



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1097923
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: _____



1097923

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

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	Smith-Rufenacht Unit 1-11
Doc ID	1097923

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Smith-Rufenacht Unit 1-11
Doc ID	1097923

Tops

Name	Top	Datum
Anhydrite	1774	+ 707
B/Anhydrite	1806	+ 675
Heebner Shale	3830	- 1349
Lansing	3862	- 1381
Stark	4109	- 1628
B/KC	4200	- 1719
Pawnee	4278	- 1797
Ft. Scott	4369	- 1788
Cherokee Shale	4385	- 1904
Cherokee Sand	4442	- 1961

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 18, 2012

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

Re: ACO1
API 15-135-25421-00-00
Smith-Rufenacht Unit 1-11
SE/4 Sec.11-17S-24W
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 Co, Inc**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No 21929

PAGE 1 OF 2

1. SERVICE LOCATIONS Ness City, Ks	WELL/PROJECT NO. 1-11	LEASE SMITH RUFENACHT	COUNTY/PARISH Ness	STATE Ks	CITY	DATE 7-25-12	OWNER SMR
2. TICKET TYPE SALES	CONTRACTOR W W DRLE	RIG NAME/NO.	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" HOUSING	DELIVERED TO LOCATION	ORDER NO.	
3. REFERRAL LOCATION	WELL TYPE DR	WELL PERMIT NO.	WELL LOCATION Ransom, Ks - 35, W2120				
4. INVOICE INSTRUCTIONS							

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 110	20	MI			6.00	120.00
578		1			PUMP GEAR	1	JOB	4537	FT	1500.00	1500.00
221		1			GROUND REL	2	EA			25.00	50.00
280		1			FLOOR - 21	1000	EA			2.50	2500.00
400		1			GUIDE SHOE	1	EA	5 1/2"	"	160.00	160.00
402		1			CENTRALIZERS	9	EA			70.00	630.00
403		1			CEMENT BASKET	1	EA			250.00	250.00
404		1			PORT COVER TOP # 62	1	EA	1798	FT	2400.00	2400.00
410		1			TOP PIPE	1	EA			100.00	100.00
413		1			ROTARY SCRATCHES	15	EA			40.00	600.00
415		1			INSERT FLOAT COVER w/ FOLLOW UP	1	EA			400.00	400.00
419		1			ROTARY HEAD RENTAL	1	JOB			200.00	200.00

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

DATE SIGNED **7-25-12** TIME SIGNED **2:30**

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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL #1	#2
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	12,852.08

SWIFT OPERATOR **Wayne Johnson** APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-25-12 PAGE NO.

CUSTOMER MULL DRUG Co. Inc WELL NO. 1-11 LEASE SMITH RUFENACHT JOB TYPE 5 1/2" LONGSTRING TICKET NO. 21929

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2100							ON LOCATION
	2345							START 5 1/2" CASING IN WELL
								TD - 4548' SET - 4537'
								TP - 4540' 5 1/2" # 14
								ST - 44'
								CENTRALIZERS - 1, 2, 3, 4, 6, 8, 10, 12, 61
								CMY BSKTS - 62
								PORT COLAR = 1798 TOP # 62
	0130							DROP BALL - CIRCULATE ROTATE
	0305	6 1/2	15		✓		350	PUMP KCL SPACER "
	0308	6 1/2	24		✓		350	PUMP 1000 GAL FLOCHECK 21 "
	0312	6 1/2	5		✓		350	PUMP KCL SPACER "
	0315		7					PLUG RH (30 SKS)
	0320	4	35		✓		200	MIX CEMENT - 150 SKS 50/50 P02 = 14.4 PPG "
	0330							WASH OUT PUMP - LINES
	0330							RELEASE TOP PLUG
	0335	7	0		✓			DISPLACE PLUG "
		7	100				550	SHUT OFF ROTATING
	0350	6 1/2	109.7				1500	PLUG DOWN
	0352							OK RELEASE PST - HELD WASH TRUCK
	0500							JOB COMPLETE

