



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1091712  
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: \_\_\_\_\_

1091712

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

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

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

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

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

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

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

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

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Albin 'A' 1-26
Doc ID	1091712

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
SONIC

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Albin 'A' 1-26
Doc ID	1091712

Tops

Name	Top	Datum
Anhydrite	1942	+ 549
B/Anhydrite	1975	+ 516
Heebner Shale	3732	- 1241
Lansing	3767	- 1276
Stark Shale	4014	- 1523
B/KC	4070	- 1579
Ft. Scott	4260	- 1769
Cherokee Shale	4286	- 1795
Mississippian	4368	- 1877
Mississippian Poro	4376	- 1885

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

August 24, 2012

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

Re: ACO1  
API 15-063-21998-00-00  
Albin 'A' 1-26  
NW/4 Sec.26-15S-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





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

TIME ON: \_\_\_\_\_  
TIME OFF: \_\_\_\_\_

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

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

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

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

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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

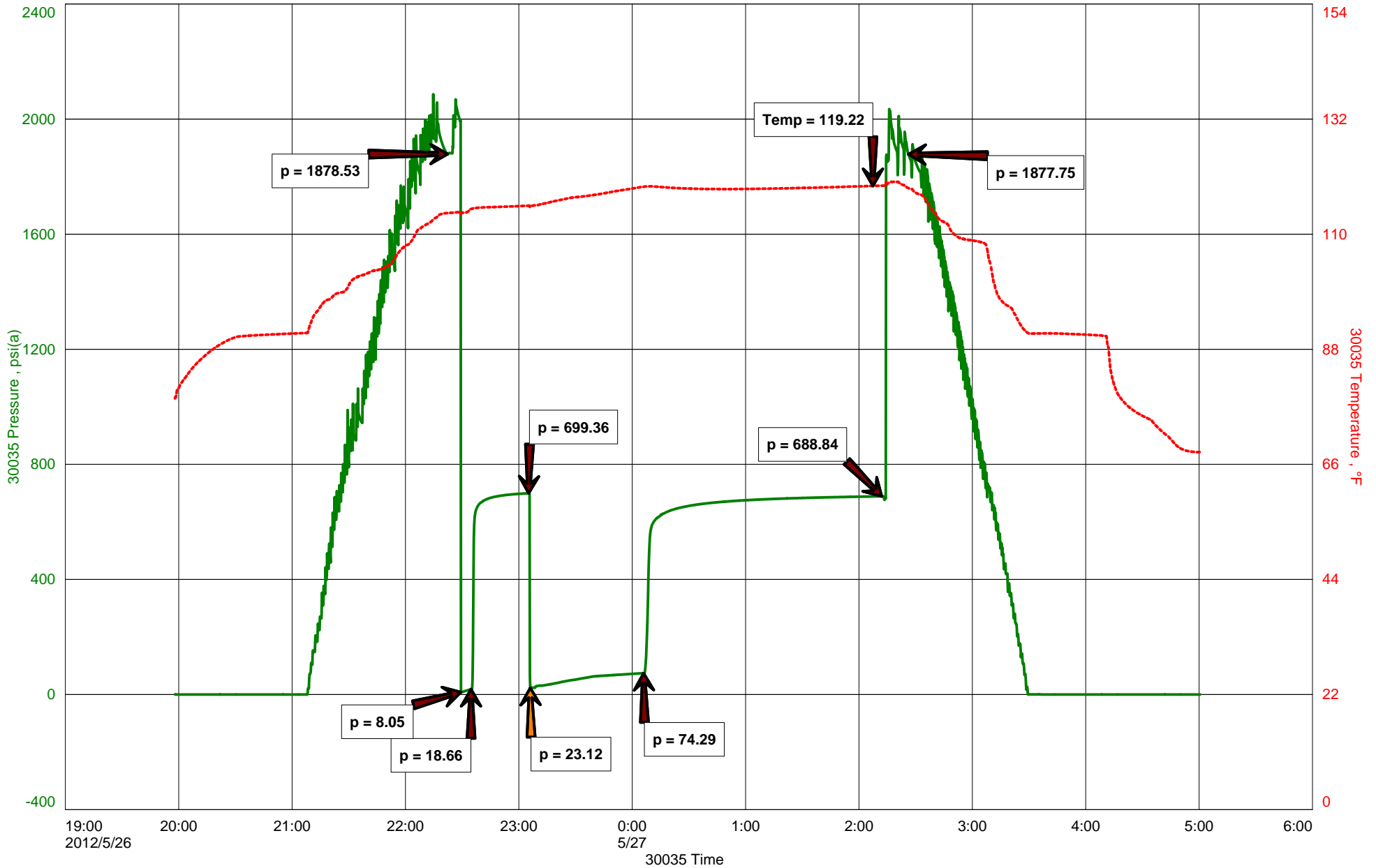
Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period..... Minutes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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Mull Drilling Co. Inc  
DST #1 Lansing "J" 3975-4015'  
Start Test Date: 2012/05/26  
Final Test Date: 2012/05/27

