



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1155109
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: _____



1155109

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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|-----------------------------|
| Form | ACO1 - Well Completion |
| Operator | Mull Drilling Company, Inc. |
| Well Name | Thornburg 'B' 2-4 |
| Doc ID | 1155109 |

All Electric Logs Run

| |
|------------|
| |
| CDL/CNL/PE |
| DIL |
| MEL |
| Sonic |

| | |
|-----------|-----------------------------|
| Form | ACO1 - Well Completion |
| Operator | Mull Drilling Company, Inc. |
| Well Name | Thornburg 'B' 2-4 |
| Doc ID | 1155109 |

Tops

| Name | Top | Datum |
|----------------|------|--------|
| Anhydrite | 2029 | + 580 |
| B/Anhydrite | 2066 | + 543 |
| Heebner | 3855 | - 1246 |
| Lansing | 3896 | - 1287 |
| Stark Shale | 4140 | - 1531 |
| B/KC | 4200 | - 1591 |
| Pawnee | 4337 | - 1728 |
| Ft. Scott | 4401 | - 1792 |
| Cherokee Shale | 4426 | - 1817 |
| Mississippian | 4495 | - 1886 |

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 14, 2013

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

Re: ACO1
API 15-135-25581-00-00
Thornburg 'B' 2-4
NW/4 Sec.04-16S-26W
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



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39356

LOCATION Ogalla, KS

FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

| | | | | | | |
|-----------------|------------|------------------------------|---------|---------------|---------|--------|
| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| S-3-13 | 5659 | Thornburg B ⁿ 2-4 | 4 | 16S | 26W | NASS |
| CUSTOMER | | | KANSAS | | | |
| MAILING ADDRESS | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| CITY | | | 405 | Jerry | | |
| STATE | | | 460 | Jack + Travis | | |
| ZIP CODE | | | | | | |

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 215' CASING SIZE & WEIGHT 8 5/8" 23#
 CASING DEPTH 215' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 12 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and rig up on WW drilling #10 circulate casing
mix 165 SWS common class A cement with 2% calcium 28 gal displace
12 1/2 bbls water cement did circulate 5 bbls topit

Thanks Miles & crew

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|---------------------|---------------------|
| 54015 | 1 | PUMP CHARGE | 1150. ⁰⁰ | 1150. ⁰⁰ |
| 5406 | 30 | MILEAGE | 5.25 | 157.50 |
| 5407 | 7.75 Tons | Tan mileage delivery | 430. ⁰⁰ | 430. ⁰⁰ |
| 11045 | 165 SWS | Class A cement | 18.55 | 3060.75 |
| 1102 | 465 | Calcium Chloride | .94 | 437.10 |
| 1118B | 310 | Bentonite gel | .27 | 83.70 |
| | | | Subtotal | 5319.05 |
| | | | less 10% disc count | 531.90 |
| | | | Subtotal | 4787.15 |

SALES TAX _____ ESTIMATED TOTAL _____ DATE 5-3-13

THORIZATION [Signature] TITLE T.P.

knowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's count records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



CHARGE TO: Mull Drilling Co.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET NO. 24604
 PAGE 1 OF 2

SERVICE LOCATIONS

| | | | | | | | |
|---------------------------|--|-------------------------------------|--|-------------|-----------------|-------------------------------------|-------------|
| 1. <u>WELL PROJECT NO</u> | WELL/PROJECT NO | LEASE | COUNTY/PARISH | STATE | CITY | DATE | OWNER |
| <u>2-14</u> | <u>2-14</u> | <u>Thorburn "B"</u> | <u>Abess</u> | <u>KS</u> | <u>Thorburn</u> | <u>5-12-13</u> | <u>same</u> |
| 2. <u>ABYS</u> | TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES | CONTRACTOR <u>WV DRILLING</u> | RIG NAME/NO. | SHIPPED VIA | DELIVERED TO | ORDER NO. | |
| 3. <u>071</u> | WELL TYPE <u>071</u> | WELL CATEGORY <u>Development</u> | JOB PURPOSE <u>5 1/2" LOWSTRIKE</u> | | WELL PERMIT NO. | WELL LOCATION <u>NW/DTTA, KS</u> | |
| 4. <u>071</u> | INVOICE INSTRUCTIONS | | | | | | |

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | U/M | QTY. | U/M | UNIT PRICE | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|-----------------------------|------|-----|------|-----|------------|---------|
| | | LOC | ACCT | DF | | | | | | | |
| 578 | | | | | MILEAGE #112 | 40 | MC | | | 6.00 | 240.00 |
| 578 | | | | | PUMP CHANGE | 1 | HR | 4897 | FT | 1500.00 | 1500.00 |
| 221 | | | | | HTOOK KEY | 2 | EA | | | 25.00 | 50.00 |
| 280 | | | | | FLOORING-21 | 1000 | GV | | | 3.00 | 3000.00 |
| 400 | | | | | GUARD SHOE | 1 | EA | | | 200.00 | 200.00 |
| 402 | | | | | CAST PIPES | 12 | EA | | | 70.00 | 840.00 |
| 403 | | | | | CEMENT BASKET | 1 | EA | | | 285.00 | 285.00 |
| 404 | | | | | PORT COLLAR TOPST #72 | 1 | EA | 2038 | FT | 2650.00 | 2650.00 |
| 410 | | | | | TOP PLUG | 1 | EA | | | 100.00 | 100.00 |
| 413 | | | | | POT HOLE SEARCHERS | 15 | EA | | | 40.00 | 600.00 |
| 415 | | | | | INJECT FLOT COLLAR W/FTL UP | 1 | EA | | | 400.00 | 400.00 |
| 419 | | | | | ROTARY HEAD RENTAL | 1 | HR | | | 200.00 | 200.00 |

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

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

DATE SIGNED: 5-12-13 TIME SIGNED: 0600 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 type="checkbox"/> YES | <input type="checkbox"/> NO | |
| <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND | | | |

PAGE TOTAL #1 10065.00
 TAX 713.85
 TOTAL 14,450.49

SWIFT OPERATOR: Andrew Johnson APPROVAL: _____

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

Thank You!



