



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1095559
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: _____



1095559

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Herrick OWWO 1-7
Doc ID	1095559

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
8	4348' - 4368'	500 gal 7 1/2% MCA, 20 bbl Ammonium Chl, 1000 gal 7 1/2% HCl w/3% HF	
4	4360' - 4368'		
	Cut (4) 300' laterals @ 4367', 4365', 4363', 4361'	8% Ammonium Chl, back-jetted w/300 gal AC, 250 gal 7.5% HCl, 20 bbl Ammonium Chl, 500 gal 7.5 - 3 HF, 10 bbl Ammonium Chl	
	CIBP		4320'
4	4278' - 4281'	250 gal 15% MCA	
	CIBP		4242'
4	4127' - 4130'	500 gal 15% MCA	
4	4130' - 4136' and 4150' - 4154'	1500 gal 15% MCA, 3000 gal 20% NEFE	

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 05, 2012

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

Re: ACO1
API 15-135-24243-00-01
Herrick OWWO 1-7
SW/4 Sec.07-18S-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



Services, Inc.

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

TICKET No 23117

PAGE 1 OF 2

SERVICE LOCATIONS: North KS WELLPROJECT NO: 1-7 LEASE: Hereick COUNTY/PARISH: Now STATE: KS CITY: Now City DATE: 13 Nov 12 OWNER: _____

TICKET TYPE: SERVICE CONTRACTOR: _____ RIG NAME/NO.: 4 SHIPPED: DELIVERED TO: Location ORDER NO.: _____

WELL TYPE: DEV WELL CATEGORY: Development JOB PURPOSE: convert long string WELL PERMIT NO.: _____ WELL LOCATION: 17-18-23

INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575		1			TRK 114	5	mi				6.00	30.00
578		1			Pring Charge	1	ea				1500.00	1500.00
327		1			50/50 Pozmix (2% gel)	200	sk				10.00	2000.00
283		1			SALT	930	lb				0.20	190.00
286		1			hald-1	100	lb				7.50	750.00
276		1			Flareles	50	lb				2.00	100.00
280		1			Flockack	100	gal				2.50	250.00
221		1			KCL Liquid	200	gal				2.50	500.00

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: 11/13/12
TIME SIGNED: 2:30 PM

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?					1	71.20 00
WE UNDERSTOOD AND MET YOUR NEEDS?					2	5390.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					sub total	12,510.00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					Tax	650.79
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			TOTAL	13,160.79

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

SWIFT OPERATOR: _____ APPROVAL: _____
Thank You!



Swifton, Inc.

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

TICKET CONTINUATION

TICKET No. **23117**

CUSTOMER **MULL. Drilling** WELL **HERRICK 1-7** DATE **13 June 12** PAGE **21** OF **22**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	UM	QTY.	UM		
400					1	Circle shoe,	5 1/2 in		1 ea		160.00	160.00
402					1	Centralizer	5 1/2 in		9 ea		70.00	630.00
403					1	Conest Baskets	5 1/2 in		1 ea		250.00	250.00
404					1	Port Collar	5 1/2 in		1 ea		2400.00	2400.00
410					1	Top Plug	5 1/2 in		1 ea		100.00	100.00
413					1	Rotary Scratcher	5 1/2 in		15 ea		40.00	600.00
415					1	INSECT FLEET COLLECTOR/FILL	5 1/2 in		1 ea		400.00	400.00
419					1	Rotating head rental /	5 1/2 in		1 ea		200.00	200.00
582					1	Drayage (min)			1 ea		250.00	250.00
581					1	SERVICE CHARGE					2.00	400.00
MILEAGE CHARGE							TOTAL WEIGHT	16880	LOADED MILES			

CONTINUATION TOTAL **5390.00**

JOB LOG

SWIFT Services, Inc.

DATE: 3/12/12 PAGE NO.

CUSTOMER: MULL Drilling WELL NO. 1-7 LEASE Herrick owned JOB TYPE cement long string TICKET NO. 23117

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								2000k 50/50 foz (20% gel)
								5 1/2" x 14" casing 113 jts - 4487'
								shoe jt 41' float collar - 4443' Post collar - 72 1650'
								Cent 7, 3, 45, 7, 9, 11, 13, 71 Post 2nd 72
	2330							on loc TRK 114
4m14	0000							start 5 1/2" 14" casing in well
	0230							Drop ball
								1300 } attempt to circulate - pump to 1300 psi - no log
								} unable to rotate -
			4					} hook to truck - 1750 psi - circulate @ 4 gpm
	0345							- circulate w/ mud pump - NO ROTATE
	0505	4 3/4	15			250		Pump 15 bbl KCL
		4 3/4	24			250		Pump 1000 gal flocc-21
		4 3/4	5			250		Pump 5 bbl KCL flush
	0512		7					Plug RH 30 sks
	0517	4 3/4	39			250		Mix 50/50 foz (20% gel) 120 sks @ 144 ppm
								Release top plug
								wash out pump & line
	0532	6 3/4				250		Displace plug
		6 3/4	90			300		
	0600	6 3/4	109			1300		Land plug
								Release pressure to truck - dried up
	0605							Wash truck
								Rack up
	0640							job complete
								Thanks
								Rob, Dave & BAIRE



Services, Inc.

