



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1094125
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
-----------------------------------	-----------------	---

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: _____



1094125

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
--	---

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

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

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

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

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

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

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

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

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Jones-Garvey Unit 1-11
Doc ID	1094125

All Electric Logs Run

CNL/CDL
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Jones-Garvey Unit 1-11
Doc ID	1094125

Tops

Name	Top	Datum
Anhydrite	1871	+ 576
B/Anhydrite	1908	+ 539
Heebner Shale	3628	- 1181
Lansing	3668	- 1221
Stark Shale	3912	- 1465
B/KC	3964	- 1517
Pawnee	4102	- 1655
Ft. Scott	4162	- 1715
Cherokee Shale	4189	- 1742
Mississippian	4263	- 1816

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 02, 2012

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

Re: ACO1
API 15-063-22017-00-00
Jones-Garvey Unit 1-11
SW/4 Sec.11-15S-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



Services, Inc.

CHARGE TO: Mull D & G Co
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 21728

PAGE 1 OF 2

SERVICE LOCATIONS
 1. Hays, KS
 2. Ness City, KS
 3.
 4.

WELL PROJECT NO. A-111 LEASE Jones-Garvey COUNTY/PARISH Gove STATE KS CITY
 TICKET TYPE CONTRACTOR W & W #1 RIG NAME NO. SHIPPED VIA 5th location DELIVERED TO
 SERVICE SALES WELL TYPE well category development JOB PURPOSE Logging
 REFERRAL LOCATION INVOICE INSTRUCTIONS

DATE 7-14-12 OWNER same
 ORDER NO.
 WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			MILEAGE #	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					113		50	mi			6.00	300.00
578						Pump Charge (Logging)	1	sq		4350	1500.00	1500.00
221						KCL	2	barrel			250.00	500.00
280						Flecheck-21	1000	gal		2.50	2500.00	2500.00
290						D-Air	2	sq ft		35.00	70.00	70.00
400						Guide Shoe	1	sq		5.00	5.00	5.00
402						Centralizer	13	sq			70.00	910.00
403						Basket	1	sq			250.00	250.00
404						Port Collar	1	sq			2400.00	2400.00
413						Rot Wall Scratchers	15	sq			40.00	600.00
415						Insert Float Collar w/8.11	1	sq			400.00	400.00
418						Tap Plug	1	sq			100.00	100.00

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 7-14-12
 NAME SIGNED [Signature]
 A.M. P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				9240.00	
WE UNDERSTOOD AND MET YOUR NEEDS?				4006.00	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				13246.00	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				851.89	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		8.05%	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				14,097.89	

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

WFT OPERATOR [Signature] APPROVAL [Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-14-12 PAGE NO. 1
TICKET NO. 21728

CUSTOMER Mull Dr-ly Co.

WELL NO. # 1-11

LEASE Jones-Garvey

JOB TYPE Longstring

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1330							on loc w/F-E
								RTD 4350' LTD 4356'
								5 1/2" x 14 # x 4342' x 42'
								set @ 4339'
								Cent. 1, 3, 5, 6, 7, 9, 11, 12, 13, 14, 15, 16, 70
								Back 71
								P.L. 71 @ 1884'
	1500							Start F.E.
	1730							Break Circ.
	1905	2.5	7					Plug RH
	1910	5	0				200	Start KCL flush 5 bbl KCL
	1911	5	5/0				200	Start Flocheck 1000 gal
	1916	5	24/0				200	start KCL flush 15 bbl KCL
	1920	5	15/0				200	Start Cement 170 sacks 50 lb mix
	1930		40					End Cement
								wash P&H
								Drop Top Plug
	1935	7	0				200	Start Displacement
	1945	5	73				250	Catch Cement
	1950		105				600 1500	Land Plug
								Release Pressure
								Float Held

Thank you

Nick, Don & Isaac



Services, Inc.

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

TICKET No 23168

PAGE 1 OF

SERVICE LOCATIONS:
 1. NESS CITY, KS WEL/PROJECT NO. _____
 2. _____ TICKET TYPE CONTRACTOR LEASE SONES-GARVEY UNIT COUNTY/PARISH GOVE STATE KS CITY REDEEMING, KS DATE 23 July 12 OWNER _____
 3. _____ SERVICE SALES WILDMIST WELL SERV. RIG NAME/NO. _____ S-SHIPED VIA _____ DELIVERED TO _____ ORDER NO. _____
 4. _____ WEL TYPE OIL WEL CATEGORY DEVELOPMENT JOB PURPOSE CEMENT PORT ANULAR WEL PERMIT NO. _____ WEL LOCATION 92N 1 1/2E S 12T20
 INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>					MILEAGE #110	<u>60</u>	<u>MIL</u>			<u>60.00</u>	<u>3600.00</u>
<u>576</u>					PUMP CHARGE	<u>1508</u>	<u>1884</u>	<u>FT.</u>		<u>1250.00</u>	<u>1850.00</u>
<u>276</u>					FLDGELE	<u>50</u>	<u>LB</u>			<u>2.00</u>	<u>100.00</u>
<u>29D</u>					D-AIR	<u>2</u>	<u>SPR</u>			<u>35.00</u>	<u>70.00</u>
<u>33D</u>					SWIFT MULTI DENSITY	<u>195</u>	<u>5X</u>			<u>16.50</u>	<u>3217.50</u>
<u>581</u>					SERVICE CHARGE CEMENT	<u>207</u>	<u>3X</u>			<u>2.00</u>	<u>414.00</u>
<u>583</u>					DRAPAGE	<u>19970</u>	<u>15599.1</u>	<u>TM</u>		<u>1.00</u>	<u>599.10</u>

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

DATE SIGNED 23 July 12 TIME SIGNED 1245 A.M. P.M.