Albin "A" #1-26  
Formation: DST #1 Lansing "J" 3975-4015'  
Pool: Wildcat  
Job Number: S0154

# Albin "A" #1-26





# Diamond Testing

## General information Report

### General Information

**Company Name** Mull Drilling Co. Inc

**Contact**

Mark Shreve

**Well Name**

Albin "A" #1-26

**Job Number**

S0154

**Unique Well ID**

DST #1 Lansing "J" 3975-4015'

**Representative**

Jacob McCallie

**Surface Location**

SEC 26-15S-27W Gove County

**Well Operator**

Mull Drilling Co. Inc

**Well License Number**

**Report Date**

2012/05/27

**Field**

Whitney West

**Prepared By**

Jacob McCallie

**Well Type**

Vertical

**Test Type**

Drill Stem Test

**Formation**

DST #1 Lansing "J" 3975-4015'

**Well Fluid Type**

01 Oil

**Start Test Time**

19:58:00

**Final Test Time**

05:01:00

**Start Test Date**

2012/05/26

**Final Test Date**

2012/05/27

**Gauge Name**

30035

**Gauge Serial Number**

### Test Results

**RECOVERED:**

151'

SOS Muddy WTR

68% W 32%M

151'

TOTAL FLUID

**PH: 7**

**RW: .28 @ 68 degrees F**

**Chlorides: 30,000 ppm**

**TOOL SAMPLE:**

57% W 43% M



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

TIME ON: \_\_\_\_\_  
TIME OFF: \_\_\_\_\_

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

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

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

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

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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

