



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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: _____



1099305

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: 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	F. G. Holl Company L.L.C.
Well Name	MULL UNIT 'B' 1-14
Doc ID	1099305

All Electric Logs Run

DIL
CNL/CDL
Microresistivity
BHCS
CPI
frac finder
Sector Bond Log

Form	ACO1 - Well Completion
Operator	F. G. Holl Company L.L.C.
Well Name	MULL UNIT 'B' 1-14
Doc ID	1099305

Tops

Name	Top	Datum
Herrington	1889	+112
Winfield	1941	+60
Towanda	2006	-5
Fort Riley	2050	-49
B/Florence	2154	-153
Kinney LS	2168	-167
Wrefold	2201	-200
Council Grove	2222	-221
Neva	2396	-395
Red Eagle	2455	-454
Onaga Shale	2610	-609
Wabaunsee	2628	-627
Stotler	2757	-756
Tarkio	2816	-815
Howard	2954	-953
Topeka	3032	-1031
Heebner	3289	-1288
Toronto	3306	-1305
Douglas Shale	3320	-1319
Brown Lime	3384	-1383
LKC	3394	-1393
BKC	3626	-1625
Conglomerate	3639	-1638
Arbuckle	3671	-1670

Form	ACO1 - Well Completion
Operator	F. G. Holl Company L.L.C.
Well Name	MULL UNIT 'B' 1-14
Doc ID	1099305

Tops

Name	Top	Datum
RTD	3900	-1899



DRILL STEM TEST REPORT

Prepared For: **F.G Holl Company**

9431 East Central Suit 100
Wichita Kansas 6205

ATTN: Rene Husted

Mull unit #B 1-14

14-20s-15w-Barton

Start Date: 2012.08.16 @ 00:00:00

End Date: 2012.08.16 @ 00:00:00

Job Ticket #: 17787 DST #: 4

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2012.08.19 @ 10:34:29

F.G Holl Company

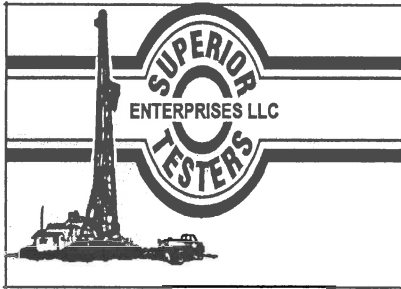
14-20s-15w-Barton

Mull unit #B 1-14

DST # 4

Arbuckle

2012.08.16



DRILL STEM TEST REPORT

F.G Holl Company
9431 East Central Suit 100
Wichita Kansas 6205
ATTN: Rene Husted

14-20s-15w-Barton
Mull unit #B 1-14
Job Ticket: 17787 **DST#: 4**
Test Start: 2012.08.16 @ 00:00:00

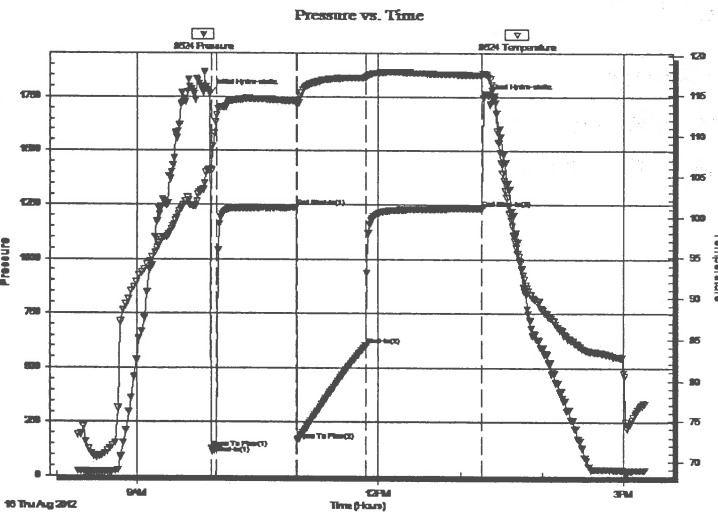
GENERAL INFORMATION:

Formation:	Arbuckle		
Deviated:	No Whipstock:	ft (KB)	Test Type: Conventional Bottom Hole (Initial)
Time Tool Opened:	00:00:00		Tester: Gene Budig
Time Test Ended:	00:00:00		Unit No: 3335
Interval:	3716.00 ft (KB) To 3725.00 ft (KB) (TVD)		Reference Elevations: 2002.00 ft (KB)
Total Depth:	3725.00 ft (KB) (TVD)		1994.00 ft (CF)
Hole Diameter:	7.88 inches	Hole Condition: Fair	KB to GR/CF: 8.00 ft

Serial #: 8524

Press@RunDepth:	1233.32 psia @	ft (KB)	Capacity:	psia
Start Date:	2012.08.16	End Date:	2012.08.16	Last Calib.: 1899.12.30
Start Time:	08:16:00	End Time:	15:15:30	Time On Btm: 2012.08.16 @ 09:55:30
				Time Off Btm: 2012.08.16 @ 13:16:30

TEST COMMENT: 1st Opening 5 Minutes-Good b low built to the bottom of a 5 gallon bucket in 1 minute
 1st Shut-In 60 Minutes-Weak blow back
 2nd Opening 45 Minutes-Good blow built to the bottom of a 5 gallon bucket in 2 minutes
 2nd Shut-In 90 Minutes-Weak blow back



PRESSURE SUMMARY

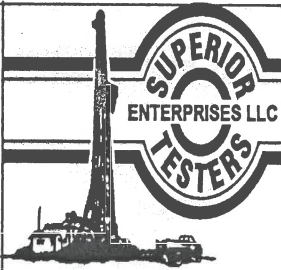
Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1762.59	105.83	Initial Hydro-static
1	128.16	105.67	Open To Flow (1)
5	140.50	112.52	Shut-In(1)
64	1237.46	114.36	End Shut-In(1)
65	166.66	113.84	Open To Flow (2)
116	604.09	117.19	Shut-In(2)
200	1233.32	117.52	End Shut-In(2)
201	1744.72	117.74	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1100.00	Gas in the pipe	0.00
200.00	w ater w with a scum of oil	0.00
1100.00	Water Chlorides 22000	0.00

Gas Rates

	Choke (inches)	Pressure (psia)	Gas Rate (Mcf/d)



DRILL STEM TEST REPORT

F.G Holl Company

14-20s-15w-Barton

9431 East Central Suit 100
Wichita Kansas 6205

Mull unit #B 1-14

Job Ticket: 17787

DST#: 4

ATTN: Rene Hustedad

Test Start: 2012.08.16 @ 00:00:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:00:00

Time Test Ended: 00:00:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Gene Budig

Unit No: 3335

Interval: **3716.00 ft (KB) To 3725.00 ft (KB) (TVD)**

Total Depth: 3725.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2002.00 ft (KB)

1994.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 91716

Press@RunDepth: 1229.58 psia @ ft (KB)

Capacity: psia

Start Date: 2012.08.16

End Date: 2012.08.16

Last Calib.: 1899.12.30

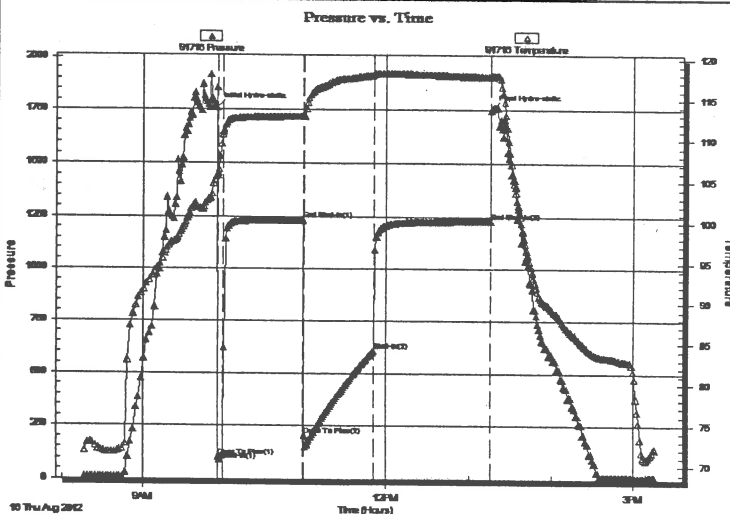
Start Time: 08:16:30

End Time: 15:16:30

Time On Btm: 2012.08.16 @ 09:55:30

Time Off Btm: 2012.08.16 @ 13:16:30

TEST COMMENT: 1st Opening 5 Minutes-Good b low built to the bottom of a 5 gallon bucket in 1 minute
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2nd Opening 45 Minutes-Good blow built to the bottom of a 5 gallon bucket in 2 minutes
2nd Shut-In 90 Minutes-Weak blow back



