



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102234
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: _____



1102234

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	Mull Drilling Company, Inc.
Well Name	Schadel 1-18
Doc ID	1102234

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Schadel 1-18
Doc ID	1102234

Tops

Name	Top	Datum
Anhydrite	1563	+ 704
B/Anhydrite	1600	+ 667
Heebner Shale	3726	- 1457
Lansing	3766	- 1499
B/KC	4080	- 1813
Ft. Scott	4258	- 1991
Cherokee Shale	4276	- 2009
Mississippian Dolo	4365	- 2098
Mississippian Poro	4378	- 2111

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

November 21, 2012

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

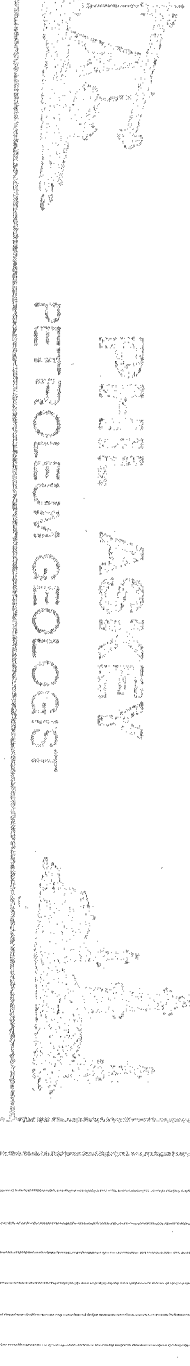
Re: ACO1
API 15-135-25413-00-00
Schadel 1-18
SW/4 Sec.18-18S-22W
Ness County, Kansas

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



GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY Mull Drilling Company, Inc.

LEASE Schadel #1-18

FIELD Wildcat

LOCATION 890' E 1/4 Sec 18 T18S R22W

COUNTY Ness STATE Kansas

CONTRACTOR Duke Drilling Rig #4

RIG 4186' LTD 496'

TYPE LOG Chemical Analysis

SAMPLES SAVED FROM 3600' TO R7D

DRILLING TIME KEPT FROM 1400:00 to 3:50

SAMPLES EXAMINED FROM 3600' TO R7D

GEOLOGICAL SUPERVISION FROM 3580' TO R7D/L7D

GEOLOGIST ON WELL Phil Askey, P.G.

FORMATION TOSS LOG

ANALYSIS

Reference Well: Mull Drilling Co. #1-18

ANALYSIS

ANALYSIS

ANALYSIS

ANALYSIS

ANALYSIS

ANALYSIS

ANALYSIS

ANALYSIS

ANALYSIS

ELEVATIONS 2267'

MEASUREMENTS ARE ALL FROM KB

PRODUCTION INFORMATION

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REMARKS

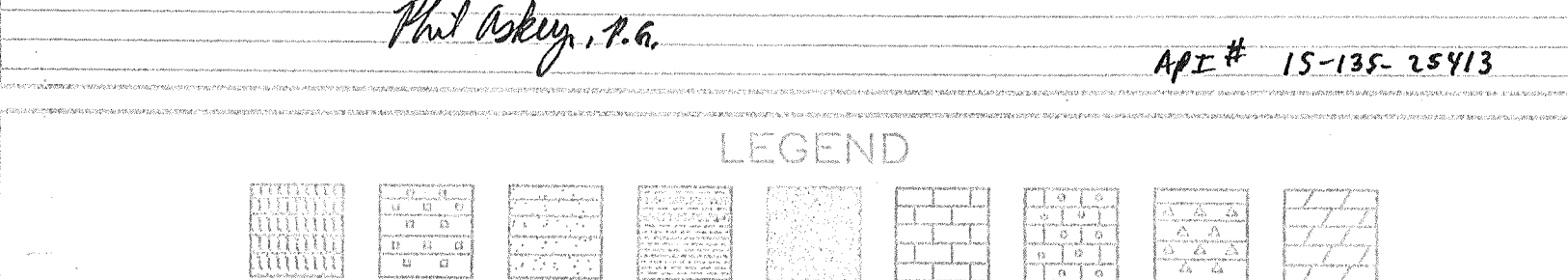
The Mull Drilling Company, Inc. Schadel #1-18, was structurally high to the offset reference well to the southwest, 2 1/2 miles. However, this well was low to the other reference wells to the north, Mull #1-18 and the Stewart-Frank #1-7. The Cherokee sand did not develop in this well and the Mississippi dolomite/clear did not contain any sample shales.

After examination and evaluation of the samples and the E-log, it was decided to plug and abandon this well.

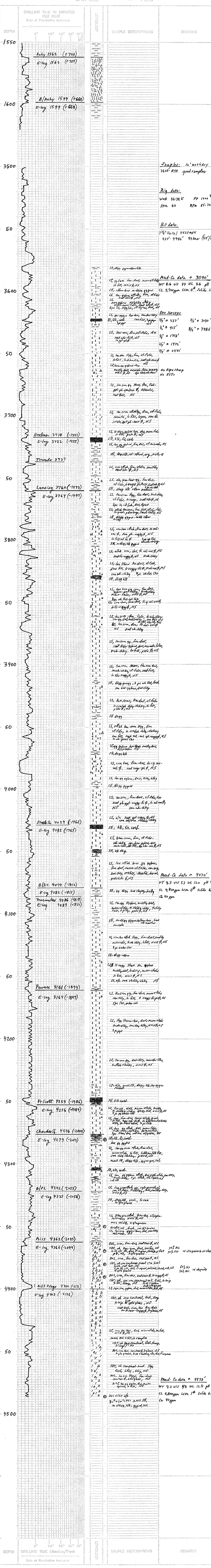
Phil Askey, P.G.

API # 15-135-25413

LEGEND



SCALE 1" = 100'



COMPANY Mull Drilling Company, Inc. LEASE Schadel #1-18 LOCATION 890' E 1/4 Sec 18 T18S R22W COUNTY Ness STATE Kansas ELEVATION: 2267' KB



CONSOLIDATED
Oil Well Services, LLC

Faced 8-8-12

TICKET NUMBER 37060
LOCATION Oakley, KS
FOREMAN Kelly Gabe

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
8-7-12	5659	Schadel #1-18	18	18 ^s	22 ^w	Ness
CUSTOMER		Mailing Address		CITY		STATE
Mull Drilling		Ness City		E to REX		KS
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #
				309	Jerry P	
				566	Wes Flinn	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 227 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 226' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14^{lb} SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 13 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on Duke drilling rig #4, hooked up to circulate, mixed 160 SKS con 3% cc 2% gel, released plug, displac with 13 bbl water, shut in, washed 2 pumps & lines rigged down.

Cement did circulate

Approx 5 bbl to pit

Thank you Kelly & Gabe

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54101	1	PUMP CHARGE	1085.00	1085.00
54106	10	MILEAGE	5.00	50.00
11045	160 SKS	class A cement	17.65	2824.00
1102	451 #	calcium chloride	.89	401.39
11813	300 #	Bentonite	.25	75.00
54107	2.52	Ten mile gge delivery	167	416.00
4432	1	8 5/8 Wooden Plug	96.00	96.00
				4941.39
				494.14
				4447.53
SALES TAX				192.58
ESTIMATED TOTAL				4639.83

05:00 PM AUTHORIZATION Rush Wheel

251829

TITLE _____

DATE 8-7-12

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.