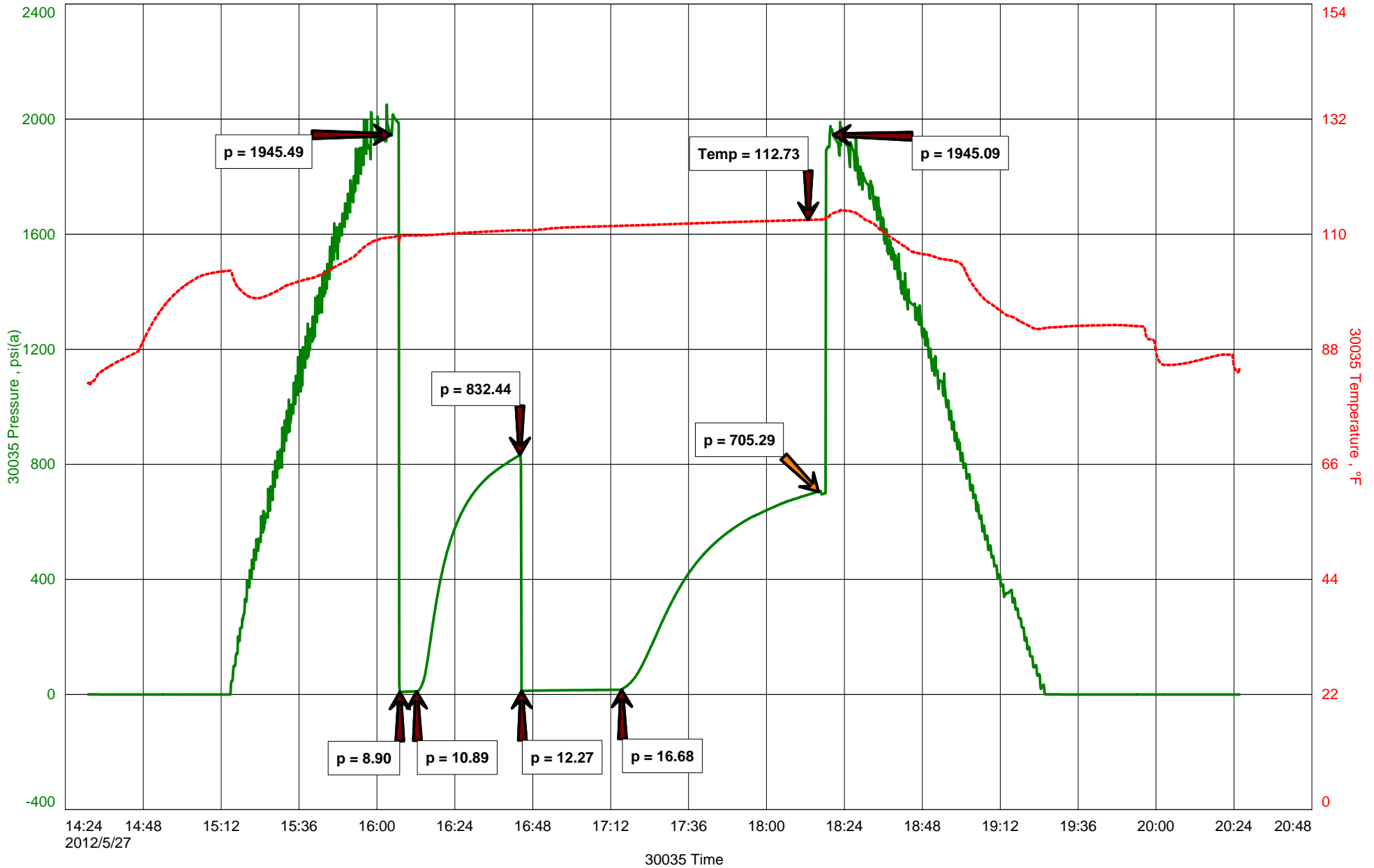
Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period..... Minutes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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Mull Drilling Co. Inc.  
DST #2 Lansing "K-L" 4005-4075'  
Start Test Date: 2012/05/27  
Final Test Date: 2012/05/27

Albin "A" #1-26  
Formation: DST #2 Lansing "K-L" 4005-4075'  
Pool: Wildcat  
Job Number: S0155

# Albin "A" #1-26



# Diamond Testing

## General information Report

### General Information

**Company Name** Mull Drilling Co. Inc.

<b>Contact</b>	Mark Shreve	<b>Job Number</b>	S0155
<b>Well Name</b>	Albin "A" #1-26	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #2 Lansing "K-L" 4005-4075'	<b>Well Operator</b>	Mull Drilling Co. Inc.
<b>Surface Location</b>	SEC 26-15S-27W Gove County	<b>Report Date</b>	2012/05/27
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Whitney West		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test	<b>Start Test Time</b>	14:31:00
<b>Formation</b>	DST #2 Lansing "K-L" 4005-4075'	<b>Final Test Time</b>	20:26:00
<b>Well Fluid Type</b>	01 Oil		
<b>Start Test Date</b>	2012/05/27		
<b>Final Test Date</b>	2012/05/27		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
5' DM 100% M  
5' TOTAL FLUID