THANK YOU
WAYNE, JERRY, FIZOT, DAUER



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

TICKET
N° 22796

PAGE	1	OF	
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SERVICE LOCATIONS 1. <i>Levity KS</i>	WELL/PROJECT NO. <i>1-11</i>	LEASE <i>Smith-Rufelrecht</i>	COUNTY/PARISH <i>Leas</i>	STATE <i>KS</i>	CITY <i>Ransom</i>	DATE <i>3 AUG 12</i>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>FRITZER</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>cement port collar</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			MILEAGE TRK 114	<i>15</i>		<i>mi</i>		<i>6.00</i>	<i>90.00</i>
<i>576D</i>		<i>1</i>			Pump Charge	<i>1</i>		<i>per</i>		<i>1250.00</i>	<i>1250.00</i>
<i>330</i>		<i>1</i>			SMD cement	<i>150</i>		<i>sk</i>		<i>16.50</i>	<i>2475.00</i>
<i>276</i>		<i>1</i>			flexele	<i>20</i>		<i>lb</i>		<i>2.00</i>	<i>40.00</i>
<i>290</i>		<i>1</i>			D-AIR	<i>2</i>		<i>gal</i>		<i>35.00</i>	<i>70.00</i>
<i>581</i>		<i>1</i>			service charge	<i>200</i>		<i>sk</i>		<i>2.00</i>	<i>400.00</i>
<i>582</i>		<i>1</i>			Drayage (min)	<i>1</i>		<i>leg</i>		<i>250.00</i>	<i>250.00</i>

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

X *[Signature]*

DATE SIGNED: *12/5/12* TIME SIGNED: *12:50*

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
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

PAGE TOTAL	<i>4575.00</i>
TAX <i>7.5%</i>	<i>162.86</i>
TOTAL	<i>4737.86</i>

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

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

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 3 AUG 12 PAGE NO.

CUSTOMER *MULL Drilling* WELL NO. *1-11* LEASE *Smith-Robbrecht* JOB TYPE *cement port collar* TICKET NO. *22796*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								<i>200 sk SMD w/ 1/4" floccle</i>
								<i>2 7/8 x 5 1/2 14" casing</i>
								<i>port collar @ 77-1798'</i>
	<i>1030</i>							<i>on loc TRK 114</i>
	<i>1042</i>					<i>1000</i>	<i>1000</i>	<i>test to 1000psi - held</i>
	<i>1047</i>	<i>4</i>	<i>2</i>			<i>200</i>		<i>open port collar</i>
								<i>inj rate 4 bpm @ 200psi</i>
								<i>wait on cement</i>
	<i>1122</i>	<i>4</i>				<i>150</i>		<i>mix SMD @ 11.2 ppg</i>
		<i>4</i>	<i>18</i>			<i>150</i>		<i>fluid to surface</i>
		<i>4</i>	<i>80</i>			<i>450</i>		<i>- cement to surface -</i>
								<i>{ 150 sk mixed }</i>
								<i>15 to pit</i>
			<i>10</i>					<i>flush w/ H₂O</i>
	<i>1150</i>					<i>1000</i>	<i>1000</i>	<i>close port collar</i>
								<i>pressure to 1000psi - held</i>
	<i>1205</i>		<i>22</i>					<i>Reverse hole clean</i>
								<i>2 cement plugs</i>
								<i>wash truck</i>
								<i>Rack up</i>
	<i>1250</i>							<i>job complete</i>
								<i>thanks</i>
								<i>TJ DAW & BLAINE</i>

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M356
Well Name	SMITH-RUFENACHT #1-11	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4150-4250 MARMATON	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.11-17S-29W NESS CO.KS.	Report Date	2012/07/22
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4150-4250 MARMATON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/21	Start Test Time	23:55:00
Final Test Date	2012/07/22	Final Test Time	06:55:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

