



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1184744  
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: \_\_\_\_\_

1184744

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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CHARGE TO: **MULL DRILLING**  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET 25713  
 PAGE 1 OF 2

1. SERVICE LOCATION: **Ness City, KS** WELL/PROJECT NO. LEASE: **KNOPP #20000** COUNTY: **NESS** STATE: **KS** CITY: **BEELER, KS** DATE: **30 OCT 13** OWNER: **300913**

2. TICKET TYPE:  SERVICE  SALES CONTRACTOR: **DUKE DRILLING RIG #41** RIG NAME/NO. **NESS** SHIPPED VIA: **DELIVERED TO** ORDER NO.

3. WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **2nd LOGSTRING** WELL PERMIT NO. **65,14W,5150**

4. REFERRAL LOCATION: **INVOICE INSTRUCTIONS**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	U/M	QTY.	U/M
		LOC	ACCT	DF						
575					PUMP CHARGE	30	MIL			
578					GUIDE SNOE	1	EA.			
4DD					CEMENT BASKET	1	EA.			
4D2					PORT ADJLAR	1	EA.			
4D3					TURBOLIZERS	1	EA.			
4D4					TOP PLUG	1	EA.			
4D9					INSERT FLAT BALLAR w/AUTO FILL	1	EA.			
4ID					ROTATIVE HEAD REINSTAL	1	EA.			
4I5					PLUG CONTAINER REINSTAL	1	EA.			
4I9										
420										

**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: **OCT 13** TIME SIGNED: **0400**  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

TOTAL: **14,100.10**

SWIFT OPERATOR: **[Signature]** APPROVAL: **[Signature]**

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. 25713

CUSTOMER: MULL DRILLING  
WELL: Knopp #2 down  
DATE: OCT 13 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY	U/M	QTY	U/M			
276						EDGELE							
283						SALT	1500	lbs					
286						HALAD-1	1000	lbs					
290						D-AIR	2 1/2	gal					
281						AIRUID KCL	4	gal					
280						EDGECHECK 21	1000	gal					
327						50/50 RB MIX 2% GEL	250	gal					
581						SERVICE CHARGE							250.00
583						MILEAGE CHARGE							327.22

CONTIN

JOB LOG

SWIFT Services, Inc.

DATE 3 OCT 13 PAGE NO.

CUSTOMER FULL DRILLING

WELL NO.

LEASE KNOPP OJWWD #2

JOB TYPE 5 1/2 LONG STRING

TICKET NO. 25713

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0230							ON LOCATION
	0250							START PIPE 5 1/2 - 14" RTD @ 4701 SET @ 4693 SHOE JT. @ 20' CENTRALIZERS 1, 2, 3, 4, 5, 71 BASKET 72 PORT COLLAR # 72 @ 1931
	0115							DRDP BALL - CIRCULATE
	0224	6	15	✓		400		Pump 15 BBL KCL FLUSH
		6	24	✓		400		Pump 1000 gal FLOCHECK 21
		6	5	✓		400		Pump 5 BBL KCL FLUSH
	0233		7					PLUG RA - 30 SX
	0238	4	50 1/2	✓				MIX 220 SX 50/50 POZ MIX 2% GEL
	0250							WASH OUT PUMP & LINES
	0255	6		✓				START DISPLACING PLUG
	0314	Ø	114	✓		1000		PLUG DOWN
	0316							RELEASE PSI - DRY
	0325							WASH TRUCK
	0400							JOB COMPLETE
								THANKS #115
								JASON DAVE ISAAC



Services, Inc.

CHARGE TO: Muhh Drilling  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET No. **24742**

PAGE 1 OF 1

1. SERVICE LOCATIONS: Muhh Drilling WELL/PROJECT NO. 4-Dawd LEASE Knopp COUNTY/PARISH Neos STATE KS CITY Beeler DATE 8 OCT 13 OWNER

2. TICKET TYPE  SERVICE CONTRACTOR Knopp RIG NAME/NO. Neos SHIPPED YES DELIVERED TO LOCATION ORDER NO.

3. WELL TYPE DEV WELL CATEGORY DEVELOPMENT WELL PERMIT NO. LOCATION WELL LOCATION

4. REFERRAL LOCATION DEV INVOICE INSTRUCTIONS Development cement put collar

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					TRK 114	30	mi					
576D					Pump charge	1	ea					
330					SWD cement	160	sk					
276					Floccle	52	lb					
295					D-air	2	gal					
583					Drygas	22389	lb				335.85	7M
581					Service charge	225	sk					

**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: [Signature] TIME SIGNED:  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

SWIFT OPERATOR: \_\_\_\_\_ APPROVAL: \_\_\_\_\_

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

*Thank You!*

JOB LOG

SWIFT Services, Inc.