**TOOL SAMPLE:**  
100% M



**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: _____	

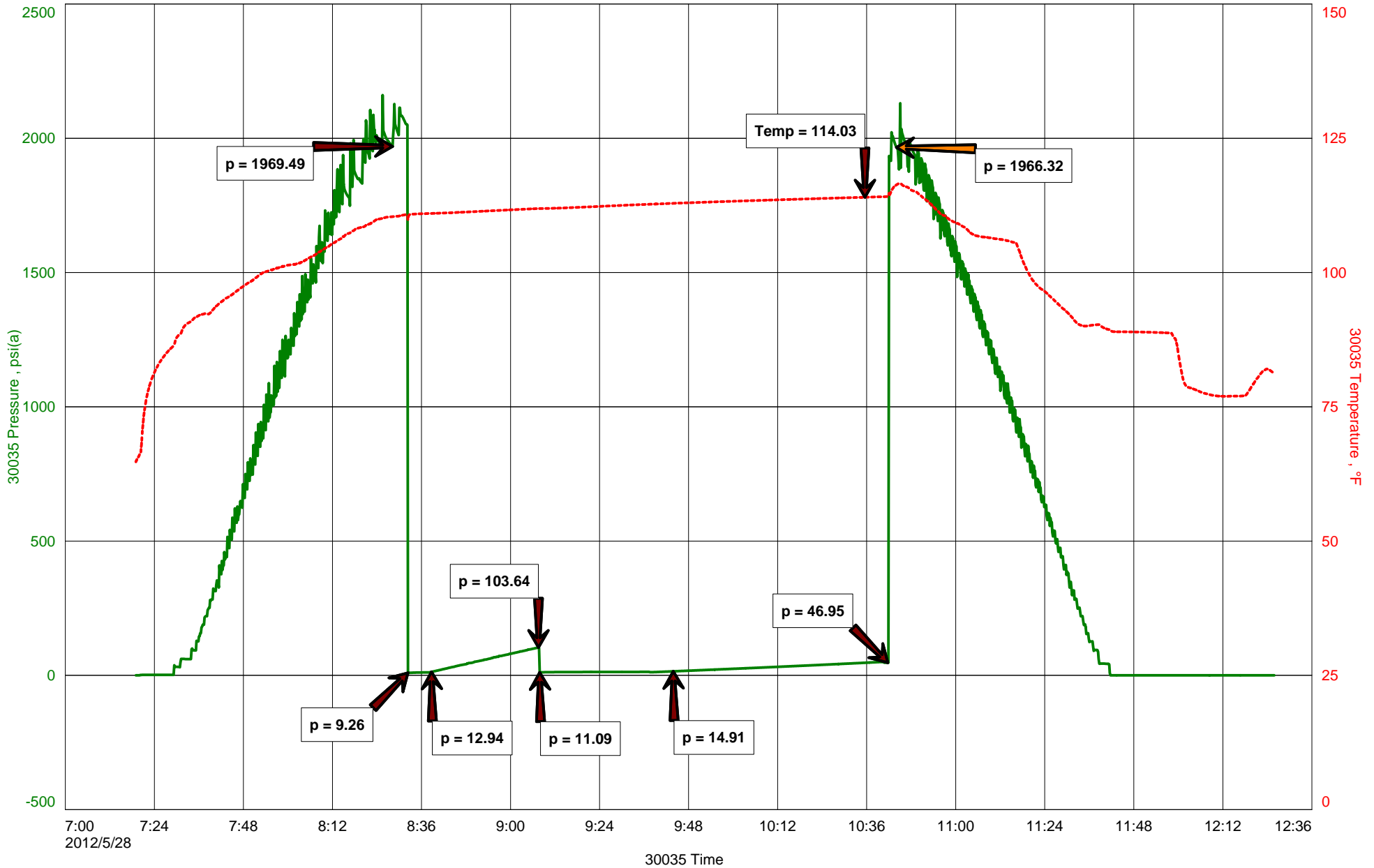
Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period..... Minutes \_\_\_\_\_ (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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Mull Drilling Co. Inc.  
DST #3 Marmaton 4065-4140'  
Start Test Date: 2012/05/28  
Final Test Date: 2012/05/28

Albin "A" 1-26  
Formation: DST #3 Marmaton 4065-4140'  
Pool: Wildcat  
Job Number: S0158

# Albin "A" 1-26



# Diamond Testing

## General information Report

### General Information

**Company Name** Mull Drilling Co. Inc.

<b>Contact</b>	Mark Shreve	<b>Job Number</b>	S0158
<b>Well Name</b>	Albin "A" 1-26	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #3 Marmaton 4065-4140'	<b>Well Operator</b>	Mull Drilling Co. Inc.
<b>Surface Location</b>	SEC 26-15S-27W Gove County	<b>Report Date</b>	2012/05/28
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Whitney West		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test		
<b>Formation</b>	DST #3 Marmaton 4065-4140'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	07:19:00
		<b>Final Test Time</b>	12:23:00
<b>Start Test Date</b>	2012/05/28		
<b>Final Test Date</b>	2012/05/28		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
3' MUD 100% MUD  
3' TOTAL FLUID

