



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1097063
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: _____



1097063

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Henderson-Logan 1-8
Doc ID	1097063

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Henderson-Logan 1-8
Doc ID	1097063

Tops

Name	Top	Datum
Anhydrite	1853	+ 643
B/Anhydrite	1888	+ 608
Heebner Shale	3852	- 1356
Lansing	3892	- 1396
Stark	4148	- 1652
Pawnee	4280	- 1784
Ft. Scott	4370	- 1874
Cherokee Shale	4394	- 1898
Cherokee Sand	4440	- 1944
Mississippian	4494	- 1998

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 12, 2012

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

Re: ACO1
API 15-135-25434-00-00
Henderson-Logan 1-8
NE/4 Sec.08-16S-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

GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

Well Information:

Name: HENDERSON-LOGAN 1-8

Operator: MULL DRILLING CO INC

Location-Downhole:

Location-Surface: S8/16S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: DST #1 CONVENTIONAL Job Number: D1188

Test Unit:

Start Date: 2012/08/01 Start Time: 10:30:00

End Date: 2012/08/01 End Time: 18:30:00

Report Date: 2012/08/01 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

Remarks:

RECOVERY: 50' GAS IN PIPE, 70' GAS+OIL CUT 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.

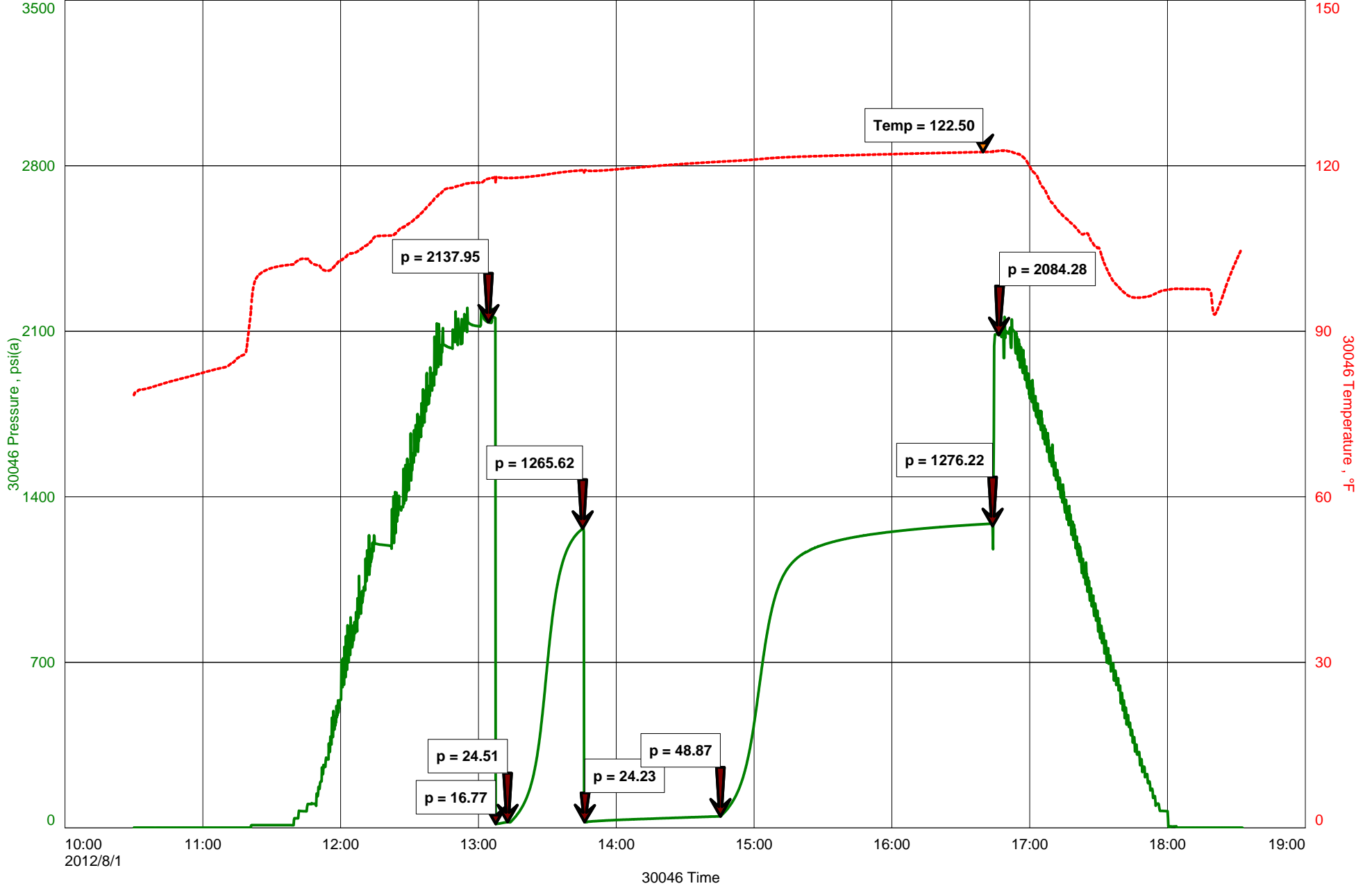
Blow: 1st Open: _____
2nd Open: _____

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.

HENDERSON-LOGAN 1-8



GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

Well Information:

Name: HENDERSON-LOGAN 1-8

Operator: MULL DRILLING CO INC.

Location-Downhole:

Location-Surface: S8/16S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: DST #2 CONVENTIONAL Job Number: D1189

Test Unit:

Start Date: 2012/08/02 Start Time: 03:30:00

End Date: 2012/08/02 End Time: 11:40:00

Report Date: 2012/08/02 Prepared By: JOHN RIEDL

Remarks: Qualified By: KEVIN KESSLER

RECOVERY: 50' GAS IN PIPE, 200' SLIGHTLY MUD CUT GASSY OIL



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.

