



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1089084
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: _____

1089084

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

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

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

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

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

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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

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

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	David 2-16
Doc ID	1089084

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	David 2-16
Doc ID	1089084

Tops

Name	Top	Datum
Anhydrite	1762	+ 699
B/Anhydrite	1794	+ 667
Heebner Shale	3828	- 1367
Lansing	3864	- 1403
B/KC	4146	- 1685
Ft. Scott	4350	- 1889
Cherokee Shale	4373	- 1912
Cherokee Sand	4426	- 1965
Mississippian	4515	- 2054

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 31, 2012

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

Re: ACO1
API 15-135-25376-00-00
David 2-16
SW/4 Sec.16-17S-23W
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 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 33805
LOCATION Oakley #15
FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-12	5659	David #2-16	16	175	23W	Ness 15
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 206 CASING SIZE & WEIGHT 8 5/8 20 #
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 11 3/4 bbls DISPLACEMENT PSI 150 MIX PSI _____ RATE _____

REMARKS: Safety meeting Rig upon WW #10 Circulate casing mix 165 sks
com 38 calcium 28 gal displace 11 3/4 bbls Water shut in Cement did circulate
Approx 4 bbl

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085. ⁰⁰	1085. ⁰⁰
5406	20	MILEAGE		100. ⁰⁰
5407	7.8	Ten mileage delivery min	410. ⁰⁰	410. ⁰⁰
11045	165 SKS	Common Cement	17.65	2912.25
1102	466	Calcium Chloride	.89	414.74
1118B	311	Bentonite gel	.25	77.75
			Subtotal	4999.74
			less 10% discount	499.90
			Subtotal	4499.77
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION *Miles Shaw* 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 for



Services, Inc.

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

TICKET No 21681

PAGE 1 OF 2

1. SERVICE LOCATIONS
Ness City, KS

2. WELLS/PROJECT NO. **2-1b** LEASE **DAVED** COUNTY/PARISH **Ness** STATE **KS** DATE **4-17-12** OWNER **same**

3. TICKET TYPE SERVICE CONTRACTOR **W.M. DRILS** RIG NAME/NO. **Development** SHIPPED VIA **TRUCK** DELIVERED TO **HOUSTON** ORDER NO.

4. REFERRAL LOCATION **ORZ** WELLS CATEGORY **Development** JOB PURPOSE **5 1/2" horizontal** WELLS PERMIT NO. **Ness City, KS-72, 116 E, N**

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 114	10	mi			6.00	60.00
578					Pump Charge	1	hour	45	46	1500.00	1500.00
221					LEADS REL	2	each			25.00	50.00
280					FLOCHECK-21	1000	each			2.50	2500.00
400					GUIDE SHOE	1	each		5 1/2"	160.00	160.00
402					CONCRETEZERS	9	each			70.00	630.00
403					CEMENT PAPER	1	each			250.00	250.00
404					FEET COLLAR TOPST # 66	1	each	178	5	2400.00	2400.00
410					TOP PLUG	1	each			100.00	100.00
415					INSERT FLOAT COLLAR W/AUTO FILL	1	each			400.00	400.00
419					ROTATING HEAD RENTAL	1	month			200.00	200.00
413					ROTARY SWITCHES	15	each			40.00	600.00

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 **4-17-12** TIME SIGNED **2:00** A.M. P.M.

DATE SIGNED **4-17-12** TIME SIGNED **2:00** A.M. P.M.

SWIFT OPERATOR **Wayne Johnson** APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

