



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154156
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: _____



1154156

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Beamer 2-8
Doc ID	1154156

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Beamer 2-8
Doc ID	1154156

Tops

Name	Top	Datum
Heebner Shale	3856	- 1353
Lansing	3898	- 1395
Stark Shale	4158	- 1655
B/KC	4202	- 1699
Pawnee Lime	4288	- 1785
Ft. Scott	4375	- 1872
Cherokee Shale	4398	- 1895
Mississippi	4461	- 1958

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

August 06, 2013

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

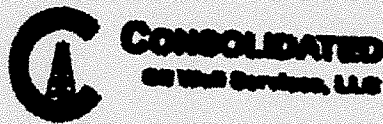
Re: ACO1
API 15-135-25583-00-00
Beamer 2-8
SW/4 Sec.08-16S-23W
Ness County, Kansas

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



258289

TICKET NUMBER 39350
 LOCATION Ogalla KS
 FOREMAN Wald Shaw

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-9676

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-24-13	5659	Beamer #2-8	8	168	23W	KS NESS
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			463	Cory D		
CITY			466	Jerome S		
STATE						
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 228 CASING SIZE & WEIGHT 1 3/4" 20#
 CASING DEPTH 228 DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/ft CEMENT LEFT IN CASING 20'
 DISPLACEMENT 1266 DISPLACEMENT PSI MIX PSI RATE

REMARKS: Safety meetings and rig up on well drilling. Circulate casing
min 16.5 SWS common class A cement with 3% Calcium Chloride gel displace with
13 bbls water shut in cement die. Circulate bbls to bit 45651

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		
5406	15	MILEAGE	1150 ⁰⁰	1150 ⁰⁰
5407	7.75 Tons	Ton mileage delivery	5.25	78.75 ⁰⁰
11045	16.5 SWS	Common Class A Cement	430 ⁰⁰	430 ⁰⁰
1102	465 #	Calcium Chloride	18.55	3060.75
1118B	310 #	Bentonite gel	.94	437.10
			.27	83.70
			Subtotal	5240.30
			less 10% discount	524.04
			Subtotal	4716.26

SALES TAX 203.08
 ESTIMATED TOTAL 4919.34
 DATE 4-29-13

AUTHORIZATION [Signature] TITLE TP
 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.



Services, Inc.

CHARGE TO: MULL DRILLING
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 24752

PAGE 1 OF 2

1. SERVICE LOCATION: Ness City, KS WELLS/PROJECT NO.: REAMER 2-8 LEASE: NESS COUNTY/PARISH: NESS STATE: KS CITY: RAUSDEN KS DATE: 1 May 13 OWNER: SWIFT

2. TICKET TYPE: SERVICE CONTRACTOR: WWD DRILLING R/L #1/D RIG NAME/NO.: NESS SHIPPED VIA: RAUSDEN KS DELIVERED TO: SWIFT ORDER NO.: 1 May 13

3. WELL TYPE: OIL WELL CATEGORY: DEVELOPMENT JOB PURPOSE: SK LONGSTON WELL PERMIT NO.: 21425 WELL LOCATION: SWIFT

4. REFERRAL LOCATION: DEVELOPMENT INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #115	20	MIL			7.00	140.00
578					PUMP CHARGE	4	NOB			1500.00	6000.00
400					GUIDE SHOE	1	EA			200.00	200.00
402					CEMENTIZERS	9	EA			70.00	630.00
403					CEMENT BASKET	1	EA			285.00	285.00
404					PORT COLLAR	1	EA			1861.00	1861.00
410					TOP PLUG	1	EA			100.00	100.00
413					ROTATIONAL SEPARATOR	1	EA			400.00	400.00
415					INSERT FLOAT COLLAR W/ BELL	1	EA			400.00	400.00
420					PLUG CONTAINER RENTAL	1	NOB			100.00	100.00
419					ROTATING HEAD RENTAL	1	NOB			200.00	200.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

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

X DATE SIGNED: 1 May 13 TIME SIGNED: 2:45 A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.

