

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1196669

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method:						
			<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity	

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Mid-Continent Energy Operating Co.
Well Name	Williams 1-29
Doc ID	1196669

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	308	Class A	200	3% CC, 2% gel



PO Box 93999
Southlake, TX 76092

RECEIVED

JAN 21 2014

MCEOCO

INVOICE

Invoice Number: 140697

Invoice Date: Jan 4, 2014

Page: 1

Voice: (817) 546-7282

Fax: (817) 246-3361

Bill To:

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

Customer ID	Field Ticket #	Payment Terms	
Mid-Cont	61093	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	Jan 4, 2014	2/3/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Williams #1-29		
174.00	CEMENT MATERIALS	Class A Common	17.90	3,114.60
116.00	CEMENT MATERIALS	Pozmix	9.35	1,084.60
10.00	CEMENT MATERIALS	Gel	23.40	234.00
72.00	CEMENT MATERIALS	Flo Seal	2.97	213.84
311.46	CEMENT SERVICE	Cubic Feet Charge	2.48	772.42
390.17	CEMENT SERVICE	Ton Mileage Charge	2.60	1,014.44
1.00	CEMENT SERVICE	Rotary Plug	2,483.59	2,483.59
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	CEMENT SUPERVISOR	Joshua Isaac		
1.00	EQUIPMENT OPERATOR	Ben Newell		
1.00	OPERATOR ASSISTANT	Kevin Weighous		

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

\$ 1,856.10

ONLY IF PAID ON OR BEFORE

Jan 29, 2014

Subtotal	9,280.49
Sales Tax	663.56
Total Invoice Amount	9,944.05
Payment/Credit Applied	
TOTAL	9,944.05

ALLIED OIL & GAS SERVICES, LLC 061093

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Grant Beck

DATE <u>1-4-14</u>	SEC. <u>29</u>	TWP. <u>19</u>	RANGE <u>27</u>	CALLED OUT	ON LOCATION	JOB START <u>2 AM</u>	JOB FINISH <u>3 AM</u>
LEASE <u>Williams</u>	WELL# <u>1-29</u>	LOCATION <u>Turkey Red Rd 7S 1W</u>			COUNTY <u>Garland</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one) <u>NEW</u>			S into				

CONTRACTOR 161 #2
TYPE OF JOB Rotary Plug
HOLE SIZE 8 5/8 T.D.
CASING SIZE 8 5/8 DEPTH
TUBING SIZE DEPTH
DRILL PIPE 4 1/2 DEPTH 2070 ft
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. All
PERFS.
DISPLACEMENT Freshwater

OWNER
CEMENT
AMOUNT ORDERED 290 60/40 4 bags
1/4 flt

COMMON	<u>174</u>	@ <u>17.90</u>	<u>3.114.60</u>
POZMIX	<u>116</u>	@ <u>9.35</u>	<u>1084.60</u>
GEL	<u>10</u>	@ <u>23.40</u>	<u>234.00</u>
CHLORIDE		@	
ASC		@	
<u>Flow Seal</u>	<u>72</u>	@ <u>2.97</u>	<u>213.84</u>
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>311.46</u>	@ <u>2.48</u>	<u>772.42</u>
MILEAGE	<u>13.00 x 30 x</u>	<u>2.60</u>	<u>1014.00</u>
TOTAL			<u>6433.92</u>

REMARKS:

On location - Rig up - had safety meeting
Run 4 1/2 drill pipe, fill hole w/ rig mud
#1 - 2070 ft - 50 sks
#2 - 1250 - 60 RH - 30 sks
#3 - 625 - 50 MH - 20
#4 - 340 - 40
#5 - 60 - 20
plug down 230 AM Rig down

CHARGE TO: Mid Continent Energy
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE	<u>1512.25</u>	@ <u>2.48</u>	<u>3750.50</u>
EXTRA FOOTAGE		@	
MILEAGE <u>Hvms</u>	<u>30</u>	@ <u>7.70</u>	<u>231.00</u>
MANIFOLD		@	
<u>hvm</u>	<u>30</u>	@ <u>4.40</u>	<u>132.00</u>
		@	

