



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1150439
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: _____



1150439

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> <i>(Submit ACO-4)</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	Glasir Unit 1-3
Doc ID	1150439

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Glasir Unit 1-3
Doc ID	1150439

Tops

Name	Top	Datum
Anhydrite	2395	+ 599
B/Anhydrite	2418	+ 576
Heebner Shale	3959	- 965
Lansing	3998	- 1004
Stark Shale	4276	- 1282
B/KC	4346	- 1352
Marmaton	4380	- 1386
Ft. Scott	4482	- 1488
Cherokee Shale	4502	- 1508
Johnson	4594	- 1600
Morrow Shale	4650	- 1665
Mississippian	4664	- 1670

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

July 02, 2013

Mark Shreve
Mull Drilling Company, Inc.
1700 N WATERFRONT PKWY
BLDG 1200
WICHITA, KS 67206-6637

Re: ACO1
API 15-171-20934-00-00
Glasir Unit 1-3
SW/4 Sec.03-16S-32W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Mark Shreve



CONSOLIDATED
Oil Well Services, LLC

257225

TICKET NUMBER 39447
LOCATION Calley, KS
FOREMAN Miles Shaw

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-9-13	5659	Glasir unit # 1-3	3	16S	22W	Scott
CUSTOMER <u>Mull Drilling</u>			Oakley South to Hwy 95 1 East			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			405	Jerry Y		
STATE			207128	Jarrod S		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4' HOLE DEPTH 222 CASING SIZE & WEIGHT 5 5/8 x 23.4
CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 1466/s DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Catchment and rig up on W/D drilling & to circulate casing in. a 1655/s
Common class A cement with 3% calcium 2% gel displaced 1466/s water
Shut in cement did circulate collar only

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
37015	1	PUMP CHARGE	1085. ⁰⁰	1085. ⁰⁰
5406	30	MILEAGE	5. ⁰⁰	150. ⁰⁰
5407	7.75 Tons	Ton mileage delivery	1.67	410. ⁰⁰
11045	165 sks	Class A cement	17.65	2912.25
1102	465 #	Calcium Chloride	.89	413.85
1118B	310	Bentonite gel	.25	77.50
			Subtotal	5048.10
			less 10% discount	504.86
			Subtotal	4543.24
			SALES TAX	254.25
			ESTIMATED TOTAL	4797.99

Ravin 3737

AUTHORIZATION [Signature]

TITLE toolpusher

DATE 3-9-13

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.



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

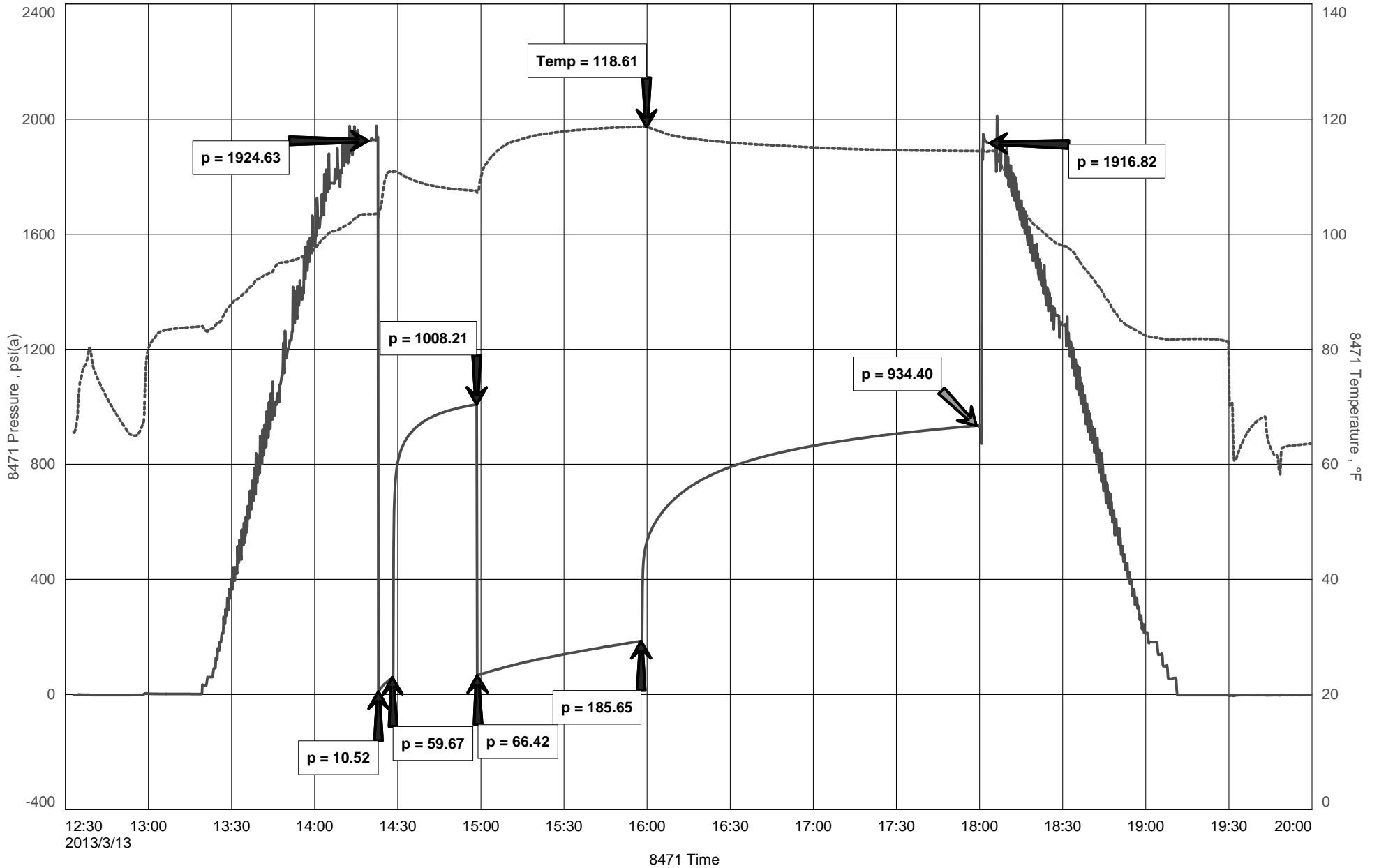
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