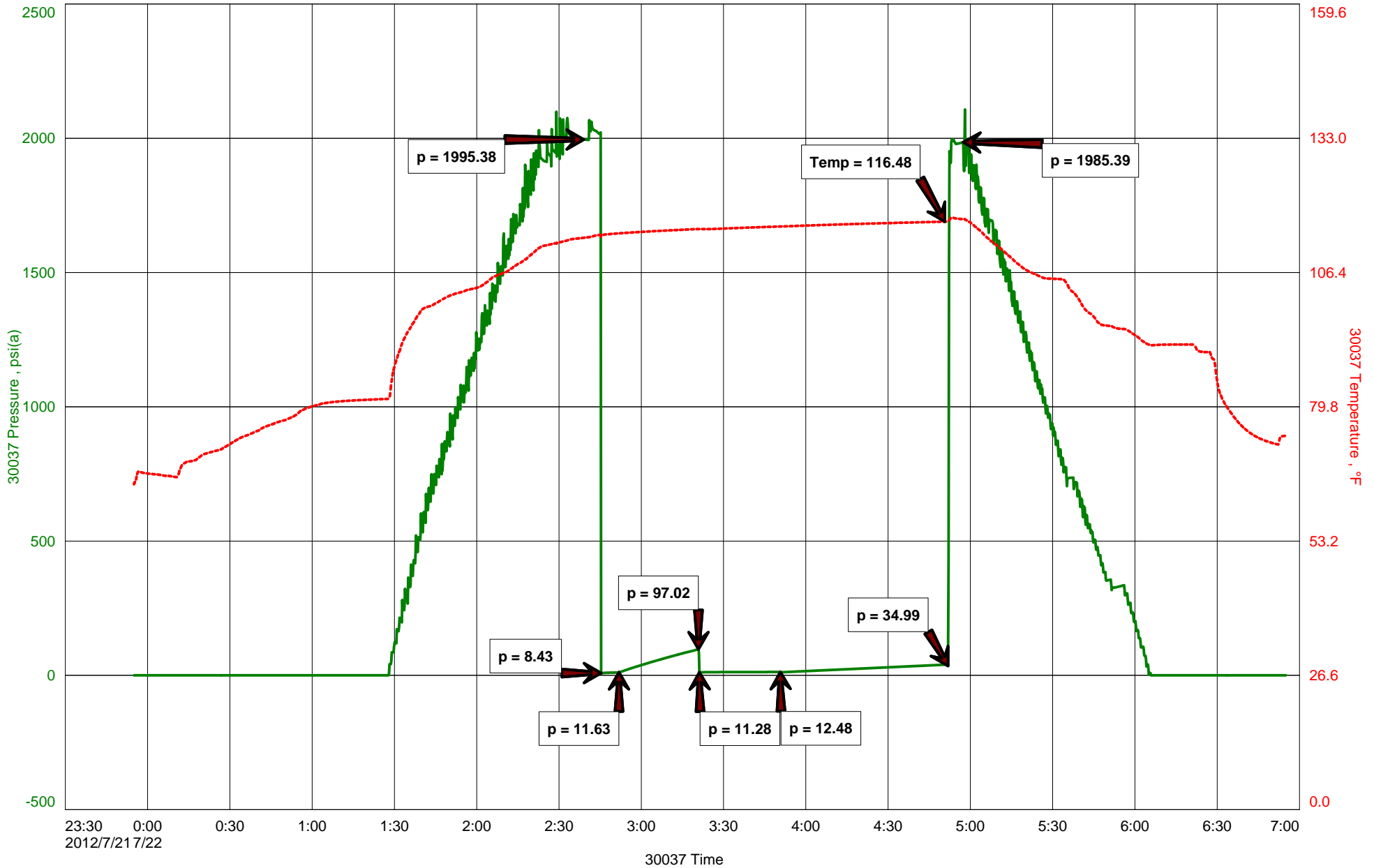
Remarks RECOVERED:
5' DM 100% MUD
5' TOTAL FLUID

TOOL SAMPLE:DRLG MUD W/ SOME OIL SPOTTING AND A MILD ODOR

MULL DRLG CO. INC.
DST#1 4150-4250 MARMATON
Start Test Date: 2012/07/21
Final Test Date: 2012/07/22