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

SURVEY

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

PAGE TOTAL #1 **8850.00**

PAGE TOTAL #2 **3500.00**

TOTAL **12,991.34**

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4-17-12 PAGE NO. 1

CUSTOMER Mull Drilling Co. Inc WELL NO. 2-16 LEASE DAVID JOB TYPE 5 1/2" LONGSTRENG TICKET NO. 21681

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2000							ON LOCATION
	2015							START 5 1/2" CASING TO WELL
								TD-4560 SET# 4546
								TP-4549 5 1/2" # 14
								ST-42
								CENTRALIZERS-1,2,3,4,5,7,9,11,65
								CMT BSKTS-65
								PORT COLLAR = 1785 TOPST # 66
	2215							DROP BALL - CIRCULATE ROTATE
	2350	6	15		✓		400	PUMP KCL SPACER "
	2352	6	24		✓		400	PUMP FLOCHER-21 "
	2356	6	5		✓		400	PUMP KCL SPACER "
	2400		7					PLUG RH (30SKS)
	0005	4 1/2	35		✓		300	Mix Cement - 150 SKS 50/50 P02 = 14.4 PP6 "
	0013							WASH OUT PUMP + LEDES
	0013							RELEASE TOP PLUG
	0015	6 1/2	0		✓			DISPLACE PLUG "
		6 1/2	100				650	SHOT OFF ROTATING
	0030	6	110.0				1250	PLUG DOWN
	0032						OK	RELEASE PSE-HEAD
	0100							WASH TRUCK JOB COMPLETE
								THANK YOU WAYNE DAUER, ISAAC



Services, Inc.

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

TICKET No 23636

PAGE 1 OF 1

1. SERVICE LOCATIONS: Wichita, KS WEL/PROJECT NO: 2-12 LEASE # 12-16 COUNTY/PARISH: Neos STATE: KS CITY: Neos City DATE: 24 APR 12 OWNER: DAVID

2. TICKET TYPE: DAVID CONTRACTOR: DAVID RIG NAME NO.: Neos SHIPPED VIA: CT DELIVERED TO: location ORDER NO.:

3. WEL TYPE: WILD WEST WEL CATEGORY: Development JOB PURPOSE: cement post collar WEL PERMIT NO.: 16-175-2344 WEL LOCATION:

4. REFERRAL LOCATION: 07 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE	10	mi			6.00	60.00
576D		1			Pump Charge	1	ea			1250.00	1250.00
330		1			SMD cement	165	ea			16.50	2722.50
276		1			Fluore.	40	lb			2.00	80.00
290		1			D-AIR	2	gm			35.00	70.00
104		1			Port collar tool rental	1	hr			250.00	250.00
581		1			Service Charge	200	sk			2.00	400.00
582		1			Drayage (min)	1	hr			250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.

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

DATE SIGNED: 12/28 TIME SIGNED: 1:30 A.M. P.M.

X David Palmer

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 CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 483.25

TAX: 7.55

TOTAL: 5013.4

SWIFT OPERATOR: ABelkhal APPROVAL: ABelkhal

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 24 APR 12 PAGE NO. 1

CUSTOMER MUHL WELL NO. 2-16 LEASE DAVID JOB TYPE Cement put collar TICKET NO. 23636

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								200's SMD w/ 1/4" floacle 2 3/4 x 5 1/2 PC @ 1785'
	1020							on loc TRK 114
	1030					1000	1000	test to 1000psi - held open put collar
	1040	3 1/2	2				200	inj rate 3 1/2 bpm @ 200psi
	1045	4 3/4				200		Mix SMD cement @ 11.2 ppg
		4 3/4	11			200		fluid to surface
	1103	4 3/4	89			350		Cement to surface 165 SK mixed 205 to pit
								close put collar
	1111					1000	1000	test to 1000psi - held Run 4 joints
	1120		25					Reverse out - 2 cement legs hole clean pull tool wash truck Rack up job complete Turki Doug Dave & Blake

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M304
Well Name	DAVID #2-16	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4060-4090 LANSING "J" ZONE	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.16-17S-23W NESS CO.KS.	Report Date	2012/04/14
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 4060-4090 LANSING "J" ZONE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/04/13	Start Test Time	22:30:00
Final Test Date	2012/04/14	Final Test Time	06:55:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
185' MW 93% WTR, 7% MUD
185' TOTAL FLUID

