



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1136797
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: _____



1136797

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	McFadden 1-26
Doc ID	1136797

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	McFadden 1-26
Doc ID	1136797

Tops

Name	Top	Datum
Heebner	4094	- 1792
Lansing	4256	- 1954
Stark Shale	4578	- 2276
B/KC	4661	- 2359
Marmaton	4681	- 2379
Pawnee	4714	- 2412
Ft. Scott	4747	- 2445
Cherokee Shale	4774	- 2472
Mississippian	4872	- 2570
Kinderhook	5100	- 2798

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

April 26, 2013

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

Re: ACO1
API 15-097-21744-00-00
McFadden 1-26
SW/4 Sec.26-27S-20W
Kiowa 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

Pratt (620) 672-1201
 B MULL DRILLING COMPANY
 I PO Box: 393
 L CHEYENNE WELLS
 L CO US 80810
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME McFadden 1-26
 O LOCATION
 B COUNTY KIowa
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40552667	27463		Net - 30 days	02/09/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 01/09/2013 to 01/09/2013				
0040552667				
171807523A Cement-New Well Casing/Pi 01/09/2013 Cement 8 5/8 Surface				
A-Con Blend Common	150.00	EA	13.50	2,024.91 T
Common Cement	125.00	EA	12.00	1,499.94 T
Celloflake	69.00	EA	2.77	191.47 T
Calcium Chloride	659.00	EA	0.79	518.94 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	120.00	120.00
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.19	143.43
Heavy Equipment Mileage	90.00	MI	5.25	472.48
"Proppant & Bulk Del. Chgs., per ton mil	583.00	EA	1.20	699.57
Depth Charge; 0-500'	1.00	EA	749.97	749.97
Blending & Mixing Service Charge	275.00	BAG	1.05	288.74
Plug Container Util. Chg.	1.00	EA	187.49	187.49
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.24	131.24

#116

Received
 JAN 16 2013
 MDC
 CW Office

JAN 17 2013

Jay Rome

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,028.18
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	309.17
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,337.35
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>Mull Drilling</i>	Lease No.	Date <i>1-9-13</i>
Lease <i>McFadden</i>	Well # <i>1-26</i>	
Field Order # <i>7523</i>	Station <i>Pratt</i>	Casing <i>8 5/8</i>
	Depth <i>440</i>	County <i>Kiowa</i>
Type Job <i>CNW - 8 5/8 Surface</i>	Formation	Legal Description <i>26-27-20</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>				<i>A (Carbon)</i>				
Depth <i>440</i>	Depth	From	To	Pre Pad <i>2.474 @ 10</i>	Max		5 Min.	
Volume <i>28.1</i>	Volume	From	To	Pad <i>2.474 @ 10</i>	Min		10 Min.	
Max Press <i>1005</i>	Max Press	From	To	Frac <i>1.204 @ 10</i>	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>1.35</i>	Packer Depth	From	To	Flush <i>27</i>	Gas Volume		Total Load	

Customer Representative <i>Galena</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve Orlando</i>
Service Units <i>27283 27463 70959/19918</i>		
Driver Names <i>Orlando McLean PH/E</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>5:00 AM</i>					<i>On location - Safety Meeting</i>
					<i>Run 10 5/8 8 5/8 Surface</i>
					<i>Casing on Bottom</i>
					<i>Break Circ w/ P/S</i>
<i>6:50</i>	<i>350</i>		<i>66</i>	<i>6</i>	<i>Mix 150 Sbk Acid on Bit @ 12#/601</i>
<i>7:00</i>	<i>350</i>		<i>26.7</i>	<i>6</i>	<i>Mix 125 Sbk Common @ 15.6#/601</i>
					<i>Rotator plug</i>
<i>7:09</i>	<i>0</i>		<i>0</i>	<i>6</i>	<i>Start Acid Displacement</i>
<i>7:12</i>	<i>300</i>		<i>19</i>	<i>5</i>	<i>Connect To Surface</i>
<i>7:15</i>	<i>300</i>		<i>27</i>	<i>4</i>	<i>Plug Down</i>
					<i>circulation thru job</i>
					<i>circulate 18 bbl top of</i>
					<i>Job Complete</i>
					<i>Thanks Steve</i>



