



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1137122
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
-----------------------------------	-----------------	---

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: _____



1137122

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
--	---

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: _____ _____
--	---	---



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 134122
Invoice Date: Dec 18, 2012
Page: 1

RECEIVED

JAN - 1 2013

MCEOCO



Bill To:
Mid-Continent Energy Operating Co
100 W 5th Street
Suite 450
Tulsa, OK 74103-4254

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Mid-Cont	Ladder Creek #29-1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Dec 18, 2012	1/17/13

Quantity	Item	Description	Unit Price	Amount
174.00	MAT	Class A Common	17.90	3,114.60
116.00	MAT	Pozmix	9.35	1,084.60
10.00	MAT	Gel	23.40	234.00
73.00	MAT	Flo Seal	2.97	216.81
311.50	SER	Cubic Feet	2.48	772.52
780.60	SER	Ton Mileage	2.60	2,029.56
1.00	SER	Plug to Abandon	2,483.59	2,483.59
60.00	SER	Pump Truck Mileage	7.70	462.00
60.00	SER	Light Vehicle Mileage	4.40	264.00
1.00	EQP	8.5/8 Top Wooden Plug	107.64	107.64
1.00	CEMENTER	Darren Racette		
1.00	EQUIP OPER	Tyler Flipse		
1.00	OPER ASSIST	D J Gray		

ENTERED JAN 03 2013

12/12 2014

ATTACHED

SCANNED

CO. # AFE
LSE # 150043
ACCT # 1562-30
APPROVED
BCP ACP LOE

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$3,661.56

ONLY IF PAID ON OR BEFORE
Jan 12, 2013

Subtotal	10,769.32
Sales Tax	893.85
Total Invoice Amount	11,663.17
Payment/Credit Applied	
TOTAL	11,663.17

<3661.56>

8,001.61

ck 28389



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:
Mid-Continent Energy Operating Co
100 W 5th Street
Suite 450
Tulsa, OK 74103-4254

RECEIVED
DEC 18 2012
MCEOCO

INVOICE

Invoice Number: 133889
Invoice Date: Dec 4, 2012
Page: 1



Customer ID	Well Name#/ or Customer P.O.	Payment Terms	
Mid-Cont	Ladder Creek #29-1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Dec 4, 2012	1/3/13

Quantity	Item	Description	Unit Price	Amount
270.00	MAT	Class A Common	17.90	4,833.00
5.00	MAT	Gel	23.40	117.00
10.00	MAT	Chloride	64.00	640.00
291.96	SER	Cubic Feet	2.48	724.06
799.80	SER	Ton Mileage	2.60	2,079.48
1.00	SER	Surface	1,512.25	1,512.25
60.00	SER	Pump Truck Mileage	7.70	462.00
1.00	SER	Manifold Head Rental	275.00	275.00
60.00	SER	Light Vehicle Mileage	4.40	264.00
1.00	EQP	8.5/8 Wooden Plug	107.64	107.64
1.00	CEMENTER	LaRene Wentz		
1.00	CEMENTER	Darren Racette		
1.00	OPER ASSIST	Paul Beaver		

12/12

CO. # AFE
LSE # 150043
ACCT # 1562-30
APPROVED
BCP ACP LOE

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

ONLY IF PAID ON OR BEFORE

Subtotal	11,014.43
Sales Tax	472.90
Total Invoice Amount	11,487.33
Payment/Credit Applied	
TOTAL	11,487.33

2973.89
8513.44

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M440
Well Name	LADDER CREEK #29-1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3952-3990 TORONTO	Well Operator	MID CONTINENT
Surface Location	SEC.29-16S-36W WICHITA CO.KS.	Report Date	2012/12/09
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3952-3990 TORONTO		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/12/09	Start Test Time	12:25:00
Final Test Date	2012/12/09	Final Test Time	23:05:00
		Well Fluid Type	01 Oil
Gauge Name	E1150		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

