool 18:00
 (G) Final Shut-In 31 Sampler _____ 1-10-12
 (H) Final Hydrostatic 2261 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 8
 Initial Shut-In 30 Day Standby _____ Total 1451.80
 Final Flow 30 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 30
 Sub Total 1451.80

Approved By [Signature] Our Representative Chuck Amos
 Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



PO Box 31
Russell, KS 67665

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 129812

Invoice Date: Jan 3, 2012

Page: 1

PROD COPY

Federal Tax I.D.#: 20-5975804

*Operator Pay
MOC am*

Bill To:
Murfin Drlg. Co., Inc.
*PO Box 661
Colby, KS 67701*

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Murfin	Ottley #1-6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Jan 3, 2012	2/2/12

Quantity	Item	Description	Unit Price	Amount
170.00	MAT	Class A Common	16.25	2,762.50
6.00	MAT	Chloride	58.20	349.20
176.00	SER	Handling	2.25	396.00
16.00	SER	Mileage 176 sx @.11	19.36	309.76
1.00	SER	Surface	1,125.00	1,125.00
16.00	SER	Pump Truck Mileage	7.00	112.00
1.00	SER	Manifold Swedge Rental	325.00	325.00
16.00	SER	Light Vehicle Mileage	4.00	64.00
1.00	EQUIP OPER	Darren Racette		
1.00	CEMENTER	LaRene Wentz		
1.00	OPER ASSIST	Ethan Glassman		

Account	Unit	W	No.	Amount	Description
<i>ID203</i>	Rig	L		<i>3765.39</i>	<i>Cement S. Csg. #1-6</i>
				<i>3.6049.000</i>	

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

~~1088.69~~

ONLY IF PAID ON OR BEFORE
Jan 28, 2012

*1905.22
Corrected
By YR
See Attached*

Subtotal	5,443.46
Sales Tax	227.15
Total Invoice Amount	5,670.61
Payment/Credit Applied	
TOTAL	5,670.61

1905.22

3765.39



PO Box 31
Russell, KS 67665

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 129812
Invoice Date: Jan 3, 2012
Page: 1

Bill to:
Murfin Drfg. Co., Inc.
250 N. Water
STE #300
Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Murfin	Ottley #1-6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Jan 3, 2012	2/2/12

Quantity	Item	Description	Unit Price	Amount
170.00	MAT	Class A Common	16.25	2,762.50
6.00	MAT	Chloride	58.20	349.20
176.00	SER	Handling	2.25	396.00
16.00	SER	Mileage 176 sx @.11	19.36	309.76
1.00	SER	Surface	1,125.00	1,125.00
16.00	SER	Pump Truck Mileage	7.00	112.00
1.00	SER	Manifold Swedge Rental	325.00	325.00
16.00	SER	Light Vehicle Mileage	4.00	64.00
1.00	EQUIP OPER	Darren Racette		
1.00	CEMENTER	LaRene Wentz		
1.00	OPER ASSIST	Ethan Glassman		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF
~~\$ 1,088.09~~ 1905.22
TR
ONLY IF PAID ON OR BEFORE
Jan 28, 2012

Subtotal	5,443.46
Sales Tax	227.15
Total Invoice Amount	5,670.61
Payment/Credit Applied	
TOTAL	5,670.61

ALLIED CEMENTING CO., LLC. 036154

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Dakota/Ks
1-4-12

DATE <i>1-3-12</i>	SEC. <i>6</i>	TWP. <i>13</i>	RANGE <i>32</i>	CALLED OUT	ON LOCATION <i>11:30pm</i>	JOB START <i>4:00am</i>	JOB FINISH <i>4:30am</i>
LEASE <i>OHley</i>	WELL# <i>1-6</i>	LOCATION <i>Dakota HS, 3W, 1S,</i>			COUNTY <i>Logan</i>	STATE <i>Ks</i>	
OLD OR <u>NEW</u> (Circle one)		<i>1/4 W, Winto</i>					

CONTRACTOR *Murfin #25*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4"* T.D. *217.1'*

CASING SIZE *8 7/8"* DEPTH *217.92*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *15'*

PERFS. _____

DISPLACEMENT *13 Bbl*

EQUIPMENT _____

PUMP TRUCK CEMENTER *LaRue*

431 HELPER *Darren*

BULK TRUCK _____

404 DRIVER *Ethan*

BULK TRUCK _____

_____ DRIVER _____

OWNER *As same*

CEMENT AMOUNT ORDERED *170 sks core 398 cc*

COMMON *170 sks @ 16.25 = 2762.50*

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE *6.5 sks @ 58.20 = 387.90*

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING *176 sks @ 2.25 = 396.00*

MILEAGE *114 sks/mile @ 3.09 = 352.76*

TOTAL *3812.46*

REMARKS:

Mix 170 sks down casing
Displace with water
Cement did circulate

SERVICE

DEPTH OF JOB *217.92*

PUMP TRUCK CHARGE *1125.00*

EXTRA FOOTAGE _____ @ _____

MILEAGE *16 @ 7.00 = 112.00*

MANIFOLD *swadge @ 325.00*

h.c. mileage @ 4.00

_____ @ _____

TOTAL _____

CHARGE TO: *Murfin Drilling Co*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Raymond Blat*