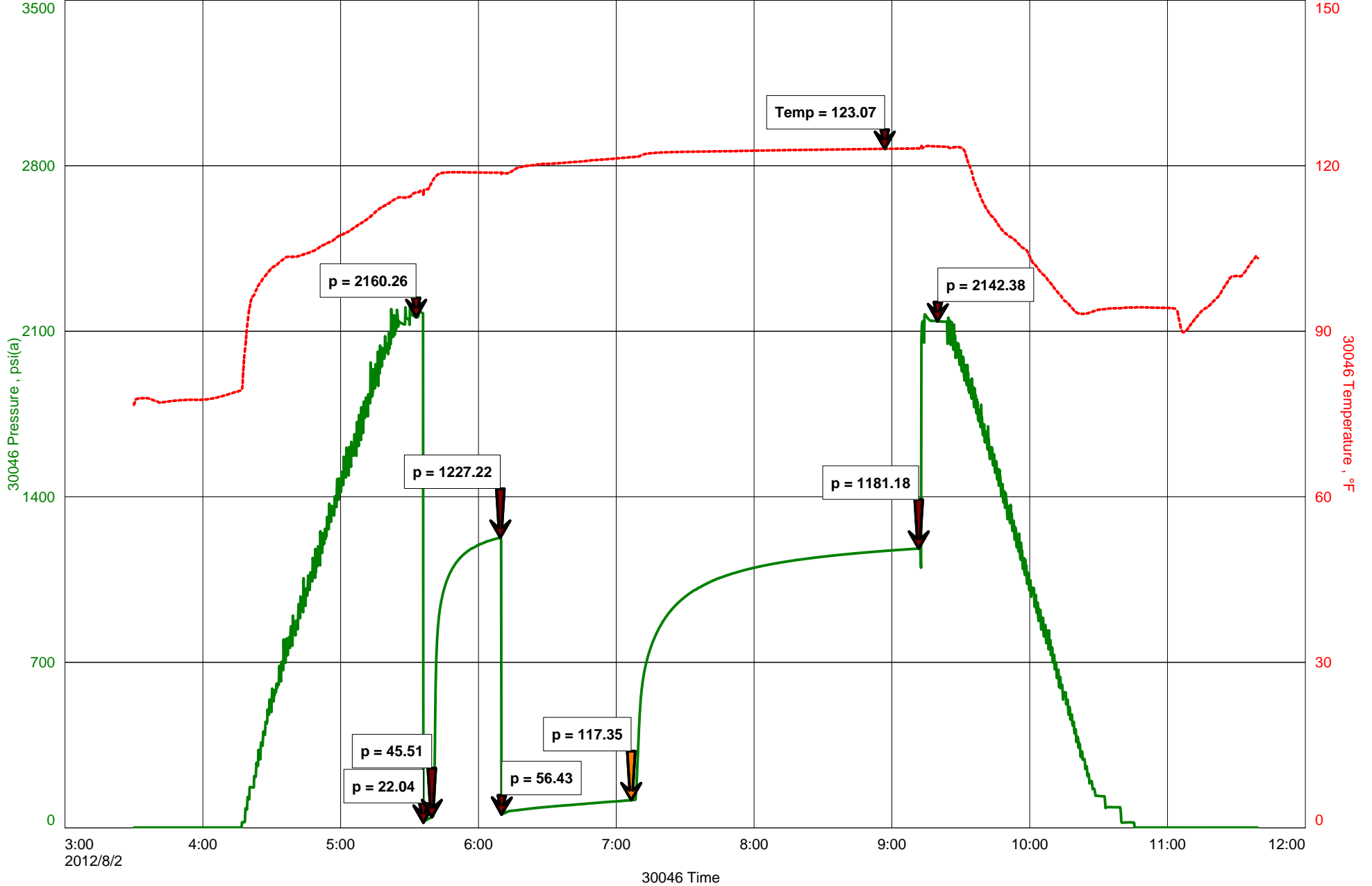
Blow: 1st Open: _____
2nd Open: _____

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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HENDERSON-LOGAN 1-8



GENERAL INFORMATION

Client Information:

Company: MULL DRILLING CO INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

Well Information:

Name: HENDERSON-LOGAN 1-8

Operator: MULL DRILLING CO INC.

Location-Downhole:

Location-Surface: S8/16S/23W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: DST #3 CONVENTIONAL Job Number: D1190

Test Unit:

Start Date: 2012/08/02 Start Time: 19:00:00

End Date: 2012/08/03 End Time: 03:15:00

Report Date: 2012/08/03 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

Remarks:

RECOVERY: 2800' SULFUR WATER



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.

