



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1104533
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: _____



1104533

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Fehrenbach Unit 1-21
Doc ID	1104533

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Fehrenbach Unit 1-21
Doc ID	1104533

Tops

Name	Top	Datum
Anhydrite	1716	+ 701
B/Anhydrite	1752	+ 665
Heebner Shale	3826	- 1409
Lansing	3865	- 1448
Stark Shale	4099	- 1682
B/KC	4157	- 1740
Ft. Scott	4351	- 1934
Cherokee Shale	4371	- 1954
Mississippian	4461	- 2044

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

December 12, 2012

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

Re: ACO1
API 15-135-25433-00-00
Fehrenbach Unit 1-21
SE/4 Sec.21-17S-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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37099

LOCATION Oakley KS

FOREMAN Miles Shaw

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
<u>1-15-12</u>	<u>5659</u>	<u>Shad et # 1-18</u>	<u>21</u>	<u>17S</u>	<u>23W</u>	<u>Ness</u>
CUSTOMER <u>Mull Drilling</u>			WESSCA 160012K			
MAILING ADDRESS <u>Fehrenbach Unit 1-21</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			<u>465</u>	<u>Jerry Y</u>		
STATE			<u>460</u>	<u>Wes F</u>		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 236 CASING SIZE & WEIGHT 2 3/8" 20#
 CASING DEPTH 235.79" DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 13 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on Date drilling #4 Circulate casing mix 1455 lbs common class A cement with 3% Calcium Chloride 2% gel. displaced 13 1/2 bbls shut in Cement did circulate approx 3 bbls to pit

Thank Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5405</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1085.00</u>	<u>1085.00</u>
<u>5406</u>	<u>15</u>	<u>MILEAGE</u>	<u>5.00</u>	<u>75.00</u>
<u>5407</u>	<u>7.25 tons</u>	<u>Ton m. case delivery m-in</u>	<u>410.00</u>	<u>410.00</u>
<u>11045</u>	<u>165 sacks</u>	<u>Common class "A" cement</u>	<u>171.65</u>	<u>2912.25</u>
<u>1102</u>	<u>465 #</u>	<u>Calcium Chloride</u>	<u>.89</u>	<u>413.85</u>
<u>1118B</u>	<u>310 #</u>	<u>Bentonite gel</u>	<u>.25</u>	<u>77.50</u>
<u>4432</u>	<u>1</u>	<u>8 3/8 wooden plug</u>	<u>96.00</u>	<u>96.00</u>
			<u>Subtotal</u>	<u>5069.60</u>
			<u>less 10% discount</u>	<u>506.96</u>
			<u>Subtotal</u>	<u>4562.64</u>
			<u>SALES TAX</u>	<u>198.42</u>
			<u>ESTIMATED TOTAL</u>	<u>4761.06</u>

