



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1104553
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: _____



1104553

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	McDonald-Schwien Unit 1-21
Doc ID	1104553

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	McDonald-Schwien Unit 1-21
Doc ID	1104553

Tops

Name	Top	Datum
Anhydrite	1749	+ 598
B/Anhydrite	1783	+ 564
Heebner Shale	3716	- 1369
Lansing	3754	- 1407
B/KC	4028	- 1681
Pawnee	4130	- 1783
Ft. Scott	4224	- 1877
Cherokee Shale	4246	- 1899
Mississippian	4313	- 1966

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 17, 2012

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

Re: ACO1
API 15-195-22796-00-00
McDonald-Schwien Unit 1-21
NW/4 Sec.21-15S-23W
Trego 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



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: _____	

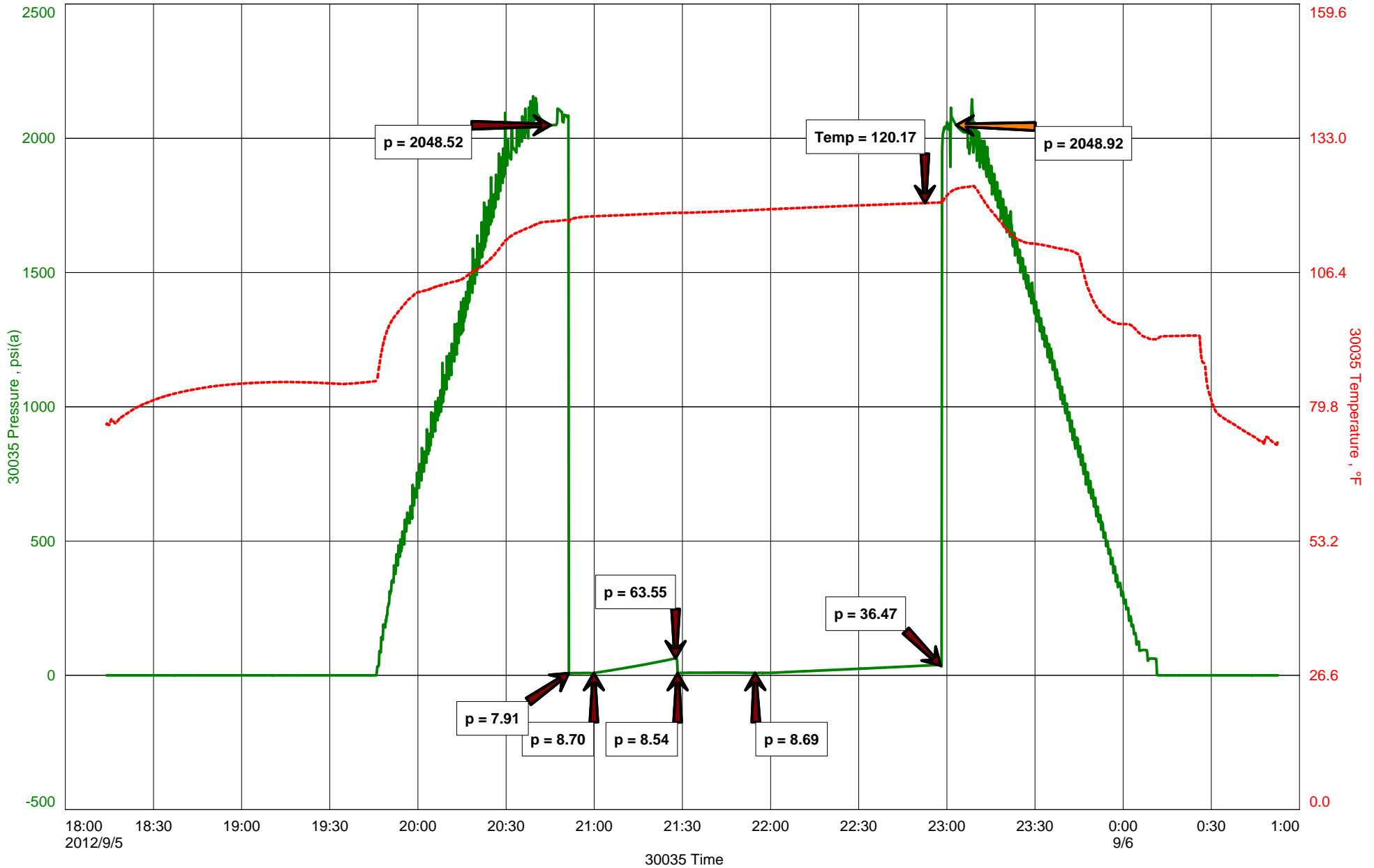
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