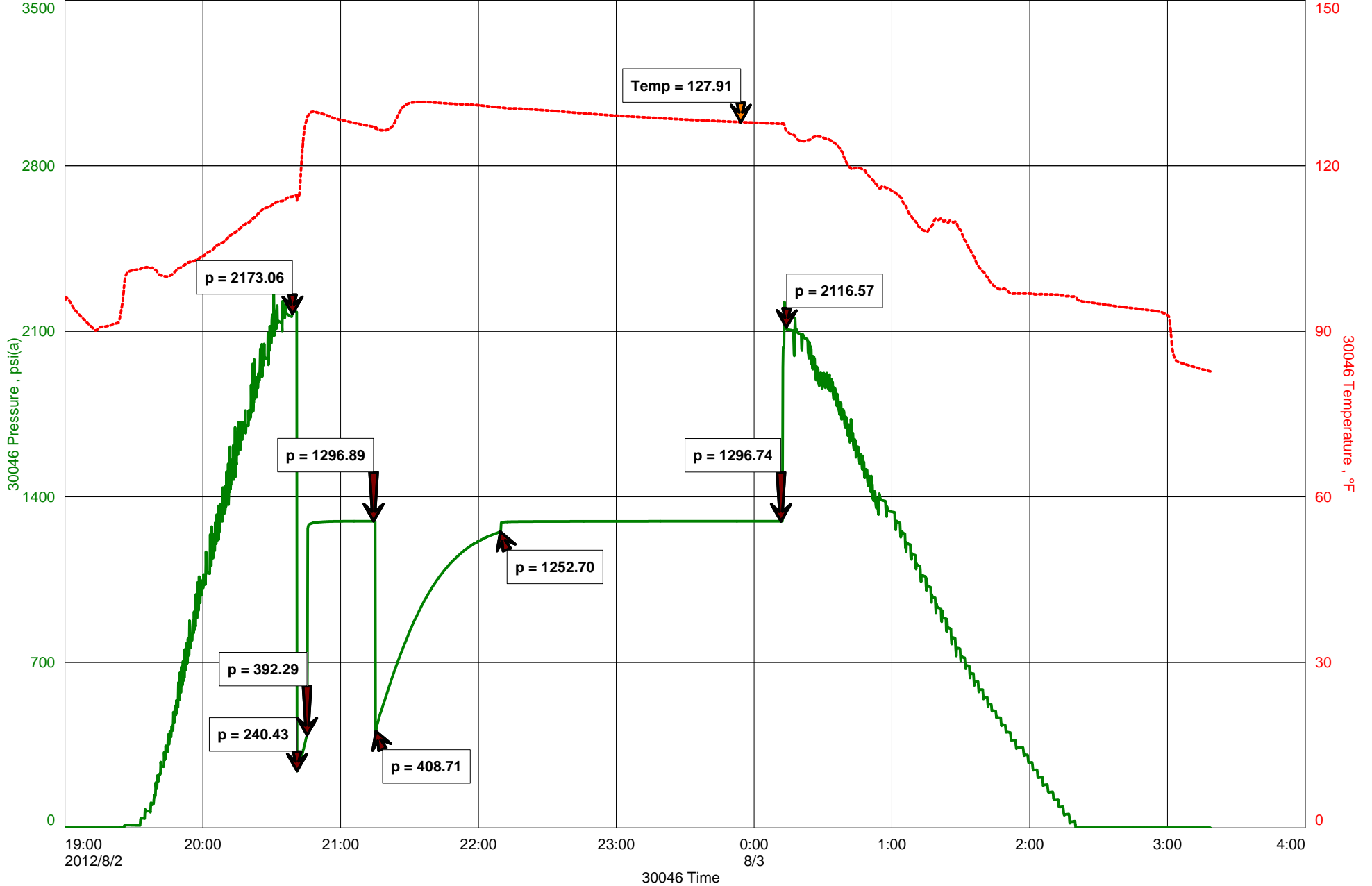
Blow: 1st Open: _____
2nd Open: _____

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.

HENDERSON-LOGAN 1-8



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

OPERATOR : MULL DRILLING COMPANY INC.
LEASE : HENDERSON - LOGAN WELL # : 1 - 8
LOCATION : 1716' FNL & 1221' FEL
SEC: 08 TWP : 16 S RGE : 23 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2496
GL : 2491
MEASUREMENTS FROM
KB

CONTRACTOR : WW DRILLING RIG # 10
COMM : 07 / 26 / 2012 **COMP : 08 / 03 / 2012**
RTD : 4550 **LOG TD : 4552**
SAMPLES SAVED FROM : 3700 **TO : RTD**