**TOOL SAMPLE:**  
100% MUD



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

TIME ON: \_\_\_\_\_  
TIME OFF: \_\_\_\_\_

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

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

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

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

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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

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

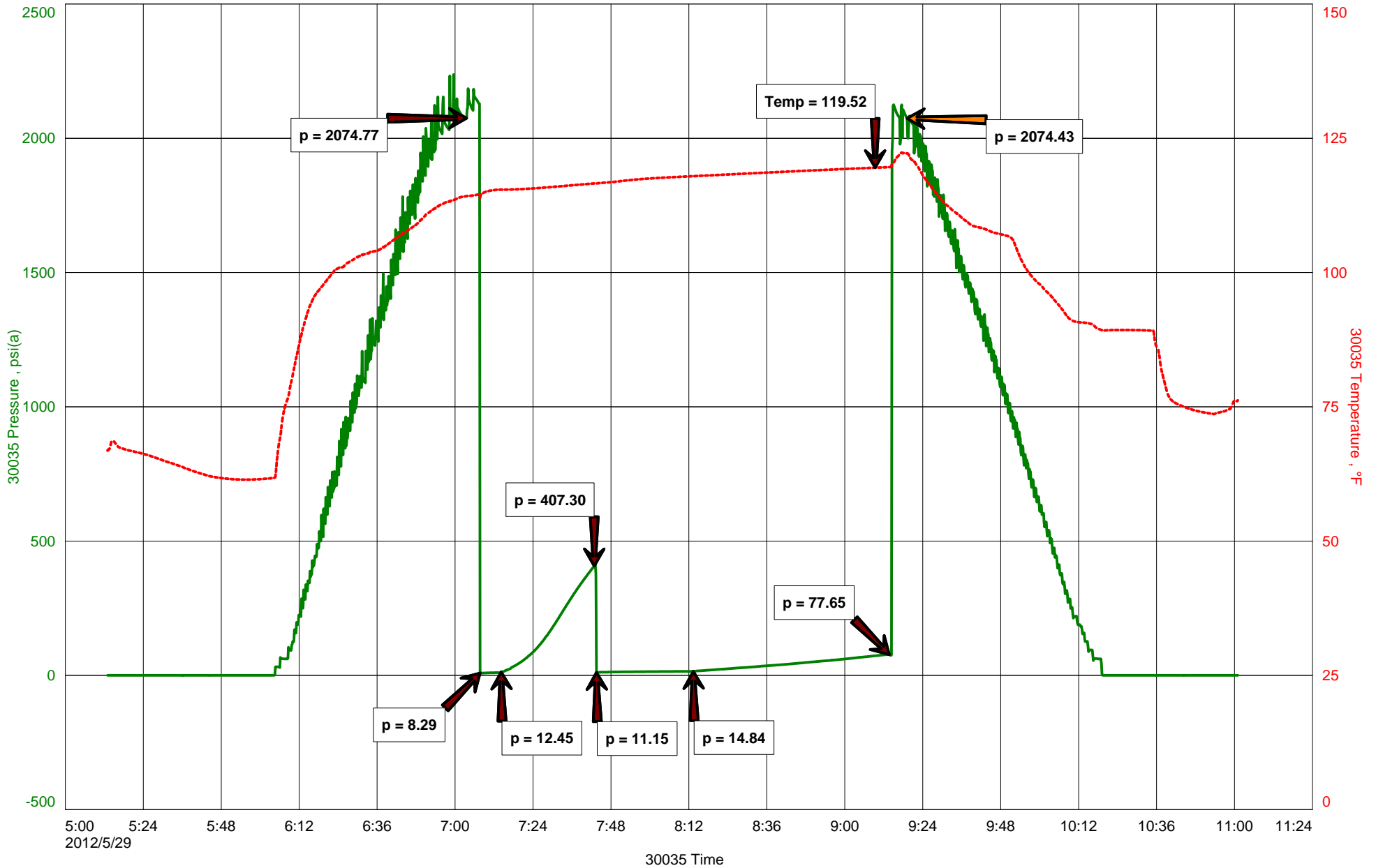
Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