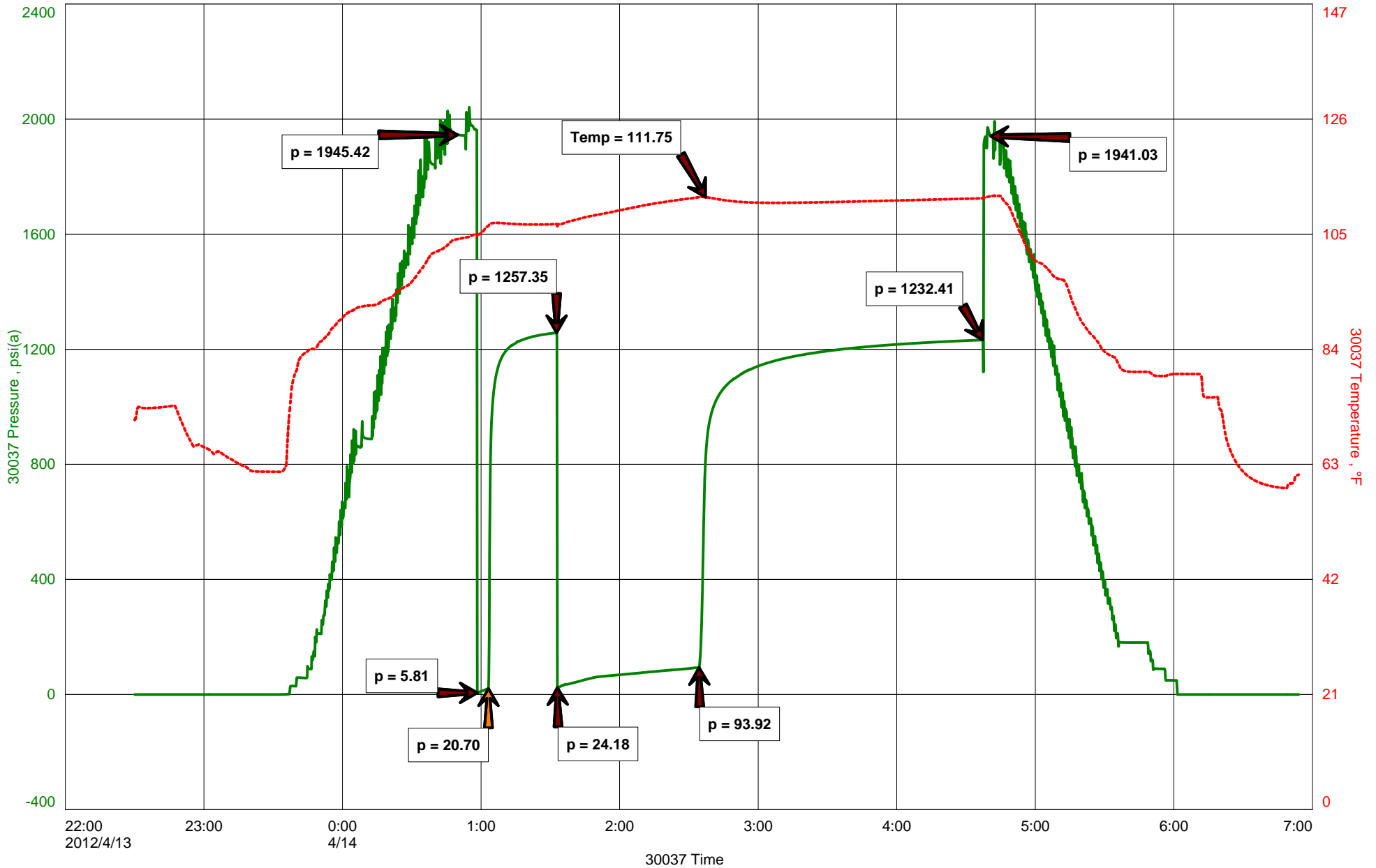
CHLOR: 25,000 PPM
PH:7.0
RW: .28 @ 65 DEG

TOOL SAMPLE: 100% WTR

MULL DRLG CO. INC.
DST#1 4060-4090 LANSING "J" ZONE
Start Test Date: 2012/04/13
Final Test Date: 2012/04/14

DAVID #2-16
Formation: DST#1 4060-4090 LANSING "J" ZONE
Pool: WILDCAT
Job Number: M304

DAVID #2-16





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	M305
Well Name	DAVID #2-16	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4310-4370 FT.SCOTT	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.16-17S-23W NESS CO.KS.	Report Date	2012/04/15
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 4310-4370 FT.SCOTT		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/04/15	Start Test Time	07:50:00
Final Test Date	2012/04/15	Final Test Time	15:50:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks

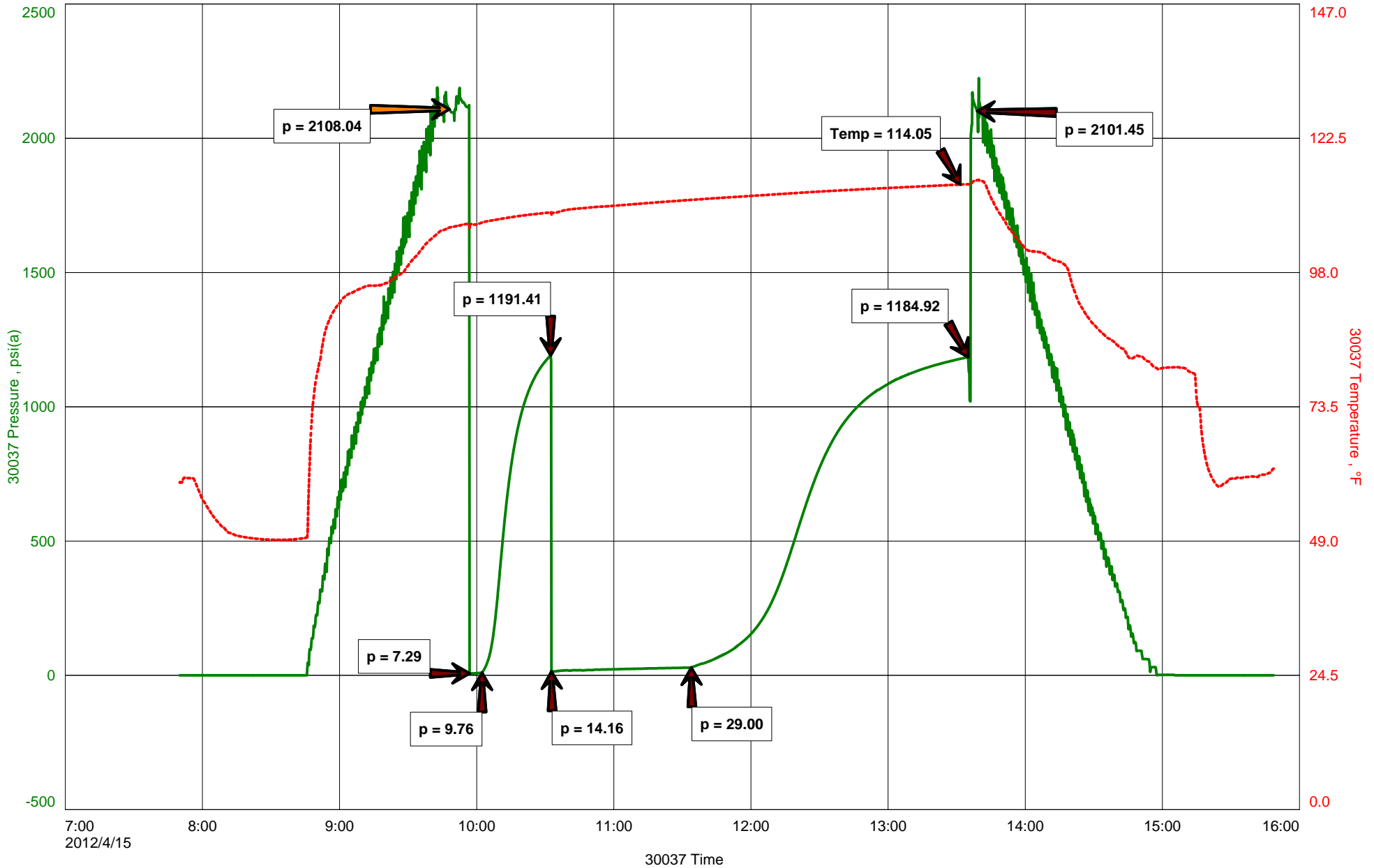
RECOVERED:
80' GIP
20' DM 100% MUD W/ SOME SPECKS OF OIL
20' TOTAL FLUID

TOOL SAMPLE: OIL SPOTTED DRLG MUD

MULL DRLG CO. INC.
DST#2 4310-4370 FT.SCOTT
Start Test Date: 2012/04/15
Final Test Date: 2012/04/15