DATE: 8 OCT 13 PAGE NO.

CUSTOMER: *Muhl Drilling* WELL NO: *22-06410* LEASE: *Kndpp* JOB TYPE: *cement port collar* TICKET NO.: *24742*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								<i>2255k SMD of 4# Floccula</i> <i>2 3/8 x 5 1/2 Port collar 1931'</i>
	<i>1015</i>							<i>on loc TRK 114</i>
	<i>1030</i>					<i>1000</i>	<i>1000</i>	<i>test to 1000psi - held</i> <i>open port collar</i>
	<i>1037</i>	<i>3 3/4</i>	<i>2</i>			<i>450</i>		<i>inj rate 3 3/4 @ 450</i>
	<i>1040</i>	<i>3 3/4</i>				<i>400</i>		<i>mix SMD cement @ 11.2 ppq</i>
		<i>3 3/4</i>	<i>14</i>			<i>450</i>		<i>- flush to surface -</i>
	<i>1102</i>	<i>3 3/4</i>	<i>85</i>			<i>500</i>		<i>- cement to surface -</i> <i>{ 160 sk mixed }</i> <i>20 to pit }</i>
	<i>1107</i>	<i>3 3/4</i>	<i>6 1/2</i>			<i>500</i>		<i>Displace 6 1/2 bbl H<sub>2</sub>O</i> <i>close port collar</i>
	<i>1112</i>					<i>1000</i>	<i>1000</i>	<i>test to 1000psi - held</i>
	<i>1115</i>							<i>Run 4 joints</i>
	<i>1120</i>		<i>25</i>					<i>Reverse hole clean</i> <i>- 2 cement plugs -</i> <i>pull tool</i> <i>Unroll back</i> <i>Back up</i>
	<i>1150</i>							<i>job complete</i> <i>Thanks</i> <i>Blair Pitt &amp; crew</i>



PAGE 1 of 1	MT NO 1002847	INVOICE DATE 03/01/2014
INVOICE NUMBER 1717 - 91426465		

**Liberal** (620) 624-2277  
 B MULL DRILLING COMPANY INC  
 I 1700 WATERFRONT PARKWAY # 1200  
 L WICHITA  
 L KS US 67206  
 T  
 O **ATTN:** ACCOUNTS PAYABLE

J LEASE NAME Knopp #2 OWWO  
 O LOCATION  
 B COUNTY Ness  
 S STATE KS  
 I JOB DESCRIPTION Frac Job-New Well  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40696971	70192		Net - 30 days	
<b>For Service Dates: 02/28/2014 to 02/28/2014</b>				
0040696971				
171704930A Frac Job-New Well 02/28/2014				
ProGel LG 200		7,800.00	EA	
ProFrac LG 2000		22,200.00	EA	
Claymax		30.00	EA	
580 ME Surfactant		30.00	EA	
Bio-3, Powdered Biocide		2.00	EA	
Breaker 10L		2.00	EA	
Activator 730		32.00	EA	
20-40 mesh Northern White Sand		240.00	BAG	
Resin Coated, 16-30 mesh		51.00	BAG	
Heavy Equipment Mileage		750.00	MI	
"Unit Mileage Chg (PU, cars one way)"		125.00	MI	
"Proppant & Bulk Del. Chgs., per ton mil		1,818.75	EA	
Cambelt Sand Lizard		1.00	EA	
Triplex Frac Pump Charge		2.00	EA	
Blender-Job		1.00	EA	
Liquid Chemical Additive Unit		1.00	EA	
20-40 mesh or smaller Prop Pump Charge		240.00	EA	
16-30 mesh or larger Prop Pump Charge		51.00	EA	
Densimeter		1.00	EA	
Frac Valve Rental		1.00	EA	
.1 to 4 ppg Proppant concentration chrg		14,700.00	EA	
"Service Supervisor, first 8 hrs on loc.		1.00	EA	
Treatment Van		1.00	EA	