Mull Drilling Co. Inc  
DST # 4 Ft. Scott 4240-4290'  
Start Test Date: 2012/05/29  
Final Test Date: 2012/05/29

Albin "A" #1-26  
Formation: DST # 4 Ft. Scott 4240-4290'  
Pool: Wildcat  
Job Number: S0159

# Albin "A" #1-26



# Diamond Testing

## General information Report

### General Information

**Company Name** Mull Drilling Co. Inc

<b>Contact</b>	Mark Shreve	<b>Job Number</b>	S0159
<b>Well Name</b>	Albin "A" #1-26	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST # 4 Ft. Scott 4240-4290'	<b>Well Operator</b>	Mull Drilling Co. Inc.
<b>Surface Location</b>	SEC 26-15S-27W Gove County	<b>Report Date</b>	2012/05/29
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Whitney West		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test	<b>Start Test Time</b>	05:13:00
<b>Formation</b>	DST # 4 Ft. Scott 4240-4290'	<b>Final Test Time</b>	11:02:00
<b>Well Fluid Type</b>	01 Oil		
<b>Start Test Date</b>	2012/05/29		
<b>Final Test Date</b>	2012/05/29		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

**RECOVERED:**  
5' SOS Mud 100% M  
5' TOTAL FLUID

**TOOL SAMPLE:**  
100% M



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

TIME ON: \_\_\_\_\_  
TIME OFF: \_\_\_\_\_

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

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

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

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

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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

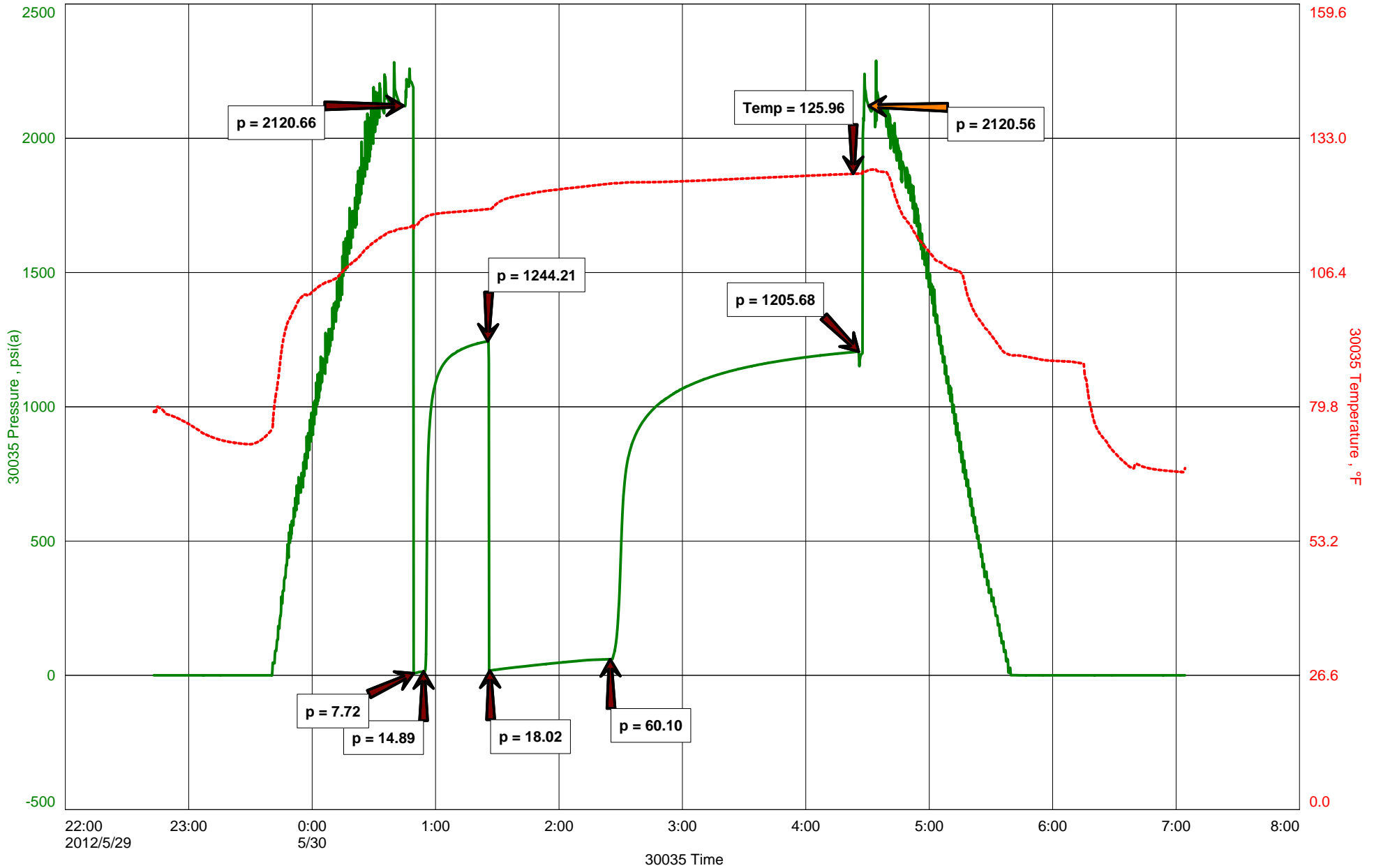
Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period..... Minutes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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Mull Drilling Co. Inc.  
DST #5 Mississippi 4370-4380'  
Start Test Date: 2012/05/29  
Final Test Date: 2012/05/30