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: _____	

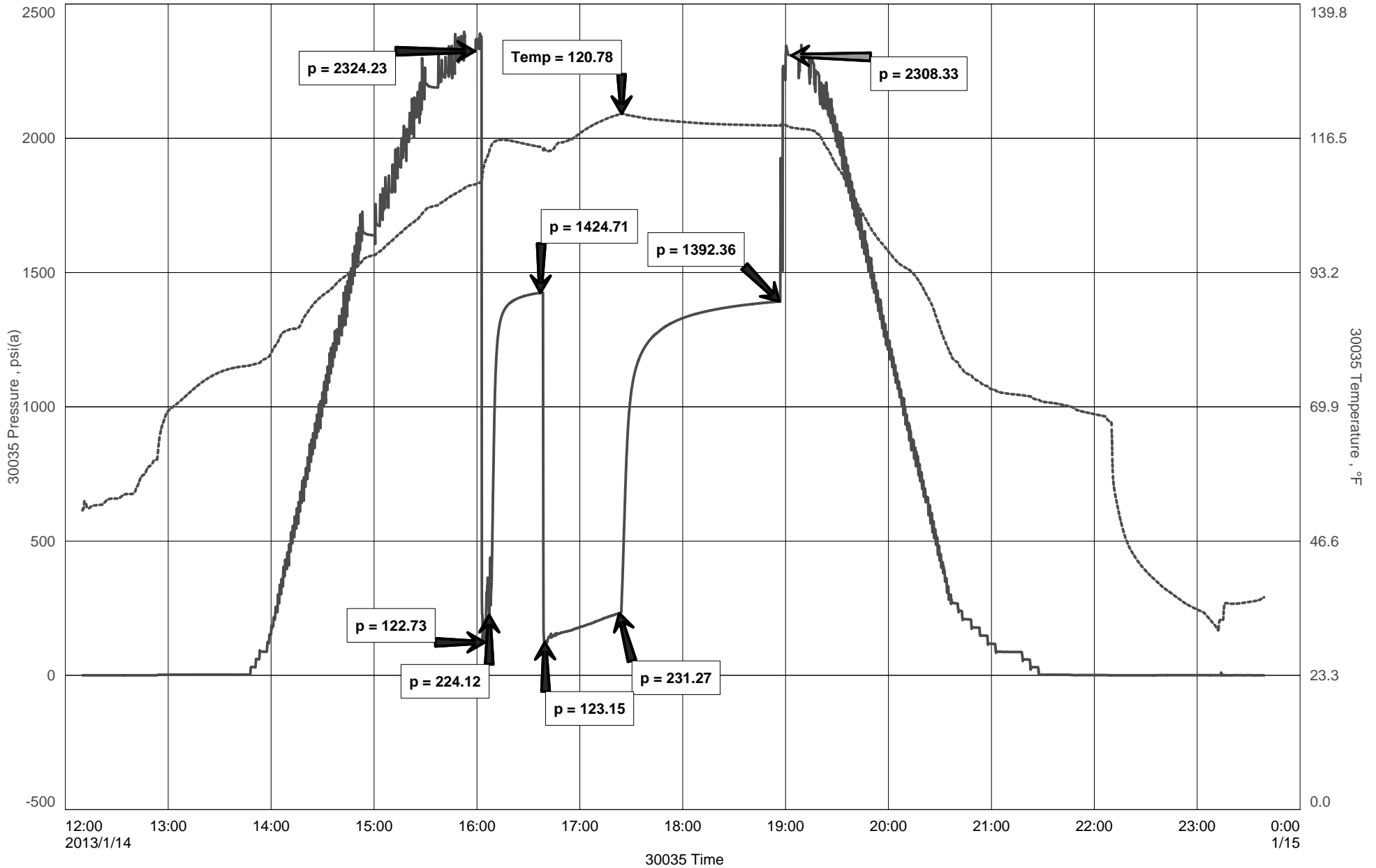
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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
DST #1 Miss 4845-4900'
Start Test Date: 2013/01/14
Final Test Date: 2013/01/14

McFadden #1-26
Formation: DST #1 Miss 4845-4900'
Pool: In Field
Job Number: S0267

McFadden #1-26



Diamond Testing

General information Report

General Information

Company Name Mull Drilling

Contact	Mark Shreve	Job Number	S0267
Well Name	McFadden #1-26	Representative	Jacob McCallie
Unique Well ID	DST #1 Miss 4845-4900'	Well Operator	Mull Drilling
Surface Location	SEC 26-27S-20W Kiowa County	Report Date	2013/01/14
Well License Number		Prepared By	Jacob McCallie
Field	Fraick South		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Miss 4845-4900'		
Well Fluid Type	06 Water	Start Test Time	12:10:00
		Final Test Time	23:40:00
Start Test Date	2013/01/14		
Final Test Date	2013/01/14		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

2394'	GIP		
157'	Mud	100% M	
95'	OSSLWCM	3% O 18% W 79% M	
247'	OSSLMCW	2% O 86% W 12% M	
499'	TOTAL FLUID		

PH: 7

RW: .3 @ 50 degrees F

Chlorides: 30,000 ppm

TOOL SAMPLE:

2% O 97% W 1% M



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: _____	

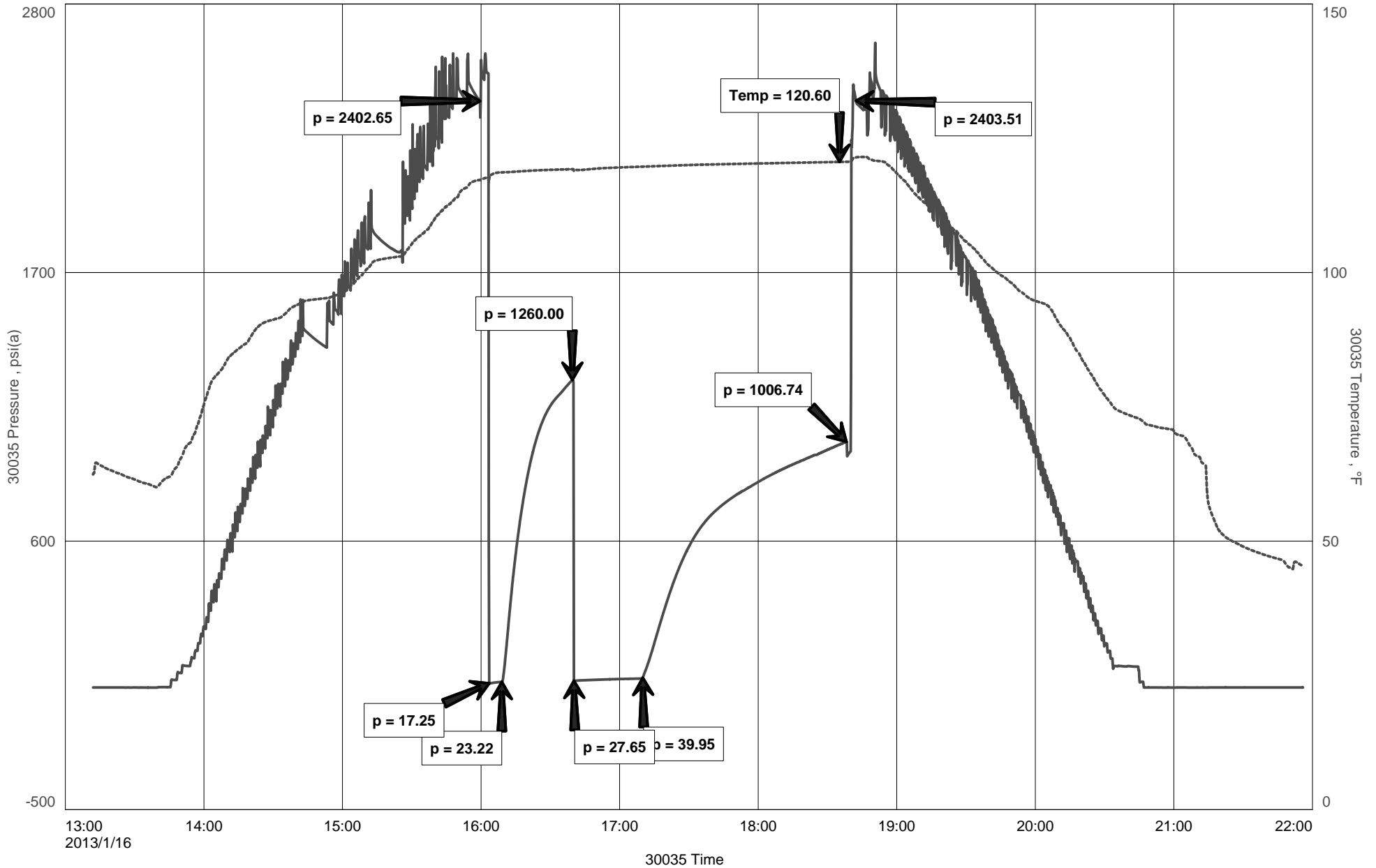
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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
DST #2 Kinderhook 5032-5222'
Start Test Date: 2013/01/16
Final Test Date: 2013/01/16

McFadden #1-26
Formation: DST #2 Kinderhook 5032-5222'
Pool: Infield
Job Number: S0268

McFadden #1-26



Diamond Testing

General information Report

General Information

Company Name Mull Drilling

Contact	Mark Shreves	Job Number	S0268
Well Name	McFadden #1-26	Representative	Jacob McCallie
Unique Well ID	DST #2 Kinderhook 5032-5222'	Well Operator	Mull Drilling
Surface Location	SEC 26-27S-20W Kiowa County	Report Date	2013/01/16
Well License Number		Prepared By	Jacob McCallie
Field			
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #2 Kinderhook 5032-5222'		
Well Fluid Type	01 Oil	Start Test Time	13:12:00
		Final Test Time	21:57:00
Start Test Date	2013/01/16		
Final Test Date	2013/01/16		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:
60' Mud 100% M

TOOL SAMPLE:
100% M