SMITH-RUFENACHT #1-11
Formation: DST#1 4150-4250 MARMATON
Pool: WILDCAT
Job Number: M356

SMITH-RUFENACHT #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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M357
Well Name	SMITH-RUFENACHT #1-11	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4330-4380 FT. SCOTT	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.11-17S-29W NESS CO.KS.	Report Date	2012/07/23
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4330-4380 FT. SCOTT		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/23	Start Test Time	05:47:00
Final Test Date	2012/07/23	Final Test Time	13:28:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

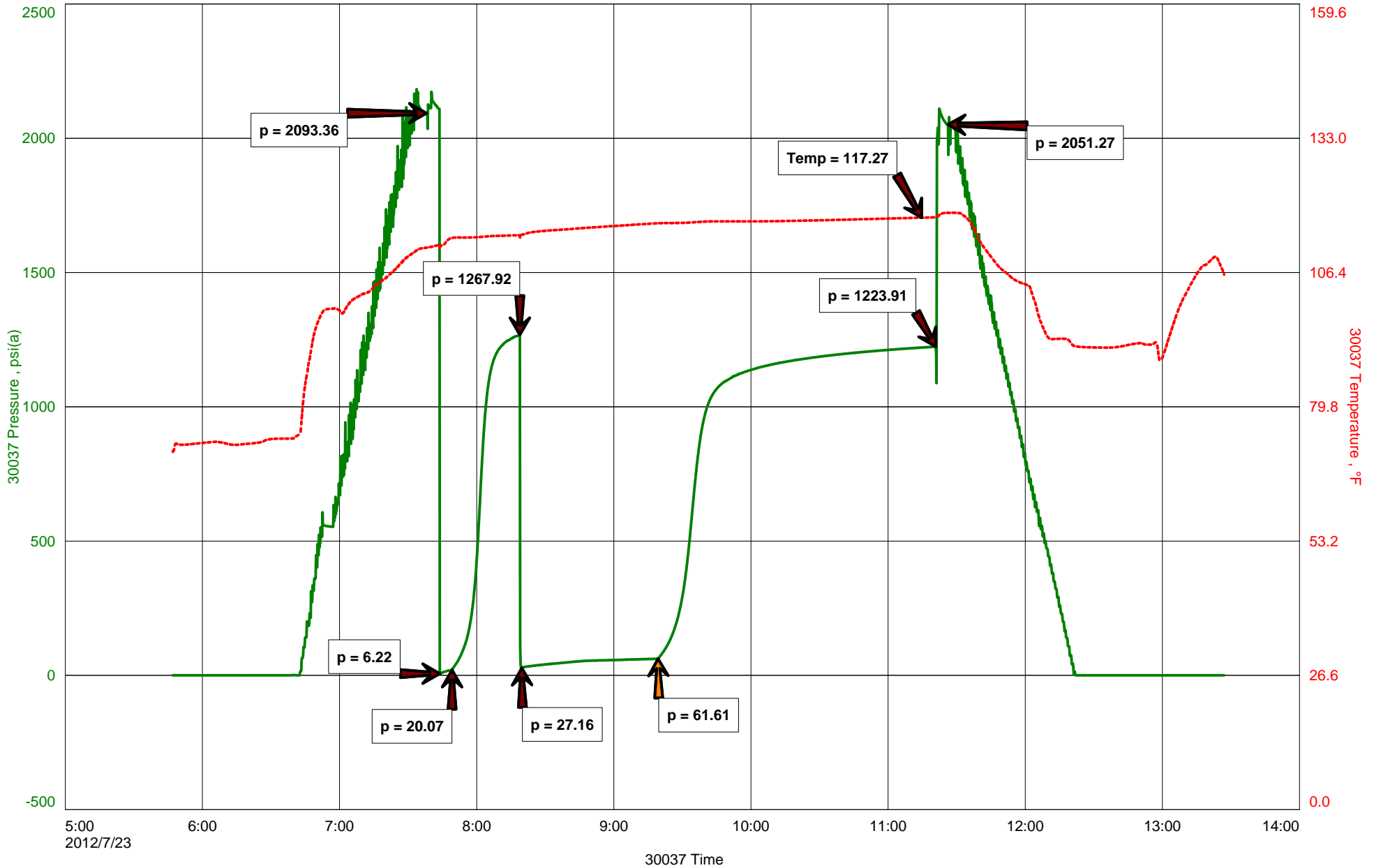
115' GIP
130' GHOCM 5% GAS, 30% OIL, 65% MUD
130' TOTAL FLUID

