



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1109580
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: _____



1109580

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
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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	Richardson 1-29
Doc ID	1109580

All Electric Logs Run

CNL/CDL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Richardson 1-29
Doc ID	1109580

Tops

Name	Top	Datum
Anhydrite	1757	+ 662
B/Anhydrite	1794	+ 625
Heebner Shale	3809	- 1390
Lansing	3848	- 1429
Stark	4071	- 1652
B/KC	4123	- 1704
Pawnee	4221	- 1802
Ft. Scott	4328	- 1909
Cherokee Shale	4336	- 1917
Cherokee Sand	4420	- 2001
Mississippian	4434	- 2015

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

January 24, 2013

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

Re: ACO1
API 15-135-25495-00-00
Richardson 1-29
NW/4 Sec.29-16S-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



Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	Mull Drilling Company, Inc.	Well Name	Richardson #1-29
Well Operator	Mull Drilling Company, Inc.	Unique Well ID	DST # 1 Ft. Scott 4280'-4350'
Contact	Mark Shreve	Surface Location	Sec 29-16s-27w-Ness Co.-KS
Site Contact	Kevin Kessler	Test Unit	#5
Field	Battmen	Pool	Battmen
Well Type	Vertical	Job Number	F035
Prepared By	Jake Fahrenbruch	Qualified By	Kevin Kessler

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	Ft. Scott 4280'-4350'	Gauge Name	0062
Start Test Date	2012/10/24	Start Test Time	09:58:00
Final Test Date	2012/10/24	Final Test Time	17:56:00

Test Results

Recovered:	45' in DC -----	SOSM	1% oil, 99% mud (.22 BBL)
		Tool Sample: OSM	2% oil, 98% mud



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: _____	

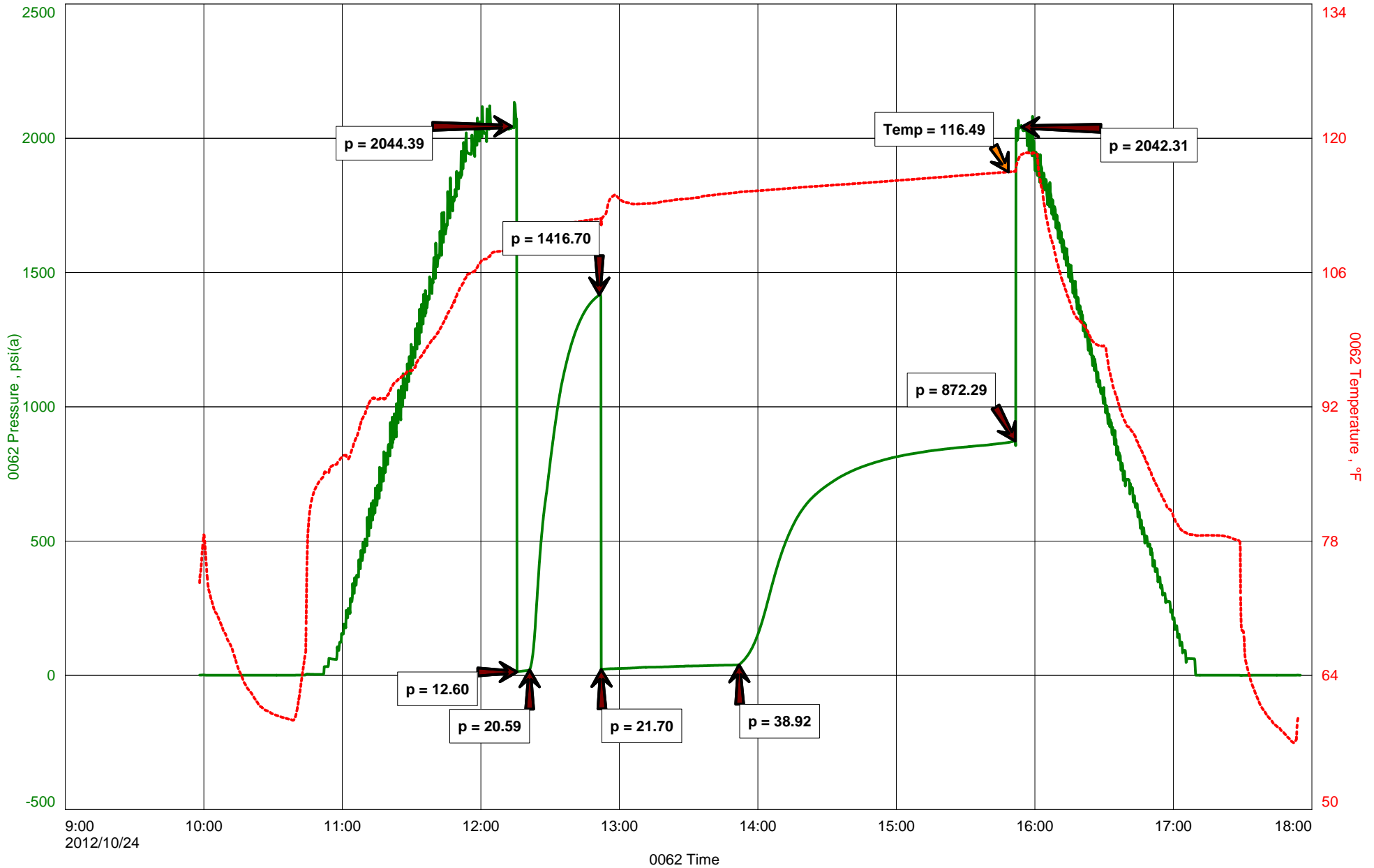
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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 Company, Inc.
DST # 1 Ft. Scott 4280'-4350'
Start Test Date: 2012/10/24
Final Test Date: 2012/10/24