Revin 3737

AUTHORIZATION Rich Whelan TITLE _____ DATE _____

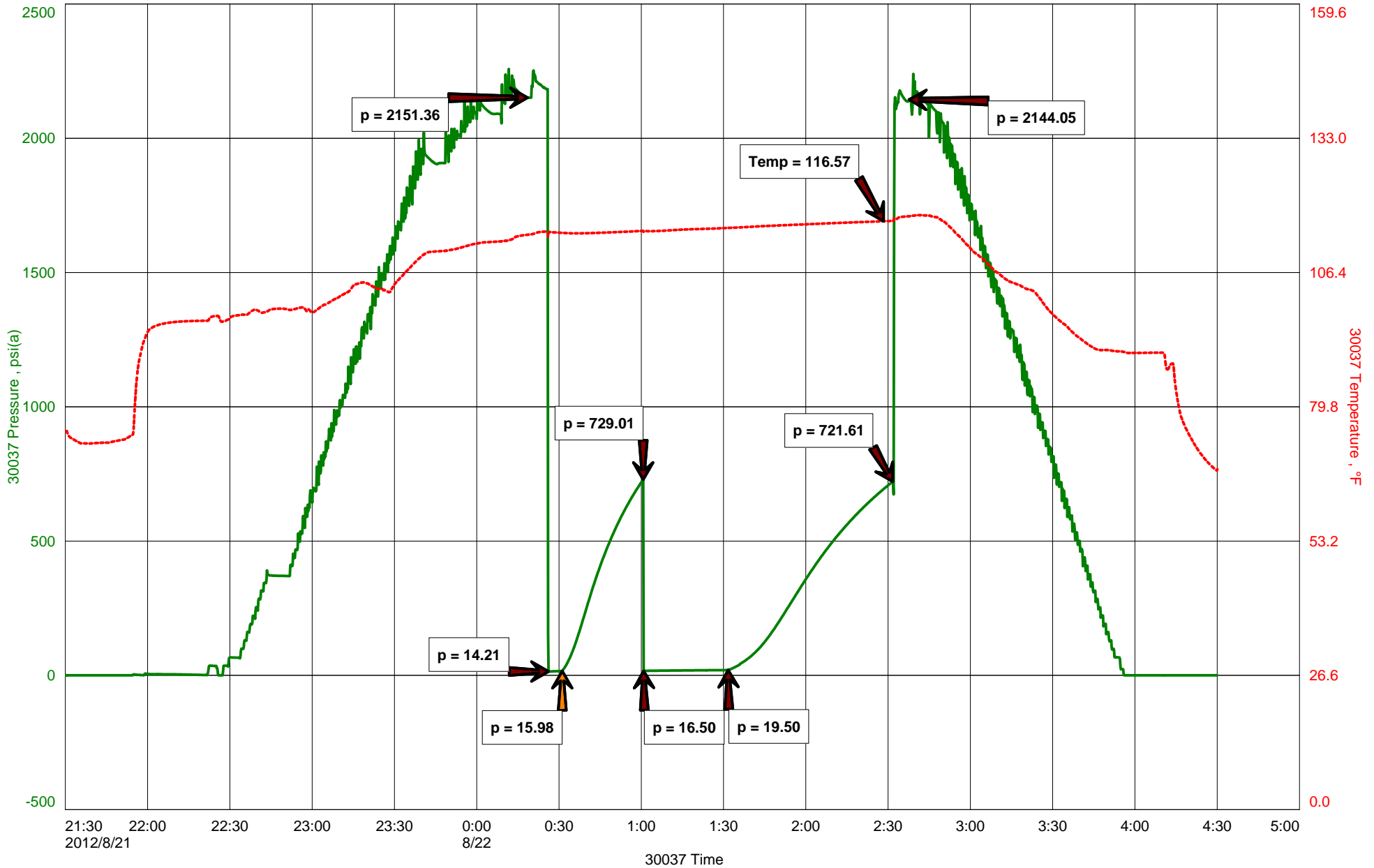
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

252112

MULL DRLG CO. INC.
DST#1 4396-4470 MISSISSIPPI
Start Test Date: 2012/08/21
Final Test Date: 2012/08/22

FEHRNBCHUNT1-21DST1
Formation: DST#1 4396-4470 MISSISSIPPI
Pool: WILDCAT
Job Number: M373

FHRNBCHUNT1-21DST1



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M373
Well Name	FEHRNBCHUNT1-21DST1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4396-4470 MISSISSIPPI	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.21-17S-23W NESS CO.KS.	Report Date	2012/08/22
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	PHIL ASKEY
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4396-4470 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/21	Start Test Time	21:30:00
Final Test Date	2012/08/22	Final Test Time	04:30:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

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

TOOL SAMPLE: DRLG MUD W/ SOME OIL SPOTTING



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
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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MULL DRLG CO. INC.	Job Number	M374
Well Name	FHRNBCHUNT1-21DST1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4395-4480 MISSISSIPPI	Well Operator	MULL DRLG CO. INC.
Surface Location	SEC.21-17S-23W NESS CO.KS.	Report Date	2012/08/22
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	PHIL ASKEY
		Test Unit	NO. 1