TOTAL 2846.59

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Joe McGee

SIGNATURE [Signature]

SALES TAX (If Any) _____
TOTAL CHARGES 9.280.51
1.856.10
DISCOUNT _____ IF PAID IN 30 DAYS
7.424.40



PO Box 93999
Southlake, TX 76092

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

RECEIVED

JAN 2 2014

MCEOCO

INVOICE

Invoice Number: 140455
Invoice Date: Dec 20, 2013
Page: 1

Bill To:

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

Customer ID	Field Ticket #	Payment Terms	
Mid-Cont	61830	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Dec 20, 2013	1/19/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Williams #1-29		
200.00	CEMENT MATERIALS	Class A Common	17.90	3,580.00
4.00	CEMENT MATERIALS	Gel	23.40	93.60
564.00	CEMENT MATERIALS	Chloride	0.80	451.20
216.66	CEMENT SERVICE	Cubic Feet Charge	2.48	537.32
296.40	CEMENT SERVICE	Ton Mileage Charge	2.60	770.64
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
30.00	CEMENT SERVICE	Pump Truck Mileage	7.70	231.00
30.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	132.00
1.00	CEMENT SUPERVISOR	Dustin Chambers		
1.00	EQUIPMENT OPERATOR	Mike Scothorn		
1.00	OPERATOR ASSISTANT	Kevin Weighous		

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

\$ 1,461.60

ONLY IF PAID ON OR BEFORE
Jan 14, 2014

Subtotal	7,308.01
Sales Tax	294.92
Total Invoice Amount	7,602.93
Payment/Credit Applied	
TOTAL	7,602.93

ALLIED OIL & GAS SERVICES, LLC 061830

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Gipson, Benj. K.

DATE <i>12-22-17</i>	SEC. <i>29</i>	TWP. <i>19S</i>	RANGE <i>27W</i>	CALLED OUT	ON LOCATION	JOB START <i>3:00 AM</i>	JOB FINISH <i>4:00 AM</i>
LEASE <i>Willigms</i>	WELL # <i>1-29</i>	LOCATION <i>Turkey Red Rd 75 1w</i>			COUNTY <i>Love</i>	STATE <i>TX</i>	
OLD OR NEW (Circle one) <i>NEW</i>			<i>S. 1000</i>				

CONTRACTOR *Val Energy #2*
TYPE OF JOB *Surfaced*
HOLE SIZE *12 1/4* T.D.
CASING SIZE *4 1/2* DEPTH *311*
TUBING SIZE DEPTH
DRILL PIPE *4 1/2* DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. *15 FT*
PERFS.
DISPLACEMENT *15.556615*

EQUIPMENT

PUMP TRUCK CEMENTER *Dustin Chambers*
7924 HELPER *Mike Scott*
BULK TRUCK
871-112 DRIVER *Kevin Weighers*
BULK TRUCK
DRIVER

REMARKS:

*Big gas circulating when we arrived
pump 56615 Freshwater Ahead
Mix 2.08 SKS cement
Displace 15.556615 Freshwater
8.6 hrs in
Cement Drd circulated
plug bottom 3:15 AM
Big Down*

CHARGE TO: *Mrd - Continent Energy*
STREET
CITY STATE ZIP

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *x Joe McGee*

SIGNATURE *x Joe McGee*

Thank You!

OWNER

CEMENT
AMOUNT ORDERED *200 SKS Class H*
34.00 2.7901

COMMON *200* @ *17.90* *3580.00*
POZMIX @
GEL *4* @ *23.40* *93.60*
CHLORIDE *564* @ *.80* *451.20*
ASC @

@
@
@
@
@
@
@
@
@
@

HANDLING *216.66* @ *2.48* *537.32*
MILEAGE *9.88 X 30* @ *2.60* *256.56*

TOTAL *5432.76*

SERVICE

DEPTH OF JOB *311*
PUMP TRUCK CHARGE *1512.25*
EXTRA FOOTAGE @
MILEAGE *HVM 30* @ *7.70* *231.00*
MANIFOLD @
LVM 30 @ *4.40* *132.00*
@