Mull Drilling Co. Inc.
DST #1 Lansing "B" 4020-4045'
Start Test Date: 2013/03/13
Final Test Date: 2013/03/13

Glaser Unit #1-3
Formation: DST #1 Lansing "B" 4020-4045'
Pool: Wildcat
Job Number: S0294

Glaser Unit #1-3



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreave	Job Number	S0294
Well Name	Glasisr Unit #1-3	Representative	Jacob McCallie
Unique Well ID	DST #1 Lansing "B" 4020-4045'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 3-16S-32W Logan County	Report Date	2013/03/13
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Lansing "B" 4020-4045'		
Well Fluid Type	06 Water	Start Test Time	12:33:00
		Final Test Time	20:00:00
Start Test Date	2013/03/13		
Final Test Date	2013/03/13		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:

78'	HMCW	54% W 46% M
313'	SLMCW	97% W 3% M
391'	TOTAL FLUID	

PH: 7

RW: .2 @ 63 degrees F

Chlorides: 38,000 ppm

TOOL SAMPLE:

1% O 69% W 30% 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: _____	

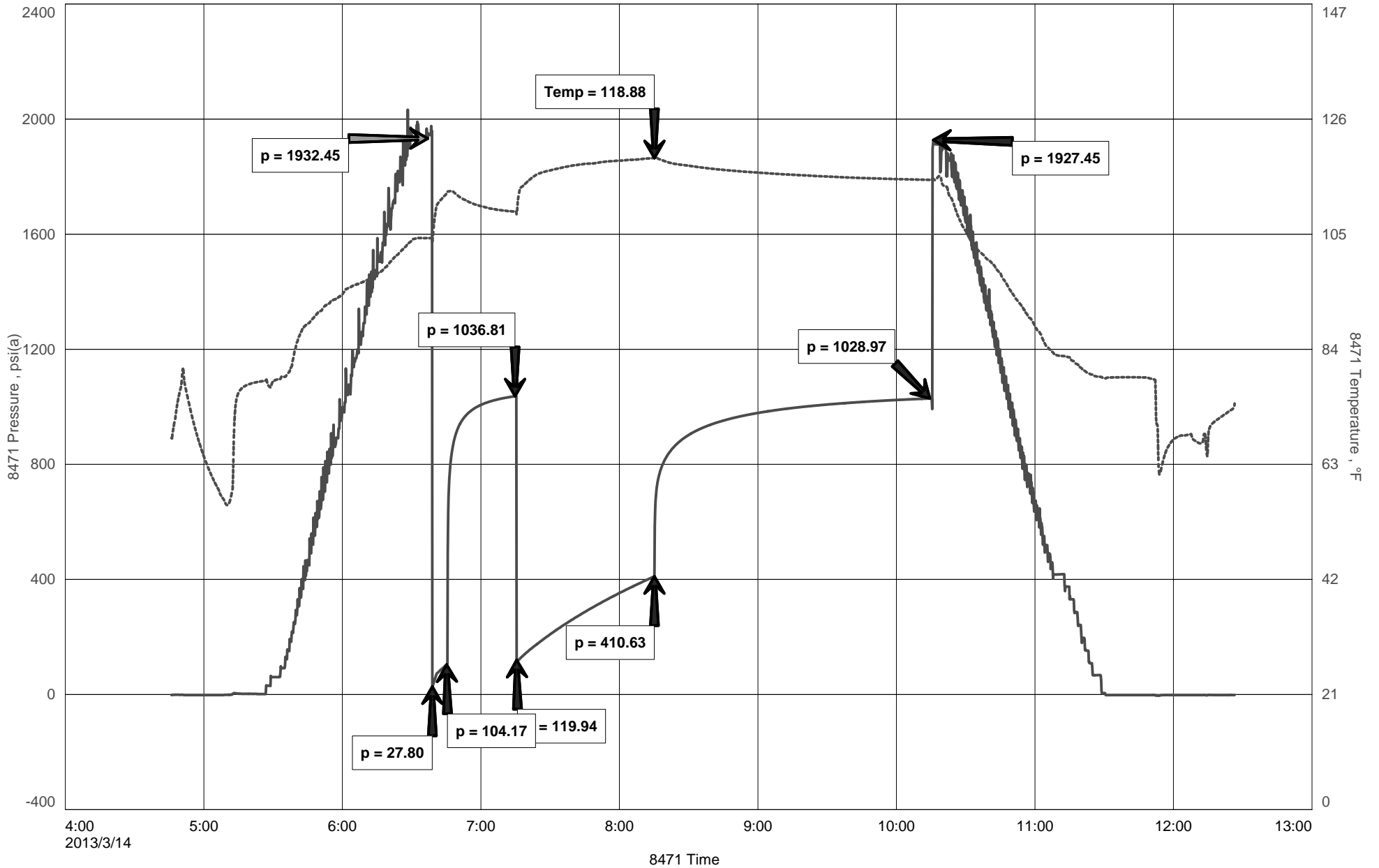
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co. Inc.
DST #2 Lan. "D-F" 4045-4105'
Start Test Date: 2013/03/14
Final Test Date: 2013/03/14