PRESSURE SUMMARY

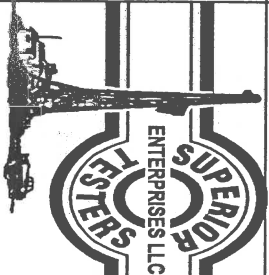
Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1760.73	105.73	Initial Hydro-static
1	104.04	106.08	Open To Flow (1)
5	125.48	111.09	Shut-In(1)
64	1231.75	112.90	End Shut-In(1)
65	205.49	112.91	Open To Flow (2)
116	606.63	118.01	Shut-In(2)
200	1229.58	117.79	End Shut-In(2)
201	1757.38	117.83	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1100.00	Gas in the pipe	0.00
200.00	water with a scum of oil	0.00
1100.00 ?	Water Chlorides 22000	0.00

Gas Rates

Choke (inches)	Pressure (psia)	Gas Rate (Mcf/d)



DRILL STEM TEST REPORT

TOOL DIAGRA

F.G Holl Company
 9431 East Central Suit 100
 Wichita Kansas 6205
 ATTN: Rene Husted

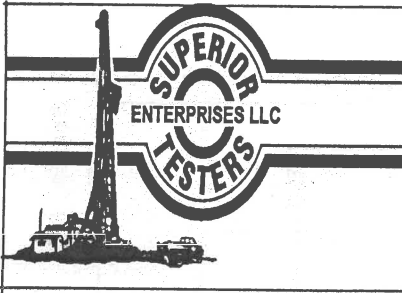
14-20s-15w-Barton
 Mull unit #B 1-14
 Job Ticket: 17787
 Test Start: 2012.08.16 @ 00:00:00
 DST#:4

Tool Information

Drill Pipe:	Length: 3724.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 60000.00 lb
			<u>Total Volume:</u> 0.00 bbl	Tool Crased 0.00 ft
Drill Pipe Above KB:	31.00 ft			String Weight: Initial 42000.00 lb
Depth to Top Packer:	3716.00 ft			Final 46000.00 lb
Depth to Bottom Packer:	ft			
Interval betw een Packers:	9.00 ft			
Tool Length:	32.00 ft			
Number of Packers:	1	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut-In Tool	5.00			3698.00	
Hydraulic Tool	5.00			3703.00	
Jars	6.00			3709.00	
Safety Joint	2.00			3711.00	
Packer	5.00			3716.00	23.00 Bottom Of Top Packei
Perforations	4.00			3720.00	
Recorder	1.00	8524	Inside	3721.00	
Recorder	1.00	91716	Outside	3722.00	
Bull Plug	3.00			3725.00	9.00 Anchor Too
Total Tool Length:				32.00	



DRILL STEM TEST REPORT

FLUID SUMMARY

F.G Holl Company

14-20s-15w-Barton

9431 East Central Suit 100
Wichita Kansas 6205

Mull unit #B 1-14

Job Ticket: 17787

DST#: 4

ATTN: Rene Husted

Test Start: 2012.08.16 @ 00:00:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 68.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.18 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 8800.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