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



1700 S. Country Estates Rd.  
 Liberal, Kansas 67905  
 Phone 620-624-2277

FIELD SERVICE TICKET

1717 04930 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: <b>2-28-14</b> DISTRICT: <b>1717</b>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:						
CUSTOMER: <b>Mull Drilling</b>		LEASE: <b>Knopp</b> WELL NO. <b>2</b>						
ADDRESS:		COUNTY: <b>Ness</b> STATE: <b>KS</b>						
CITY: _____ STATE: _____		SERVICE CREW: <b>Juan Hector, Mario Edg, Ricardo, Ever, Gabriel</b>						
AUTHORIZED BY: <b>Jerry Bennett</b>		JOB TYPE: <b>ZRZ</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
34878	12	70197	-					5:00
20344		70230	-					8:30
30325	-	38117	-					10:45
12945		14687	-					11:35
12976								12:30
70330								125
						ARRIVED AT JOB		
						START OPERATION		
						FINISH OPERATION		
						RELEASED		
						MILES FROM STATION TO WELL		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED:   
 (WELL OWNER, OPE)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UN
54161	Progel LG 200	gal	7800	
54141	Profrac LG 2000	gal	22200	
c704	Claymax	gal	30	
c735	580MB	gal	30	
c604	Bi-3 Biocide	lb	2	
c507	Brecker 10-1	gal	2	
p504	Activator 730	gal	32	
PK211	20-40 mesh Sand	cwt	240	
P402	Resin Coated 16130	cwt	51	
e101	Heavy Equipment Mileage	mi	750	
e100	Unit Mileage Charge Pickup	mi	125	
e113	Prop Delivery Charge	fm	189	
e606	Cambelt Sandblizard	ea	1	
e434	1500 HHP Triplexes	ea	2	
b201	Blender 11-20 BPM	ea	1	
e717	Computerized Liquid Chemical Unit	job	1	
p800	20/40 mesh Prop charge	cwt	240	
p801	16/30 mesh Prop charge	cwt	51	
e729	Densimeter	ea	1	

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON
MATERIALS	%TAX ON

SERVICE REPRESENTATIVE:

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO. \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Customer <b>Mull Drilling</b>	Lease No.	Date <b>2-28-14</b>
Lease <b>Knopp</b>	Well # <b>7</b>	
Field Order # <b>4930</b>	Station <b>1717</b>	Casing <b>5 1/2</b>
Type Job <b>ZBZ</b>	Formation <b>Cherokee</b>	Depth <b>4634</b>
		County <b>Ness</b>
		State <b>KS</b>
		Legal Description <b>Sec 33-195-260</b>