Test Information

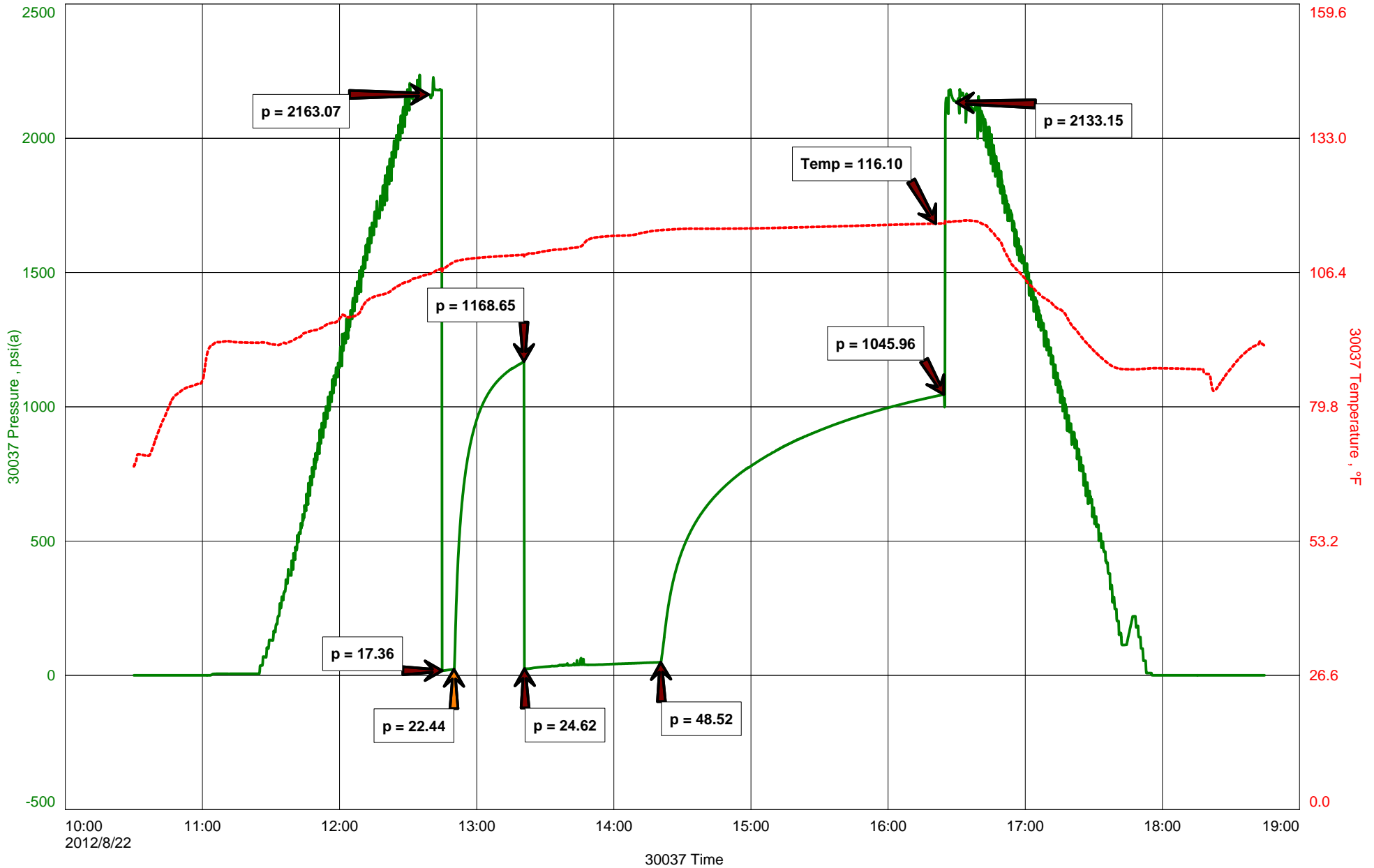
Test Type	CONVENTIONAL		
Formation	DST#2 4395-4480 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/08/22	Start Test Time	10:30:00
Final Test Date	2012/08/22	Final Test Time	18:45:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
85' DM 100% DRLG MUD W/ A FEW SPECKS OF OIL
85' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ SOME SPOTS OF OIL