P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL	1	6785
TOTAL	13	969

SWIFT OPERATOR: [Signature] APPROVAL: [Signature] CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: [Signature]

Thank you



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

TICKET CONTINUATION

TICKET No. 24752

CUSTOMER: MULL DRILLING

WELL: BEAMER 2-8

DATE: 1 May 13

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	WELL				DATE	AMOUNT						
		LOC	ACCT			DIV	DIV	UNIT	QTY			UNIT	PRICE				
276					FLOCC												
283					SALT					50	lbs		2.00	100.00			
279					GEL					3	bx		25.00	75.00			
286					HALAB-1					75	lbs		8.00	600.00			
290					DR AIR					2	gal		42.00	84.00			
280					FLOODNECK 2/					1000	gal		3.00	3000.00			
281					LIQUID RCL					2	gal		25.00	50.00			
327					50/50 ROZMIX					140	sq		10.00	1400.00			
581					SERVICE CHARGE					180	sq		2.00	360.00			
582					WEIGHT CHANGE					152.07	TON MILES		25.00	3801.50			

CONTINUATION TOTAL 6489.00

JOB LOG

SWIFT Services, Inc.

DATE 1 MAY 13 PAGE NO. 1

CUSTOMER MULL DRILLING

WELL NO. _____

LEASE BEAMER 2-8

JOB TYPE 5 1/2 LONGSTRING

TICKET NO. 24752

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1800							ON LOCATION
	1830							START PIPE 5 1/2 - 17# RTD @ 4600 SADE JT. 40,00 CENTRALIZERS 2, 3, 4, 5, 7, 9, 13, 69 BASKET 69 PORT COLLAR # 70 @ 1861
	2100							DROP BALL - CIRCULATE
	2220	6	15		✓	300		Pump 15 Bbl KCL
		6	24		✓	300		Pump 1000 GAL FLOCHECK
		6	5		✓	300		Pump 5 Bbl KCL
	2232		7					PLUG RH - 30 sx
	2234	4	34 1/2		✓			MIX 150 sx 50/50 POZ MIX 2% GEL
	2244							WASH OUT Pump & LINES
	2246	6			✓			START DISPLACING PLUG
	2305	8	106		✓	1000		PLUG DOWN
	2308				✓			RELEASE PRESSURE - FLOAT NOT HOLDING
	2310				✓	900		PSI UP - SHUT IN
	2312							WASH TRUCK
	2345							JOB COMPLETE THANKS #115 JASON JEFF DOWG



CHARGE TO: Mull Oil
 ADDRESS
 CITY: STATE ZIP CODE

TICKET
 24412
 PAGE 1 OF 1

1. SERVICE LOCATIONS: Hess WEL/PROJECT NO. 2.8 LEASE B Range COUNTY/PARISH Ness STATE KS CITY
 2. Ness (17 K) TICKET TYPE CONTRACTOR R/S MAINT. NO. 145 SHIPPED/DELIVERED TO MA CR Location ORDER NO. 5-13-13 DATE 5-13-13 OWNER
 3. WEL TYPE D.1 WEL CATEGORY Operator JOB PURPOSE Part 1 roller WEL PERMIT NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCT	DF	DESCRIPTION	MILEAGE	QTY				UNIT PRICE
							QTY	BIN	QTY	UM	
575		1			MILEAGE #112	20				6.00	120
3760		1			Pump Change 2000 calls	1				15.00	15
240		1			O.A.I.	2				42.00	84
276		2			Flange	58				1.00	58
330		2			Swf.ault Downy	175				1.00	175
501		2			Service Charge General	200				2.00	400
582		2			Service Charge General	200				2.00	400

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X DATE SIGNED: 5-13-13 TIME SIGNED: 1:30 PM
 A.M. P.M.

SWIFT OPERATOR: [Signature]
 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 SERVICES MET YOUR NEEDS?
 PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND
 TOTAL: 562

76-11-13

JOB LOG

SWIFT Services, Inc.