CHARGE TO: Mull Dale Co, Inc
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET No 22676

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Ness Gys Ks WELLP/PROJECT NO. 1-7 OMBB LEASE HERPICK COUNTY/PARISH Ness STATE Ks CITY _____ DATE 6-21-12 OWNER same
 2. TICKET TYPE CONTRACTOR CONTRACTOR WBA West Well Services RIG NAME/NO. _____ SHIPPED VIA OR DELIVERED TO hourston ORDER NO. _____
 3. WELLS TYPE OR WELLS CATEGORY Development JOB PURPOSE Consist Port Cont WELLS PERMIT NO. _____ WELLS LOCATION Ness Gys Ks-20, 12w, as
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 111	10	mi			6.00	60.00
576b		1			Pump Charge	1	stob			1250.00	1250.00
330		1			SWIFT MOUT-DRURY STAFFING	200	hrs			16.50	3300.00
276		1			FLORES	50	lbs			2.00	100.00
290		1			D-ADD	2	gal			350.00	700.00
581		1			Service Charge Center	200	hrs			2.00	400.00
582		1			Medium Dev Charge	19970	hrs			99.85	19970.00

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 6-21-12 TIME SIGNED 1030 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 5430.00
 TAX 218.61
 TOTAL 5648.61

SWIFT OPERATOR Wayne Watson CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket. APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 6-21-12 PAGE NO. 7

CUSTOMER MULL DRILG. Co. Inc. WELL NO. 1-7 OWWD LEASE HERRICK JOB TYPE CEMENT PORT COLLAR TICKET NO. 22676

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							ON LOCATION
								TUBING - 2 3/8 CASING - 5 1/2" PORT COLLAR - 1650
	1035				✓		1000	PSE TEST CASING - HEAD
	1040	3	2	✓		350		OPEN PORT COLLAR INT RATE
	1045	4	111	✓		350		MIX CEMENT 200 SKS SMD
	1120	4	5 1/2	✓		500		DISPLACE CEMENT
	1130			✓		1000		CLOSE PORT COLLAR - PSE TEST HEAD CIRCULATED 20 SKS CEMENT TO PORT
	1140	4	20	✓		450		RUN 4 JTS - CIRCULATE CLEAN WASH TRUCK
	1200							JOB COMPLETE

THANK YOU
WAKE, NICK, ROB



Services, Inc.

TICKET No. 22740

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

PAGE 1 OF

1. SERVICE LOCATION: **Ness City, KS** WELLPROJECT NO.: **HERRIK 1-7 OAKWOOD** COUNTY/PARISH: **NESS** STATE: **KS** CITY: **NESS CITY, KS** DATE: **6/25/12** ORDER NO.:
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **WILD WEST WELL SERV** RIG NAME/NO.:
 3. WELL TYPE: **DLL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **PERF SQUEEZE** WELL PERMIT NO.:
 4. REFERRAL LOCATION: **DLL** INVOICE INSTRUCTIONS: **PERF SQUEEZE** WELL LOCATION: **2N, 12W, N14RD**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.				UNIT PRICE	AMOUNT
		LOC	ACCT	DR		QTY.	U/M	QTY.	U/M		
575					MILEAGE @ 110	5	mi			60	300
578					PUMP CHARGE	1	hour	1348	hr	1500	1500
286					HEAD-1	1	hr			750	750
290					D-AIR	1	hr			350	350
325					STANDARD CEMENT	75	sk			1300	101250
581					SERVICE CHARGE CEMENT	75	sk			200	15000
582					MINIMUM DRAINAGE	7050	lb	12.2	lb	250	250

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 DATE SIGNED: **6/25/12** TIME SIGNED: **12:45** ALL P.M.
 SIGNATURE: *[Signature]*

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

SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? THE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALIBRATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICES? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: **3090**

TOTAL: **3163.08**

TAX: **73.08**

SWIFT OPERATOR: *[Signature]* APPROVAL: *[Signature]*

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: *[Signature]*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 26 JUN 12 PAGE NO.

CUSTOMER MULL DRILLING WELL NO. LEASE HERRICK 1-70000 JOB TYPE PERF SQUEEZE TICKET NO. 22740

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ON LOCATION
	0929				✓			TRY TO CIRCULATE WELL
	0938				✓		500	SET PACKER @ 4271
	0941	3		✓		800		LOAD ANNULUS PSI UP SHUT IN
	0944	3		✓		800		TAKE INJECTION RATE
								MIX 75SX STANDARD FIRST 15SX W/ HALAD
	0956							SHUT IN WASH OUT PUMP & LINES.
	0958	3		✓				START DISPLACING CEMENT
		3	5	✓		400		
		2	10	✓		600		
		1	13	✓		600		
		3/4	15	✓		600		
		1/2	16	✓		900		
	1013	2	17	✓		1000		SHUT WELL IN.
	1014							WASH TRUCK
	1027			✓		900		STAGING
	1155			✓		1200		" "
	1206			✓				RELEASE PSI - DRY
	1210	3	400	✓		21		REVERSE CLEAN
								PULL 3 JTS
	1225			✓		500		PSI UP - SHUT IN
	1245							JOB COMPLETE
								TRAVEL #110
								JASON JEFF ISAAC