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 type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL 5996.60
 GOVE TAX 8.05%
 TOTAL 6269.20

SWIFT OPERATOR _____ 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 23 July 12 PAGE NO.

CUSTOMER MALL DRILLING

WELL NO. 1-11

LEASE JONES-GARVEY UNIT

JOB TYPE CEMENT PORT COLLAR

TICKET NO. 231 Le8

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1100							ON LOCATION
								PORT COLLAR @ 1884
	1129				✓		1000	TEST - HELD
	1131	4			✓		200	OPEN PORT COLLAR TAKE IWS. RATE
	1134	4	108	✓		400		MIX 195SX SMD
		3	6 1/2	✓		300		DISPLACE CEMENT
								CIRCULATE 20SX TO FIT
	1204			✓			1000	CLOSE PORT COLLAR - TEST - HELD
	1207							RUN 4 JTS
	1213	4	18		✓		300	REVERSE CEMENT OUT OF TUBING
	1220							WASH TRUCK
								JOB COMPLETE
								THANK # 110
								JASON JEFF JEREMY



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

TIME ON: _____
 TIME OFF: _____

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

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

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

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

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

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

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

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

Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0173
Well Name	Jones-Garvey Unit 1-11	Representative	Jacob McCallie
Unique Well ID	DST #1 Lansing H-I 3819-3889'	Well Operator	Mull Drilling Co. Inc
Surface Location	SEC 11-15S-27W Gove County	Report Date	2012/07/09
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Lansing H-I 3819-3889'		
Well Fluid Type	01 Oil	Start Test Time	13:45:00
		Final Test Time	21:18:00
Start Test Date	2012/07/09		
Final Test Date	2012/07/09		
Gauge Name	30035		
Gauge Serial Number			

Test Results

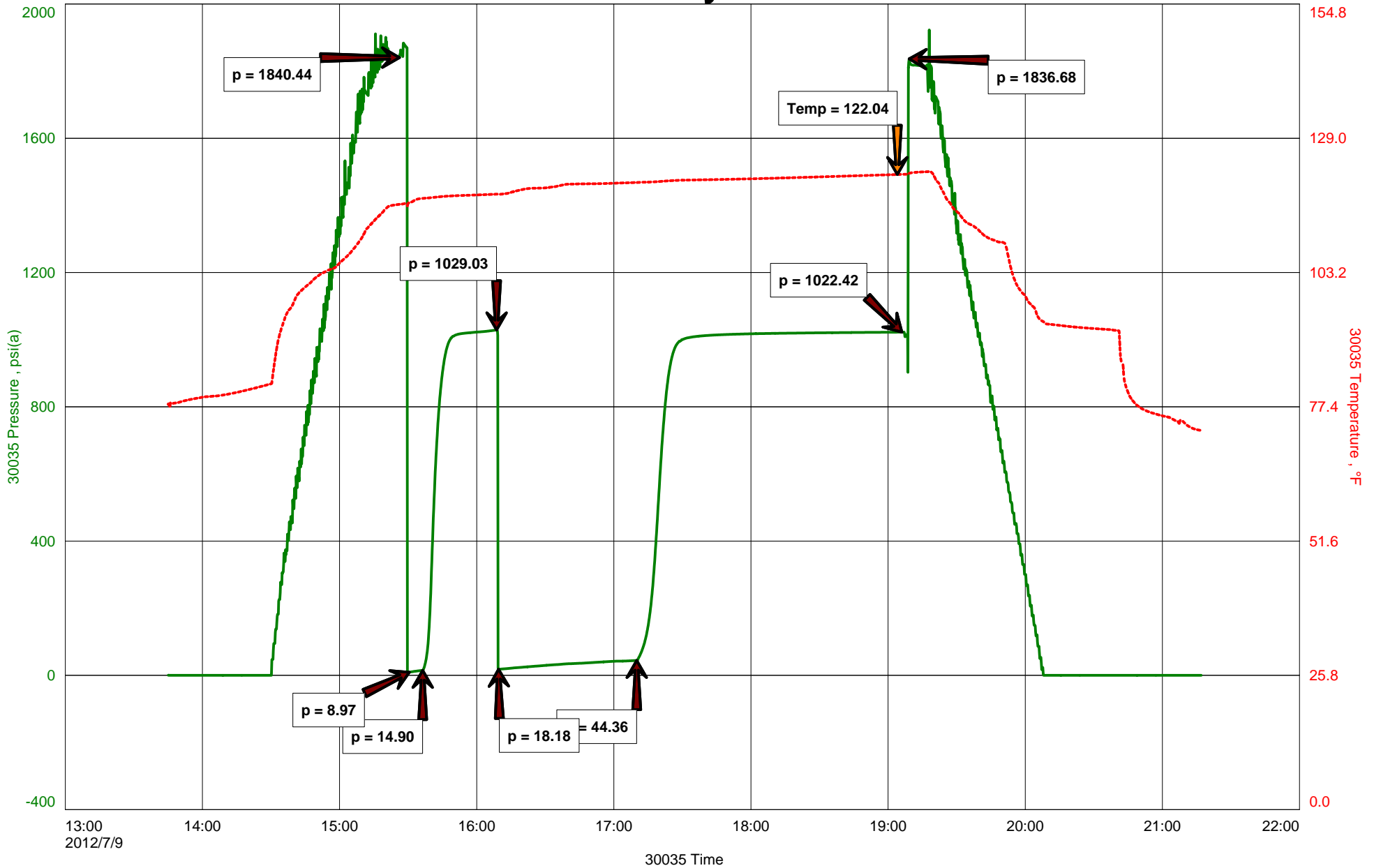
RECOVERED:
75' Oil Specked Mud 2% OIL 98% MUD
75' TOTAL FLUID