Albin "A" #1-26  
Formation: DST #5 Mississippi 4370-4380'  
Pool: Wildcat  
Job Number: S0159

# Albin "A" #1-26



# Diamond Testing

## General information Report

### General Information

**Company Name** Mull Drilling Co. Inc.

<b>Contact</b>	Mark Shreve	<b>Job Number</b>	S0159
<b>Well Name</b>	Albin "A" #1-26	<b>Representative</b>	Jacob McCallie
<b>Unique Well ID</b>	DST #5 Mississippi 4370-4380'	<b>Well Operator</b>	Mull Drilling Co. Inc
<b>Surface Location</b>	SEC 26-15S-27W Gove County	<b>Report Date</b>	2012/05/30
<b>Well License Number</b>		<b>Prepared By</b>	Jacob McCallie
<b>Field</b>	Whitney West		
<b>Well Type</b>	Vertical		

<b>Test Type</b>	Drill Stem Test		
<b>Formation</b>	DST #5 Mississippi 4370-4380'		
<b>Well Fluid Type</b>	01 Oil	<b>Start Test Time</b>	22:43:00
		<b>Final Test Time</b>	07:05:00
<b>Start Test Date</b>	2012/05/29		
<b>Final Test Date</b>	2012/05/30		
<b>Gauge Name</b>	30035		
<b>Gauge Serial Number</b>			

### Test Results

#### RECOVERED:

33'	CO	100% CO	GRAVITY: 36 @ 60 degrees F
90'	WC OILY MUD	7% O 4% W 89% M	
123'	TOTAL FLUID		

Ph: 8

RW: 1 @ 60 degrees F

Chlorides: 8,000 ppm

#### TOOL SAMPLE:

10% O 30% W 70% M

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

**OPERATOR : MULL DRILLING COMPANY INC.**  
**LEASE : ALBIN "A" WELL # : 1 - 26**  
**LOCATION : 510' FNL & 2250' FWL**  
**SEC: 26 TWP : 15 S RGE : 27 W**  
**COUNTY : GOVE STATE : KANSAS**

**ELEVATION**  
**KB : 2491**  
**GL : 2486**  
MEASUREMENTS FROM  
**KB**

**CONTRACTOR : W W DRILLING RIG # 10**  
**COMM : 05 / 21 / 2012 COMP : 05 / 30 / 2012**  
**RTD : 4480 LOG TD : 4480**  
**SAMPLES SAVED FROM : 3600 TO : RTD**  
**GEOLOGICAL SUPERVISION FROM : 3600 TO : RTD**  
**MUD UP : 3500 TYPE MUD : CHEMICAL**