Mull Drilling Co. Inc.
DST #1 Ft. Scott 4200-4250'
Start Test Date: 2012/09/05
Final Test Date: 2012/09/06

McDonald-Schwien #1-21
Formation: DST #1 Ft. Scott 4200-4250'
Pool: Wildcat
Job Number: S0210

McDonald-Schwien #1-21



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0210
Well Name	McDonald-Schwien #1-21	Representative	Jacob McCallie
Unique Well ID	DST #1 Ft. Scott 4200-4250'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 21-15S-23W Trego County	Report Date	2012/09/06
Well License Number		Prepared By	Jacob McCallie
Field	Smokey Hill		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Ft. Scott 4200-4250'		
Well Fluid Type	01 Oil	Start Test Time	18:14:00
		Final Test Time	00:53:00
Start Test Date	2012/09/05		
Final Test Date	2012/09/06		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
3' DM 100% DM

TOOL SAMPLE:
100% Mud (few oil specks)



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.

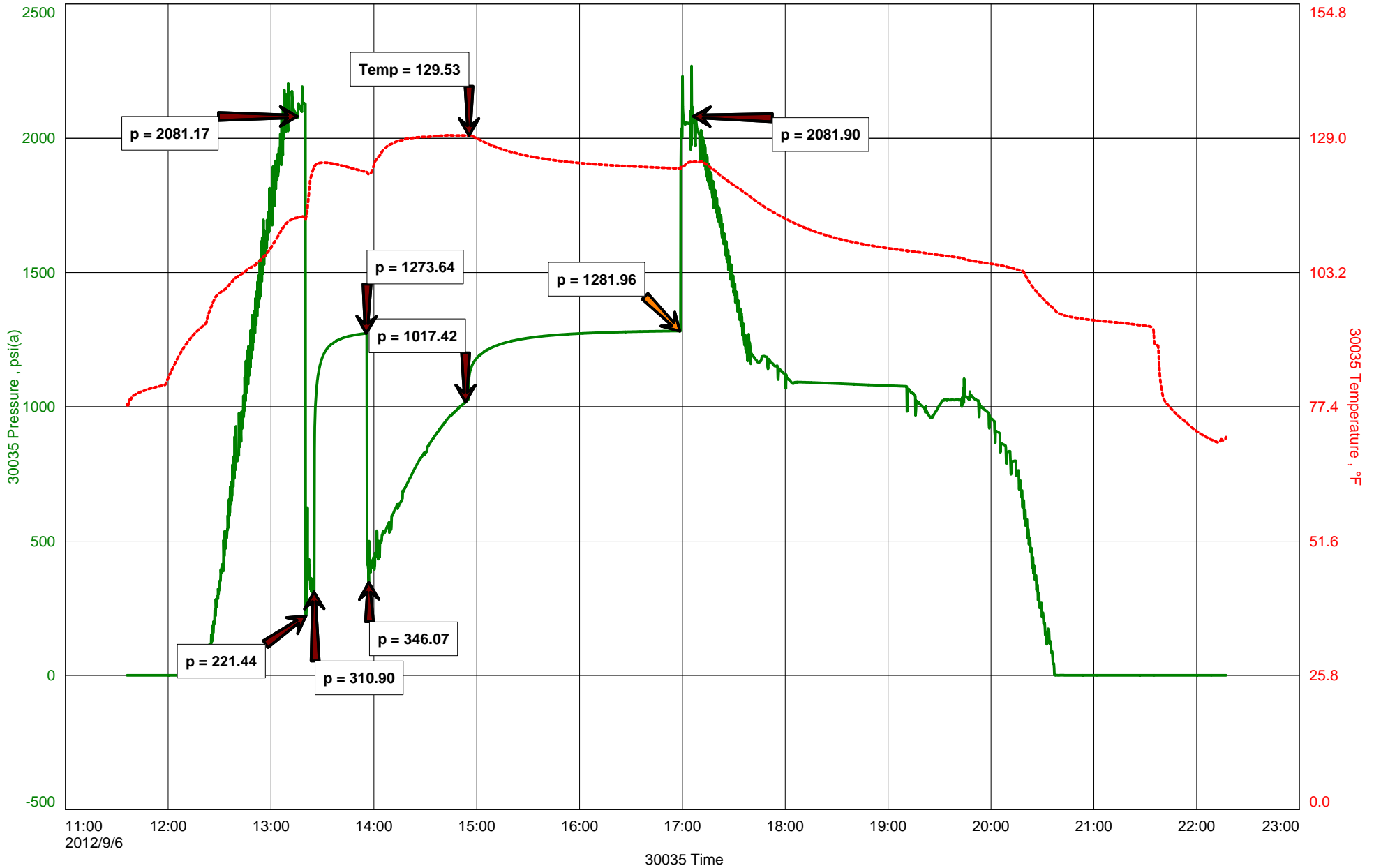
Blow: 1st Open: _____
 2nd Open: _____

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.

McDonald-Schwien #1-21



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0211
Well Name	McDonald-Schwien #1-21	Representative	Jacob McCallie
Unique Well ID	DST #2 Miss 4240-4325'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 21-15S-23W Trego County	Report Date	2012/09/06