510' GMW 1% GAS, 90% WTR, 9% MUD
510' TOTAL FLUID

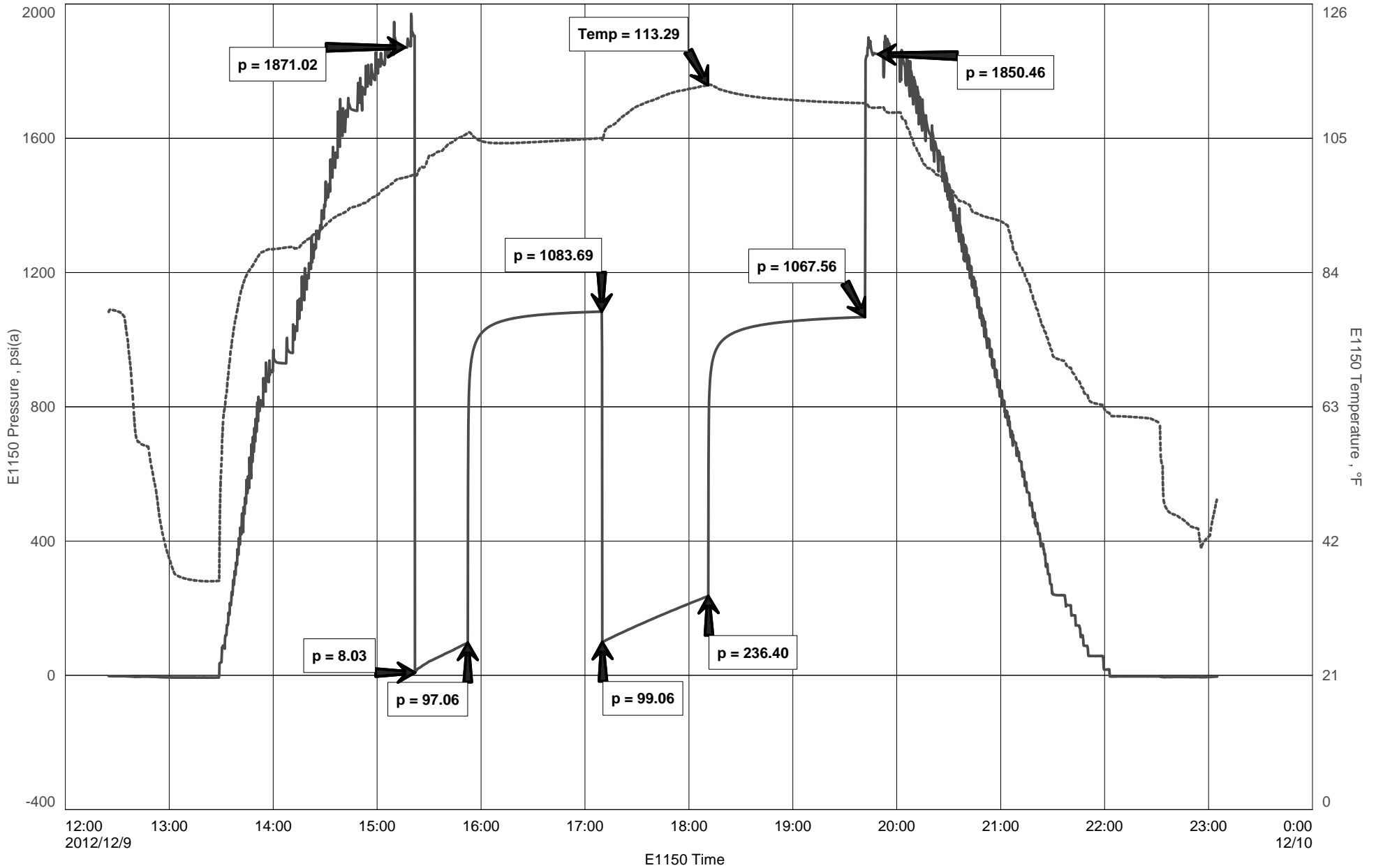
CHLOR: 22,000 PPM
PH:7.0
RW: .42 @ 50 DEG

TOOL SAMPLE: MUDDY GASSY WTR W/ A SLIGHT ODOR

MID CONTINENT
DST#1 3952-3990 TORONTO
Start Test Date: 2012/12/09
Final Test Date: 2012/12/09

LADDER CREEK #29-1
Formation: DST#1 3952-3990 TORONTO
Pool: WILDCAT
Job Number: M440