Richardson #1-29
Formation: Ft. Scott 4280'-4350'
Pool: Battmen
Job Number: F035

Richardson #1-29





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name Mull Drilling Company Inc.
Well Operator Mull Drilling Company Inc
Contact Mark Shreve
Site Contact Kevin Kessler
Field Battmen
Well Type Vertical
Prepared By Jake Fahrenbruch

Well Name Richardson #1-29
Unique Well ID DST #2 Cherokee Sand 4330'-4430'
Surface Location Sec 29-16s-27w-Ness Co.-KS
Test Unit #5
Pool Battmen
Job Number F036
Qualified By Kevin Kessler

Test Information

Test Type Conventional Bottom Hole
Formation Cherokee Sand 4330'-4430'
Start Test Date 2012/10/25
Final Test Date 2012/10/25

Test Purpose Initial Test
Gauge Name 0062
Start Test Time 12:14:00
Final Test Time 18:48:00

Test Results

Recovered: 15' in DC Drlg Mud 100% mud (.07 BBL)



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: _____	

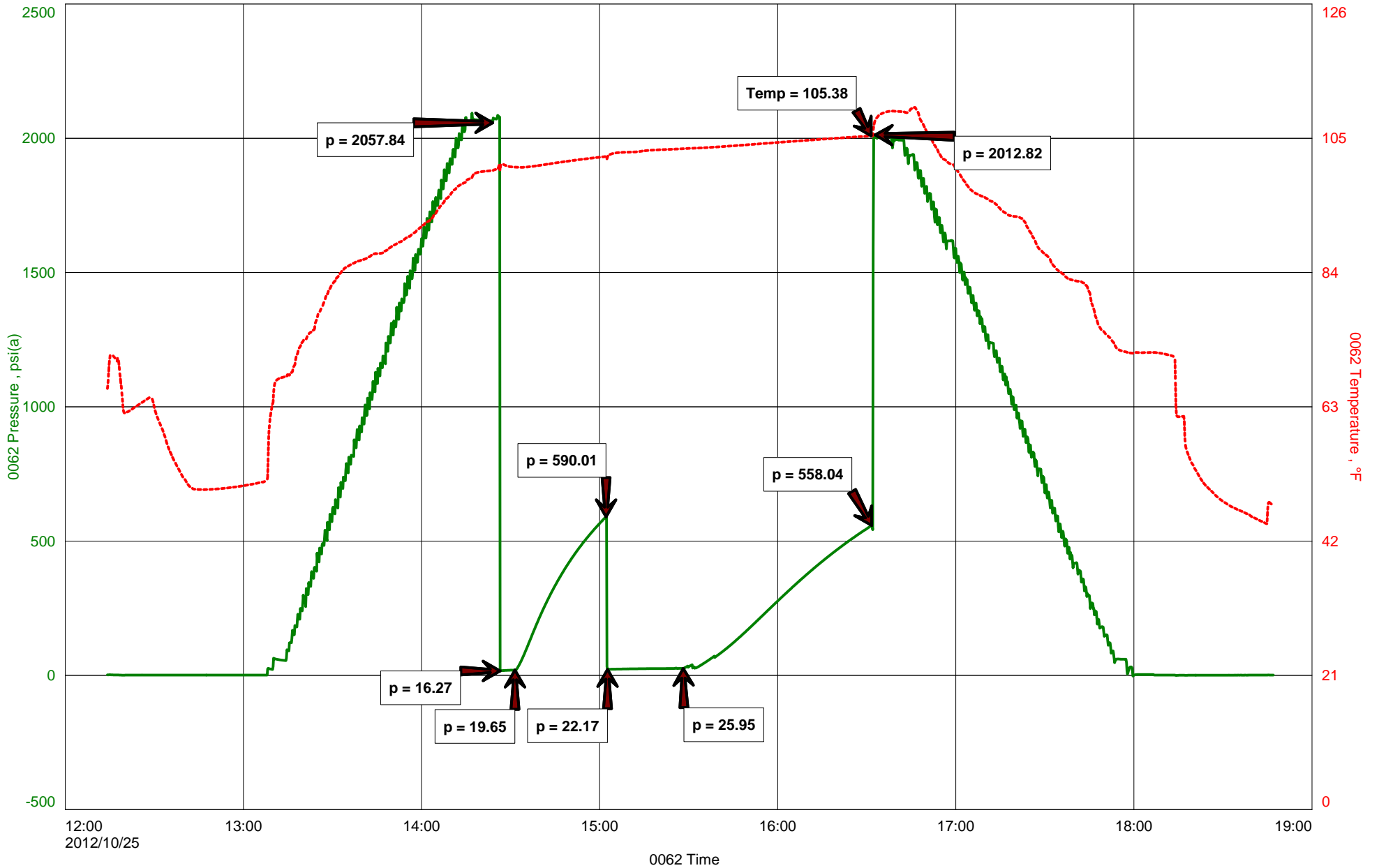
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
 Initial Hydrostatic Pressure..... (A) _____ P.S.I.
 Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
 Final Flow 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 Company Inc.