Glaser Unit #1-3
Formation: DST #2 Lan. "D-F" 4045-4105'
Pool: Wildcat
Job Number: S0295

Glaser Unit #1-3



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0295
Well Name	Glisir Unit #1-3	Representative	Jacob McCallie
Unique Well ID	DST #2 Lan. "D-F" 4045-4105'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 3-16S-32W Scott County	Report Date	2013/03/14
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #2 Lan. "D-F" 4045-4105'		
Well Fluid Type	06 Water	Start Test Time	04:46:00
		Final Test Time	12:27:00
Start Test Date	2013/03/14		
Final Test Date	2013/03/14		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:

260'	OSHMCW	1% O 52% W 47% M
565'	OSSLMCW	TO 85% W 15% M
825'	TOTAL FLUID	

PH: 7
RW: .2 @ 65 degrees F
Chlorides: 36,000 ppm

TOOL SAMPLE:
3% O 57% W 40% 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 _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

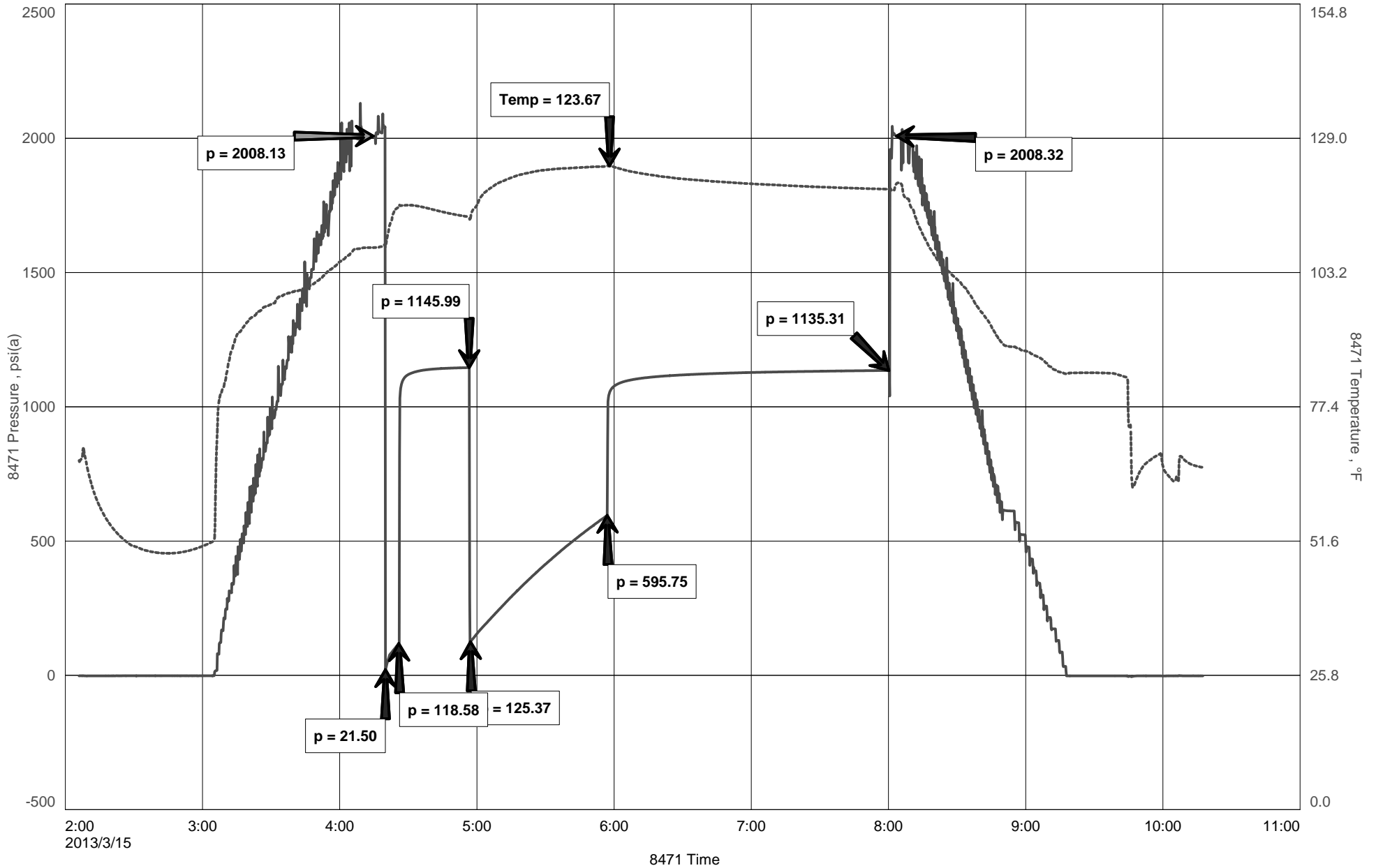
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co. Inc.
DST #3 Lansing "I-J" 4200-4260'
Start Test Date: 2013/03/15
Final Test Date: 2013/03/15