GEOLOGICAL SUPERVISION FROM : 3700 **TO : RTD**
MUD UP : 3600 **TYPE MUD : CHEMICAL**

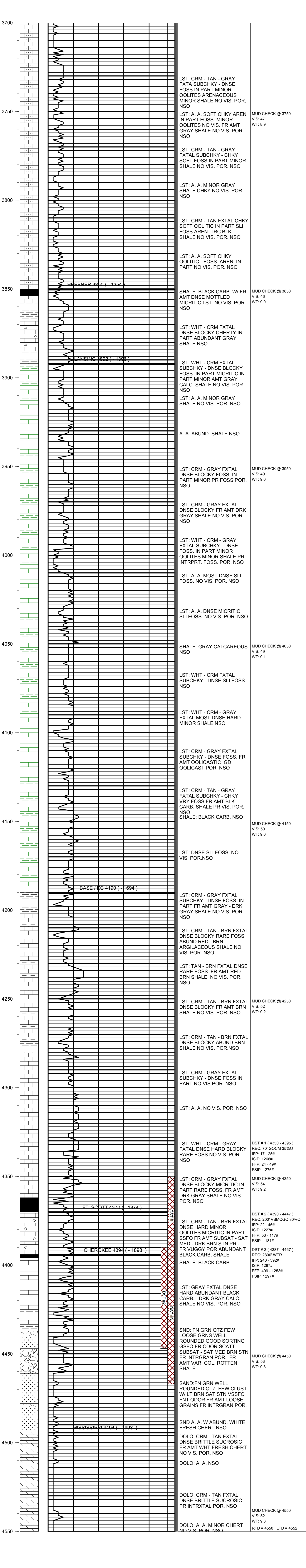
CASING RECORD
SURFACE :
8 5/8" @ 205'
PRODUCTION :
5 1/2" @ 4550'

ELECTRICAL SURVEYS :
DIL
CNL / CDL
MICRO
SONIC

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3850		- 1354	3850		- 1354	+ 23
LANSING	3892		- 1396	3892		- 1396	+ 21
BASE/KC	4190		- 1694	4190		- 1694	+ 23
FORT SCOTT	4370		- 1874	4370		- 1874	+ 27
CHEROKEE	4394		- 1898	4394		- 1898	+ 23
MISSISSIPPI	4494		- 1998	4494		- 1998	+ 05

REFERENCE WELL FOR STRUCTURAL COMPARISON :