LADDER CREEK #29-1





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	MID CONTINENT	Job Number	M441
Well Name	LADDER CREEK #29-1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4038-4063 D ZONE	Well Operator	MID CONTINENT
Surface Location	SEC.29-16S-36W WICHITA CO.KS.	Report Date	2012/12/10
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4038-4063 D ZONE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/12/10	Start Test Time	12:25:00
Final Test Date	2012/12/10	Final Test Time	22:35:00
		Well Fluid Type	01 Oil
Gauge Name	Gauge 1		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**

130' MW 90% WTR, 10% MUD
130' TOTAL FLUID

CHLOR: 20,000 PPM
PH:7.0
RW: .45 @ 50 DEG

TOOL SAMPLE: 100% MUD W/ A TR OF WTR & SLIGHT ODOR

D 5T#2 outside

6884

4038-4063

O Zone

LOC 4060





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	MID CONTINENT	Job Number	M442
Well Name	LADDER CREEK #29-1	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4097-4130 L/KC 100' ZONE	Well Operator	MID CONTINENT
Surface Location	SEC.29-16S-36W WICHITA CO.KS.	Report Date	2012/12/11
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4097-4130 L/KC 100' ZONE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/12/11	Start Test Time	09:35:00
Final Test Date	2012/12/11	Final Test Time	18:25:00
		Well Fluid Type	01 Oil
Gauge Name	E1150		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**

345' MW 85% WTR, 15% MUD W/ A SLICK OF OIL ON TOP & SLIGHT GASSY ODOR
345' TOTAL FLUID

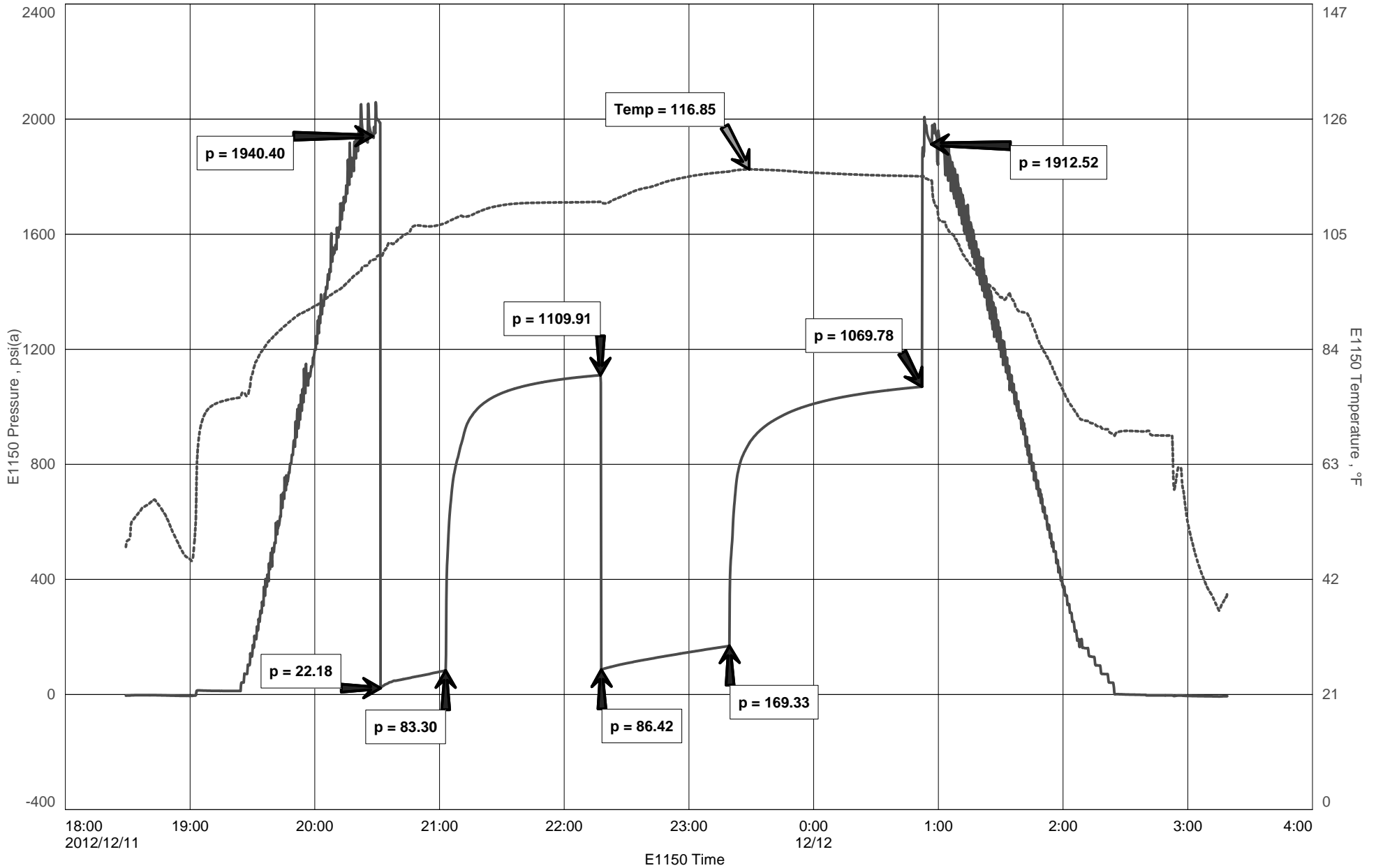
CHLOR: 18,000 PPM
PH:7.0
RW: .5 @ 50 DEG