DST #2 Cherokee Sand 4330'-4430'
Start Test Date: 2012/10/25
Final Test Date: 2012/10/25

Richardson #1-29
Formation: Cherokee Sand 4330'-4430'
Pool: Battmen
Job Number: F036

Richardson #1-29





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	Mull Drilling Company Inc.	Well Name	Richardson #1-29
Well Operator	Mull Drilling Company Inc.	Unique Well ID	DST #3 Cherokee Sand 4400'-4437'
Contact	Mark Shreve	Surface Location	Sec 29-16s-27w-Ness Co.-KS
Site Contact	Kevin Kessler	Test Unit	#5
Field	Battmen	Pool	Battmen
Well Type	Vertical	Job Number	F037
Prepared By	Jake Fahrenbruch	Qualified By	Kevin Kessler

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	Cherokee Sand 4400'-4437'	Gauge Name	0062
Start Test Date	2012/10/26	Start Test Time	00:58:00
Final Test Date	2012/10/26	Final Test Time	11:08:00

Test Results

Recovered:	500'	Clean Oil	100% oil	(5.97 BBL)
	120'	SGW&MCO	5% gas, 3% wtr, 82% oil, 10% mud	(1.7 BBL)
	-----	250' Gas In Pipe		
	-----	Tool Sample: Clean Oil, 100% oil		
	-----	Gravity: 37.5 (corrected to 60 Deg F)		
	-----	Total fluid recovered: 620' = 7.67 BBL		