FEHRENBACH UNIT#1-21 DST#2



COMPANY Mull Drilling Company, Inc.
 LEASE Fehrenbach Unit #1-21
 LOCATION 1074' F5L 216' E6L
 COUNTY Ness STATE Kansas
 TWP 17S RNG 23W
 SEC 21
 CONTRACTOR Mull Drilling Co. #4
 DATE DRILLING 8/15/12
 TYPE HOLE Chemical Fluid
 LITHOLOGY Special Note: Collected; Oil, Microfossils
 ELEVATIONS: KB 2471'
 DF 2415'
 GI 2408'
 MEASUREMENTS ARE ALL FROM KB
 SURFACE 8/15/12
 PRODUCTION 235' / 1200'

DRILLING TIME KEPT FROM 150'-180', 3600' TO 820'
 SAMPLES EXAMINED FROM 3600' TO 100'
 GEOLOGICAL SUPERVISION FROM 3650' TO 800'
 GEOLOGIST ON WELL Phil Askey, P.G.

FORMATION TOPS	LOG	SAMPLES	PERCENTAGE
Anhydrite	1716	1713	-6.2
Healdton	3824	3824	7.6
Healdton	3825	3825	1.0
Healdton	4158	4156	1.0
Healdton	4252	4255	1.0
Healdton	4320	4321	1.0
Healdton	4371	4371	1.0
Healdton	4416	4416	1.0
Healdton	4416	4416	1.0
Healdton	4510	4510	1.0
Healdton	4510	4510	1.0

REMARKS: The Mull Drilling Co., Fehrenbach Unit #1-21, ran structurally high to the reference well to the southeast. Mull Drilling, Ryan #1. The character and depth of development in this test well and the only sample should note observed in the upper Mississippian dolomite section which was covered by 187' of 12" well annular cement.

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

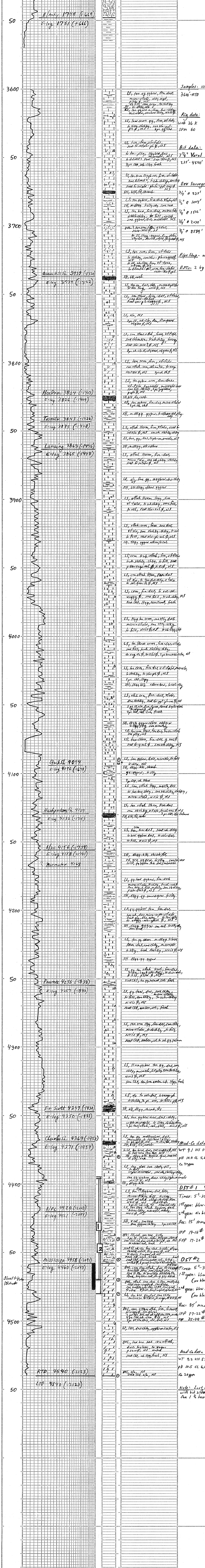
Phil Askey, P.G.

API# 15-135-28933

LEGEND

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SCALE " = 100'



COMPANY Mull Drilling Company, Inc.
 LEASE Fehrenbach Unit #1-21
 LOCATION 1074' F5L 216' E6L
 COUNTY Ness STATE Kansas
 ELEVATION: 2471' KB