DAVID #2-16
Formation: DST#2 4310-4370 FT.SCOTT
Pool: WILDCAT
Job Number: M305

DAVID #2-16





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

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

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

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

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M306
Well Name	DAVID #2-16	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4365-4435 CHEROKEE SAND	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.16-17S-23W NESS CO.KS.	Report Date	2012/04/16
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 4365-4435 CHEROKEE SAND		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/04/16	Start Test Time	00:50:00
Final Test Date	2012/04/16	Final Test Time	07:15:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

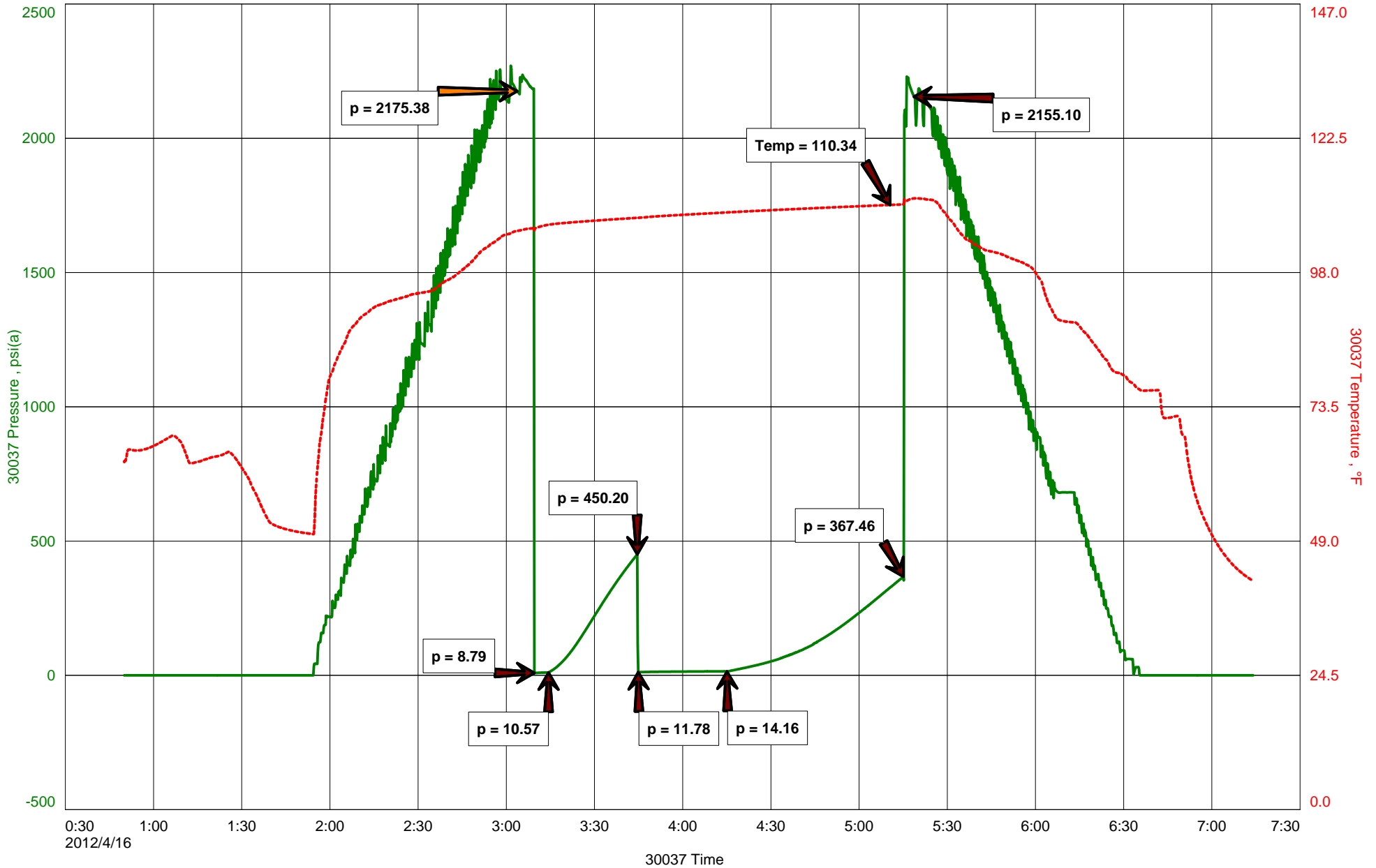
Test Results

Remarks

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

TOOL SAMPLE: DRLG MUD

DAVID #2-16





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	M307
Well Name	DAVID #2-16	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4420-4460 CHEROKEE SAND	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.16-17S-23W NESS CO.KS.	Report Date	2012/04/16
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 4420-4460 CHEROKEE SAND		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/04/16	Start Test Time	14:20:00
Final Test Date	2012/04/16	Final Test Time	23:15:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