TOOL SAMPLE: 1% OIL, 98% WTR, 1% MUD

MID CONTINENT
DST#3 4097-4130 L/KC 100' ZONE
Start Test Date: 2012/12/11
Final Test Date: 2012/12/11

LADDER CREEK #29-1
Formation: DST#3 4097-4130 L/KC 100' ZONE
Pool: WILDCAT
Job Number: M442

LADDER CREEK #29-1





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

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M443
Well Name	LADDER CREEK #29-1	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4208-4280 H I	Well Operator	MID CONTINENT
Surface Location	SEC.29-16S-36W WICHITA CO.KS.	Report Date	2012/12/13
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
	Test Unit		NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4208-4280 H I		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/12/12	Start Test Time	17:20:00
Final Test Date	2012/12/13	Final Test Time	02:35:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks **RECOVERED:**

356' WM 10% WTR, 90% MUD
189' MW 95% WTR, 5% MUD (160' DP, 29' DC)
545' TOTAL FLUID

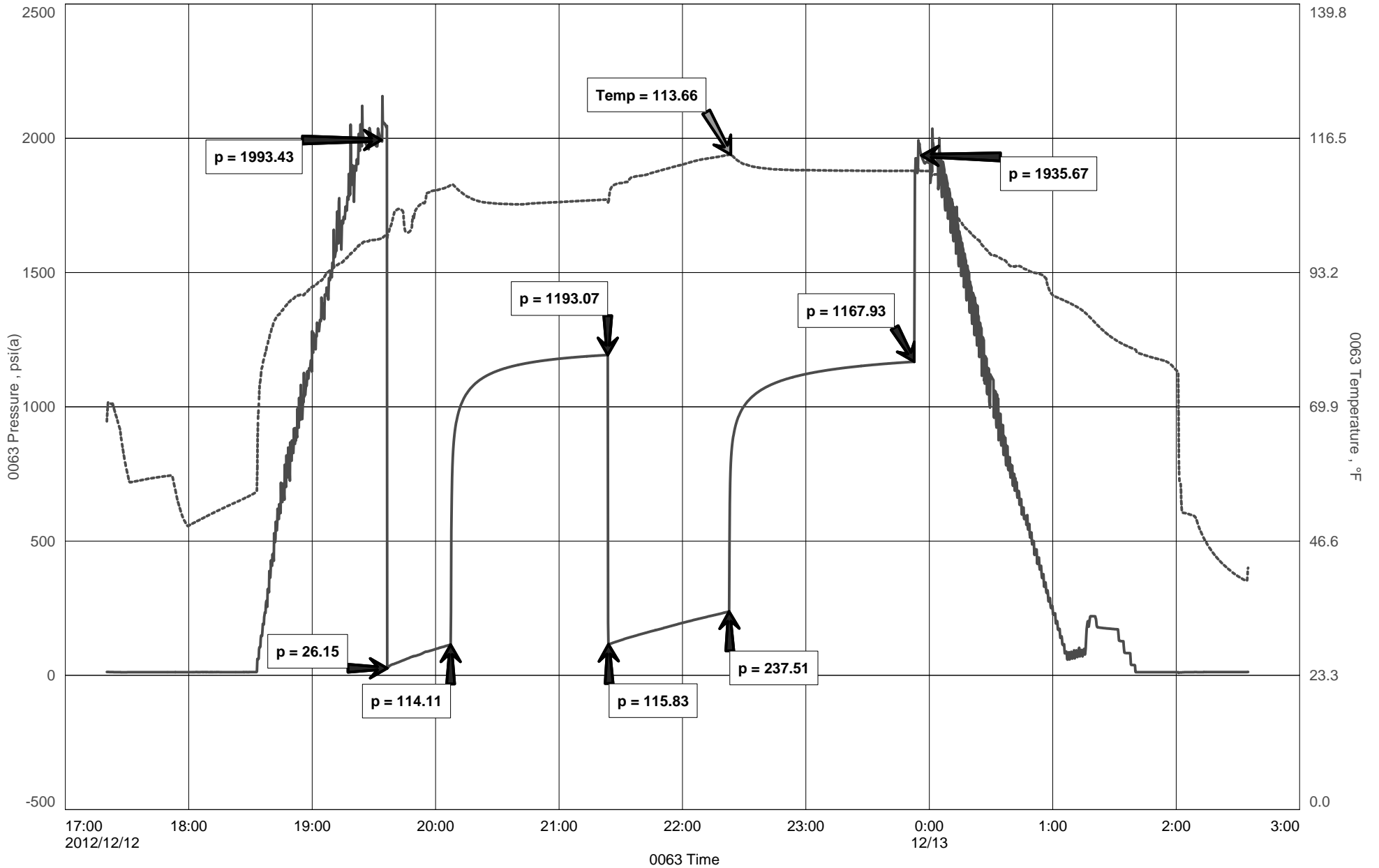
CHLOR: 17,000 PPM
PH:7.0
RW: .48 @ 55 DEG