TOTAL *1875.25*

PLUG & FLOAT EQUIPMENT

@
@
@
@
@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES *7,308.01*

DISCOUNT *-146.60* IF PAID IN 30 DAYS

\$ *5846.41*



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: will1-29dst1

TIME ON: 12-31 23:01
TIME OFF: 1-1 08:26

Company Mid-Continent Energy Lease & Well No. William #1-29
Contractor Val Rig #2 Charge to Mid-Continent Energy
Elevation 2718 Sur Formation _____ Lan. "J" Effective Pay _____ -- Ft. Ticket No. S0427
Date 1-1-14 Sec. 29 Twp. 19 S Range 27 W County _____ Lane _____ State KANSAS
Test Approved By Tom Pronold Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 4230 ft. to 4260 ft. Total Depth 4260 ft.

Packer Depth 4225 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 4230 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4211 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 4233 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 52 Drill Collar Length _____ ft. I.D. 2 1/4 in.

Weight 9.1 Water Loss 7.2 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.

Chlorides 2,500 P.P.M. Drill Pipe Length 4197 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 30 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1/4" Blow- Built to BB in 18 3/4 min NOBB

2nd Open: 1/4" Blow- Built to BB in 20 1/2 min NOBB

Recovered 57 ft. of HMCW 58% W 42% M

Recovered 496 ft. of SLMCW 91% W 9% M

Recovered 553 ft. of TOTAL FLUID

Recovered _____ ft. of _____

Recovered _____ ft. of PH: 7 RW: .14 @ 57 degrees F

Recovered _____ ft. of Chlorides: 56,000 ppm

Remarks: _____

Diesel in Bucket

Tool Sample: 1% O 94% W 5% M

Time Set Packer(s) 2:07 AM A.M. P.M. Time Started Off Bottom 6:22 AM A.M. P.M. Maximum Temperature 133

Initial Hydrostatic Pressure..... (A) 2035 P.S.I.

Initial Flow Period..... Minutes 30 (B) 27 P.S.I. to (C) 108 P.S.I.

Initial Closed In Period..... Minutes 75 (D) 1239 P.S.I.

Final Flow Period..... Minutes 60 (E) 111 P.S.I. to (F) 250 P.S.I.

Final Closed In Period..... Minutes 90 (G) 1232 P.S.I.