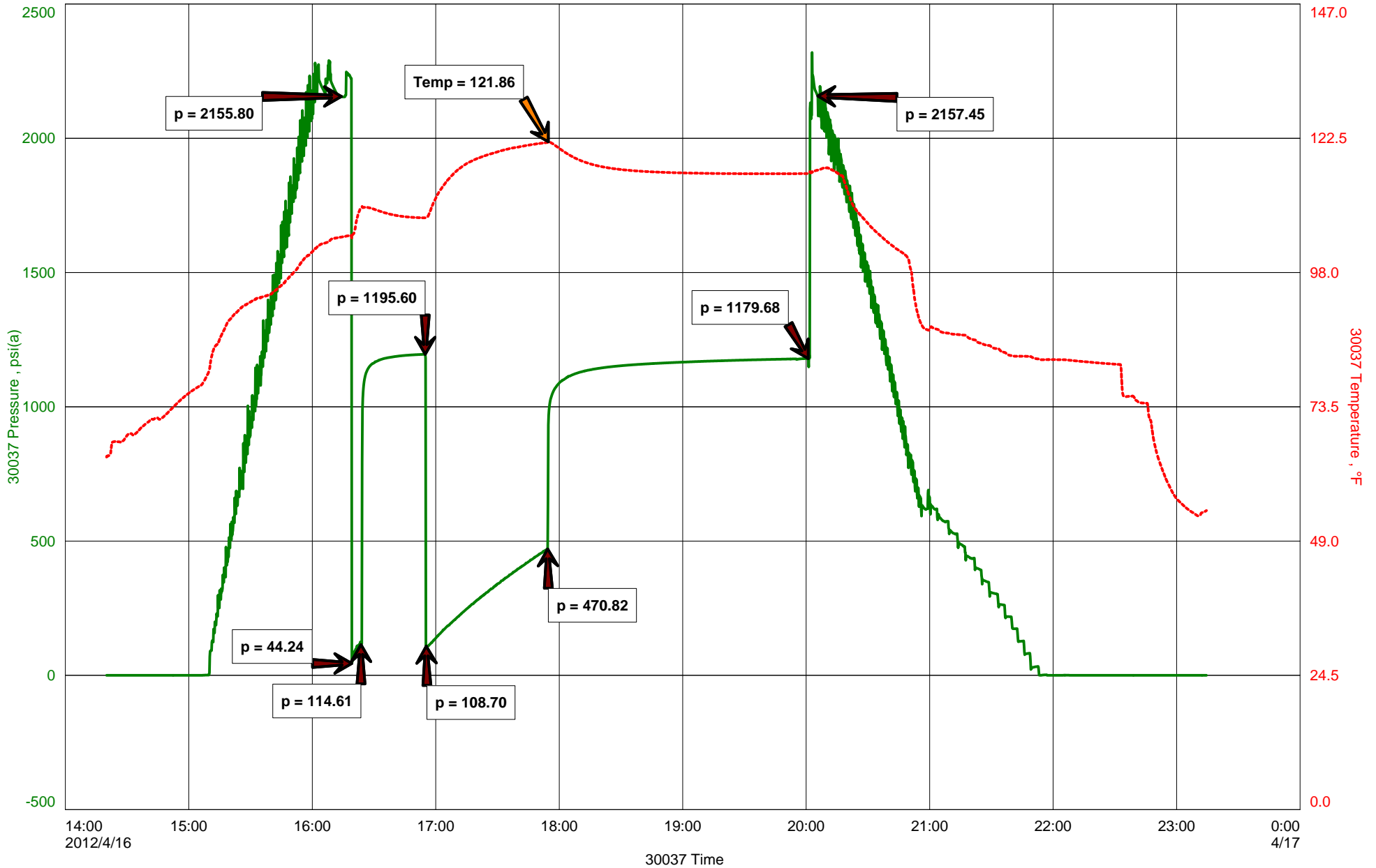
Remarks

RECOVERED:
837' GO 2% GAS, 98% OIL
500' GMO 2% GAS, 88% OIL, 10% MUD (379' DP, 121' DC)
1337' TOTAL FLUID

GRAVITY: 37.2 @ 60

TOOL SAMPLE: 100% OIL

DAVID #2-16





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 : DAVID WELL # : 2 - 16
LOCATION : 1113'FSL & 2136'FWL
SEC: 16 TWP : 17 S RGE : 23 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2461
GL : 2456
MEASUREMENTS FROM
KB

CONTRACTOR : W W DRILLING RIG # 10
COMM : 04 / 09 / 2012 COMP : 04 / 17 / 2012
RTD : 4560 LOG TD : 4562
SAMPLES SAVED FROM : 3600 TO : RTD
GEOLOGICAL SUPERVISION FROM : 3600 TO : RTD
MUD UP : 3500 TYPE MUD : CHEMICAL