Well License Number		Prepared By	Jacob McCallie
Field	Smokey Hill		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #2 Miss 4240-4325'		
Well Fluid Type	06 Water	Start Test Time	11:36:00
		Final Test Time	22:17:00
Start Test Date	2012/09/06		
Final Test Date	2012/09/06		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

388'	Mud/WTR Cut Oil	94% OIL 4% WTR 2% MUD
1056'	Mud Cut Watery Oil	81% OIL 10% WTR 1% MUD - Circ all to truck
526'	Mud Cut Oily WTR	32% OIL 66% WTR 2% MUD - Circ 3 bbls to truck
245'	Lost down hole	
189'	Oil/Mud Cut WTR	5% OIL 88% WTR 7% MUD- Below circ sub
2404'	TOTAL FLUID	

GRAVITY: 30.5 @ 60 degrees F

PH: 7

RW: .3 @ 70 degrees F

Chlorides: 21,000 ppm

TOOL SAMPLE:

100% OIL

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

OPERATOR : MULL DRILLING COMPANY INC.
LEASE : McDONALD - SCHWIEN WELL # : 1 - 21 UNIT
LOCATION : 2511' FNL & 1534' FWL
SEC: 21 TWP : 15 S RGE : 23 W
COUNTY : TREGO STATE : KANSAS

ELEVATION
KB : 2347
GL : 2347
MEASUREMENTS FROM
KB

CONTRACTOR : WW DRILLING RIG # 10
COMM : 09 / 01 / 2012 COMP : 09 / 07 / 2012
RTD : 4425 LOG TD : 4424
SAMPLES SAVED FROM : 3600 TO: RTD
GEOLOGICAL SUPERVISION FROM : 3600 TO : RTD
MUD UP : 3500 TYPE MUD : CHEMICAL

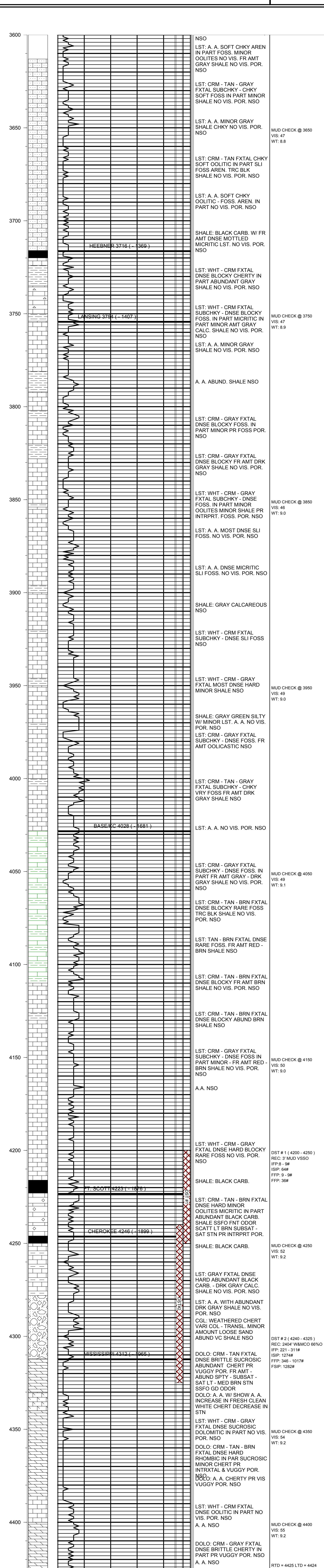
CASING RECORD
SURFACE :
8 5/8" @ 226'
PRODUCTION :
5 1/2" @ 4425'