TOOL SAMPLE:
3% OIL 97% MUD

Mull Drilling Co. Inc.
DST #1 Lansing H-I 3819-3889'
Start Test Date: 2012/07/09
Final Test Date: 2012/07/09

Jones-Garvey Unit 1-11
Formation: DST #1 Lansing H-I 3819-3889'
Pool: Wildcat
Job Number: S0173

Jones-Garvey Unit 1-11





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: _____	

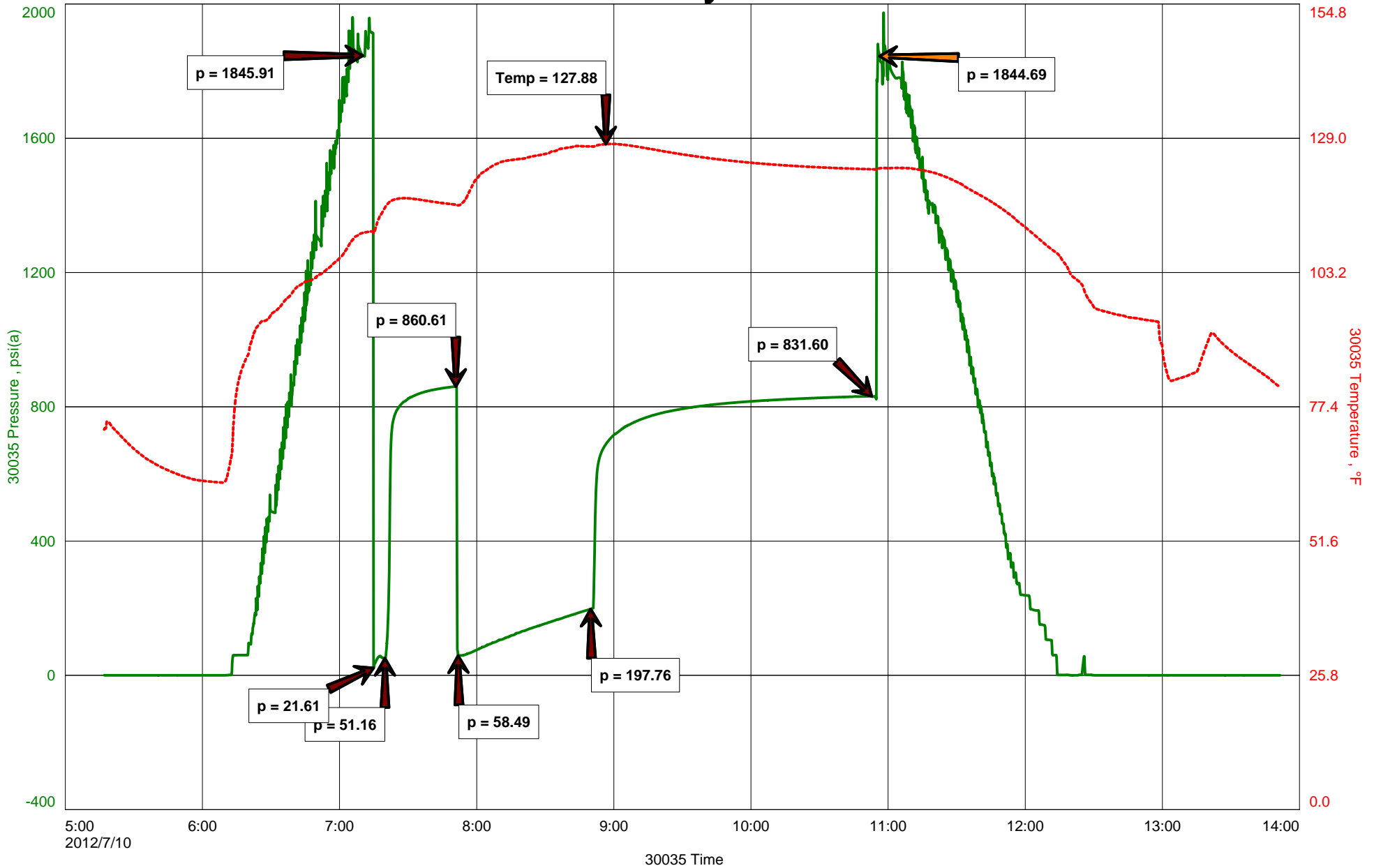
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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 J 3875-3915'
Start Test Date: 2012/07/10
Final Test Date: 2012/07/10