DATE 5-13-13 PAGE NO. 1

CUSTOMER Mull Dr. Co. WELL NO. 2-8 LEASE Beans JOB TYPE Port Collar TICKET NO. 24412

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1300							On location
								PC @ 1861
	1315				✓		1000	Pressure test
	1325	3			✓	1	100	Open PC Injection Rate
	1330	4			✓		100	Start Cement
		4	15		-		150	Get circulation
		4	82		✓		300	Circulate Cement 150 st
		4	87		✓		300	Bring weight up 25 st
	1350		9.5		-			Stand Displacement
	1355							Close Port Collar
	1400				✓		1000	Pressure test
								Run 5 joints
	1410		30		✓		200	Reverse out Clean
								wash up Back up
	1500							Job complete Thank You Josh, Brian, Flint
								mixed 175 st 20 st. to pt



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: _____

TIME ON: _____
 TIME OFF: _____

Company _____ Lease & Well No. _____
 Contractor _____ Charge to _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
 Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

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

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

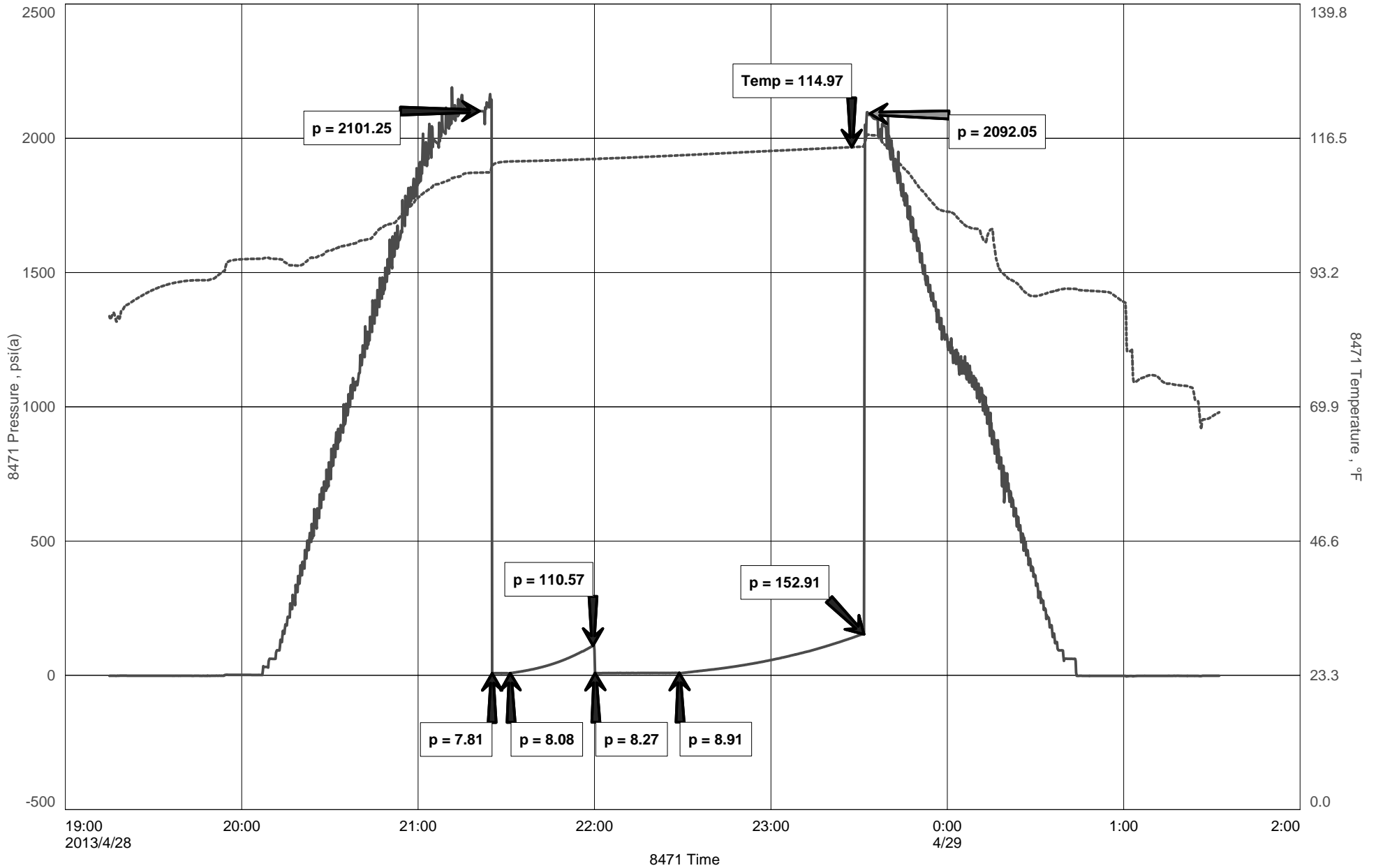
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
 Initial Hydrostatic Pressure..... (A) _____ P.S.I.
 Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
 Final Flow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