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

TICKET CONTINUATION

TICKET No. 24604

CUSTOMER
 Moll Dwg. Co.

WELL
 THORNBURG "B" 2-4

DATE
 5-12-13

PAGE 2 OF 2

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | TIME | DESCRIPTION | WELL | | DATE | UNIT PRICE | AMOUNT |
|---------------------------|-------------------------------------|------------|------|----|------|-----------------------|-------|-----|---------|------------|----------------|
| | | LOC | ACCT | DF | | | QTY. | UM | | | |
| 327 | | 1 | | | | 50/50 Pozmix (2% Gel) | 180 | SYB | 5-12-13 | 10.00 | 1800.00 |
| 276 | | 1 | | | | Floccle | 50 | US | | 2.00 | 100.00 |
| 279 | | 1 | | | | BSITDADE GEL | 300 | US | | | N/C |
| 283 | | 1 | | | | SALT | 900 | US | | 20 | 180.00 |
| 286 | | 1 | | | | HMWB-1 | 100 | US | | 8.00 | 800.00 |
| 290 | | 1 | | | | D-ADR | 3 | Gal | | 42.00 | 126.00 |
| 581 | | 1 | | | | SERVICE CHARGE | | | | 2.00 | 360.00 |
| 583 | | 1 | | | | MILEAGE CHARGE | | | | 1.00 | 305.64 |
| | | | | | | TOTAL WEIGHT | 15282 | | | | |
| | | | | | | LOADED MILES | 40 | | | | |
| | | | | | | CUBIC FEET | 180 | | | | |
| | | | | | | TON MILES | | | | | |
| CONTINUATION TOTAL | | | | | | | | | | | 3671.64 |

JOB LOG

SWIFT Services, Inc.

DATE 5-12-13 PAGE NO. 1

CUSTOMER MULL DALS. Co. WELL NO. 2-4 LEASE THORNBURG "B" JOB TYPE S 1/2" LONGSTRING TICKET NO. 24604

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|---|
| | | | | T | C | TUBING | CASING | |
| | 0600 | | | | | | | ON LOCATION |
| | 0600 | | | | | | | START S 1/2" CASING IN WELL |
| | | | | | | | | TD - 4600' SET = 4597' |
| | | | | | | | | TP - 4600' S 1/2" 17 (.0232) |
| | | | | | | | | ST - 40' |
| | | | | | | | | CENTRALIZERS - 2, 3, 4, 5, 7, 9, 11, 13, 15, 17, 19, 71 |
| | | | | | | | | CMT BSKT - 72 |
| | | | | | | | | PORT COLLAR = 2038' TOPT " 72 |
| | 0820 | | | | | | | DROP BALL - CIRCULATE ROTATE |
| | 1000 | 5 | 15 | | ✓ | | 300 | PUMP KCL FLUSH " |
| | 1003 | 5 | 24 | | ✓ | | 300 | PUMP 1000 GAL FLOCHECK-21 " |
| | 1009 | 5 | 5 | | ✓ | | 300 | PUMP KCL FLUSH " |
| | 1020 | | 7 | | | | | PLUG RH (30SKS) |
| | 1025 | 4 1/2 | 35 | | ✓ | | 200 | MIX CEMENT - 150 SKS 50/50 P02 = 14.4 PP6 |
| | 1035 | | | | | | | WASH OUT PUMP - LINES |
| | 1035 | | | | | | | RELEASE TOP PLUG |
| | 1040 | 7 | 0 | | ✓ | | | DISPLACE PLUG " |
| | | 7 | 95 | | | | 700 | SHUT OFF ROTATING |
| | 1055 | 6 1/2 | 105.8 | | | | 1500 | PLUG DOWN |
| | 1057 | | | | | | OK | RELEASE PSI - HELD WASH TRUCK |
| | 1200 | | | | | | | JOB COMPLETE |
| | | | | | | | | THANK YOU WAYNE, BREAN, DOUG |



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

TICKET 24771
 PAGE 1 OF 1

SERVICE LOCATIONS

1. MISSOURI KS WELLP/PROJECT NO. B-204 LEASE THUNDERBURG COUNTY/PARISH NESS STATE KS CITY UTICA, KS DATE 03 May 13 OWNER

2. TICKET TYPE SERVICE SALES CONTRACTOR WINDVEST WELLSERVI RIG NAME NO. DEVELOPMENT SHIPPED VIA WELL PERMIT NO. ORDER NO.

3. WELL TYPE OIL WELL CATEGORY DEVELOPMENT JOB PURPOSE CONCRETE PRT COLLAR WELLS LOCATION 4/2/13 W. S. I. R.

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | MILEAGE | QTY. | UM | QTY. | UM | UNIT PRICE | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|-------------------------|---------|------|----|------|----|------------|---------|
| | | LOC | ACCT | DF | | | | | | | | |
| 5975 | | | | | MILEAGE B115 | 4.2 | mi | | | | 1.00 | 247.00 |
| 5960 | | | | | Pump Charge | 1.00 | | | | | 1570.00 | 1570.00 |
| 8276 | | | | | EXCELLE | 4.3 | lbs | | | | 2.00 | 86.00 |
| 890 | | | | | D-AIR | 1.0 | hr | | | | 4.20 | 4.20 |
| 330 | | | | | SMD CEMENT | 170 | sk | | | | 1.70 | 289.00 |
| 581 | | | | | CONCRETE SERVICE CHARGE | 285 | sk | | | | 2.00 | 450.00 |
| 583 | | | | | DRAPAGE | 2833 | lbs | | | | 4.16 | 496.60 |

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

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

DATE SIGNED 03 May 13 TIME SIGNED 1:20 PM 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? YES NO

WE UNDERSTOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 5675.60
 TAX 6.3% 191.46
 TOTAL 5867.06

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

SWIFT OPERATOR [Signature] APPROVAL [Signature]

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 23 MAY 13 PAGE NO.