Glaser Unit #1-3
Formation: DST #3 Lansing "I-J" 4200-4260'
Pool: Wildcat
Job Number: S0296

Glaser Unit #1-3



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0296
Well Name	Glisir Unit #1-3	Representative	Jacob McCallie
Unique Well ID	DST #3 Lansing "I-J" 4200-4260'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 3-16S-32W Scott County	Report Date	2013/03/15
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #3 Lansing "I-J" 4200-4260'		
Well Fluid Type	06 Water	Start Test Time	02:06:00
		Final Test Time	10:18:00
Start Test Date	2013/03/15		
Final Test Date	2013/03/15		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:

229'	HWCM	25% W 75% M
1008'	SLMCW	88% W 12% M
1237'	TOTAL FLUID	

PH: 7

RW: .32 @ 55 degrees F

Chlorides: 26,000 ppm

TOOL SAMPLE:

1% O 96% W 3% 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: _____	

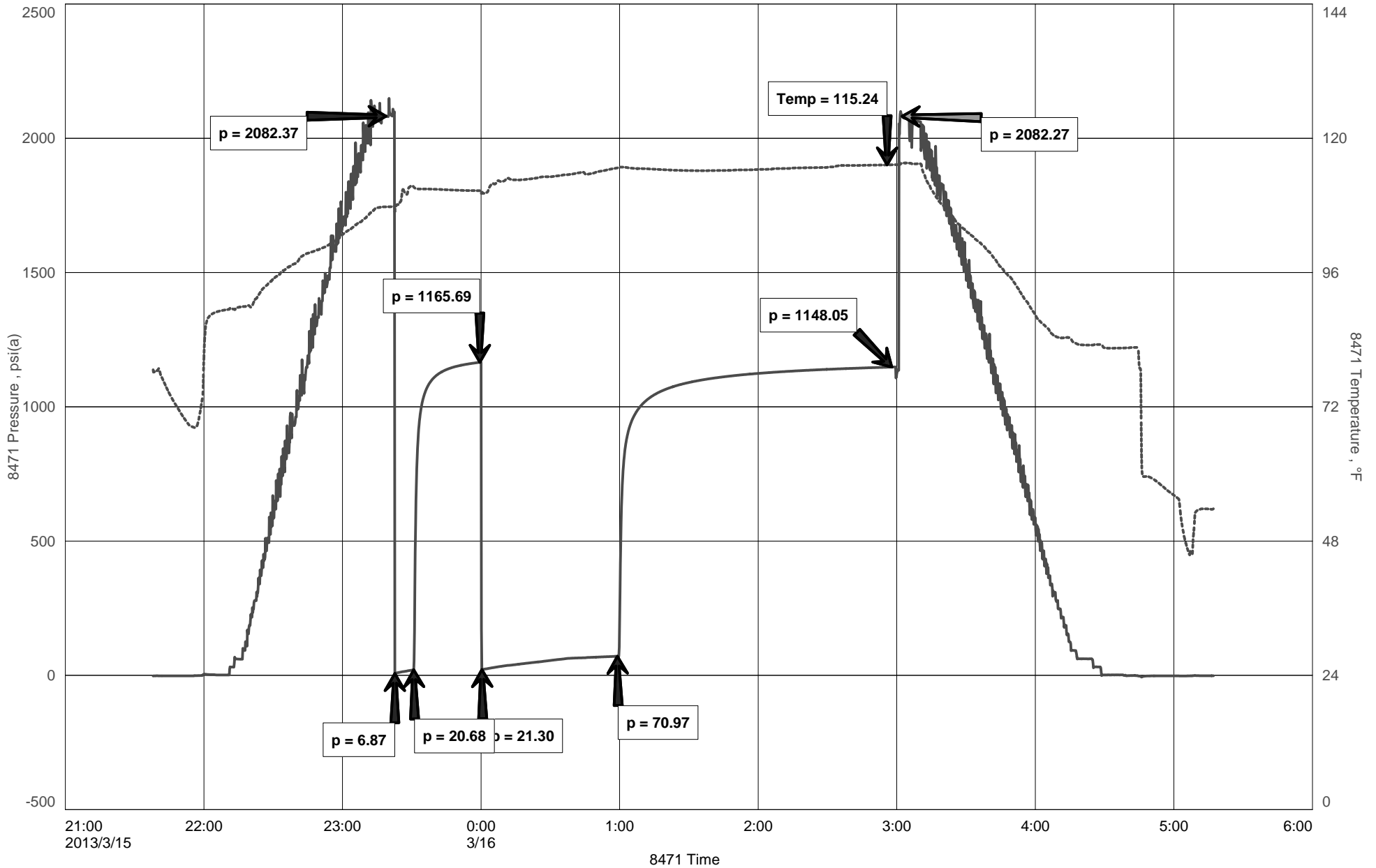
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co. Inc.
DST #4 Lansing "L" 4300-4350'
Start Test Date: 2013/03/15
Final Test Date: 2013/03/16