ELECTRICAL SURVEYS:
DIL
CNL / CDL
MICRO
SONIC

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3716		- 1369	3716		- 1369	- 04
LANSING	3754		- 1407	3754		- 1407	- 02
BASE/KC	4028		- 1681	4028		- 1681	- 02
FORT SCOTT	4223		- 1876	4223		- 1876	+ 03
CHEROKEE	4246		- 1899	4246		- 1899	+ 01
MISSISSIPPI	4312		- 1965	4312		- 1965	- 02

REFERENCE WELL FOR STRUCTURAL COMPARISON :

ANGLE EXPL. # 1 SCHWIEN SEC 21 - T 15 S - R 23 W TREGO COUNTY KANSAS



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

KEVIN L. KESSLER



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37088

LOCATION OKla

FOREMAN Fuzzy

PO Box 984, Chanute, KS 66720
820-491-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
9-1-12	5659	McDonald-Schwartz 1-21	21	15S	23W	Trace	
CUSTOMER <u>Mou Dns</u>		Mailing Address <u>Wagoner 5-Ad AA- 16-15 win</u>		TRUCK #	DRIVER	TRUCK #	DRIVER
CITY		STATE	ZIP CODE	<u>465</u>	<u>Cory D</u>		
				<u>566</u>	<u>Jordan L</u>		
					<u>Travis W</u>		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 225' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 225' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/bk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 13 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on W-W #10. Rig up and circulate
Mix 1655 lbs class 'A' 370cc 290gal. Displace 13 gal + shut in
cement did circulate approx 4 8hrs tops

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	1085.00	1085.00
5406	25	MILEAGE	5.00	125.00
5407	7.8 gal	Tow mileage Delivery (mic)	410.00	410.00
1105	165 sks	Class 'A' cement	17.00	2912.22
118B	310 #	Bentonite	25.00	77.50
1102	465 #	Calcium Chloride	89.00	413.85
		subtotal		5023.60
		less 1090		502.36
		subtotal		4521.24

Completed

SALES TAX 208.30
ESTIMATED TOTAL 4729.54

Revin 3737

AUTHORIZATION [Signature] 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.

252633



Services, Inc.

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

TICKET No 23278

PAGE 1 OF 2

SERVICE LOCATIONS: Mud City KS WELL PROJECT NO: 1-21 LEASE: McNARD-Schwein COUNTY/PARISH: Trego STATE: KS CITY: Ransom DATE: 7 SEP 12 OWNER:

TICKET TYPE: SERVICE SALES CONTRACTOR: RIG NAME/NO.: 10 SHIPPED TO: location ORDER NO.:

WELL TYPE: new JOB PURPOSE: Develop Pratt cement long string WELL CATEGORY: 07-1 WELL PERMIT NO.: 21-15-2300

REFERRAL LOCATION: INVOICE INSTRUCTIONS: WELL LOCATION: 21-15-2300

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT								
575				TRK 114	25 mi	1	ea			6.00	1500.00
578				Pump Charge	1 ea					1500.00	1500.00
400				Grubbe shoe	5 1/2 in	1	ea			160.00	160.00
402				Contractor	5 1/2 in	1	ea			70.00	700.00
403				Contract Basket	5 1/2 in	1	ea			250.00	250.00
404				Port Collar	5 1/2 in	1	ea			2400.00	2400.00
410				TOP PIVE	5 1/2 in	1	ea			180.00	180.00
413				Port Collar	5 1/2 in	1	ea			400.00	600.00
415				Inspect Flat collar/ GULLIP	5 1/2 in	1	ea			400.00	400.00
419				Rotating head rental	5 1/2 in	1	ea			200.00	200.00

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.

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

X DATE SIGNED: 09/11/12 TIME SIGNED: A.M. P.M.