CUSTOMER MULL DRILLING WELL NO. LEASE JORDNEBURG B-4 JOB TYPE CEMENT PORT COLLAR TICKET NO. 24671

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 1030 | | | | | | | ON LOCATION |
| | | | | | | | | PORT COLLAR @ 2038 |
| | 1043 | | | | ✓ | | 1000 | TEST - HELD |
| | 1045 | | | | | | | OPEN PORT COLLAR |
| | 1049 | 4 | 94 | ✓ | | 300 | | MIX 170 SY SMD |
| | | 32 | 11 | ✓ | | 200 | | DISPLACE CEMENT |
| | | | | | | | | CIRCULATE CEMENT TO SURFACE |
| | 1118 | | | | ✓ | | 1000 | CLOSE PORT COLLAR - TEST - HELD |
| | 1121 | | | | | | | RUN 4 ITS |
| | 1128 | 4 | 25 | | ✓ | | 300 | REFURSE CEMENT OUT OF TUBING |
| | 1140 | | | | | | | WASH TRUCK |
| | 1215 | | | | | | | JOB COMPLETE |
| | | | | | | | | THANKS #115 |
| | | | | | | | | JASON JEFF ISAAC GIDION |

DIAMOND TESTING

Pressure Survey Report

General Information

| | | | |
|------------------|-----------------------------|----------------|--------------------|
| Company Name | MULL DRLG CO. INC. | Job Number | M496 |
| Well Name | THORNBURG 'B' #2-4 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#1 3970-3995 LANSING E&F | Well Operator | MULL DRLG CO. INC. |
| Surface Location | SEC.4-16S-26W NESS CO.KS. | Report Date | 2013/05/07 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | KEVIN L. KESSLER |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|-----------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#1 3970-3995 LANSING E&F | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2013/05/07 | Start Test Time | 04:05:00 |
| Final Test Date | 2013/05/07 | Final Test Time | 12:50:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 0063 | | |
| Gauge Serial Number | | | |

Test Results

Remarks RECOVERED:
6' CO 100% OIL
10' HOCM 50% OIL, 50% MUD
124' OSWM 4% OIL, 16% WTR, 80% MUD
140' TOTAL FLUID

GRAVITY: 32.6 @ 60 DEG

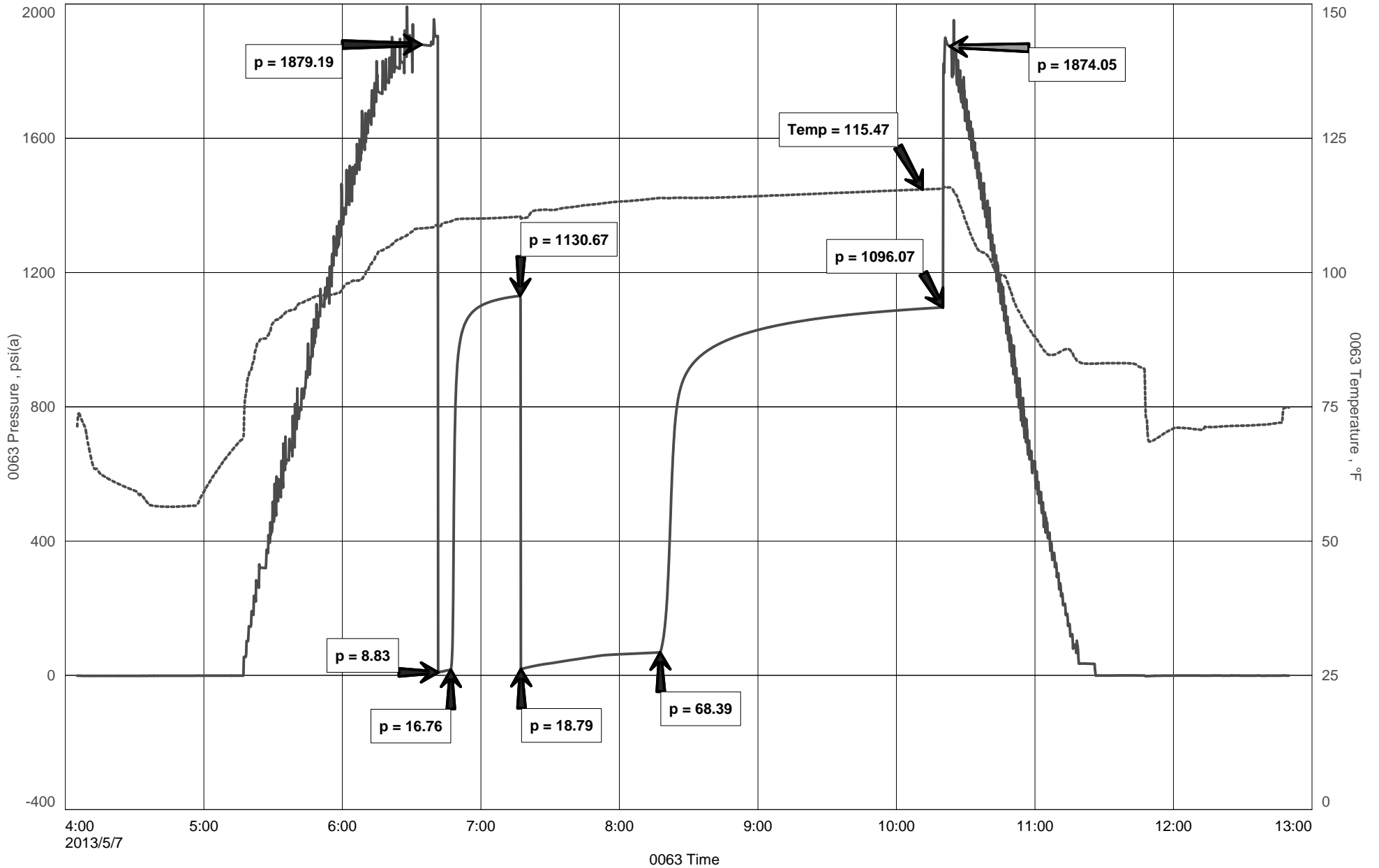
CHLOR: 25,000 PPM
PH:7.0
RW: .30 @ 60 DEG