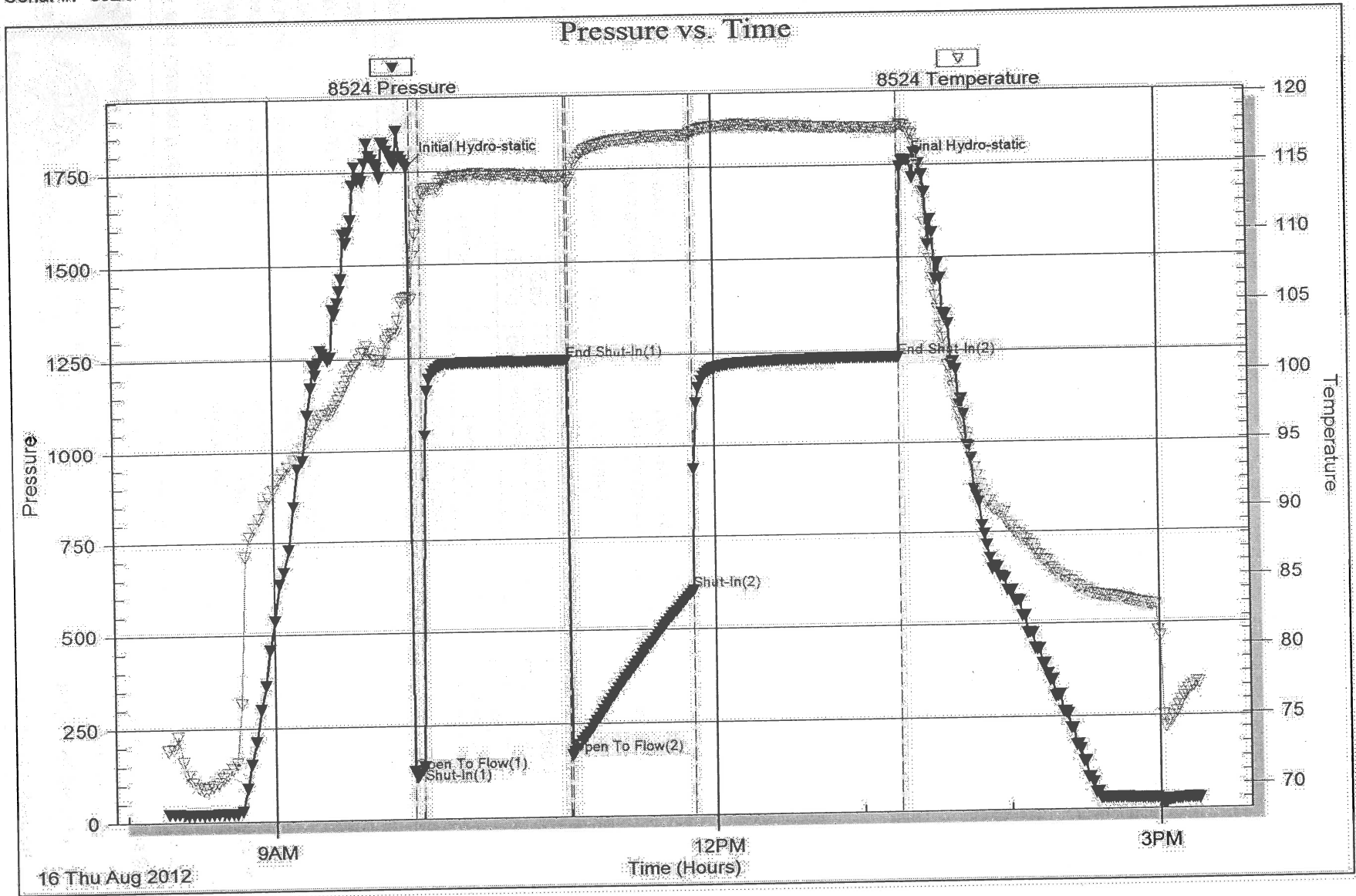
Length ft	Description	Volume bbl
1100.00	Gas in the pipe	0.000
200.00	water with a scum of oil	0.000
1100.00	Water Chlorides 22000	0.000

Total Length: 2400.00 ft Total Volume: bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:



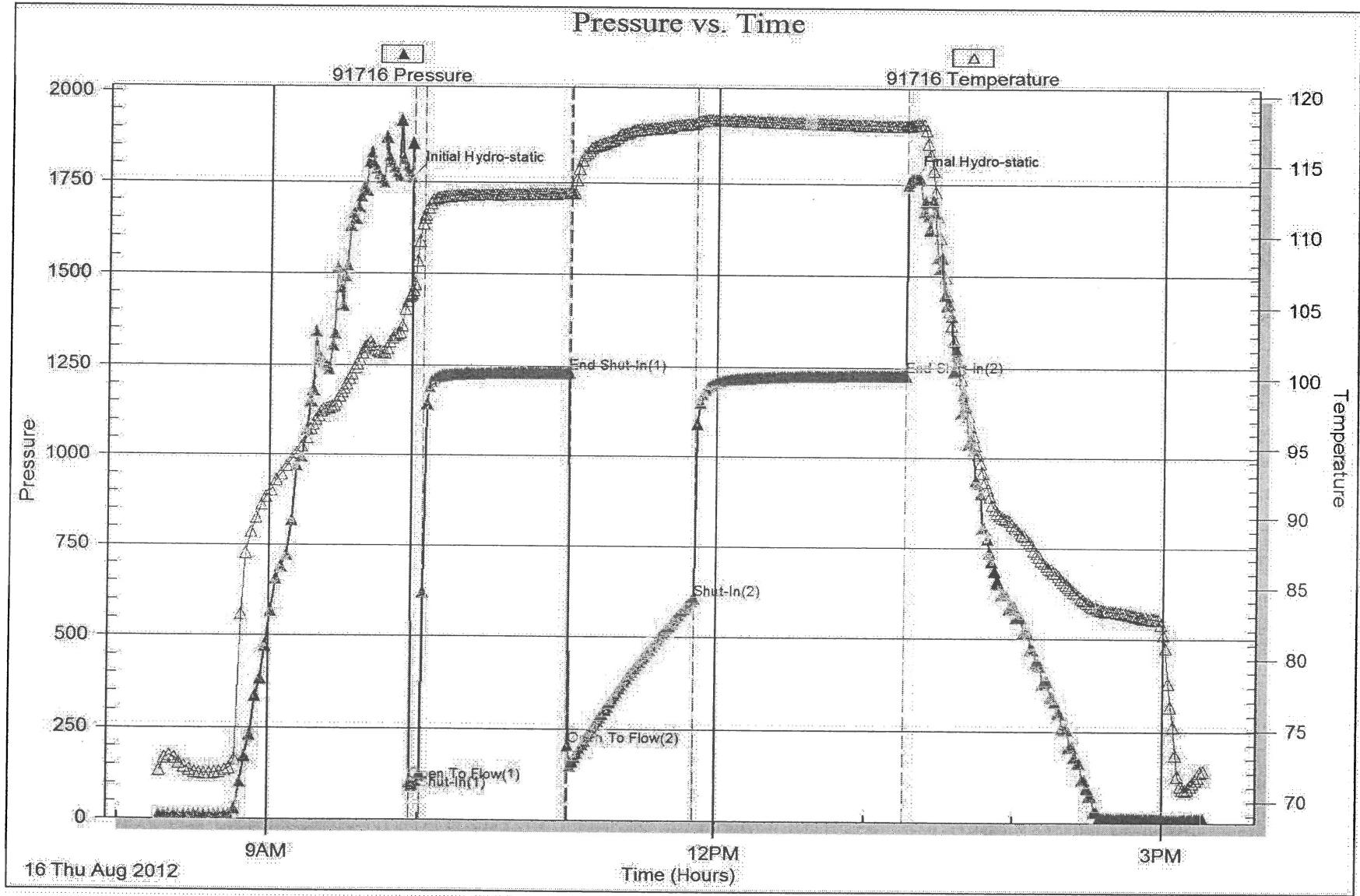
16 Thu Aug 2012

Serial #: 91716

F.G Holl Company

Well Unit #B 1-14

DST Test Number: 4



Summary of Changes

Lease Name and Number: MULL UNIT 'B' 1-14

API/Permit #: 15-009-25733-00-00

Doc ID: 1099305

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/24/2012	10/30/2012
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1098300	../kcc/detail/operatorEditDetail.cfm?docID=1099305

Summary of Attachments

Lease Name and Number: MULL UNIT 'B' 1-14

API: 15-009-25733-00-00

Doc ID: 1099305

Correction Number: 1

Attachment Name

DST #4



CONFIDENTIAL

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____