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: _____	

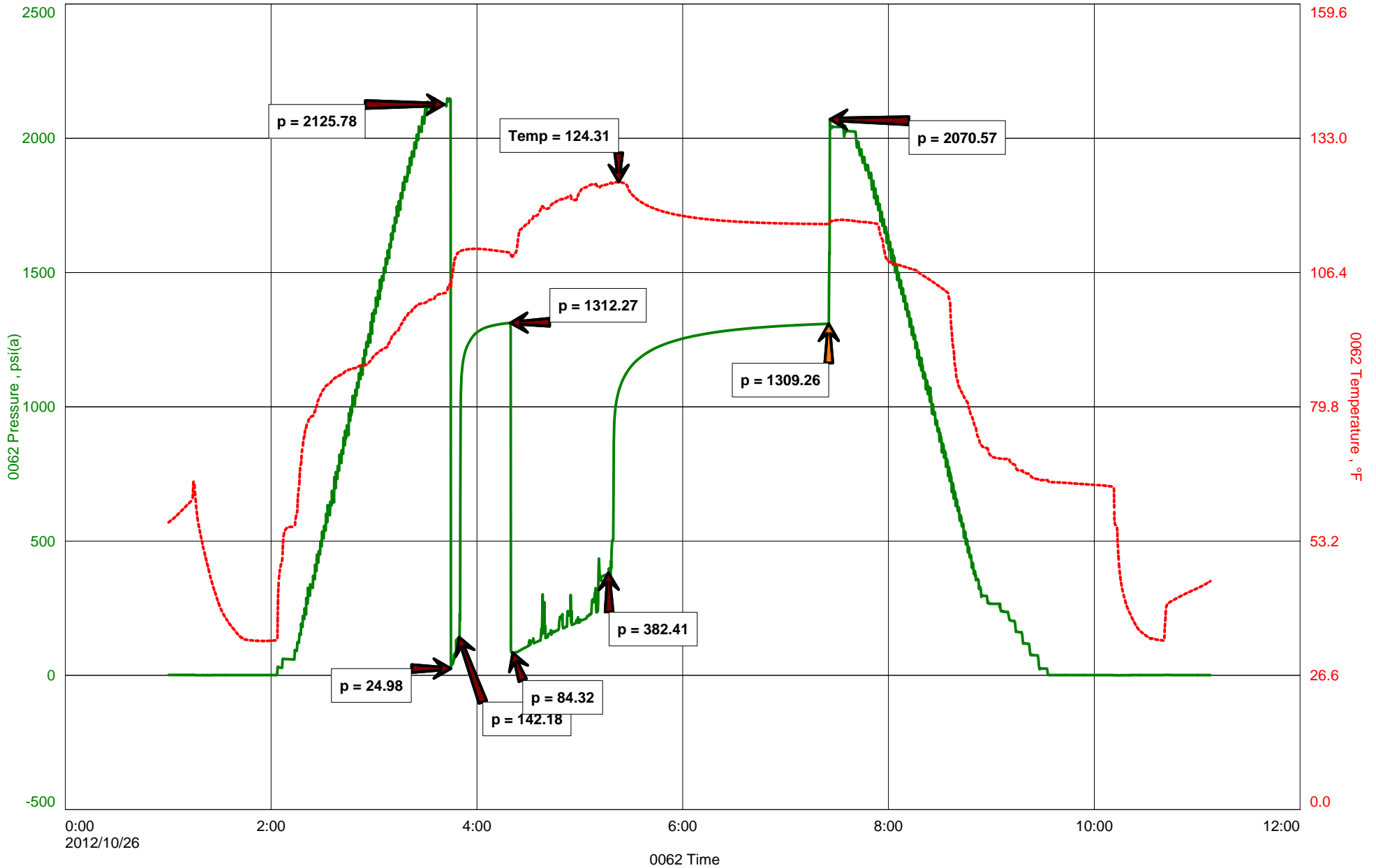
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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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Mull Drilling Company Inc.
DST #3 Cherokee Sand 4400'-4437'
Start Test Date: 2012/10/26
Final Test Date: 2012/10/26

Richardson #1-29
Formation: Cherokee Sand 4400'-4437'
Pool: Battmen
Job Number: F037

Richardson #1-29



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

OPERATOR : MULL DRILLING CO INC.
LEASE : RICHARDSON WELL # : 1 - 29
LOCATION : 1540 FSL & 355 FWL
SEC: 29 TWP : 16 S RGE : 22 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2419
GL : 2411
MEASUREMENTS FROM
KB

CONTRACTOR : W W DRILLING RIG # 12
COMM: 10 / 19 / 2012 COMP : 10 / 27 / 2012
RTD : 4540 LOG TD : 4532
SAMPLES SAVED FROM : 3700 TO : RTD
GEOLOGICAL SUPERVISION FROM : 3700 TO : RTD
MUD UP : 3600 TYPE MUD : CHEMICAL