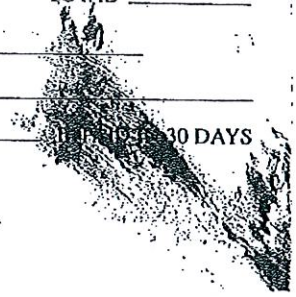
SIGNATURE *[Signature]*

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____



Hcty -

cc: wt
cc: p. l
Scan here



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
1/12/2012	21588

BILL TO
Murfin Drilling Co Inc PO Box 661 Colby, KS 67701-0661

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-6	Ottley	Gove	Company Tools	Disposal	Development	5-1/2" LongString	Wayne
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				80	Miles	6.00	480.00
578D-L	Pump Charge - Long String - 3545 Feet				1	Job	1,500.00	1,500.00
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00T
281	Mud Flush				500	Gallon(s)	1.25	625.00T
403-5	5 1/2" Cement Basket				2	Each	250.00	500.00T
405-5	5 1/2" Formation Packer Shoe				1	Each	1,400.00	1,400.00T
406-5	5 1/2" Latch Down Plug & Baffle				1	Each	250.00	250.00T
409-5	5 1/2" Turbolizer				10	Each	90.00	900.00T
330	Swift Multi-Density Standard (MIDCON II)				470	Sacks	16.50	7,755.00T
276	Flocele				100	Lb(s)	2.00	200.00T
290	D-Air				5	Gallon(s)	35.00	175.00T
581D	Service Charge Cement				470	Sacks	2.00	940.00
583D	Drayage				1,872	Ton Miles	1.00	1,872.00
	Subtotal							16,647.00
	Sales Tax Gove County						8.05%	954.33

USED FOR IC 103
 APPROVED JP R

Thank You For Your Business In 2011!
We Look Forward To Serving You In 2012!

Total \$17,601.33



Services, Inc.

CHARGE TO:
 ADDRESS: **Maryland Drilling Co. Inc**
 CITY, STATE, ZIP CODE

TICKET
 No 21588

PAGE 1 OF 2

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. Ness (WV, K)	1-6	OTTER	Gove	Ks	LOTTER	1-12-12	same
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR GoTears # 25	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOTTER	ORDER NO.	
	WELL TYPE Drill	WELL CATEGORY Development	JOB PURPOSE 5 1/2" Reinstroke	WELL PERMIT NO.	WELL LOCATION DAVIES, K-5/Gove Dr, Box 15, W		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 112	80	MI			6.00	480.00
578		1			PUMP CHARGE	1	JOB	3545	FT	1500.00	1500.00
221		1			ROUND REL	2	GR			25.00	50.00
281		1			MUDFLUSH	500	GR			1.25	625.00
403		1			CUSTOM BASKETS	2	EA		5 1/2"	250.00	500.00
405		1			FORMATION PACKERSHOE	1	EA			1400.00	1400.00
406		1			OPENHOLE PLUG - BATTLE	1	EA			250.00	250.00
409		1			TURBIDERS	10	EA			90.00	900.00

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 <input type="checkbox"/> OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/> ARE YOU SATISFIED WITH OUR SERVICE?		AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE	PAGE TOTAL #1 TOTAL \$5705.00
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			PAGE TOTAL #2 TOTAL \$10942.00

DATE SIGNED: **12-12** TIME SIGNED: **1530**
 DATE SIGNED: **12-12** TIME SIGNED: **1530**
 DATE SIGNED: **12-12** TIME SIGNED: **1530**

SWIFT OPERATOR: **DAVE WATSON** APPROVAL: _____
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: _____
 The customer hereby acknowledges receipt of the materials and services listed on this ticket.
Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **1-12-12** PAGE NO. **7**

CUSTOMER: **MURPHY DRILLING Co, Inc.** WELL NO. **1-6** LEASE **OTTLEY** JOB TYPE **5 1/2" LONGSTRING** TICKET NO. **21588**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530							ON LOCATION
	1800							START 5 1/2" CASING IN WELL
								TD- 5050 SJ- 42'
								TP- 3545 SET = 3545
								5 1/2 - 15.5"
								CENTRALISERS- 2,3,4,5,6,7,8,9,10,24
								CMT BSKTS- 3,24
					✓			DROP BALL - CIRCULATE - SET PACKERSHOE
	2055		7-5					PLUG RH - MH (30SKS - 20SKS)
	2100	6.0	12		✓		200	PUMP 500GAL MODFLUSH
		6.0	20		✓		200	PUMP 20 BBLS KCL-FLUSH
		6.0	161		✓		200	MAX CEMENT 290 SKS SMA = 11.2 PP6
		6.0	34		✓		200	130 SKS SMA = 14.5 PP6
								WASH OUT PUMP - LEWES
								RELEASE LATCH DOWN PLUG
		6.0	0		✓		200	DISPLACE PLUG
		5	36		✓		600	LOST CIRC.
	2200	6.0	83.4		✓		1500	PLUG DOWN - PSE UP LATCH IN PLUG
								OK RELEASE PSE - HELD
								CIRCULATED $\frac{1}{2}$ SKS CEMENT TO PZT
								WASH TRUCK
	2300							JOB COMPLETE

THANK YOU
WAYNE, DAVE A., JOSH B., ROB