Jones-Garvey Unit 1-11
Formation: DST #2 Lansing J 3875-3915'
Pool: Wildcat
Job Number: S0173

Jones-Garvey Unit 1-11



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc

Contact	Mark Shreve	Job Number	S0173
Well Name	Jones-Garvey Unit 1-11	Representative	Jacob McCallie
Unique Well ID	DST #2 Lansing J 3875-3915'	Well Operator	Mull Drilling Co Inc
Surface Location	SEC 11-15S-27W Gove County	Report Date	2012/07/10
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #2 Lansing J 3875-3915'		
Well Fluid Type	01 Oil	Start Test Time	05:17:00
		Final Test Time	13:53:00
Start Test Date	2012/07/10		
Final Test Date	2012/07/10		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

2917'	GIP			
425'	CO	100% CO	GRAVITY: 36.5 @ 60 degrees F	
123'	OS Gassy Mud	35% GAS	2% OIL	63% MUD
548'	TOTAL FLUID			

TOOL SAMPLE:

10% Gas 32% Oil 13% WTR 45% 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: _____	

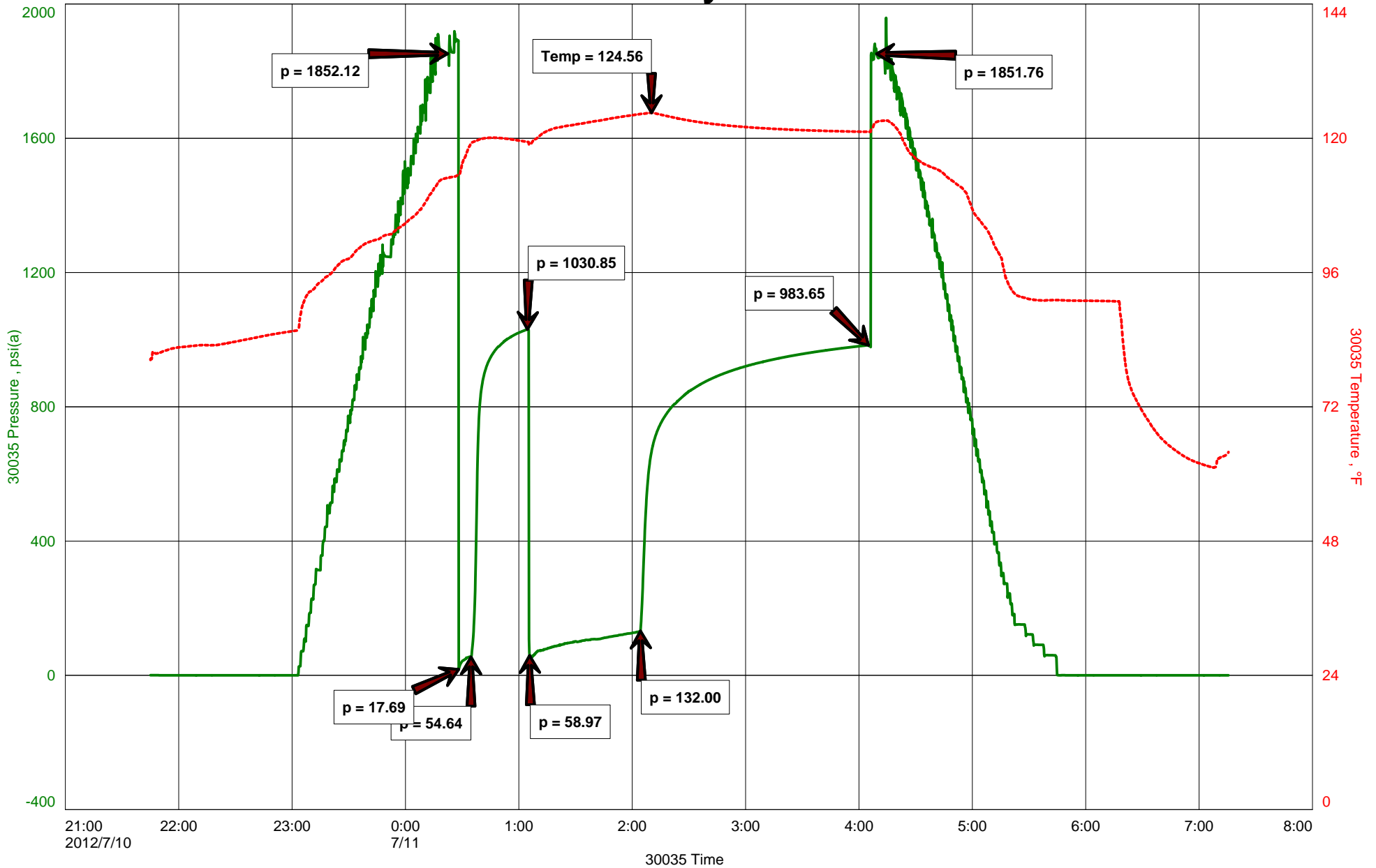
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co. Inc.
DST #3 Lansing K-L 3905-3960'
Start Test Date: 2012/07/10
Final Test Date: 2012/07/11