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO

WE UNDERSTOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICES? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	1	6460.00
TOTAL	2	6010.00
Sub total		12,470.00
TOTAL		694.28

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: APPROVAL:

SWIFT OPERATOR:

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 23278

CUSTOMER MULLH Drilling

WELL Mc Donald solution 1-21

DATE 7 SEP 12 PAGE 21 OF 2

SEQUENCE	SECONDARY REFERENCE/ACCOUNT NUMBER	QUANTITY	TIME	DESCRIPTION	WELL	DATE	AMOUNT
----------	------------------------------------	----------	------	-------------	------	------	--------

277		1		50/50 P02 296 gal	180 SK	12 00	1800 00
280		1		hops - 1	180 lb	7 00	750 00
283		1		split	900 lb	0 20	180 00
276		1		Fluoroc	257 lb	2 00	50 00
280		1		Fluoroc	1000 gal	2 50	2500 00
281		1		KCL Liquid	2 gal	25 00	50 00
290		1		D-AIR	2 gal	35 00	70 00

SEQUENCE	SECONDARY REFERENCE/ACCOUNT NUMBER	QUANTITY	TIME	DESCRIPTION	WELL	DATE	AMOUNT
582		1		Drage (min)	1 ea	250 00	250 00
581		1		SERVICE CHARGE		300	360 00

TOTAL WEIGHT 15,257
TOTAL CUBIC FEET 1 ea
TOTAL TON MILES
TOTAL 6010.00

JOB LOG

SWIFT Services, Inc.

DATE 7 SEP 12 PAGE NO.

CUSTOMER MULL Drilling WELL NO. 1-21 LEASE McDonald-Schrein JOB TYPE Conmit long string TICKET NO. 23278

CHART NO.	TIME	RATE (GPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								180sk 180sk 50/50por 28gal 10% salt 101jt 52 1 1/2 casing RTD 4425 set 4417' float collar 4375' 75' screwdrivers float collar 1754' #63 Basket #62 Centralizer 1,2,3,4,5,7,9,11,13,62
	2030							start pipe - CD man running float eq lip on loc TRK 114
	2130							CIRC - ROTATE
	2340	4 3/4	15				200	Pump KCL H ₂ O
		4 3/4	24				200	Pump Flocc 21 (1000gal)
		4 3/4	5				200	Pump KCL H ₂ O
	2355		8					Plug RH - 30SKS
	2358	4 3/4	33				200	mix 50/50 Por 28gal 190sk @ 11.4 ppg
SEP 8	0005							Release plug wash out pump & line
	0010	6 3/4					200	Displace plug
		6 3/4	97				900	
	0030	6 3/4	167				1500	Land plug
								Release pressure to truck - dried up
	0038							wash truck
	0050							RACK up
	0110							job complete
								Thanks DANE RISS & Blaine



CHARGE TO: MULL Drilling
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET No 23282

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Wichita KS</u>	WELL/PROJECT NO. <u>1-21</u>	LEASE <u>McDonald Schuwin</u>	COUNTY/PARISH <u>Trego</u>	STATE <u>KS</u>	CITY <u>Ransom</u>	DATE <u>12SEP12</u>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Professional Peltier</u>	RIG NAME/NO.	SHIPPED <u>YES</u>	DELIVERED TO <u>location</u>	ORDER NO.	
3.	WELL TYPE <u>C.I.</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>cement post colloc</u>	WELL PERMIT NO.	WELL LOCATION <u>21-15-23W</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
500	575	1			MILEAGE	25	mi			6.00	150.00
576D		1			Pump Charge	1	hr			1250.00	1250.00
330		1			SMD cement	16	bsl			16.50	2970.00
276		1			Flare	50	lb			2.00	100.00
290		1			D-AR	2	gal			35.00	70.00
581		1			service charge	200	sk			2.00	400.00
567		1			minimum drayage	1	hr			250.00	250.00

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.

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

X [Signature]
 DATE SIGNED _____ TIME SIGNED _____
 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	PAGE TOTAL	5190.00
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				TOTAL	5403.52

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

SWIFT OPERATOR [Signature] APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12 SEP 12 PAGE NO.

CUSTOMER Mullh Drilling WELL NO. 1-21 LEASE McDonald - Schwein JOB TYPE cement part collar TICKET NO. 23282

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								200 SMD cement w/ 1/4" Floccula 5 1/2" part collar 1754'
	0945							on loc TRK114
	1030					1000	1000	test to 1000psi - held open part collar
	1035	3 1/2	2			200		inj rate 3 1/2 @ 200
	1038	4				200		mix SMD @ 11.2 ppg fluid to surface - cement to surface - Flush w/ H ₂ O close part collar (1000 psi mixed 15' top)
		4	6			200		
		4	100			300		
		4	9			300		
	1110					1000	1000	test to 1000 psi - held Run 4 joints
	1120		20					Reverse hole clean - 2 cement plugs - wash truck Rack up job complete Hicks TJ, Dave, Jeremy, & Blaine