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

MULL DRILLING CO. INC.
DST #1 FT.SCOTT4340-4400
Start Test Date: 2013/04/28
Final Test Date: 2013/04/29

BEAMER # 2 - 8
Formation: DST #1 FT.SCOTT4340-4400
Pool: WILDCAT
Job Number: S0320

BEAMER # 2 - 8





**DIAMOND TESTING
ROGER D. FRIEDLY - TESTER
CELL 620-793-2043**

Company Name MULL DRILLING CO. INC.
Contact MARK SHREVE
Well Name BEAMER # 2 - 8
Unique Well ID DST #1 FT.SCOTT4340-4400
Surface Location SEC. 23-16S-23W NESS COUNTY
Field BEAMER

Test Information

Job Number S0320
Test Unit 3
Representative ROBERT HAMEL
Well Operator MULL DRILLING CO. INC.
Report Date 2013/04/29
Prepared By ROBERT HAMEL
Qualified By KEVIN KESSLER
Test Type Drill Stem Test
Formation DST #1 FT.SCOTT4340-4400
Test Purpose Initial Test
Well Fluid Type 01 Oil
H2S

Start Test Date 2013/04/28 Start Test Time 19:15:00
Final Test Date 2013/04/29 Final Test Time 01:33:00

Remarks

RECOVERED:
3' SLOSM 100% M (TRACE OIL)

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

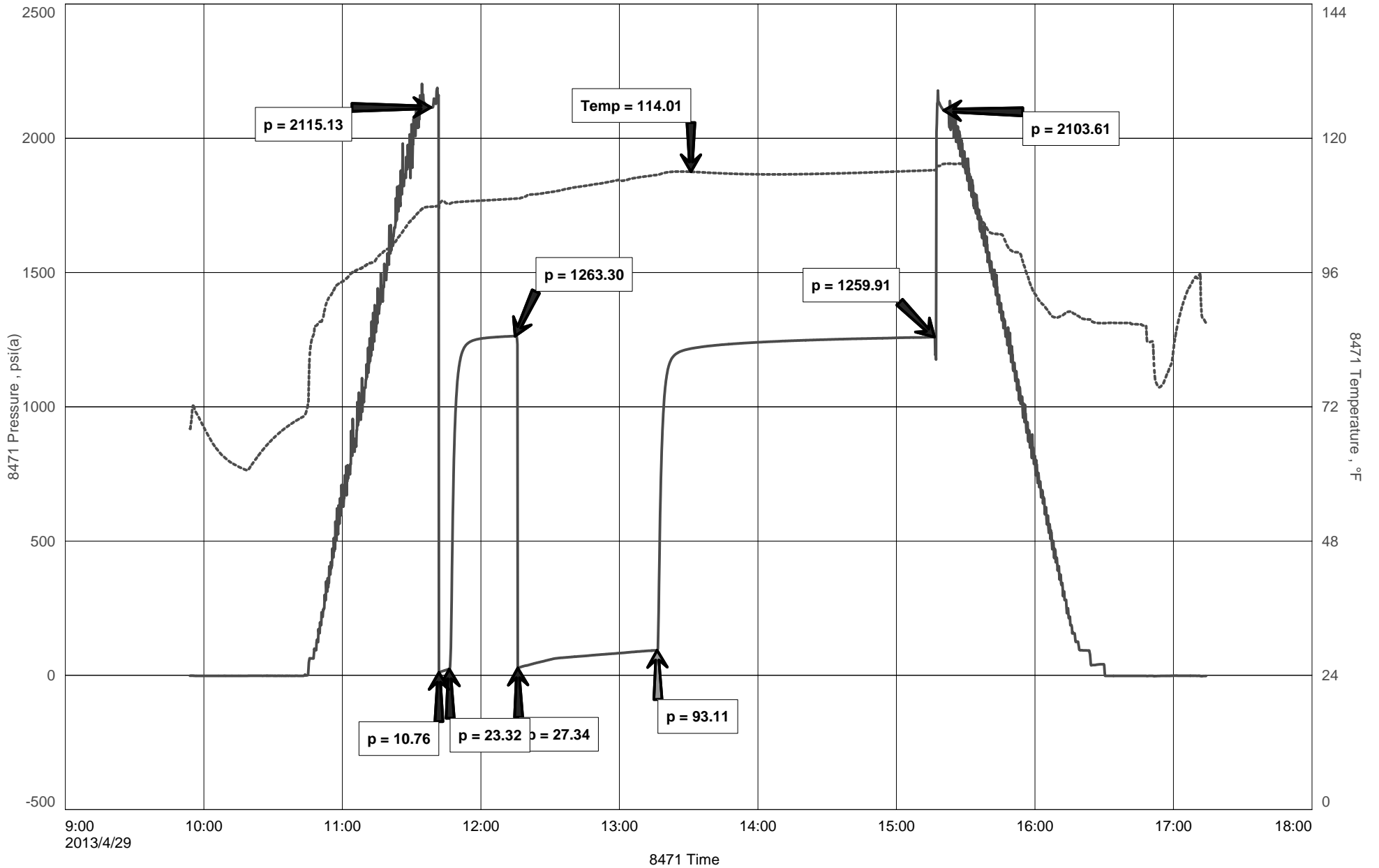
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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 COMPANY INC.
DST # 2 CHER.SAND 4350-4450
Start Test Date: 2013/04/29
Final Test Date: 2013/04/29