Jones Garvey Unit 1-11
Formation: DST #3 Lansing K-L 3905-3960'
Pool: Wildcat
Job Number: S0175

Jones Garvey Unit 1-11



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0175
Well Name	Jones Garvey Unit 1-11	Representative	Jacob McCallie
Unique Well ID	DST #3 Lansing K-L 3905-3960'	Well Operator	WW Rig #10
Surface Location	SEC 11-15S-27W Gove County	Report Date	2012/07/11
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #3 Lansing K-L 3905-3960'		
Well Fluid Type	01 Oil	Start Test Time	21:45:00
		Final Test Time	07:16:00
Start Test Date	2012/07/10		
Final Test Date	2012/07/11		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

1604'	GIP				
103'	CO	100% CO			GRAVITY: 39 @ 60 degrees F
246'	HOS Gassy Mud	25% Gas	4% Oil	71% Mud	
349	TOTAL FLUID				

TOOL SAMPLE:

10% Gas 35% Oil 55% 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: _____	

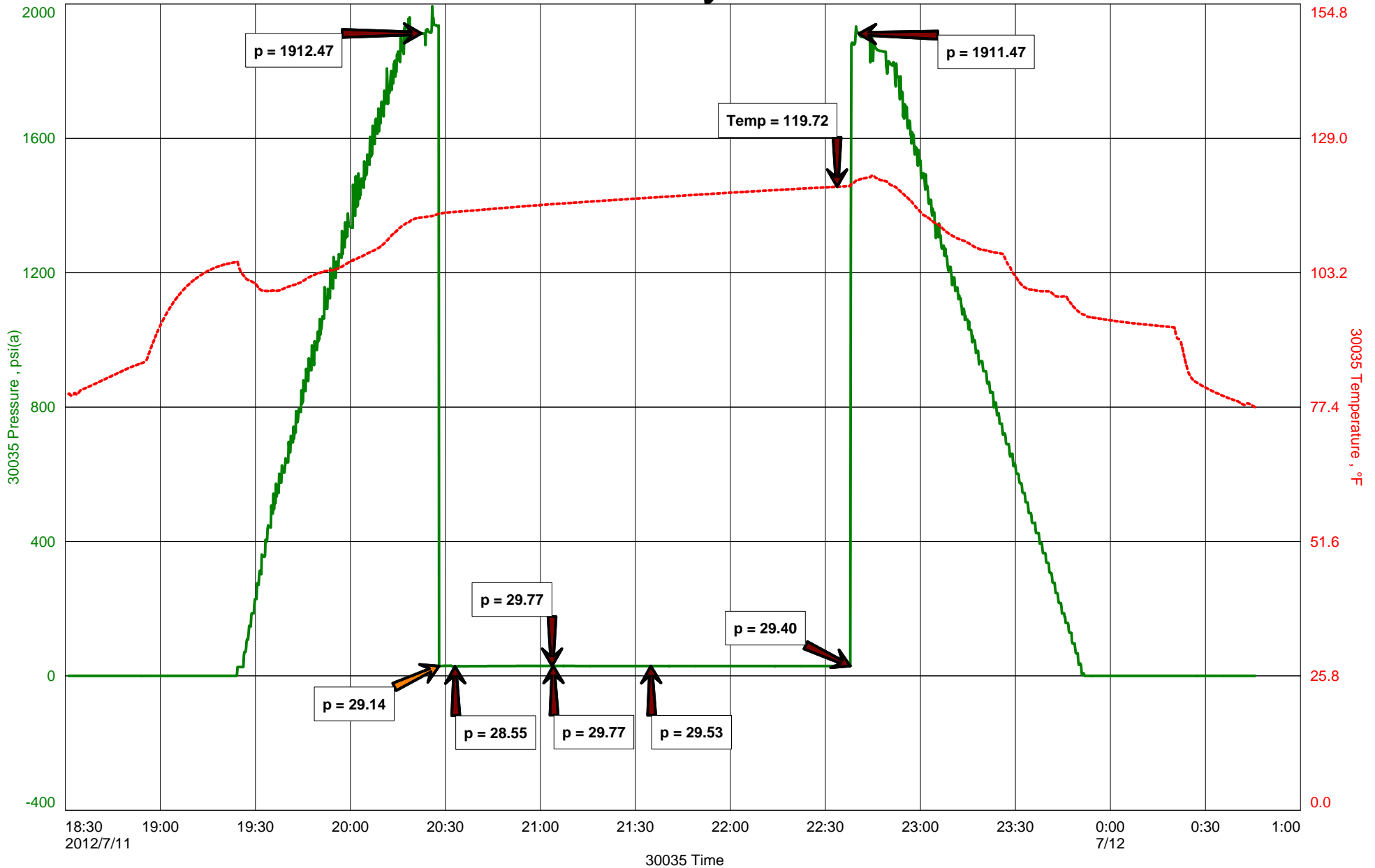
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co Inc.
DST #4 Marmaton 4030-4070'
Start Test Date: 2012/07/11
Final Test Date: 2012/07/12