TOOL SAMPLE: ~100% WTR W/ A THIN SCUM OF OIL

MULL DRLG CO. INC.
DST#1 3970-3995 LANSING E&F
Start Test Date: 2013/05/07
Final Test Date: 2013/05/07

THORNBURG 'B' #2-4
Formation: DST#1 3970-3995 LANSING E&F
Pool: WILDCAT
Job Number: M496

THORNBURG 'B' #2-4





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 | MULL DRLG CO. INC. | Job Number | M497 |
| Well Name | THORNBURG 'B' #2-4 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#2 4045-4110 LANSING H&I | Well Operator | MULL DRLG CO. INC. |
| Surface Location | SEC.4-16S-26W NESS CO.KS. | Report Date | 2013/05/08 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | KEVIN L. KESSLER |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|-----------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#2 4045-4110 LANSING H&I | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2013/05/07 | Start Test Time | 22:05:00 |
| Final Test Date | 2013/05/08 | Final Test Time | 05:55:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 0063 | | |
| Gauge Serial Number | | | |

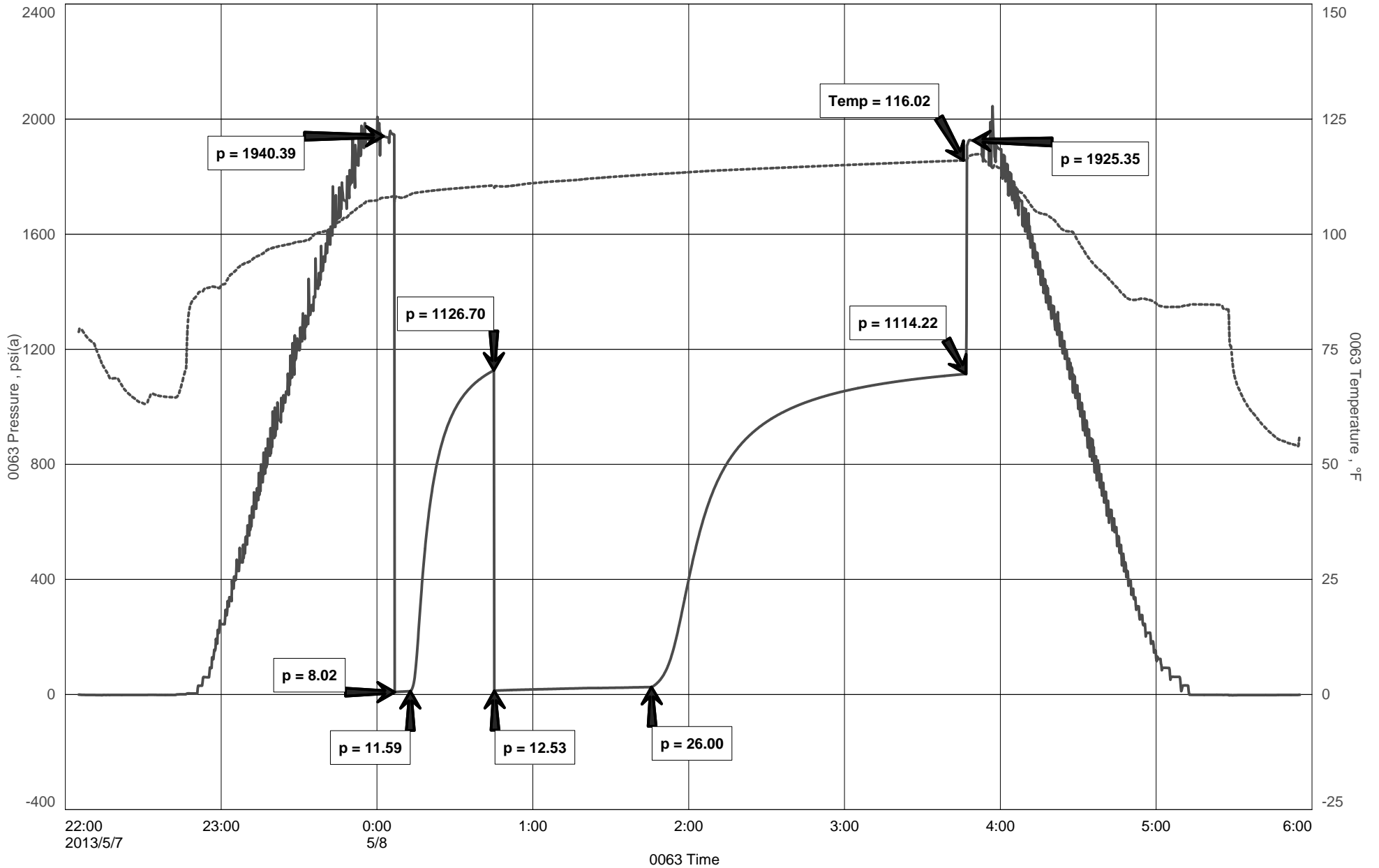
Test Results

Remarks RECOVERED:

20' DM 100% MUD W/ SOME SPOTS OF OIL
20' TOTAL FLUID

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

THORNBURG 'B' #2-4





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 | MULL DRLG CO. INC. | Job Number | M498 |
| Well Name | THORNBURG 'B' #2-4 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#3 4115-4140 LANSING J ZONE | Well Operator | MULL DRLG CO. INC. |
| Surface Location | SEC.4-16S-26W NESS CO.KS. | Report Date | 2013/05/08 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | KEVIN L. KESSLER |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|--------------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#3 4115-4140 LANSING J ZONE | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2013/05/08 | Start Test Time | 12:00:00 |
| Final Test Date | 2013/05/08 | Final Test Time | 20:05:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 0063 | | |
| Gauge Serial Number | | | |

Test Results

Remarks RECOVERED:

2665' GIP
185' GO 2% GAS, 98% OIL
187' GMCO 20% GAS, 51% OIL, 29% MUD (63'DP, 124' DC)
372' TOTAL FLUID

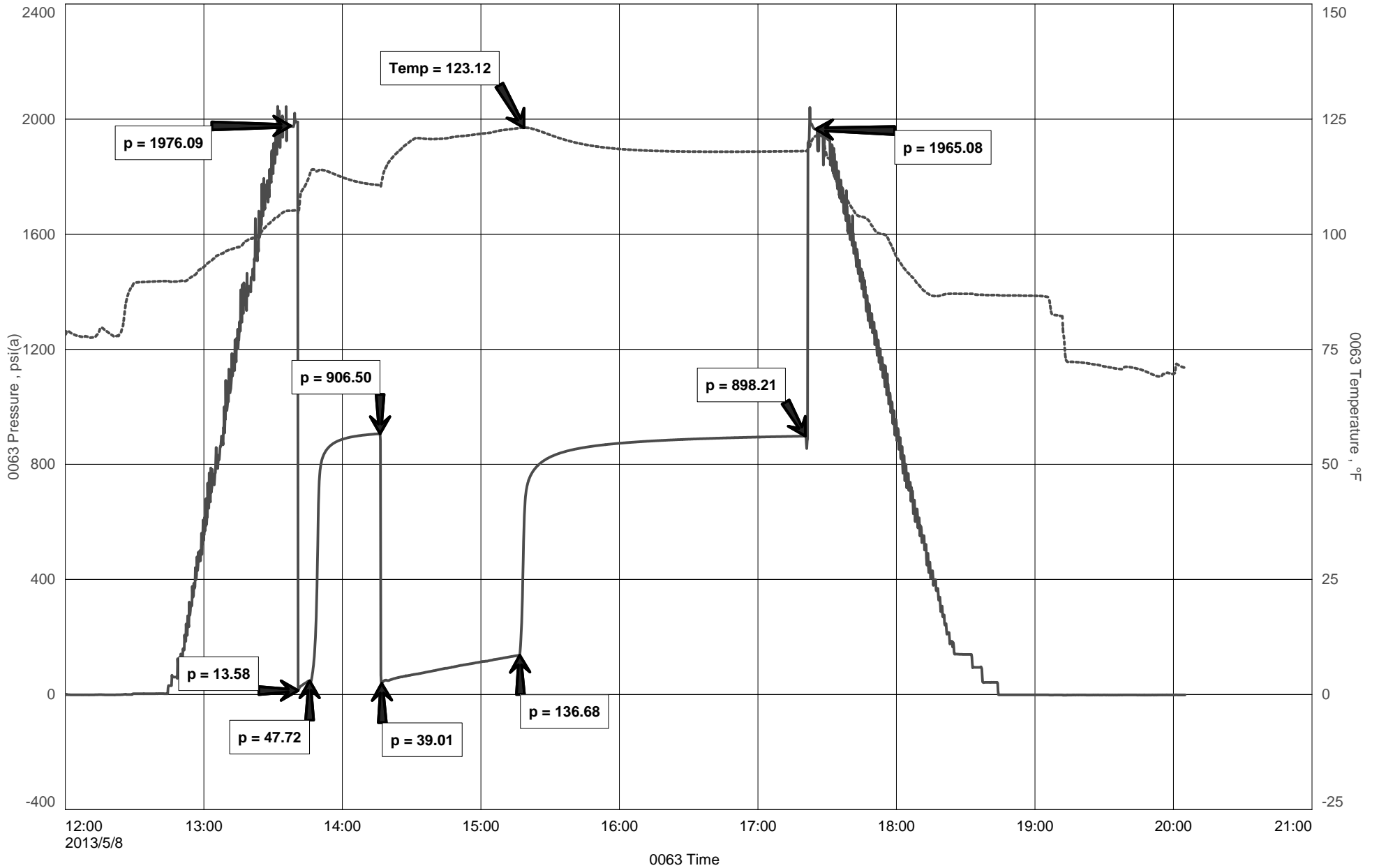
GRAVITY: 35.8 @ 60 DEG

TOOL SAMPLE:2% GAS, 95% OIL, 3% MUD

MULL DRLG CO. INC.
DST#3 4115-4140 LANSING J ZONE
Start Test Date: 2013/05/08
Final Test Date: 2013/05/08

THORNBURG 'B' #2-4
Formation: DST#3 4115-4140 LANSING J ZONE
Pool: WILDCAT
Job Number: M498

THORNBURG 'B' #2-4





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 | MULL DRLG CO. INC. | Job Number | M499 |
| Well Name | THORNBURG 'B' #2-4 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#4 4140-4200 LANSING K&L | Well Operator | MULL DRLG CO. INC. |
| Surface Location | SEC.4-16S-26W NESS CO.KS. | Report Date | 2013/05/08 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | KEVIN L. KESSLER |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|-----------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#4 4140-4200 LANSING K&L | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2013/05/08 | Start Test Time | 06:25:00 |
| Final Test Date | 2013/05/08 | Final Test Time | 11:50:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 0063 | | |
| Gauge Serial Number | | | |