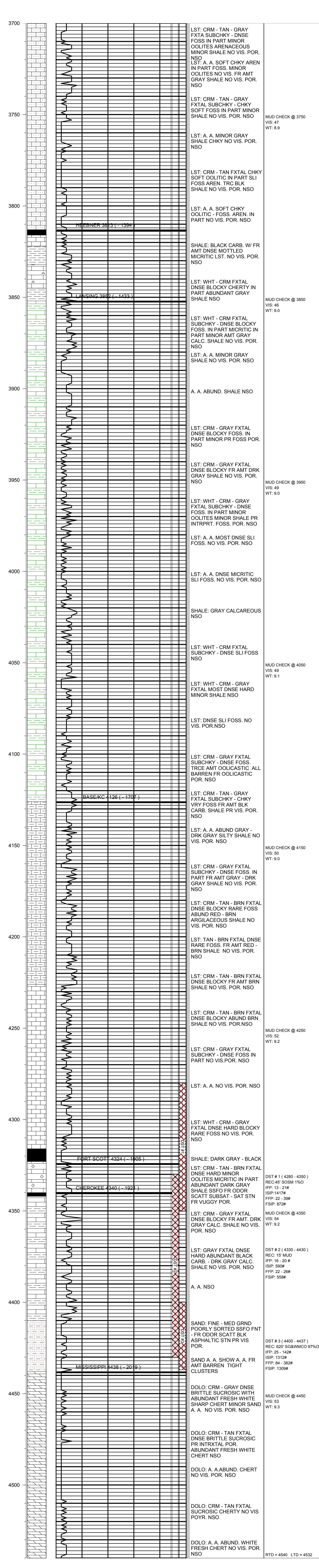
CASING RECORD
SURFACE :
8 5/8" @ 236'
PRODUCTION :
5 1/2" @ 4540'

ELECTRICAL SURVEYS :
CDL/CNL
DIL
MICRO
SONIC

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3808		- 1389	3813		- 1394	+ 07
LANSING	3848		- 1429	3852		- 1433	+ 06
BASE/KC	4122		- 1703	4126		- 1707	+ 06
FORT SCOTT	4318		- 1899	4324		- 1905	+ 08
CHEROKEE	4335		- 1916	4340		- 1921	+ 09
MISSISSIPPI	4438		- 2019	4438		- 2019	+ 04

REFERENCE WELL FOR STRUCTURAL COMPARISON :

PALOMINO PET. # 1 PAINTER SEC 29 - T 16 S - R 22 W NESS COUNTY KANSAS



COMMENTS:

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

KEVIN L. KESSLER



TICKET NUMBER 37286
 LOCATION Oakley, Ks
 FOREMAN Walt Dunkel

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
10-19-12	5659	Richardson 1-29	29	16 ^s	22 ^w	Ness
CUSTOMER Mull Drils Co			4+283			
MAILING ADDRESS			6E	TRUCK #	DRIVER	TRUCK #
			S.S.	463	Cory Davis	
				693	Jeremy Austin	
CITY	STATE	ZIP CODE				

JOB TYPE Surface HOLE SIZE 12" HOLE DEPTH 236' CASING SIZE & WEIGHT 8 5/8 - 29#
 CASING DEPTH 235' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 15'-20'
 DISPLACEMENT 13 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting, Rig up on well #12, Circ casing on bottom
Mix 16.5 sks com, 3% ca, 2% cal, Displace 13 3/4 BBL H₂O, shut in
Cement Did Circ
Approx 4 BBL to Pit

Thank You
 Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
540#3	1	PUMP CHARGE	1,085.00	1,085.00
5406	30	MILEAGE	5.00	150.00
1104S	165 sks	Class A Cement	17.65	2,912.25
1102	465#	Calcium Chloride	.89	413.85
1118B	310#	Gel	.25	77.50
5409	7.76	Ton Mileage Delivery	167	410.00
				5,048.60
Less 10% Disc				504.86
				4,543.74
SALES TAX				192.98
ESTIMATED TOTAL				4736.72

Revin 3737
 AUTHORIZATION [Signature] TITLE Toolpusher DATE 10-19-12

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.