Glaser Unit #1-3
Formation: DST #4 Lansing "L" 4300-4350'
Pool: wildcat
Job Number: S0297

Glaser Unit #1-3



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0297
Well Name	Glisir Unit #1-3	Representative	Jacob McCallie
Unique Well ID	DST #4 Lansing "L" 4300-4350'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 3-16S-32W Scott County	Report Date	2013/03/15
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test	Start Test Time	21:38:00
Formation	DST #4 Lansing "L" 4300-4350'	Final Test Time	05:18:00
Well Fluid Type	01 Oil		
Start Test Date	2013/03/15		
Final Test Date	2013/03/16		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:
132' OSM 1% O 99% M

TOOL SAMPLE:
2% O 98% 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 _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

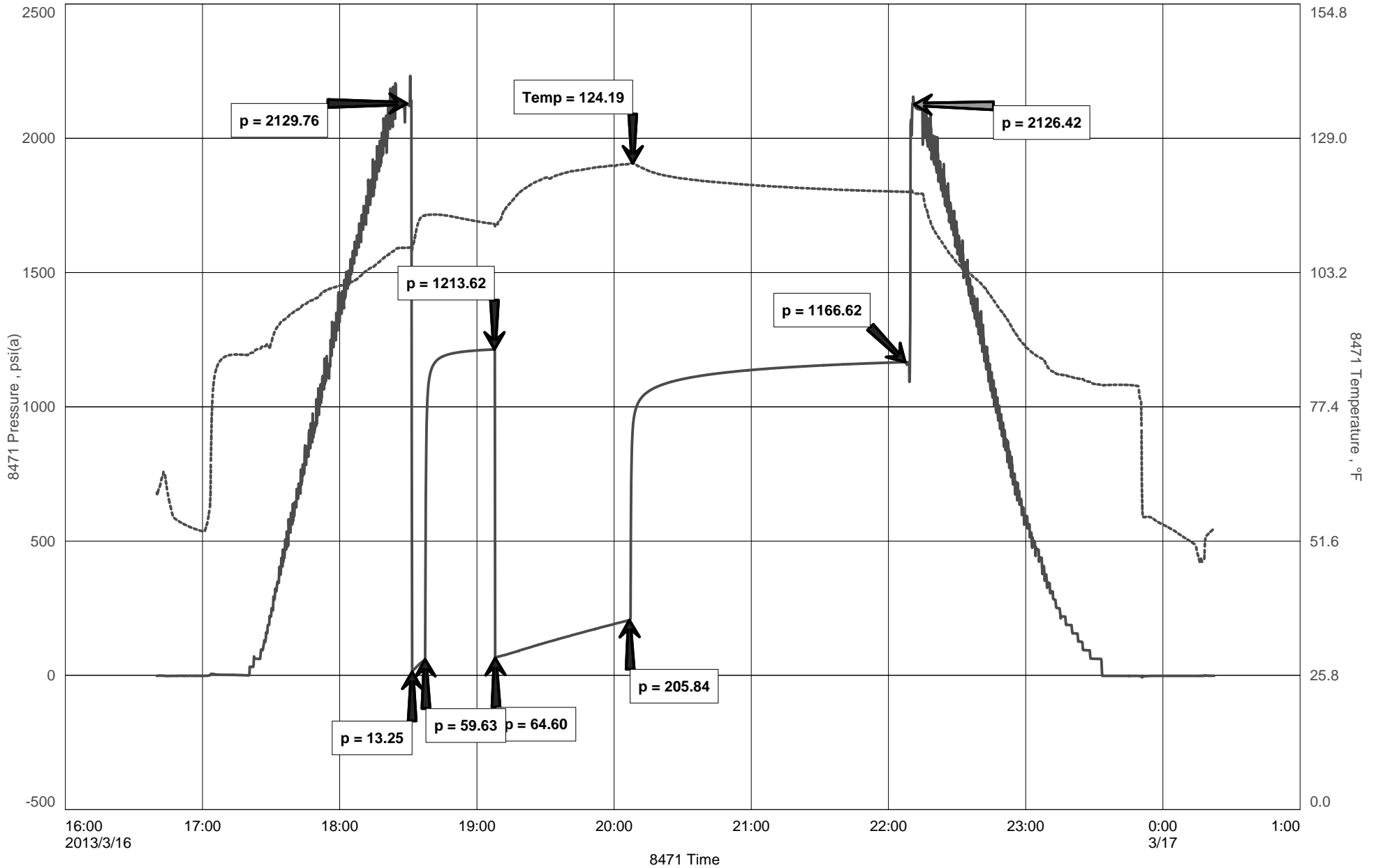
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

Mull Drilling Co. Inc.
DST #5 Marmaton 4350-4450'
Start Test Date: 2013/03/16
Final Test Date: 2013/03/17

Glaser Unit #1-3
Formation: DST #5 Marmaton 4350-4450'
Pool: Wildcat
Job Number: S0298

Glaser Unit #1-3



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0298
Well Name	Glasir Unit #1-3	Representative	Jacob McCallie
Unique Well ID	DST #5 Marmaton 4350-4450'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 3-16S-32W Scott County	Report Date	2013/03/16
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #5 Marmaton 4350-4450'		
Well Fluid Type	01 Oil	Start Test Time	16:40:00
		Final Test Time	00:22:00
Start Test Date	2013/03/16		
Final Test Date	2013/03/17		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:

63'	HWCM	38% W 62% M
376'	SLMCW	92% W 8% M
439'	TOTAL FLUID	

PH: 7

RW: .39 @ 40 degrees F

Chlorides: 28,000 ppm

TOOL SAMPLE:

1% O 67% W 32% 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: _____	

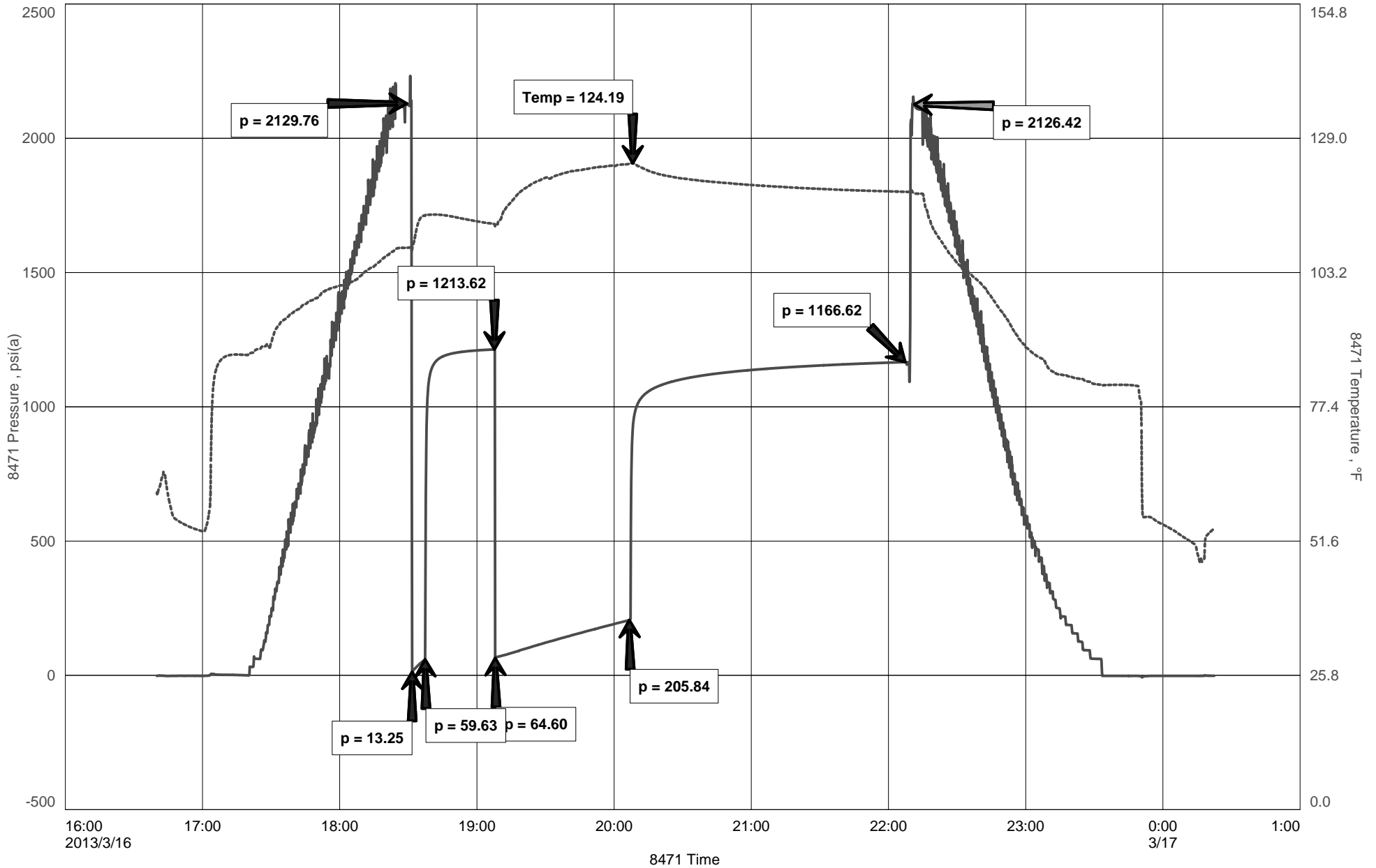
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co. Inc.
DST #5 Marmaton 4350-4450'
Start Test Date: 2013/03/16
Final Test Date: 2013/03/17

Glaser Unit #1-3
Formation: DST #5 Marmaton 4350-4450'
Pool: Wildcat
Job Number: S0298

Glaser Unit #1-3



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0298
Well Name	Glasir Unit #1-3	Representative	Jacob McCallie
Unique Well ID	DST #5 Marmaton 4350-4450'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 3-16S-32W Scott County	Report Date	2013/03/16
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #5 Marmaton 4350-4450'		
Well Fluid Type	01 Oil	Start Test Time	16:40:00
		Final Test Time	00:22:00
Start Test Date	2013/03/16		
Final Test Date	2013/03/17		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:

63'	HWCM	38% W 62% M
376'	SLMCW	92% W 8% M
439'	TOTAL FLUID	

PH: 7

RW: .39 @ 40 degrees F

Chlorides: 28,000 ppm

TOOL SAMPLE:

1% O 67% W 32% 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 _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