TOOL SAMPLE: GHOCM 2% GAS, 40% OIL, 58% MUD

MULL DRLG CO. INC.
DST#2 4330-4380 FT. SCOTT
Start Test Date: 2012/07/23
Final Test Date: 2012/07/23

SMITH-RUFENACHT #1-11
Formation: DST#2 4330-4380 FT. SCOTT
Pool: WILDCAT
Job Number: M357

SMITH-RUFENACHT #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 _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

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

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M358
Well Name	SMITH-RUFENACHT #1-11	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4378-4448 CHEROKEE	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.11-17S-29W NESS CO.KS.	Report Date	2012/07/24
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4378-4448 CHEROKEE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/24	Start Test Time	00:20:00
Final Test Date	2012/07/24	Final Test Time	09:35:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

150' GIP
35' CO 100% OIL
161' GWMCO 8% GAS, 10% OIL, 43% EMULSIFIED OIL, 2% WTR, 37% MUD
249' GWMCO 15% GAS, 64% EMULSIFIED OIL, 11% WTR, 10% MUD (123'DC, 126'DP)
445' TOTAL FLUID

CHLOR: 9,000 PPM
PH:7.5
RW: .55 @ 90 DEG

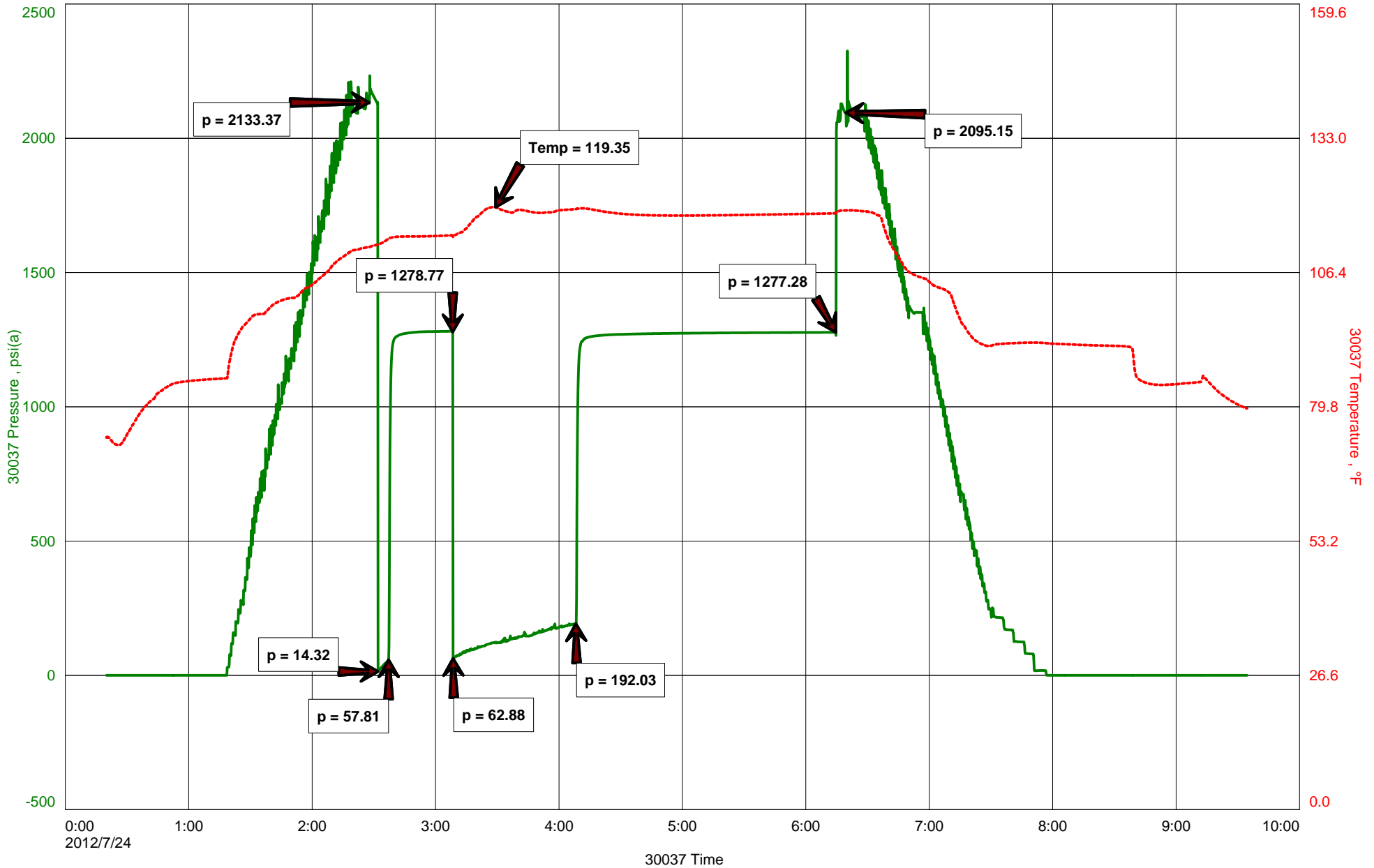
GRAVITY: 36.6 @ 60

TOOL SAMPLE: 2% GAS, 10% OIL, 67% EO, 10% WTR, 11% MUD

MULL DRLG CO. INC.
DST#3 4378-4448 CHEROKEE
Start Test Date: 2012/07/24
Final Test Date: 2012/07/24

SMITH-RUFENACHT #1-11
Formation: DST#3 4378-4448 CHEROKEE
Pool: WILDCAT
Job Number: M358

SMITH-RUFENACHT #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.

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M359
Well Name	SMITH-RUFENACHT #1-11	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4376-4458 CHEROKEE	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.11-17S-29W NESS CO.KS.	Report Date	2012/07/25
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4376-4458 CHEROKEE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/07/24	Start Test Time	15:15:00
Final Test Date	2012/07/25	Final Test Time	01:40:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