253859



Services, Inc.

CHARGE TO: Mull DRL6. Co. Inc
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No 23386

PAGE 1 OF 2

SERVICE LOCATIONS
 1. Ness City, KS
 WELL/PROJECT NO. 1-29
 LEASE RICHMONSON
 COUNTY/PARISH Ness
 STATE KS
 CITY
 DATE 10-27-12
 OWNER SAME

TICKET TYPE CONTRACTOR
 SERVICE WJM DRL6 #12
 RIG NAME/NO.
 SHIPPED VIA ST DELIVERED TO LOGGERS
 ORDER NO.

WELL TYPE OIL
 WELL CATEGORY Development
 JOB PURPOSE 5 1/2" HOUSING
 WELL PERMIT NO.
 WELL LOCATION Brownlee, Ks. 2nd, STATE

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 114	20	ME			6.00	120.00
578		1			PUMP CHARGE	1	JOB	4530	FT	1500.00	1500.00
221		1			KTOWN KCI	2	EA			25.00	50.00
280		1			FLOCHUCK-21	1000	EA			2.50	2500.00
400		1			GUIDE SHOE	1	EA	5 1/2"		160.00	160.00
402		1			CENTRALIZERS	10	EA			70.00	700.00
403		1			CEMENT BASKET	1	EA			250.00	250.00
404		1			POST COVER TOPST # 66	1	EA	1787	FT	2400.00	2400.00
410		1			TOP RUG	1	EA			100.00	100.00
413		1			ROTO LAM SEARCHES	15	EA			40.00	600.00
415		1			ZUSSAT FLEAT COVER W/ FALUP	1	EA			400.00	400.00
419		1			ROTATING HEAD RENTAL	1	JOB			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

DATE SIGNED 10-27-12
 TIME SIGNED 0800
 A.M.
 P.M.

SWIFT OPERATOR Wayne Johnson

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

APPROVAL

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

SURVEY
 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?
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL # 2
 TOTAL 13,000.00

TOTAL 13,000.00

Thank You



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

TICKET CONTINUATION

TICKET No. 23386

CUSTOMER: Muhl Dales Co, Inc.

WELL: RANDOLSON

DATE: 10-27-12

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL	QTY		UNIT		AMOUNT	
		LOC	ACCT	DE				QTY	UM	QTY	UM		
327		1						175	SBS			10 00	1750.00
276		1						50	URS			2 00	100.00
283		1						850	URS			20	170.00
286		1						100	URS			7 50	750.00
290		1						2	GAL			35 00	70.00
SERVICE CHARGE								175				2 00	350.00
MILEAGE CHARGE								145.45				250 00	250.00
TOTAL WEIGHT													
LOADED MILES													
CUBIC FEET													
TOTAL MILES													

CONTINUATION TOTAL

3440.00

JOB LOG

SWIFT Services, Inc.

DATE 10-27-12 PAGE NO. 1

CUSTOMER MULL DRUG CO. INC WELL NO. 1-29 LEASE RICHARDSON JOB TYPE 5 1/2" LONGSTRAWG TICKET NO. 23386

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1030							ON LOCATION
	1200							START 5 1/2" CASING IN WELL
								TD - 4540' SET = 4527
								TP - 4530 5 1/2" #14
								SJ - 42'
								CENTRALISERS - 1, 2, 3, 4, 5, 7, 9, 11, 13, 65
								CMT BSKTS - 66
								PORT COLLAR = 1787 TORJT # 66
	1420							DROP BALL - CIRCULATE ROTATE TIGHT
	1550	6	15		✓		300	PUMP KCL SPACER
	1553	6	24		✓		300	PUMP 1000 GAL FLOCHECK-21
	1557	6	5		✓		300	PUMP KCL SPACER
	1602		7					PLUG RH (30SKS)
	1607	4 1/4	33.3		✓		150	MAX CEMENT - 145 SKS 50/50 PD2 = 14.4PPG
	1616							WASH OUT PUMP + LINES
	1616							RELEASE TOP PLUG
	1620	7	0		✓			DISPLACE PLUG
		7	105				500	
	1637	6 1/2	109.5				1500	PLUG DOWN
	1640							OK RELEASE PSE - HELD
								WASH TRUCK
	1730							JOB COMPLETE