BEAMER #2 - 8
Formation: DST # 2 CHER.SAND 4350-4450
Pool: WILDCAT
Job Number: SO321

BEAMER #2 - 8





**DIAMOND TESTING
ROGER D. FRIEDLY - TESTER
CELL 620-793-2043**

Company Name MULL DRILLING COMPANY INC.
Contact MARK SHREVE
Well Name BEAMER #2 - 8
Unique Well ID DST # 2 CHER.SAND 4350-4450
Surface Location SEC. 8-16S-23W NESS COUNTY
Field BEAMER

Job Number SO321
Test Unit 3
Representative ROBERT HAMEL
Well Operator MULL DRILLING COMPANY INC.
Report Date 2013/04/29

Test Information

Test Type Drill Stem Test Prepared By ROBERT HAMEL
Formation DST # 2 CHER.SAND 4350-4450 Qualified By KEVIN KESSLER
Test Purpose Initial Test
Well Fluid Type 01 Oil
H2S

Start Test Date 2013/04/29 Start Test Time 09:54:00
Final Test Date 2013/04/29 Final Test Time 17:14:00

Remarks

RECOVERY:
25' CO 100% O GRAVITY: 33.5 @ 60 DEGREES F
180' HOCM 35% O 66% M
205' TOTAL FLUID

TOOL SAMPLE:
34% O 66% 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

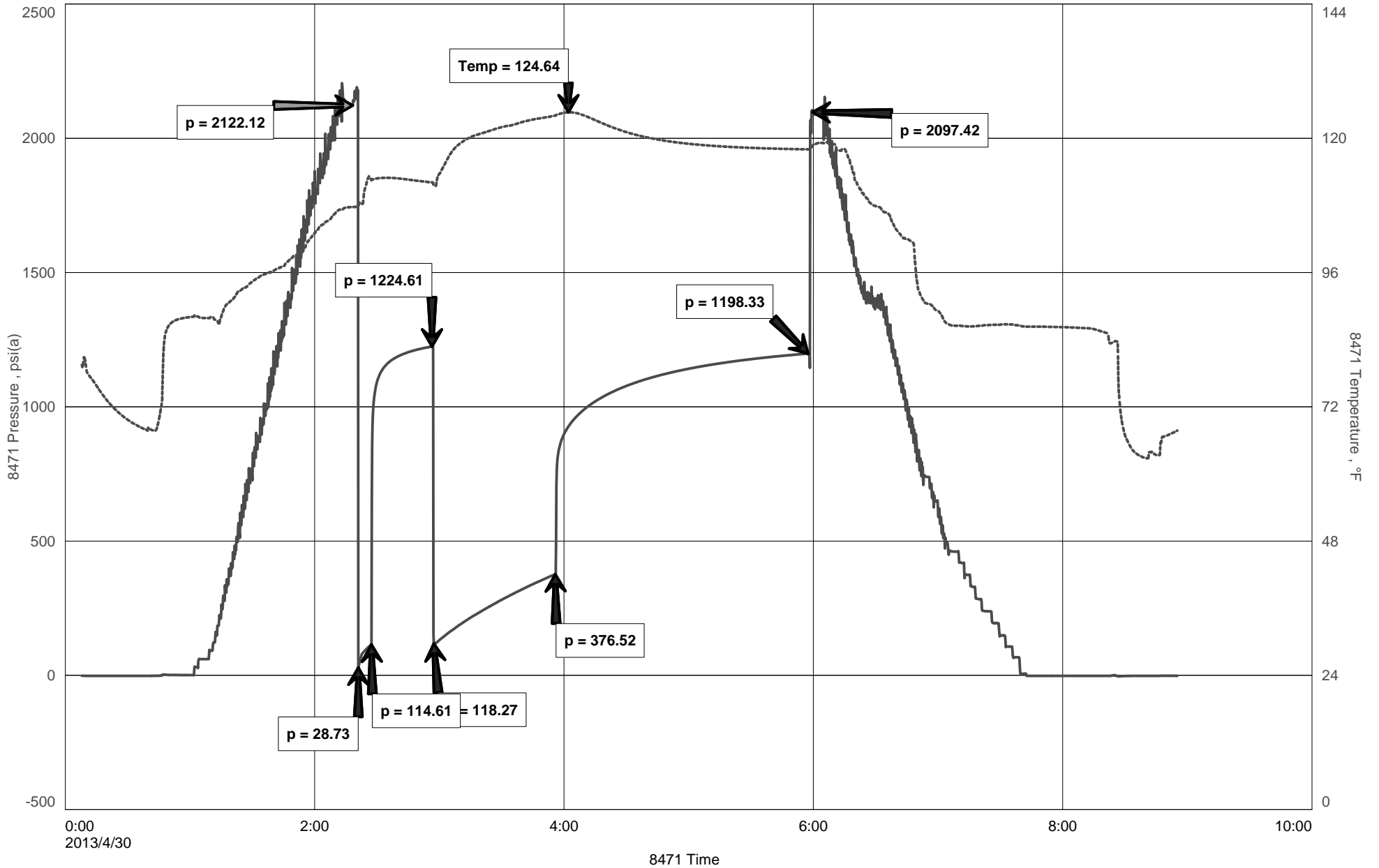