W. E. CARL # 8 - 1 HENDERSON SEC 08 - T 16 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



TICKET NUMBER 37056
 LOCATION Oakley, KS
 FOREMAN Kelly G Gabel

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-4-12	5659	Henderso-Logan#1-8	8	165	230	KS Ness
CUSTOMER Mull Drilling			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			4	Damon M		
CITY			460	Wes F		
STATE				Jordan L		
ZIP CODE						

JOB TYPE Prod - HOLE SIZE 7 7/8 HOLE DEPTH 4550' CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 4542 DRILL PIPE _____ TUBING PC @ 1876' shoe 33' OTHER PC Top 78'
 SLURRY WEIGHT 14² SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 33'
 DISPLACEMENT 110 DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BBI/min

REMARKS: Safety meeting, Rig up on w/w drilling rig #10, ran float equip cent on 1, 2, 3, 4, 5, 7, 9, 11, 13, 27 Basket on #77, PC top of 28' Circ on bottom for hrs, Pumped 15 bbl KCL flo-check 5 bbl KCL mixed 30 SKS RH, mix 170 SKS 2 1/2 50 PCZ 100 salt, 290 gel, 2590 c. Fill 15, cleaned pumps & lines, released Plug & displaced with 106 bbl water with 200 #1 lift a Plug landed @ 6m# Released pressure float did not hold, pressured up to 500# shut in. Washed out pumps & lines, Rigged down

*Thank You
Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	3950.00	3950.00
5406	15	MILEAGE	5.00	75.00
1124	200 SKS	50/50 PCZ	13.15	2630.00
118B	319#	Bentonite	.25	79.75
1111	940#	Salt	.45	423.00
1102	240#	Calcium Chloride	.89	213.60
1114	200#	Sodium Metasilicate	2.40	480.00
1315	2 gal	KCL	35.70	71.40
5407	8.4 ton	Ton Mileage delivery	1.67	140.00
4203	1	5 1/2 Guide shoe (I)	193.00	193.00
4177	1	5 1/2 Float collar (w)	541.00	541.00
4136	10	5 1/2" Turbocentralizer (T)	72.00	720.00
4104	1	5 1/2 basket (I)	276.00	276.00
4285	1	5 1/2 Partcollar (I)	2075.00	2075.00
1135A	42#	CFL-115	10.55	443.10
				11,580.85
				1158.09
				10,422.76
			SALES TAX	457.83
			ESTIMATED TOTAL	10880.59

6:30 AM AUTHORIZATION [Signature] TITLE _____ DATE 8-4-12

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 form



CHARGE TO: Null Drly Co.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: Henderson-Logan

TICKET NO 21736
 PAGE 1 OF 1

SERVICE LOCATIONS: 1. Hays, KS
2. Ness City, KS
 WELLPROJECT NO: 41-8
 LEASE: Logan Henderson
 COUNTY/PARISH: Ness
 STATE: Ks
 CITY: _____
 DATE: 8-8-12
 OWNER: Same
 ORDER NO: _____
 WELLPURPOSE: Development
 JOB PURPOSE: Part Cellar
 WELLPERMIT NO: _____
 WELLOCATION: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCT	DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
575		1			MILEAGE #111	30	mi			6.00	180.00
576D		1			Pump Charge (Post Cellar)	1	ea			1250.00	1250.00
290		1			D. Air	2	ea			35.00	70.00
330		2			SMD Cement	185	lbs			16.50	3052.50
276		2			Floccula	50	lb			2.00	100.00
581		2			Cement Service Charge	200	sts			2.00	400.00
583		2			Drayage	294	TM			1.00	294.00
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.					REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300						
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS					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?						
DATE SIGNED: <u>8-8-12</u> TIME SIGNED: <u>None</u>					<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						
SWIFT OPERATOR: <u>Mike Parker</u>					TAX: <u>203.02</u> TOTAL: <u>5549.52</u>						

Thank You!

Mull 1219 20

1-8

1699112000507

10-1-2014

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1025							on loc setup Trks
								2 7/8" x 5 1/2"
								P.C. 1876'
	1035		0				1000	Test Csg
								Open P.C.
	1040	4	3			150		Take inj rate
	1045	4	0			150		Start Cement
	1008	4	95			250		circ cement/raise weight
	1009	4	100/0			250		End Cement/start Displacement
	1111		10			300		Cement Displaced
								close P.C.
	1115						1000	Test Csg
								Run 5 Jts
	1125	3	0					Reverse out
	1135		25					Hole Clean
								185 sks SMD
								Circ 25 sks Topit
								Thank you
								Nick, David E., & Jeremy