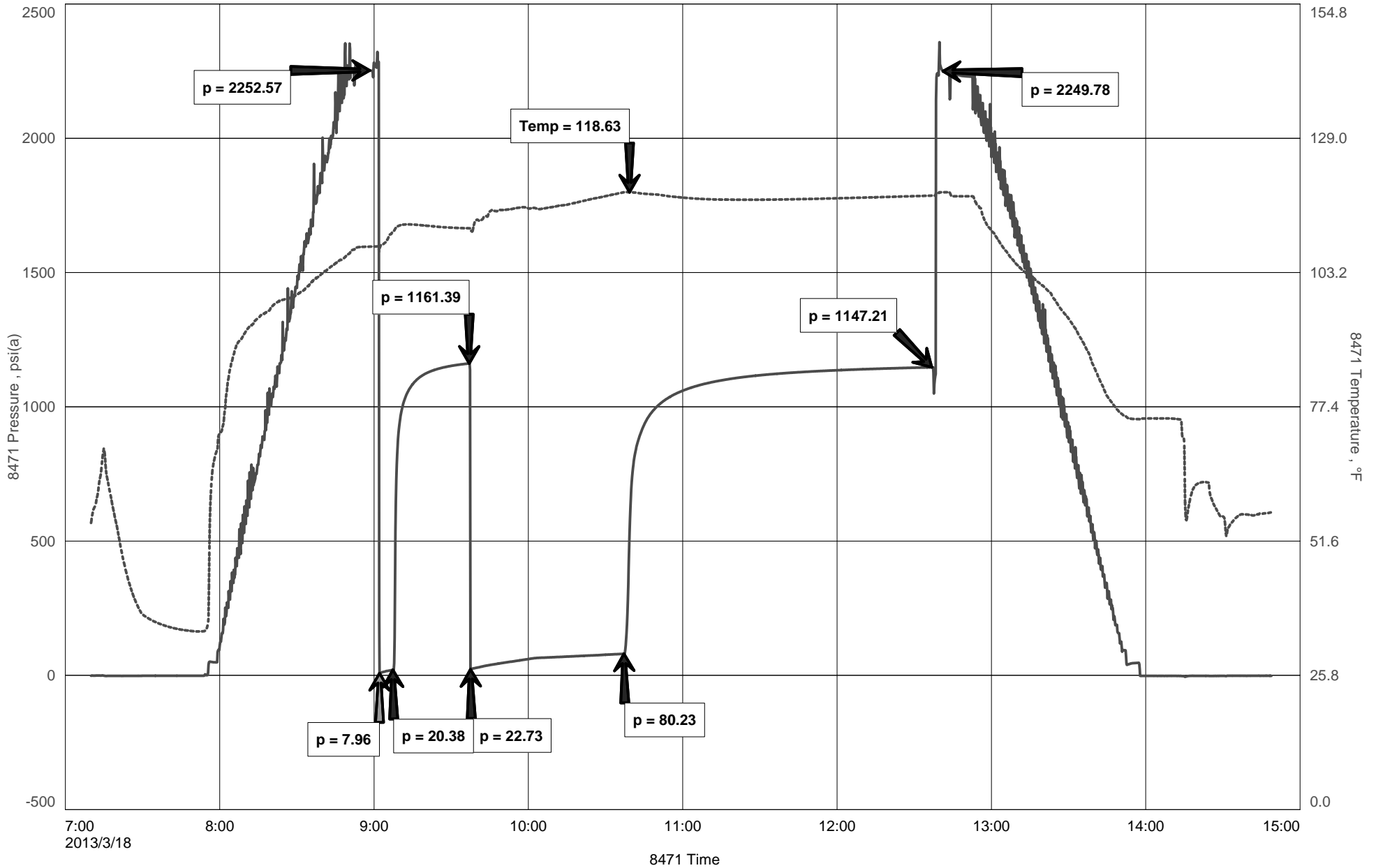
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period.....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

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Mull Drilling Co. Inc.
DST #7 Marrow Sand 4620-4650'
Start Test Date: 2013/03/18
Final Test Date: 2013/03/18

Glaser Unit # 1-3
Formation: DST #7 Marrow Sand 4620-4650'
Pool: Wildcat
Job Number: S0300

Glaser Unit # 1-3



Diamond Testing

General information Report

General Information

Company Name Mull Drilling Co. Inc.

Contact	Mark Shreve	Job Number	S0300
Well Name	Glisir Unit # 1-3	Representative	Jacob McCallie
Unique Well ID	DST #7 Marrow Sand 4620-4650'	Well Operator	Mull Drilling Co. Inc.
Surface Location	SEC 3-16S-32W Scott County	Report Date	2013/03/18
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #7 Marrow Sand 4620-4650'		
Well Fluid Type	01 Oil	Start Test Time	07:10:00
		Final Test Time	14:49:00
Start Test Date	2013/03/18		
Final Test Date	2013/03/18		
Gauge Name	8471		
Gauge Serial Number			

Test Results

RECOVERED:

10'	CO	100% O	GRAVITY: 28@ 60 degrees F
33'	OSSLWCM	3% O 2% W 95% M	
124'	OSHMCW	1% O 62% W 37% M	
167'	TOTAL FLUID		

PH: 7

RW: .45 @ 45 degrees F

Chlorides: 21,000 ppm

TOOL SAMPLE:

8% O 41% W 51% M

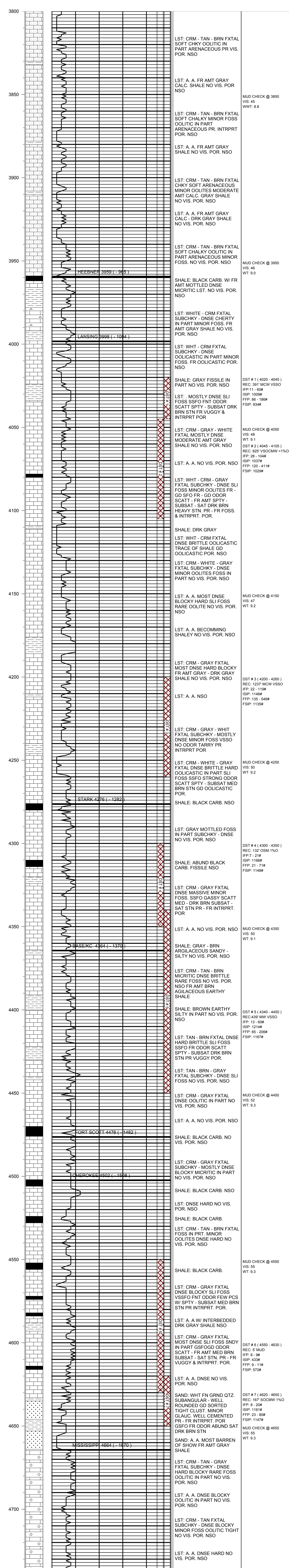
KEVIN L. KESSLER
CONSULTING PETROLEUM GEOLOGIST
 (316) 522-7338

OPERATOR : MULL DRILLING COMPANY, INC.		ELEVATION
LEASE : GLASIR UNIT	WELL # : 1 - 3	KB : 2994
LOCATION : 110' FSL & 2530' FWL		GL : 2989
SEC: 03	TWP : 16 S	RGE : 32 W
COUNTY : SCOTT		STATE : KANSAS
CONTRACTOR : WW DRILLING RIG # 10		CASING RECORD
COMM: 03 / 08 / 2013	COMP : 03 / 19 / 2013	SURFACE :
RTD : 4740	LOG TD : 4740	8 5/8" @ 222'
SAMPLES SAVED FROM : 3800	TO: RTD	PRODUCTION :
GEOLOGICAL SUPERVISION FROM : 3800	TO : RTD	NONE
MUD UP : 3700	TYPE MUD : CHEMICAL	ELECTRICAL SURVEYS:
		CDL/CNL

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3959		- 965	3959		- 965	- 12
LANSING	3998		- 1004	3998		- 1004	- 11
STARK	4276		- 1282	4276		- 1282	- 21
BASE/ KC	4364		- 1370	4364		- 1370	- 21
FORT SCOTT	4476		- 1482	4476		- 1482	+ 01
CHEROKEE	4502		- 1508	4502		- 1508	- 03
MISSISSIPPI	4664		- 1670	4664		- 1670	+ 02

REFERENCE WELL FOR STRUCTURAL COMPARISON :

MURFIN DRILLING # 1-9 KOHRS SEC 09 - T 16 S - R 32 W SCOTT COUNTY KANSAS



MUD CHECK @ 3850
 VIS: 45
 WWT: 8.8

MUD CHECK @ 3950
 VIS: 46
 WT: 9.0

MUD CHECK @ 4050
 VIS: 48
 WT: 9.1

DST # 1 (4020 - 4045)
 REC: 391' MCW VSSO
 IFF: 11 - 60#
 ISIP: 1009#
 FFP: 66 - 186#
 FSIP: 934#

DST # 2 (4045 - 4105)
 REC: 825' VSOCMW <1%O
 IFF: 28 - 104#
 ISIP: 1037#
 FFP: 120 - 411#
 FSIP: 1029#

MUD CHECK @ 4150
 VIS: 47
 WT: 9.2

DST # 3 (4200 - 4260)
 REC: 132' MCW VSSO
 IFF: 7 - 21#
 ISIP: 1166#
 FFP: 135 - 546#
 FSIP: 1135#

MUD CHECK @ 4250
 VIS: 50
 WT: 9.2

DST # 4 (4300 - 4350)
 REC: 132' OSM 1%O
 IFF: 7 - 21#
 ISIP: 1166#
 FFP: 21 - 71#
 FSIP: 1148#

MUD CHECK @ 4350
 VIS: 50
 WT: 9.1

DST # 5 (4340 - 4450)
 REC: 167' SOCMMW 1%O
 IFF: 13 - 60#
 ISIP: 1214#
 FFP: 65 - 206#
 FSIP: 1167#

MUD CHECK @ 4450
 VIS: 50
 WT: 9.3

MUD CHECK @ 4550
 VIS: 55
 WT: 9.3

DST # 6 (4550 - 4630)
 REC: 5' MUD
 IFF: 8 - 9#
 ISIP: 433#
 FFP: 9 - 11#
 FSIP: 572#

DST # 7 (4620 - 4650)
 REC: 167' SOCMMW 1%O
 IFF: 8 - 20#
 ISIP: 1161#
 FFP: 23 - 80#
 FSIP: 1147#

MUD CHECK @ 4650
 VIS: 55
 WT: 9.3

RTD = 4740 LTD = 4740

COMMENTS:

**DUE TO NEGATIVE DST RESULTS THIS WELL
WAS PLUGGED AS DRY & ABANDONDED**

KEVIN L. KESSLER