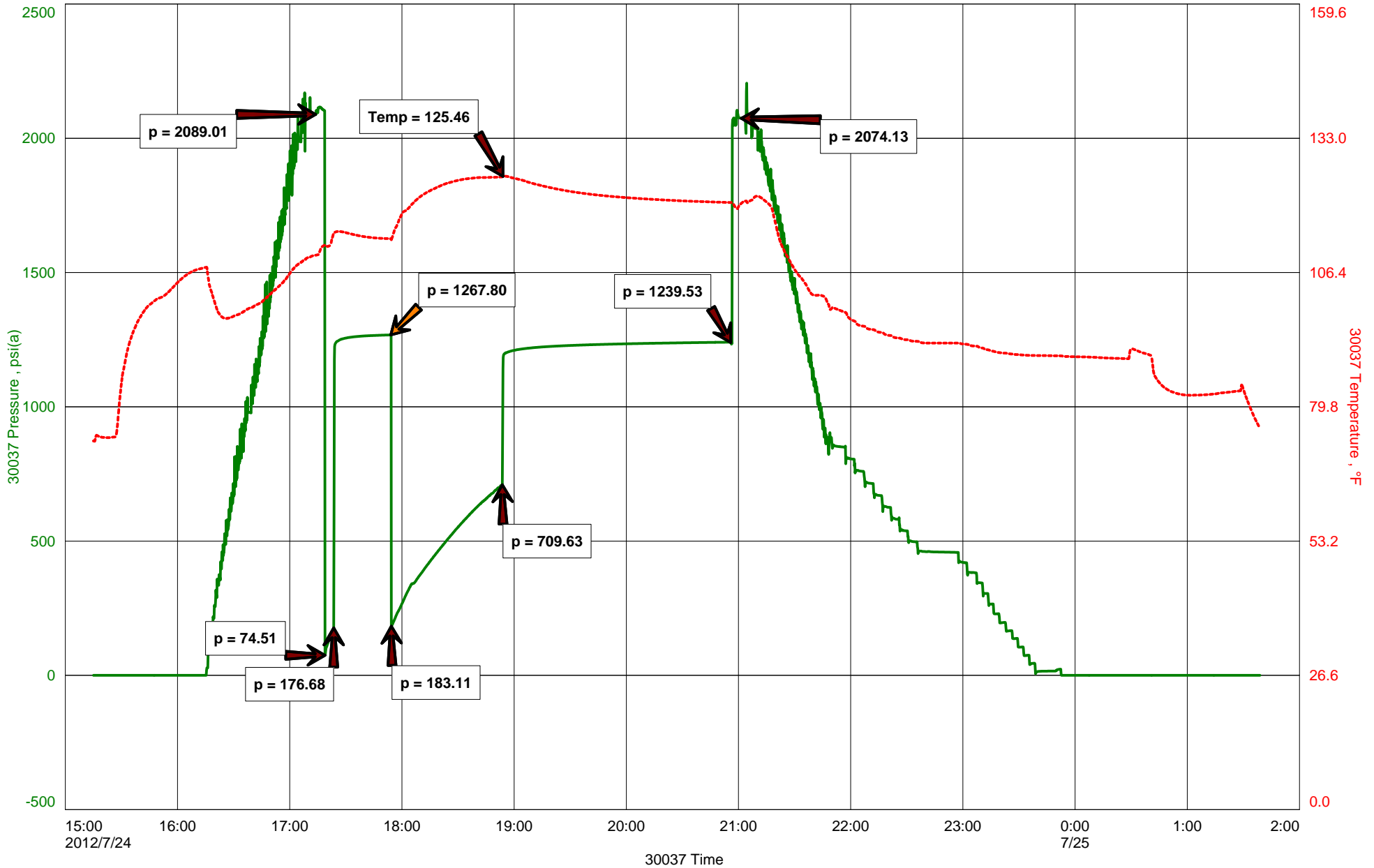
180' GIP
766' CO 100% OIL W/ A TR OF WTR
819' GHOCMW 20% GAS, 54% EMULSIFIED OIL, 20% WTR, 6% MUD
123' GOCMW 12% GAS, 14% EO, 55% WTR, 19% MUD
1708' TOTAL FLUID

CHLOR: 9,000 PPM
PH:7.5
RW: .60 @ 84

GRAVITY: 35.6 @ 60

TOOL SAMPLE: GASSY OIL & MUD (EST.)

SMITH-RUFENACHT #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.

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

OPERATOR : MULL DRILLING COMPANY INC.
LEASE :SMITH-RUFENACHT UNITWELL # : 1 - 11
LOCATION : 2561' FSL & 647' FEL
SEC: 11 TWP : 17 S RGE : 24 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2481
GL : 2476
 MEASUREMENTS FROM
KB