TOOL SAMPLE: SALT WATER W/ SOME SPOTS OF OIL & SLIGHT ODOR

MID CONTINENT
DST#4 4208-4280 H I
Start Test Date: 2012/12/12
Final Test Date: 2012/12/13

LADDER CREEK #29-1
Formation: DST#4 4208-4280 H I
Pool: WILDCAT
Job Number: M443

LADDER CREEK #29-1





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	MID CONTINENT	Job Number	M444
Well Name	LADDER CREEK #29-1	Representative	MIKE COCHRAN
Unique Well ID	DST#5 4270-4302 K	Well Operator	MID CONTINENT
Surface Location	SEC.29-16S-36W WICHITA CO.KS.	Report Date	2012/12/13
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#5 4270-4302 K		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/12/13	Start Test Time	10:15:00
Final Test Date	2012/12/13	Final Test Time	21:30:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
1667' MUDDY SULPHUR WATER 90% WTR, 10% MUD W/ SOME OIL SPOTS ON TOP
1667' TOTAL FLUID

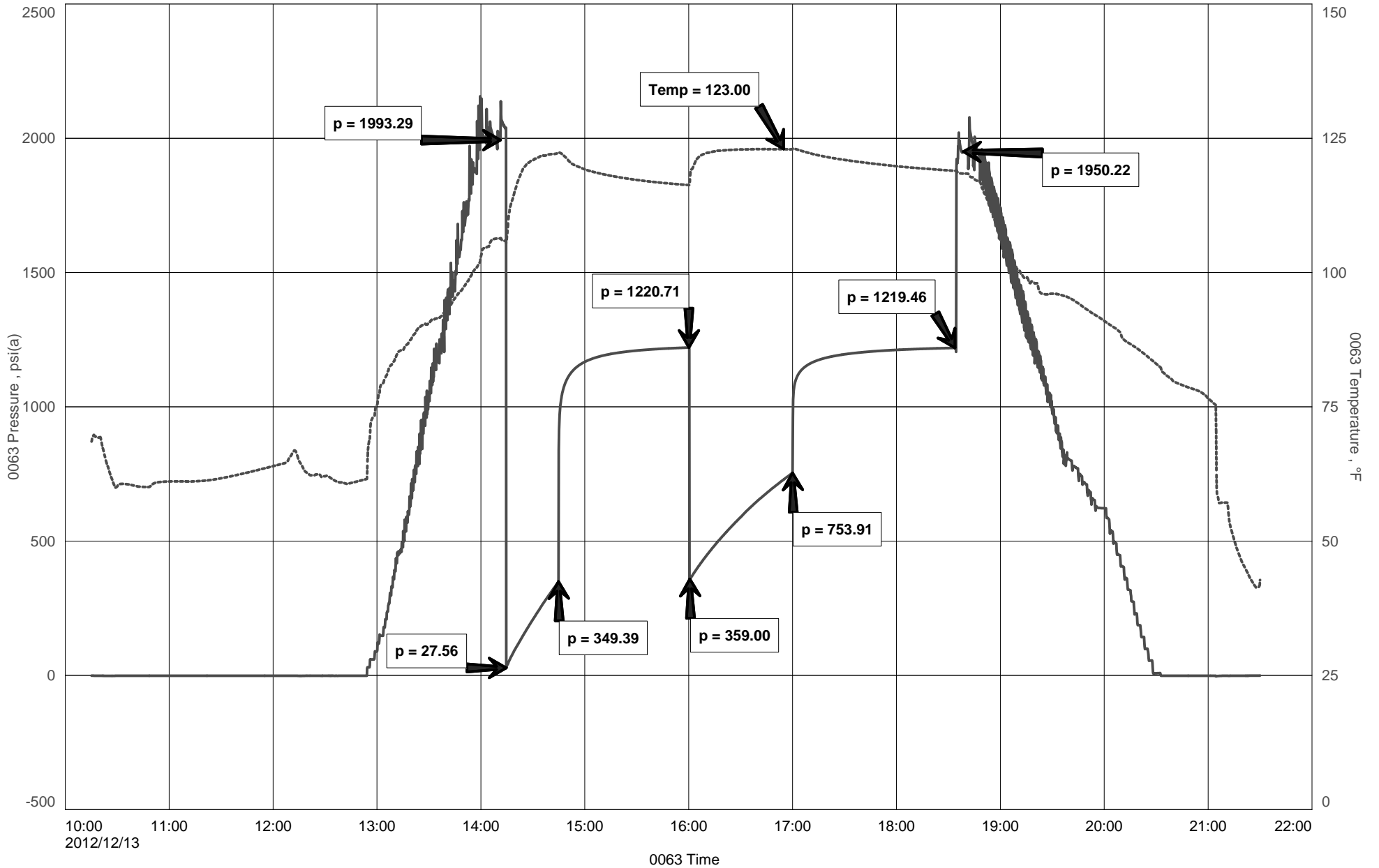
CHLOR: 20,000 PPM
PH:8.0
RW: .46 @ 50 DEG

TOOL SAMPLE: 100% WTR W/ SOME SPOTS OF OIL

MID CONTINENT
DST#5 4270-4302 K
Start Test Date: 2012/12/13
Final Test Date: 2012/12/13

LADDER CREEK #29-1
Formation: DST#5 4270-4302 K
Pool: WILDCAT
Job Number: M444

LADDER CREEK #29-1





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

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M445
Well Name	LADDER CREEK #29-1	Representative	MIKE COCHRAN
Unique Well ID	DST#6 4428-4465 MARMATON	Well Operator	MID CONTINENT
Surface Location	SEC.29-16S-36W WICHITA CO.KS.	Report Date	2012/12/15
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#6 4428-4465 MARMATON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/12/14	Start Test Time	18:10:00
Final Test Date	2012/12/15	Final Test Time	01:55:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