Test Results

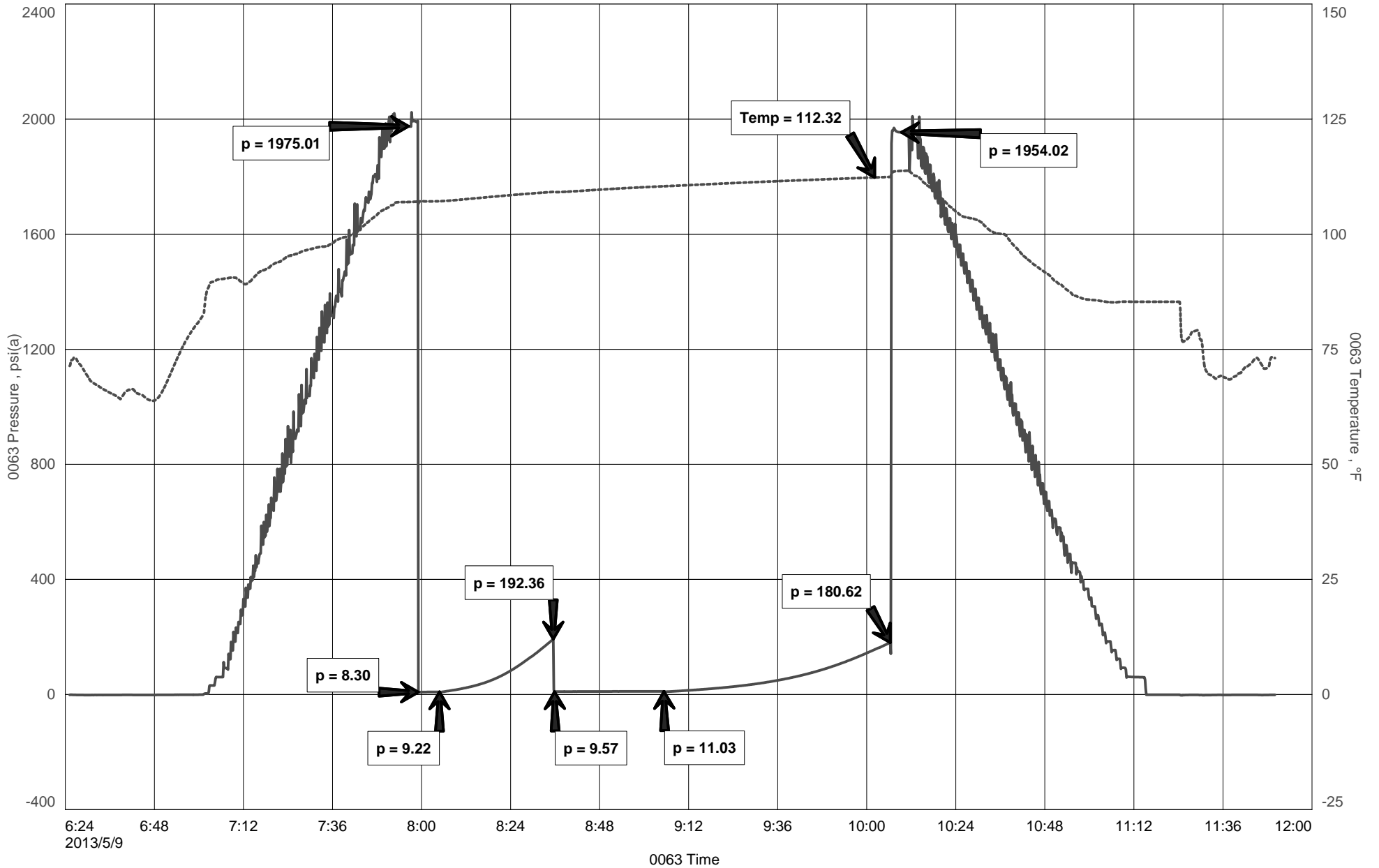
Remarks **RECOVERED:**
10' SOSM ~100% MUD W/ SOME SPOTS OF OIL
10' TOTAL FLUID

TOOL SAMPLE: 100% MUD W/ A THIN SCUM OF OIL

MULL DRLG CO. INC.
DST#4 4140-4200 LANSING K&L
Start Test Date: 2013/05/08
Final Test Date: 2013/05/08

THORNBURG 'B' #2-4
Formation: DST#4 4140-4200 LANSING K&L
Pool: WILDCAT
Job Number: M499

THORNBURG 'B' #2-4





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 | MULL DRLG CO. INC. | Job Number | M500 |
| Well Name | THORNBURG 'B' #2-4 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#5 4380-4430 FT.SCOTT | Well Operator | MULL DRLG CO. INC. |
| Surface Location | SEC.4-16S-26W NESS CO.KS. | Report Date | 2013/05/10 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | KEVIN L. KESSLER |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|--------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#5 4380-4430 FT.SCOTT | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2013/05/10 | Start Test Time | 10:05:00 |
| Final Test Date | 2013/05/10 | Final Test Time | 15:50:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 0063 | | |
| Gauge Serial Number | | | |