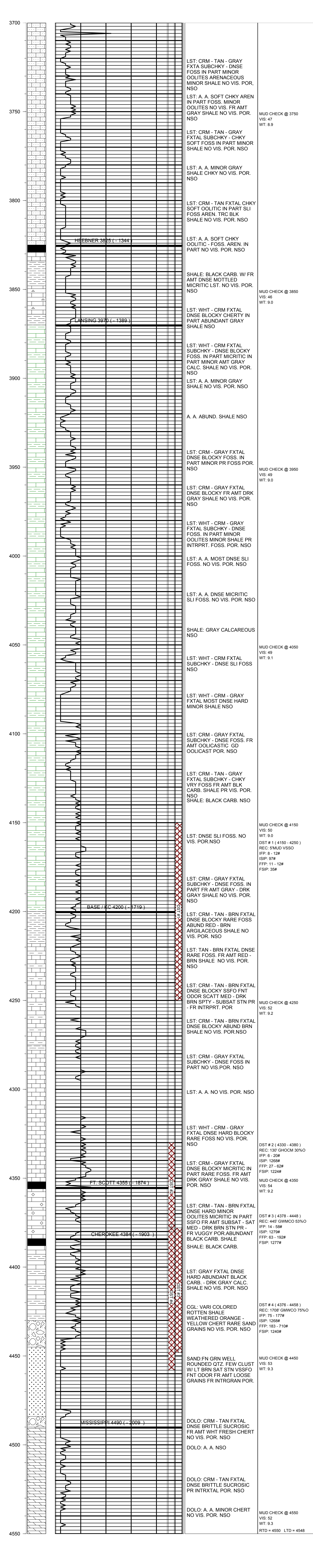
CONTRACTOR : WW DRILLING RIG # 10
COMM : 07 / 16 / 2012 **COMP : 07 / 25 / 2012**
RTD : 4550 **LOG TD : 4548**
SAMPLES SAVED FROM : 3700 **TO : RTD**
GEOLOGICAL SUPERVISION FROM : 3700 **TO : RTD**
MUD UP : 3600 **TYPE MUD : CHEMICAL**

CASING RECORD
SURFACE :
8 5/8" @ 234'
PRODUCTION :
5 1/2" @ 4550'

ELECTRICAL SURVEYS:
DIL
CNL / CDL
MICRO
SONIC

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3830		- 1349	3825		- 1344	FLAT
LANSING	3870		- 1389	3870		- 1389	+ 02
BASE/KC	4200		- 1719	4200		- 1719	+ 06
FORT SCOTT	4361		- 1880	4355		- 1874	+ 03
CHEROKEE	4384		- 1903	4384		- 1903	+ 04
MISSISSIPPI	4490		- 2009	4490		- 2009	- 07

REFERENCE WELL FOR STRUCTURAL COMPARISON :
R & W OIL # 1 YOST SEC 11 - T 17 S - R 24 W NESS COUNTY KANSAS



MUD CHECK @ 3750
 VIS: 47
 WT: 8.9

MUD CHECK @ 3850
 VIS: 46
 WT: 9.0

MUD CHECK @ 3950
 VIS: 49
 WT: 9.0

MUD CHECK @ 4050
 VIS: 49
 WT: 9.1

MUD CHECK @ 4150
 VIS: 50
 WT: 9.0
 DST # 1 (4150 - 4250)
 REC: 5MUD VSSO
 IFF: 8 - 12#
 ISIP: 97#
 FFP: 11 - 12#
 FSIP: 35#

MUD CHECK @ 4250
 VIS: 52
 WT: 9.2

DST # 2 (4330 - 4380)
 REC: 130' GHOCM 30%O
 IFF: 6 - 20#
 ISIP: 1268#
 FFP: 27 - 62#
 FSIP: 1224#

MUD CHECK @ 4350
 VIS: 54
 WT: 9.2

DST # 3 (4378 - 4448)
 REC: 445' GWMCO 75%O
 IFF: 14 - 58#
 ISIP: 1279#
 FFP: 63 - 192#
 FSIP: 1277#

DST # 4 (4376 - 4458)
 REC: 1708' GWMCO 75%O
 IFF: 75 - 177#
 ISIP: 1268#
 FFP: 183 - 710#
 FSIP: 1240#

MUD CHECK @ 4450
 VIS: 53
 WT: 9.3

MUD CHECK @ 4550
 VIS: 52
 WT: 9.3
 RTD = 4550 LTD = 4548

COMMENTS:

**5 1/2" PRODUCTION CASING WAS SET TO FURTHER EVALUATE
 THE PRODUCTIVITY OF THIS WELL**

KEVIN L. KESSLER