THANK YOU
WAYNE, DUSTY, ROB



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

TICKET No 23458

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Wyo City, Ws WEL/PROJECT NO. #1 LEASE
 2. Richardson COUNTY/PARISH Neos STATE KS CITY Espermo DATE 2 Nov 12 OWNER
 3. TICKET TYPE SERVICE CONTRACTOR RIG NAME/NO. WYO WSSIT SHIPPED DELIVERED TO Richardson ORDER NO.
 4. REFERRAL LOCATION WEL TYPE D-1 WELL CATEGORY Development JOB PURPOSE cement part collar WEL PERMIT NO.
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					TEK 114	20	mi				6.88	120.00
576D					Pump Charge	1	ea				125.00	125.00
330					SWD cement	160	sk				16.50	2640.00
276					Flare	40	lb				2.00	80.00
290					D-AIR	2	gal				33.00	70.00
581					Service charge	200	sk				2.00	400.00
582					Drayage (min)	1	ea				250.00	250.00

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 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 DATE SIGNED: [Signature] TIME SIGNED: AM PM
 SWIFT OPERATOR: [Signature]

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	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				4810.00	4985.77
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					
TAX				175.77	
TOTAL				4810.00	4985.77

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

JOB LOG

SWIFT Services, Inc.

CUSTOMER *MULL Drilling*

WELL NO. *#1*

LEASE *Richardson*

JOB TYPE *cement port collar*

DATE *2 NOV 12* PAGE NO.

TICKET NO. *23458*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								<i>200sks SMD cement w/ 1/4" floccle</i>
								<i>2 3/8" 5 1/2" port collar at 1778'</i>
	<i>1015</i>							<i>on loc TRK 114</i>
	<i>1035</i>					<i>1000</i>	<i>1000</i>	<i>test to 1000 psi - hold</i>
								<i>open port collar</i>
	<i>1040</i>	<i>3</i>	<i>2</i>			<i>350</i>		<i>inj rate 3 bpm @ 350 psi</i>
	<i>1045</i>	<i>3</i>				<i>300</i>		<i>Mix SMD cement @ 11.2 ppg</i>
		<i>3</i>	<i>10</i>			<i>350</i>		
	<i>1100</i>	<i>3</i>	<i>90</i>			<i>500</i>		<i>- cement to surface -</i>
								<i>{ 160sks mixed }</i>
								<i>{ 15 topit }</i>
	<i>1105</i>	<i>3</i>	<i>10</i>			<i>500</i>		<i>10 bbl H2O flush</i>
								<i>close port collar</i>
	<i>1112</i>					<i>1000</i>	<i>2000</i>	<i>test to 1000 psi - hold</i>
	<i>1122</i>		<i>20</i>					<i>Run 5 joints</i>
								<i>Reverse hole clean</i>
								<i>- cement plugs -</i>
								<i>pull tool</i>
								<i>wash truck</i>
	<i>1700</i>							<i>job complete</i>
								<i>Plunk</i>
								<i>Dave Jorgensen & Brian</i>



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39120

LOCATION Oakley, KS

FOREMAN Kelly Babe

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	
11-11-12	5659	Benson 1-4	4	19	24	Ness	
CUSTOMER		Mull drlg		Ness Co Rd N 15 1E			
MAILING ADDRESS				TRUCK #	DRIVER	TRUCK #	DRIVER
CITY		STATE	ZIP CODE	399	Damon M		
				530	Jordan L		

JOB TYPE PTA HOLE SIZE 7 1/4 HOLE DEPTH 4500 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on Duke #4, mixed cement
Plugs & displaced,
58SKS @ 1650
80SKS @ 870
50SKS @ 270
20SKS @ 60
30 RH

*Thank You
Kelly & Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1325.00	1325.00
5406	10	MILEAGE	50.00	500.00
1131	230 SKS	60/40 Poz	15.10	3473.00
1118B	791	Bentonite	2.25	1777.75
1107	57 #	F10-seal	2.82	160.74
5407	9,89	Ton Mileage delivery	167	410.00
				5616.49
				5616.65
				5054.84
			SALES TAX	217.25
			ESTIMATED TOTAL	5272.09

6:00 AM
 AUTHORIZED BY Rick Wheeler TITLE T.P. DATE 11-11-12

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

254515