Jones Garvey Unit 1-11
Formation: DST #4 Marmaton 4030-4070'
Pool: Wildcat
Job Number: S0176

Jones Garvey Unit 1-11



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co Inc.

Contact	Mark Shreve	Job Number	S0176
Well Name	Jones Garvey Unit 1-11	Representative	Jacob McCallie
Unique Well ID	DST #4 Marmaton 4030-4070'	Well Operator	Mull Drilling Co Inc.
Surface Location	SEC 11-15S-27W Gove County	Report Date	
Well License Number		Prepared By	
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #4 Marmaton 4030-4070'		
Well Fluid Type	01 Oil	Start Test Time	18:31:00
		Final Test Time	00:47:00
Start Test Date	2012/07/11		
Final Test Date	2012/07/12		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
5' SOS Mud 100% MUD
5' 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: _____	

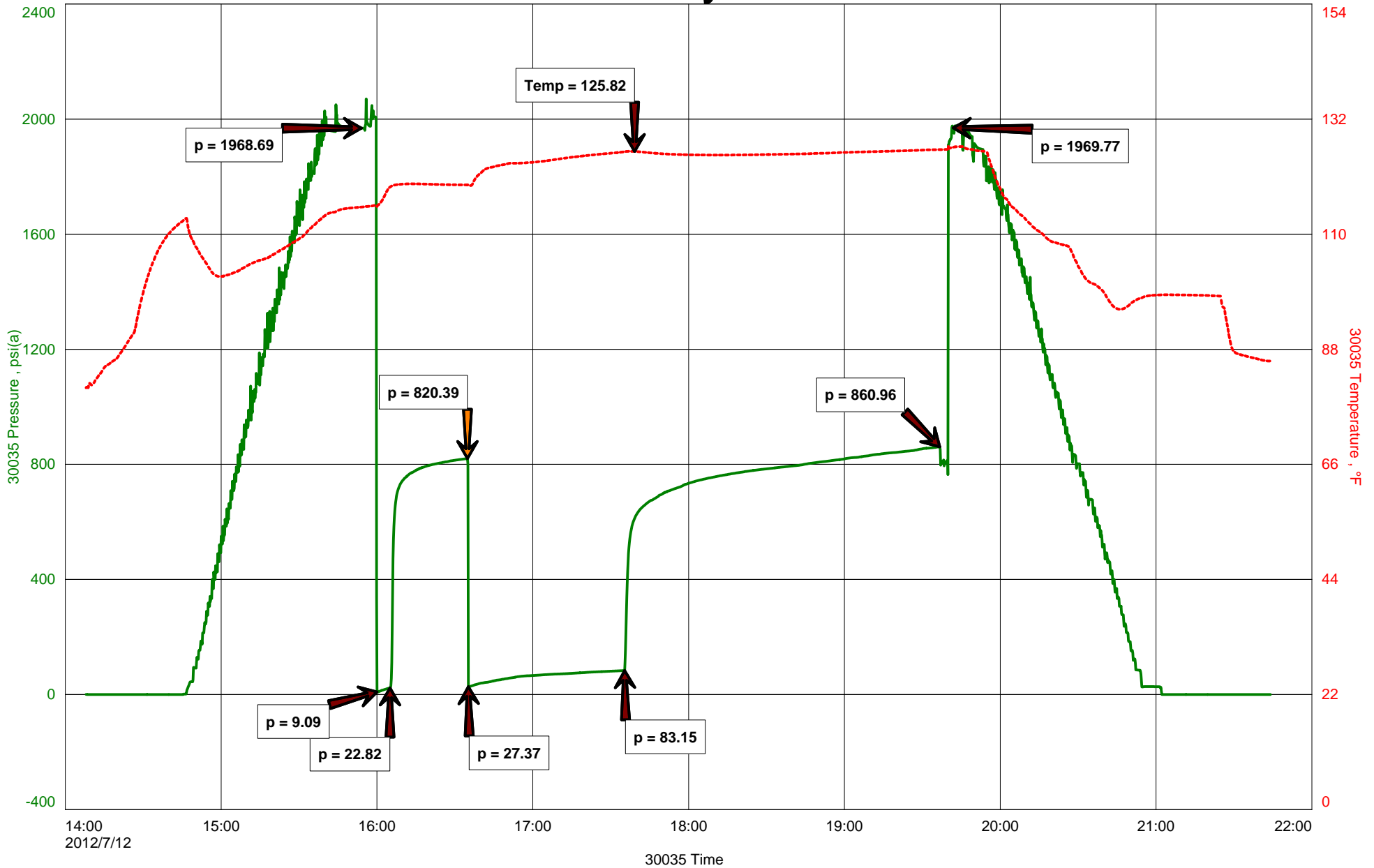
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co. Inc.
DST #5 Ft. Scott 4130-4180'
Start Test Date: 2012/07/12
Final Test Date: 2012/07/12