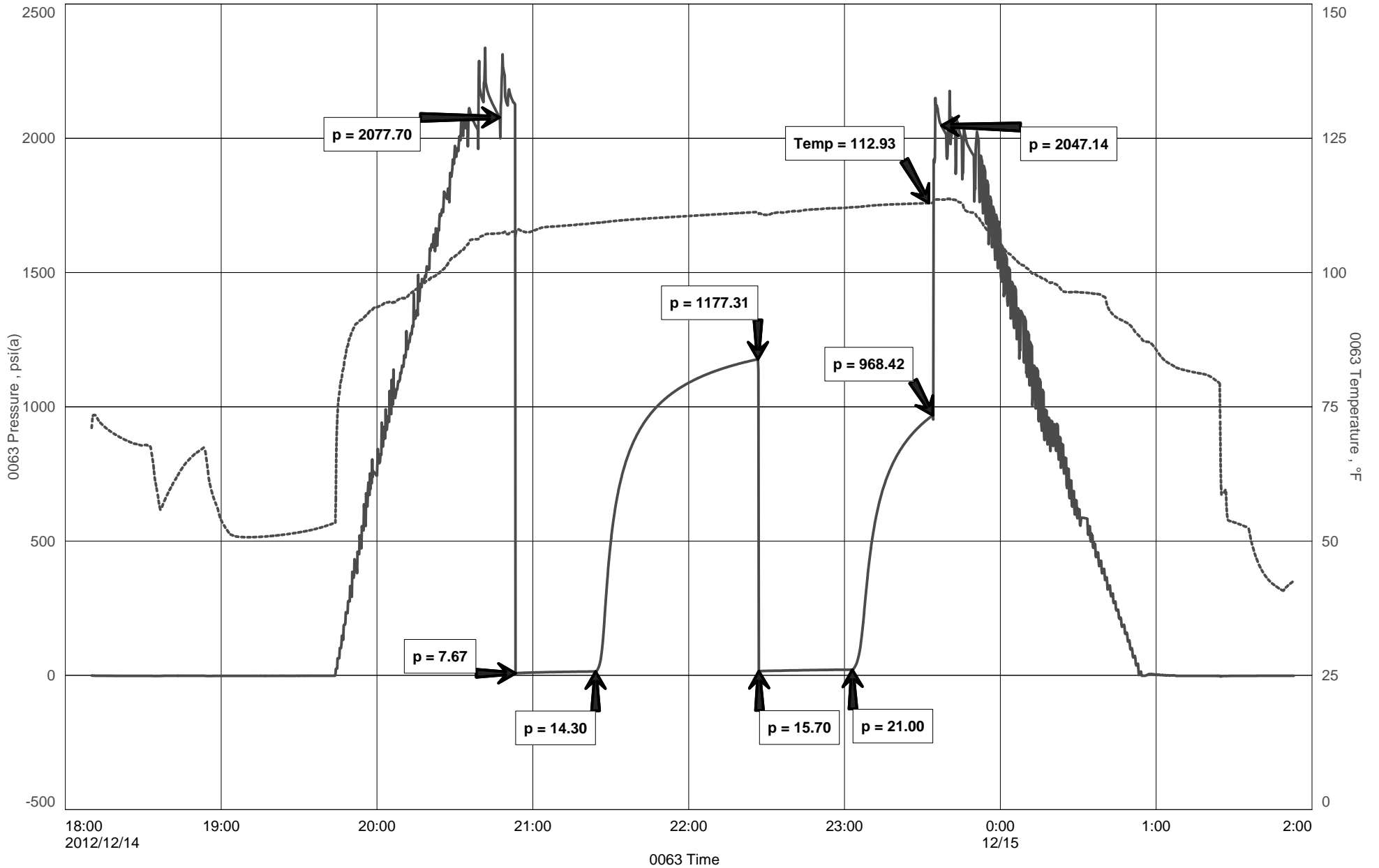
Remarks RECOVERED:
10' DM 100% MUD
10' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ A FEW GASSY BUBBLES & SOME SPOTS OF LIGHT BROWN OIL

MID CONTINENT
DST#6 4428-4465 MARMATON
Start Test Date: 2012/12/14
Final Test Date: 2012/12/15

LADDER CREEK #29-1
Formation: DST#6 4428-4465 MARMATON
Pool: WILDCAT
Job Number: M445

LADDER CREEK #29-1





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

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M446
Well Name	LADDER CREEK #29-1	Representative	MIKE COCHRAN
Unique Well ID	DST#7 4494-4533 PAWNEE	Well Operator	MID CONTINENT
Surface Location	SEC.29-16S-36W WICHITA CO.KS.	Report Date	2012/12/15
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#7 4494-4533 PAWNEE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/12/15	Start Test Time	13:00:00
Final Test Date	2012/12/15	Final Test Time	19:45:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