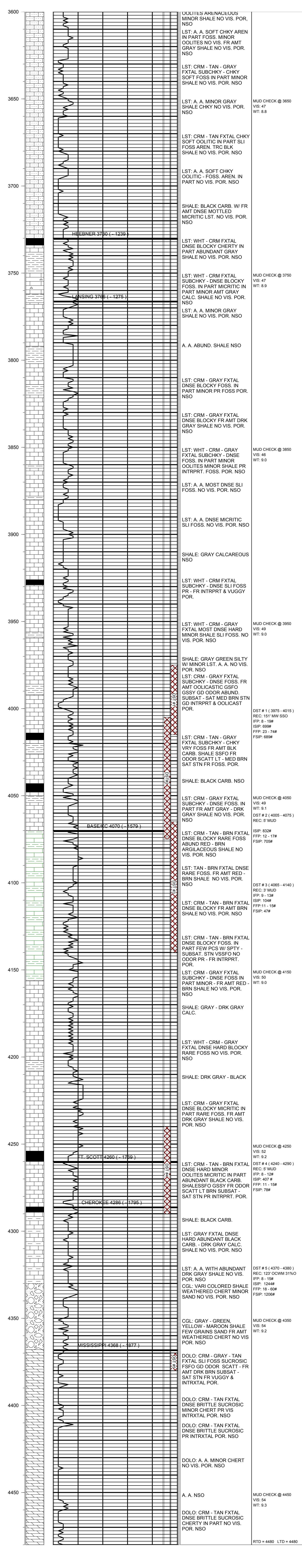
**CASING RECORD**  
**SURFACE :**  
**8 5/8" @ 215'**  
**PRODUCTION :**

**ELECTRICAL SURVEYS:**

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3730		- 1239	3730		- 1239	FLAT
LANSING	3766		- 1275	3766		- 1275	+ 05
BASE / KC	4070		- 1579	4070		- 1579	+ 09
FORT SCOTT	4260		- 1769	4260		- 1769	+ 12
CHEROKEE	4286		- 1795	4286		- 1795	+ 10
MISSISSIPPI	4368		- 1877	4368		- 1877	- 08

**DIL**  
**CNL / CDL**  
**MICRO**  
**SONIC**

**REFERENCE WELL FOR STRUCTURAL COMPARISON :**  
**CHIEF DRILLING # 1 - 26 OWENS 26 - T 15 S - R 27 W GOVE COUNTY KANSAS**



MUD CHECK @ 3650  
 VIS: 47  
 WT: 8.8

MUD CHECK @ 3750  
 VIS: 47  
 WT: 8.9

MUD CHECK @ 3850  
 VIS: 46  
 WT: 9.0

MUD CHECK @ 3950  
 VIS: 49  
 WT: 9.0

DST # 1 ( 3975 - 4015 )  
 REC: 151' MW SSO  
 IFF: 8 - 19#  
 ISIP: 699#  
 FFP: 23 - 74#  
 FSIP: 689#

MUD CHECK @ 4050  
 VIS: 49  
 WT: 9.1

DST # 2 ( 4005 - 4075 )  
 REC: 5' MUD  
 ISIP: 832#  
 FFP: 12 - 17#  
 FSIP: 705#

DST # 3 ( 4065 - 4140 )  
 REC: 3' MUD  
 IFF: 9 - 13#  
 ISIP: 104#  
 FFP: 11 - 15#  
 FSIP: 47#

MUD CHECK @ 4150  
 VIS: 50  
 WT: 9.0

MUD CHECK @ 4250  
 VIS: 52  
 WT: 9.2

DST # 4 ( 4240 - 4290 )  
 REC: 5' MUD  
 IFF: 8 - 12#  
 ISIP: 407#  
 FFP: 11 - 15#  
 FSIP: 78#

DST # 5 ( 4370 - 4380 )  
 REC: 123' OCWM 31%O  
 IFF: 8 - 15#  
 ISIP: 1244#  
 FFP: 18 - 60#  
 FSIP: 1206#

MUD CHECK @ 4350  
 VIS: 54  
 WT: 9.2

MUD CHECK @ 4450  
 VIS: 54  
 WT: 9.3

RTD = 4480 LTD = 4480

**COMMENTS:**  
 DUE TO NEGATIVE DST RESULTS THIS WELL  
 WAS PLUGGED AND ABANDONED

**KEVIN L. KESSLER**