Jones Garvey Unit 1-11
Formation: DST #5 Ft. Scott 4130-4180'
Pool: Wildcat
Job Number: S0177

Jones Garvey Unit 1-11



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0177
Well Name	Jones Garvey Unit 1-11	Representative	Jacob McCallie
Unique Well ID	DST #5 Ft. Scott 4130-4180'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 11-15S-27W Gove County	Report Date	2012/07/12
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #5 Ft. Scott 4130-4180'		
Well Fluid Type	01 Oil	Start Test Time	14:08:00
		Final Test Time	21:44:00
Start Test Date	2012/07/12		
Final Test Date	2012/07/12		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

30'	GIP		
15'	CO	100% CO	GRAVITY: 39.5 @ 60 degrees F
155'	Oil Cut Watery Mud	8% OIL 18% WTR 74% Mud	
170'	TOTAL FLUID		

PH: 7

RW: .45 @ 72 degrees F

Chlorides: 18,000 ppm

TOOL SAMPLE:

10% Oil 22% WTR 68% 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: _____	

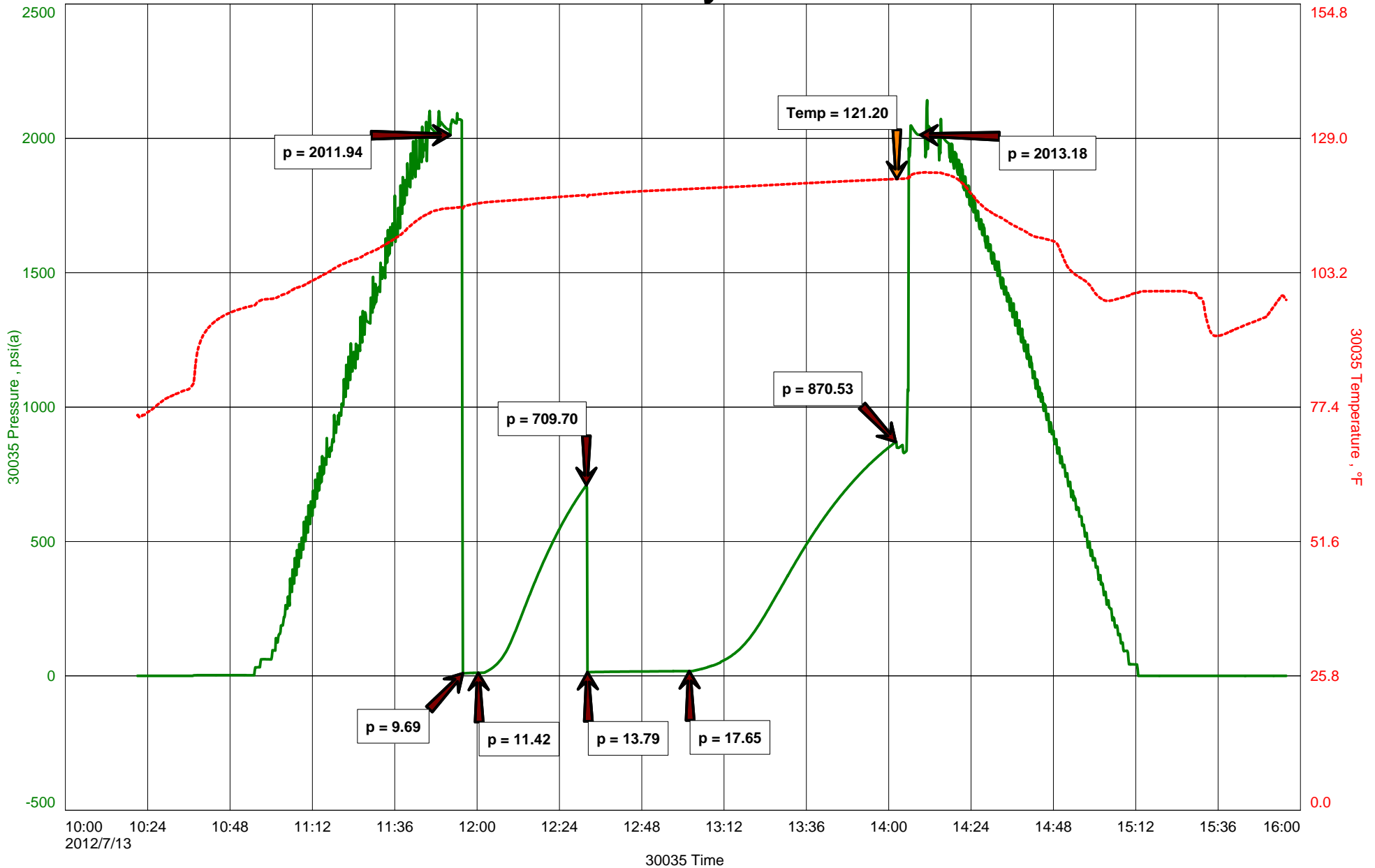
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co. Inc.
DST# 6 Mississippi 4170-4270'
Start Test Date: 2012/07/13
Final Test Date: 2012/07/13