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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 #3 Cher Snd. 4395-4465'
Start Test Date: 2013/04/30
Final Test Date: 2013/04/30

Beamer #2-8
Formation: DST #3 Cher Snd. 4395-4465'
Pool: Wildcat
Job Number: S0322

Beamer #2-8





**DIAMOND TESTING
ROGER D. FRIEDLY - TESTER
CELL 620-793-2043**

Company Name Mull Drilling Co. Inc.
Contact Mark Shreve
Well Name Beamer #2-8
Unique Well ID DST #3 Cher Snd. 4395-4465'
Surface Location SEC 8-16S-23W Ness County
Field Beamer

Test Information

Job Number S0322
Test Unit 3
Representative Jacob McCallie
Well Operator Mull Drilling Co. Inc.
Report Date 2013/04/30
Prepared By Jacob McCallie
Qualified By Kevin Kessler

Test Type Drill Stem Test
Formation DST #3 Cher Snd. 4395-4465'
Test Purpose Initial Test
Well Fluid Type 01 Oil
H2S

Start Test Date 2013/04/30 Start Test Time 00:08:00
Final Test Date 2013/04/30 Final Test Time 08:56:00

Remarks

RECOVERED:

63' GIP
691' CO 100% O GRAVITY: 31 @ 60 degrees F
285' GCHOCM 17% G 40% O 43% M
976' TOTAL FLUID

TOOL SAMPLE:

100% O



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

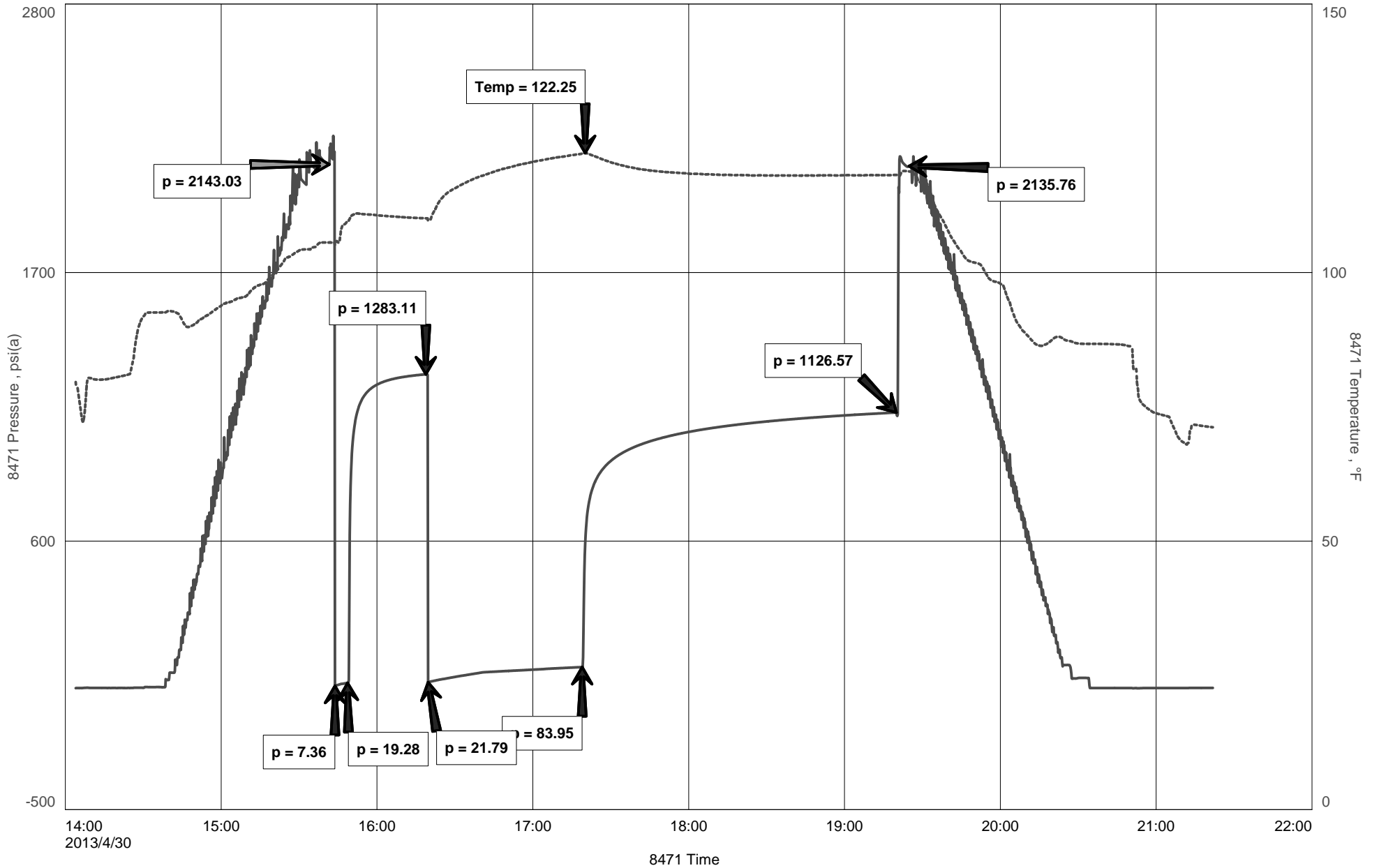
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
 Initial Hydrostatic Pressure..... (A) _____ P.S.I.
 Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
 Final Flow 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 #4 Miss 4465-4475'
Start Test Date: 2013/04/30
Final Test Date: 2013/03/30

Beamer #2-8
Formation: DST #4 Miss 4465-4475'
Pool: Wildcat
Job Number: S0323

Beamer #2-8





**DIAMOND TESTING
ROGER D. FRIEDLY - TESTER
CELL 620-793-2043**

Company Name Mull Drilling Co. Inc.
Contact Mark Shreve
Well Name Beamer #2-8
Unique Well ID DST #4 Miss 4465-4475'
Surface Location SEC 8-16S-23W Ness County
Field Beamer