CASING RECORD
SURFACE :
8 5/8" @ 222'
PRODUCTION :
5 1/2" @ 4560'

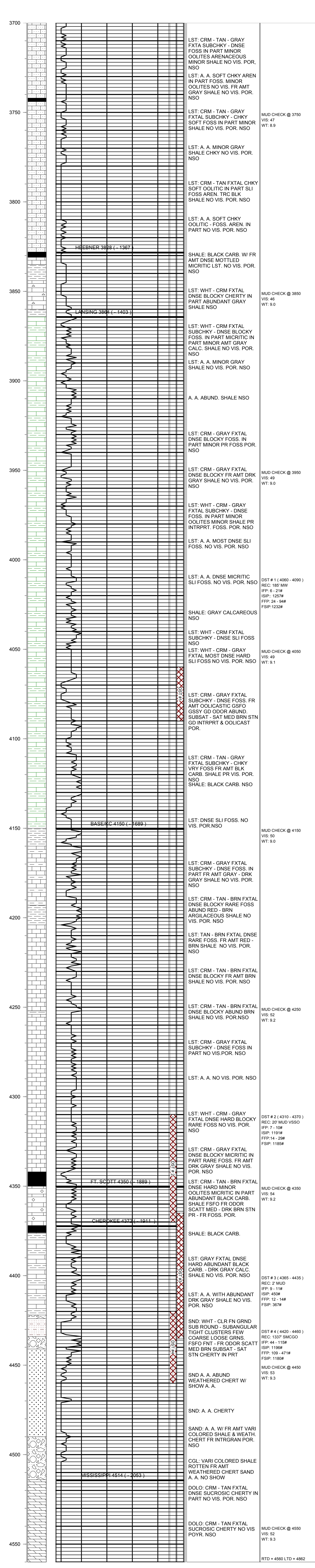
ELECTRICAL SURVEYS:

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3828		- 1367	3828		- 1367	FLAT
LANSING	3864		- 1403	3864		- 1403	- 01
BASE / KC	4150		- 1689	4150		- 1689	- 01
FORT SCOTT	4350		- 1889	4350		- 1889	FLAT
CHEROKEE	4372		- 1911	4372		- 1911	+ 01
MISSISSIPPI	4514		- 2053	4514		- 2053	- 21

DIL
CNL / CDL
MICRO
SONIC

REFERENCE WELL FOR STRUCTURAL COMPARISON :

MULL DRILLING # 1 - 16X DAVID 16 - T 17 S - R 23 W NESS COUNTY KANSAS



COMMENTS:

5 1/2" PRODUCTION CASING WAS SET TO FURTHER EVALUATE

THE PRODUCTIVITY OF THIS WELL

KEVIN L. KESSLER