Jones Garvey Unit 1-11
Formation: DST# 6 Mississippi 4170-4270'
Pool: Wildcat
Job Number: S0178

Jones Garvey Unit 1-11



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0178
Well Name	Jones Garvey Unit 1-11	Representative	Jacob McCallie
Unique Well ID	DST# 6 Mississippi 4170-4270'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 11-15S-27W Gove County	Report Date	2012/07/13
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST# 6 Mississippi 4170-4270'		
Well Fluid Type	01 Oil	Start Test Time	10:21:00
		Final Test Time	15:57:00
Start Test Date	2012/07/13		
Final Test Date	2012/07/13		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
5' SOS Mud 1% OIL 99% MUD
5' TOTAL FLUID

TOOL SAMPLE:
2% OIL 98% MUD

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

OPERATOR : MULL DRILLING COMPANY INC.
LEASE : JONES - GARVEY UNIT WELL # : 1 - 11
LOCATION : 2614' FSL & 527' FWL
SEC: 11 TWP : 15 S RGE : 27 W
COUNTY : GOVE STATE : KANSAS

ELEVATION
KB : 2447
GL : 2442
 MEASUREMENTS FROM
KB

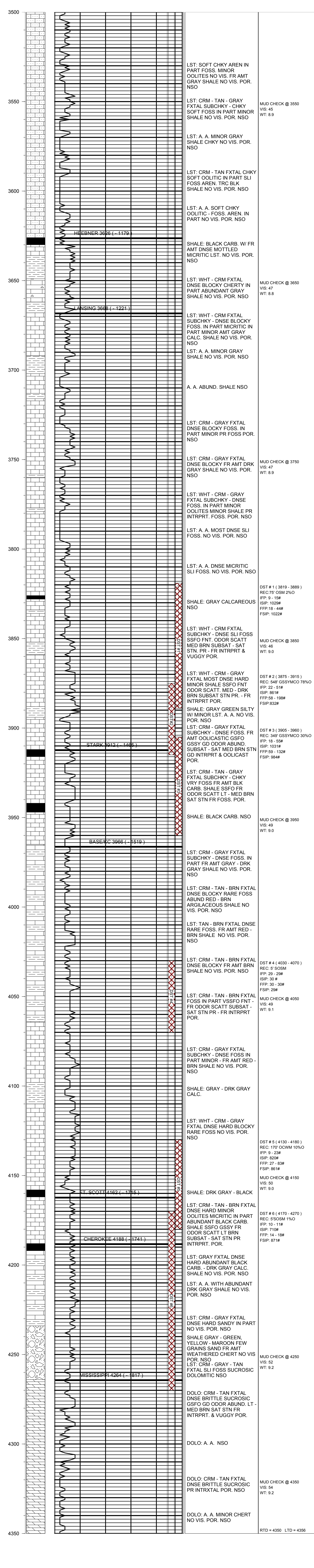
CONTRACTOR : WW DRILLING RIG # 10
COMM : 07 / 05 / 2012 COMP : 07 / 14 / 2012
RTD : 4350 LOG TD : 4356
SAMPLES SAVED FROM : 3500 TO : RTD
GEOLOGICAL SUPERVISION FROM : 3500 TO : RTD
MUD UP : 3400 TYPE MUD : CHEMICAL

CASING RECORD
SURFACE :
8 5/8" @ 233'
PRODUCTION :
5 1/2" @ 4350'

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3626		- 1179	3626		- 1179	+ 01
LANSING	3668		- 1221	3668		- 1221	- 02
STARK	3912		- 1465	3912		- 1465	- 02
BASE/KC	3966		- 1519	3966		- 1519	- 02
FORT SCOTT	4162		- 1715	4162		- 1715	- 06
CHEROKEE	4188		- 1741	4188		- 1741	- 06
MISSISSIPPI	4264		- 1817	4264		- 1817	- 18

ELECTRICAL SURVEYS:
 DIL
 CNL / CDL
 MICRO
 SONIC

REFERENCE WELL FOR STRUCTURAL COMPARISON :
CHIEF DRILLING #1 JONES 'D' SEC 11 - T 15 S - R 27 W GOVE COUNTY KANSAS



COMMENTS:
 5 1/2" PRODUCTION CASING WAS SET TO FURTHER EVALUATE
 THE PRODUCTIVITY OF THIS WELL
 KEVIN L. KESSLER