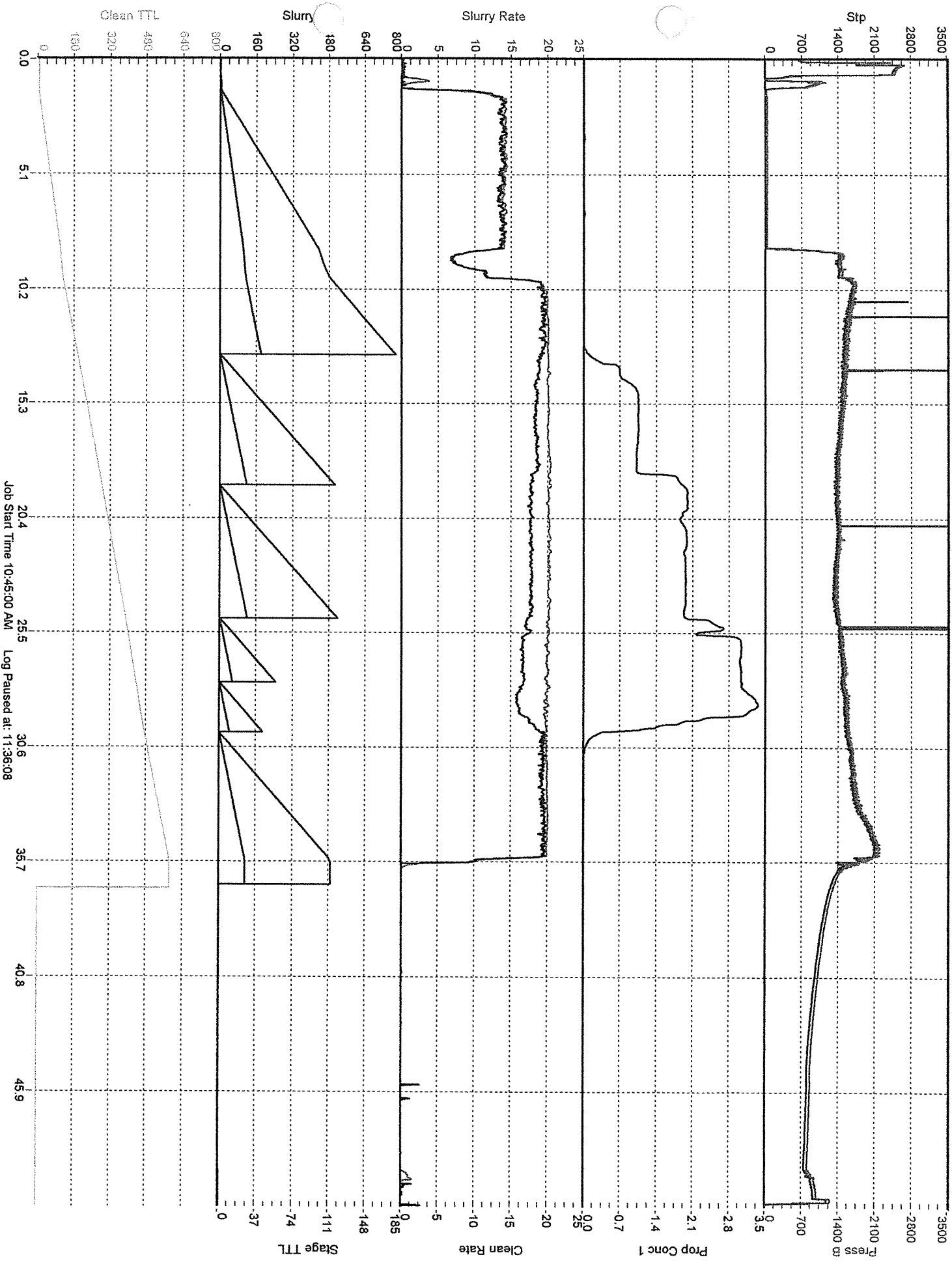
PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>5 1/2</b>	Tubing Size	Shots/Ft <b>4</b>		Acid	RATE	PRESS	ISIP	<b>1650</b>
Depth <b>4634</b>	Depth	From <b>4618</b>	To <b>4634</b>	Pre Pad	Max <b>1980</b>	<b>1930</b>	5 Min.	<b>990</b>
Volume <b>112.67</b>	Volume	From	To	Pad <b>7500 gal Profrac 200</b>	Min <b>14.0</b>	<b>40</b>	10 Min.	<b>790</b>
Max Press <b>2500</b>	Max Press	From	To	Frac <b>14700 gal Profrac</b>	Avg <b>2000</b>	<b>1400</b>	15 Min.	<b>750</b>
Well Connection	Annulus Vol.	From	To	<b>2000</b>	HHP Used		Annulus Pressure	<b>0</b>
Plug Depth <b>5 1/2</b>	Packer Depth	From	To	Flush <b>4700 gal Progel 200</b>	Gas Volume		Total Load	<b>630 bbl.</b>

Customer Representative <b>Kyle Randa</b>	Station Manager <b>Jerry Bennett</b>	Treater
Service Units <b>39878 20344 12945 30325 38117 19687 70192 70236 17978 70330</b>		
Driver Names <b>Junio Gabriel Eber Edgar Ricardo Hector Mario</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30					on location
8:40					Safety Meeting + Rig up
10:45	2500		1	—	Prime up Psi Test
10:46	40		1	14.0	Start 7500 gal Pad
10:53	1447		101	8.2	Loaded
10:55	1661		117	20.0	established rate
10:58	1534		179	20.0	Start 5000 gal 1# 20/40
11:03	1327		287	20.3	1 # 20/40 OIB
11:03	1330		298	20.2	Start 5000 gal 2# 20/40
11:09	1324		406	20.4	2# 20/40 OIB
11:10	1340		417	20.2	Start 3000 gal 3# 20/40
11:12	1488		488	20.3	Start 1700 gal 3# 16130 Resin
11:14	1643		575	19.8	3# 20/40 OIB
11:15	1681		518	19.8	Start Flush
11:19	1930		596	20.0	3# 16130 Resin OIB
11:20	1930		630	—	Shut Down
11:20	1650				ISIP
11:25	990				
11:30	790				
11:35	750				

Thank you Liberal Frac Crew

MULL DRILLING  
KNOPP 2 - CHEROKEE - PRO FRAC 2000



Job Start Time 10:45:00 AM Log Paused at: 11:36:08

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/>

Shari Feist Albrecht, Chair  
Thomas E. Wright, Commissioner  
Jay Scott Emler, Commissioner

Sam Brownback, Governor

March 31, 2014

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

Re: ACO-1  
API 15-135-24619-00-01  
Knopp OWWO #2  
NE/4 Sec.33-19S-26W  
Ness County, Kansas

Dear Mark Shreve:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/02/2013 and the ACO-1 was received on March 28, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department