Test Information

Job Number S0323
Test Unit 3
Representative Jacob McCallie
Well Operator Mull Drilling Co. Inc.
Report Date 2013/04/30
Prepared By Jacob McCallie
Qualified By Kevin Kessler

Test Type Drill Stem Test
Formation DST #4 Miss 4465-4475'
Test Purpose Initial Test
Well Fluid Type 01 Oil
H2S

Start Test Date 2013/04/30 Start Test Time 14:04:00
Final Test Date 2013/03/30 Final Test Time 21:22:00

Remarks

RECOVERED:
177' OSSLMCW 1% O 84% W 15% M

TOOL SAMPLE:
3% O 72% W 25% M

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

OPERATOR : MULL DRILLING COMPANY, INC.
LEASE : BEAMER WELL # : 2 - 8
LOCATION : 1550' FSL & 1101' FWL
SEC: 08 TWP : 16 S RGE : 23 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2503
GL : 2498
MEASUREMENTS FROM
KB

CONTRACTOR : WW DRILLING RIG # 10
COMM : 04 / 24 / 2013 COMP : 05 / 01 / 2013
RTD : 4600 LOG TD : 4600
SAMPLES SAVED FROM : 3700 TO : RTD
GEOLOGICAL SUPERVISION FROM : 3600 TO : RTD
MUD UP : 3500 TYPE MUD : CHEMICAL

CASING RECORD
SURFACE :
8 5/8" @ 222'
PRODUCTION :
5 1/2" @ 4600'

ELECTRICAL SURVEYS :

FORMATION	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	STRUCT. COMP.
HEEBNER	3856		- 1353	3856		- 1353	+ 06
LANSING	3898		- 1395	3898		- 1395	+ 05
STARK	4158		- 1655	4158		- 1655	+ 02
BASE/ KC	4202		- 1699	4202		- 1699	+ 03
FORT SCOTT	4374		- 1871	4374		- 1871	+ 07
CHEROKEE	4399		- 1896	4399		- 1896	+ 08
MISSISSIPPI	4460		- 1957	4460		- 1957	+ 37

REFERENCE WELL FOR STRUCTURAL COMPARISON :

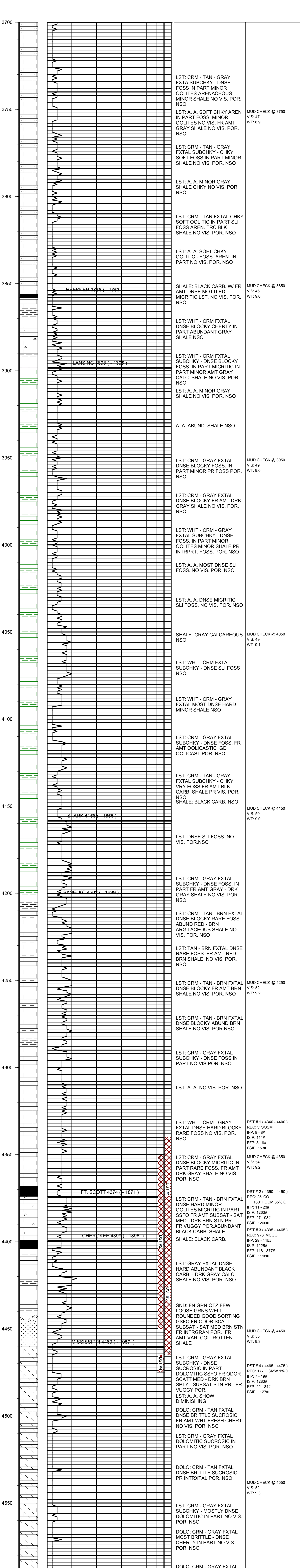
GRAND MESA # 1 - 9 BEAMER SEC 08 - T 16 S - R 23 W NESS COUNTY KANSAS

CDL/CNL

DIL

MICRO

SONIC



COMMENTS:

**PRODUCTION CASING WAS SET TO FURTHER
 EVALUATE THE POTENTIAL PRODUCTIVITY OF THIS WELL**

KEVIN L. KESSLER