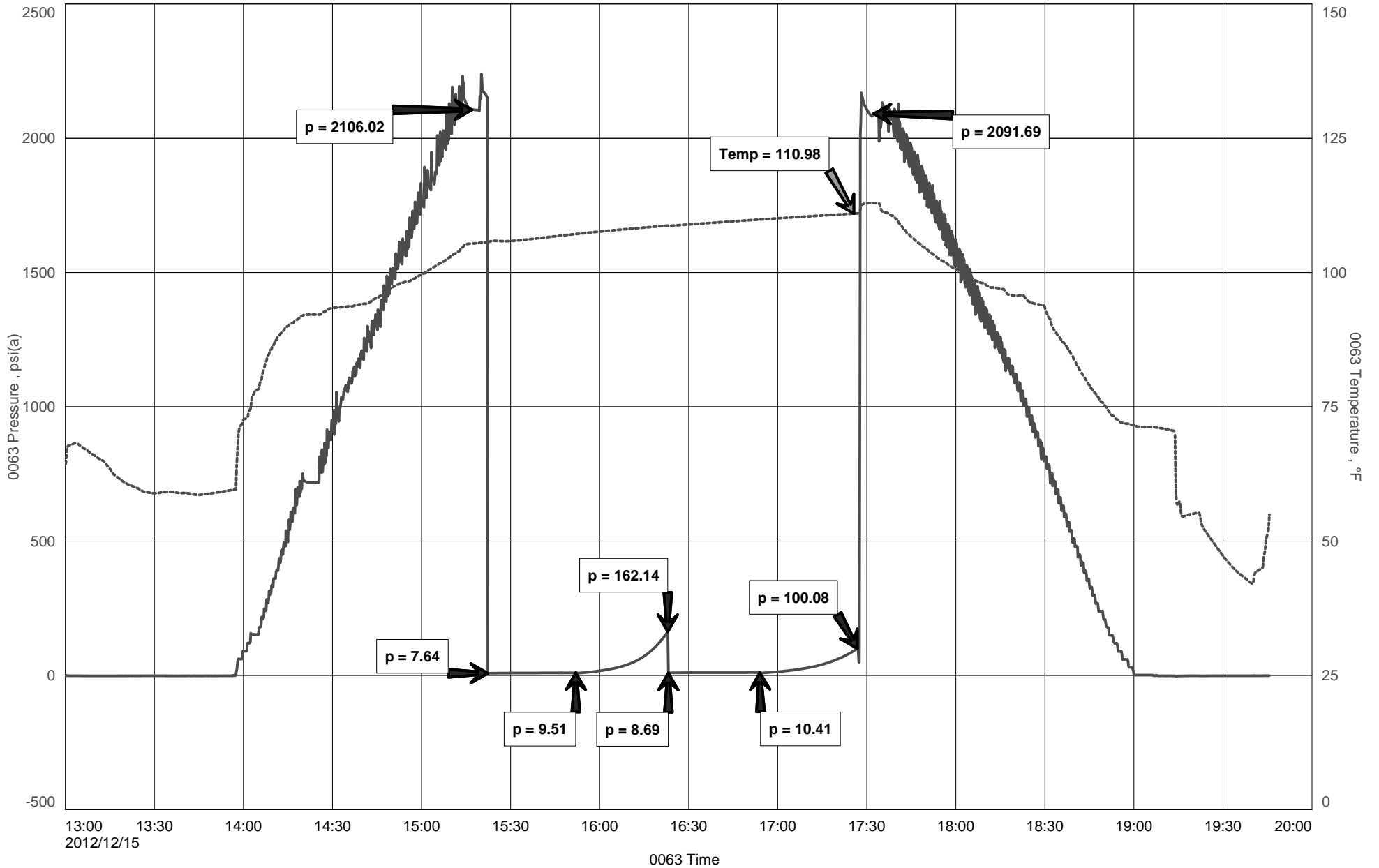
Remarks RECOVERED:
1' DM 100% MUD
1' TOTAL FLUID

TOOL SAMPLE: DRLG MUD W/ A FEW SPOTS OF OIL

MID CONTINENT
DST#7 4494-4533 PAWNEE
Start Test Date: 2012/12/15
Final Test Date: 2012/12/15

LADDER CREEK #29-1
Formation: DST#7 4494-4533 PAWNEE
Pool: WILDCAT
Job Number: M446

LADDER CREEK #29-1





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.

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 30, 2013

G. M. Canaday
Mid-Continent Energy Operating Co.
100 W 5TH ST STE 450
TULSA, OK 74103-4254

Re: ACO1
API 15-203-20198-00-00
Ladder Creek 29-1
SW/4 Sec.29-16S-36W
Wichita 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,
G. M. Canaday