Test Results

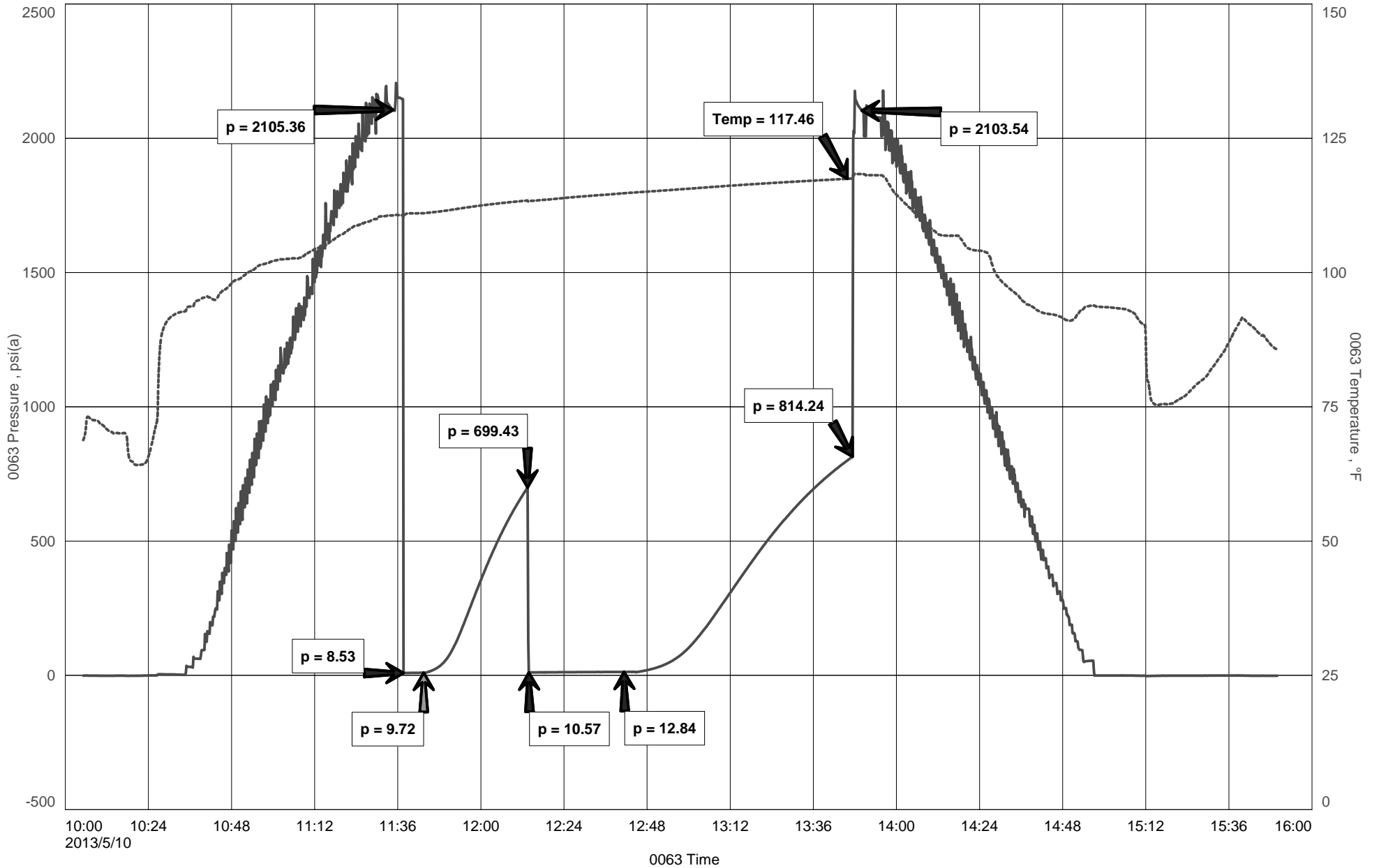
Remarks **RECOVERED:**
15' GM ~100% MUD W/SOME GASSY BUBBLES
15' TOTAL FLUID

TOOL SAMPLE: ~100% MUD W/SOME GASSY BUBBLES SLIGHT GASSY ODOR & A FEW SPOTS OF OIL

MULL DRLG CO. INC.
DST#5 4380-4430 FT. SCOTT
Start Test Date: 2013/05/10
Final Test Date: 2013/05/10

THORNBURG 'B' #2-4
Formation: DST#5 4380-4430 FT. SCOTT
Pool: WILDCAT
Job Number: M500

THORNBURG 'B' #2-4





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 | MULL DRLG CO. INC. | Job Number | M501 |
| Well Name | THORNBURG 'B' #2-4 | Representative | MIKE COCHRAN |
| Unique Well ID | DST#6 4425-4510 MISSISSIPPI | Well Operator | MULL DRLG CO. INC. |
| Surface Location | SEC.4-16S-26W NESS CO.KS. | Report Date | 2013/05/11 |
| Field | WILDCAT | Prepared By | MIKE COCHRAN |
| Well Type | Vertical | Qualified By | KEVIN L. KESSLER |
| | | Test Unit | NO. 1 |

Test Information

| | | | |
|---------------------|-----------------------------|-----------------|----------|
| Test Type | CONVENTIONAL | | |
| Formation | DST#6 4425-4510 MISSISSIPPI | | |
| Test Purpose (AEUB) | Initial Test | | |
| Start Test Date | 2013/05/11 | Start Test Time | 02:30:00 |
| Final Test Date | 2013/05/11 | Final Test Time | 10:30:00 |
| | | Well Fluid Type | 01 Oil |
| Gauge Name | 0063 | | |
| Gauge Serial Number | | | |

Test Results

Remarks RECOVERED:

13' CO 100% OIL
77' GHOCM 6% GAS, 25% OIL, 69%MUD
90' TOTAL FLUID

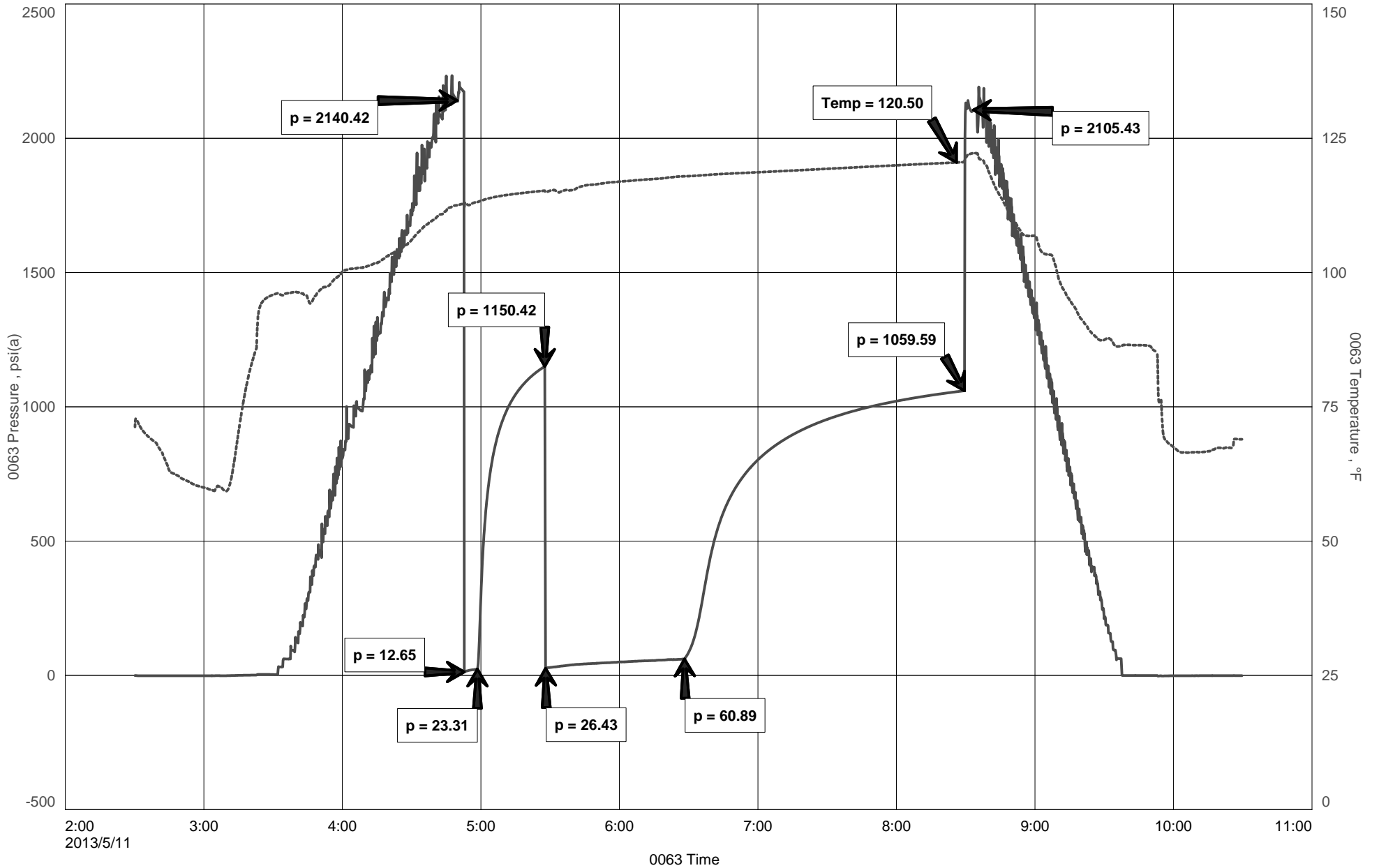
GRAVITY: 36.3 @ 60 DEG

TOOL SAMPLE: 14% OIL, 86% MUD

MULL DRLG CO. INC.
DST#6 4425-4510 MISSISSIPPI
Start Test Date: 2013/05/11
Final Test Date: 2013/05/11

THORNBURG 'B' #2-4
Formation: DST#6 4425-4510 MISSISSIPPI
Pool: WILDCAT
Job Number: M501

THORNBURG 'B' #2-4





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.

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

OPERATOR : MULL DRILLING COMPANY, INC.
LEASE : THORNBURG 'B' WELL # : 2 - 4
LOCATION : 660' FNL & 2294' FWL
SEC: 04 TWP : 16 S RGE : 26 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2609
GL : 2604
MEASUREMENTS FROM
KB

CONTRACTOR : WW DRILLING RIG # 10
COMM : 05 / 02 / 2013 COMP : 05 / 12 / 2013
RTD : 4600 LOG TD : 4600
SAMPLES SAVED FROM : 3750 TO: RTD
GEOLOGICAL SUPERVISION FROM : 3750 TO : RTD
MUD UP : 3600 TYPE MUD : CHEMICAL

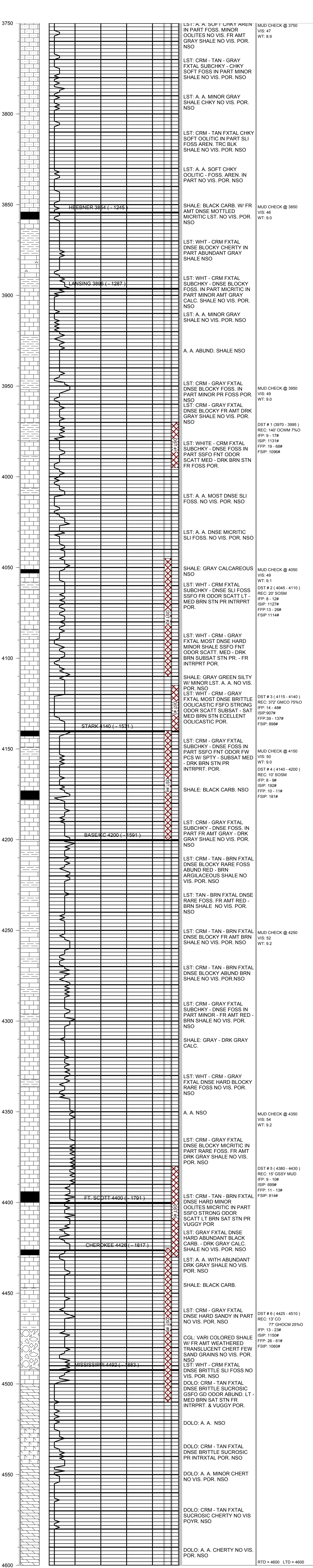
CASING RECORD
SURFACE :
8 5/8" @ 220'
PRODUCTION :
5 1/2" @ 4600'

| FORMATION | TOP | LOG | DATUM | TOP | SAMPLE | DATUM | STRUCT. COMP. |
|-------------|------|-----|--------|------|--------|--------|---------------|
| HEEBNER | 3854 | | - 1245 | 3854 | | - 1245 | + 06 |
| LANSING | 3896 | | - 1287 | 3896 | | - 1287 | + 07 |
| STARK | 4140 | | - 1531 | 4140 | | - 1531 | + 08 |
| BASE/ KC | 4200 | | - 1591 | 4200 | | - 1591 | + 03 |
| FORT SCOTT | 4400 | | - 1791 | 4400 | | - 1791 | + 09 |
| CHEROKEE | 4426 | | - 1817 | 4426 | | - 1817 | + 09 |
| MISSISSIPPI | 4492 | | - 1883 | 4492 | | - 1883 | FLAT |

ELECTRICAL SURVEYS:
CDL/CNL
DIL
MICRO
SONIC

REFERENCE WELL FOR STRUCTURAL COMPARISON :

KANSAS OIL CORP. # 1 THORNBURG 'F' SEC 04 - T 16 S - R 26 W NESS COUNTY KANSAS



COMMENTS:

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

KEVIN L. KESSLER

RTD = 4600 LTD = 4600