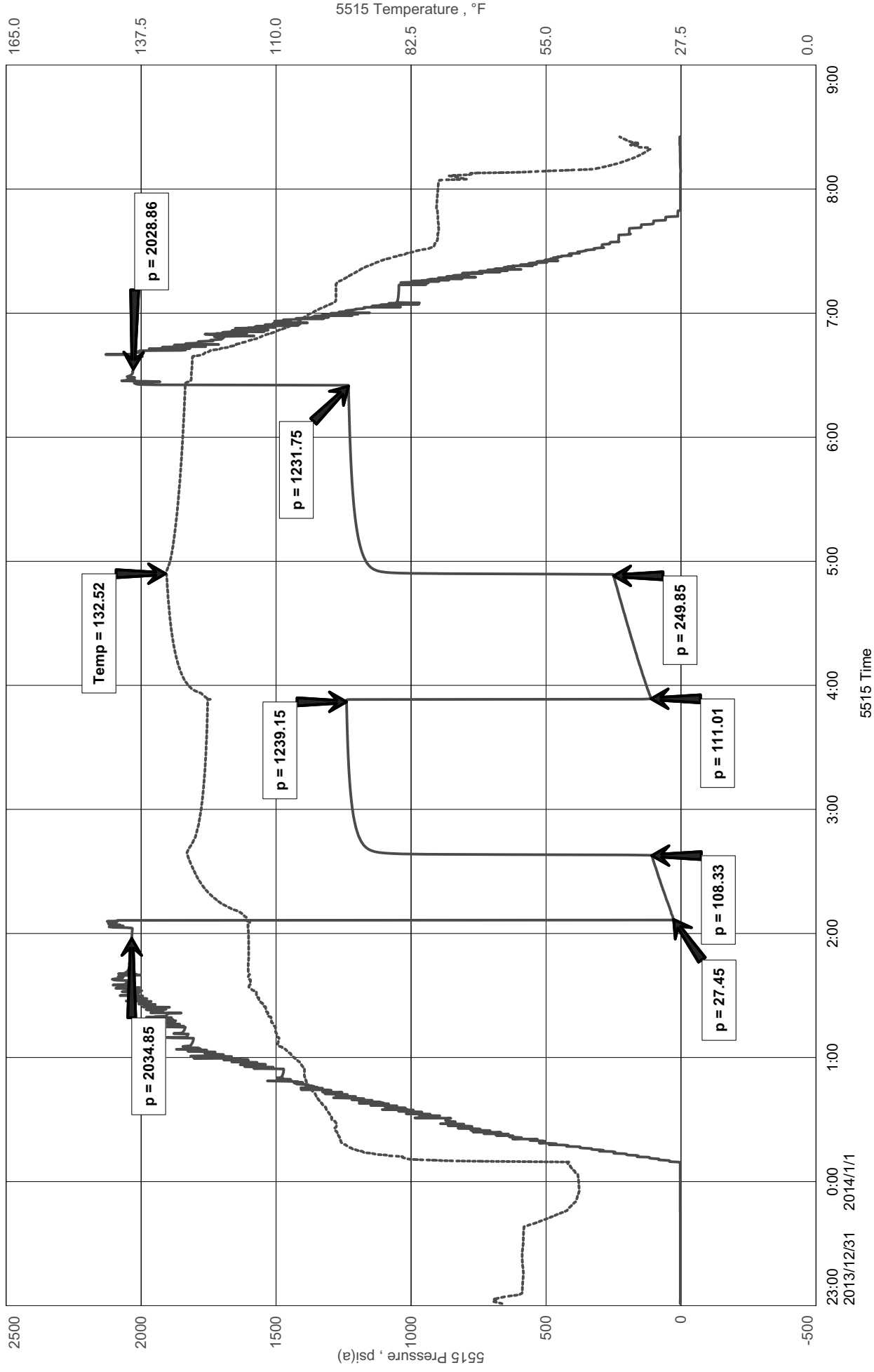
Final Hydrostatic Pressure..... (H) 2029 P.S.I.

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.

Mid-Continent Energy
DST #1 Lan. "J" 4230-4260'
Start Test Date: 2013/12/31
Final Test Date: 2014/01/01

William #1-29
Formation: DST #1 Lan. "J" 4230-4260'
Pool: WC
Job Number: S0427

William #1-29



Diamond Testing

General information Report

General Information

Company Name Mid-Continent Energy

Contact	Grand Canaday	Job Number	S0427
Well Name	William #1-29	Representative	Jacob McCallie
Unique Well ID	DST #1 Lan. "J" 4230-4260'	Well Operator	Mid-Continent Energy
Surface Location	SEC 29-19S-27W Lane County	Report Date	2013/01/01
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Lan. "J" 4230-4260'		
Well Fluid Type	06 Water	Start Test Time	23:01:00
		Final Test Time	08:26:00
Start Test Date	2013/12/31		
Final Test Date	2014/01/01		
Gauge Name	5515		
Gauge Serial Number			

Test Results

RECOVERED:

57'	HMCW	58% W 42% M
496'	SLMCW	91% W 9% M
553'	TOTAL FLUID	

PH: 7
RW: .14 @ 57 degrees F
Chlorides: 56,000 ppm

TOOL SAMPLE:
1% O 94% W 5% M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313

TIME ON: 1-1 17:00
TIME OFF: 1-2 01:42

DRILL-STEM TEST TICKET
FILE: will1-29dst2

Company Mid-Continent Energy Lease & Well No. William #1-29
Contractor Val Rig #2 Charge to Mid-Continent Energy
Elevation 2718 Sur Formation _____ Lan. "K" Effective Pay _____ Ft. Ticket No. S0428
Date 1-1-14 Sec. 29 Twp. 19 S Range 27 W County _____ Lane _____ State KANSAS
Test Approved By Tom Pronold Diamond Representative Jacob McCallie

Formation Test No. 2 Interval Tested from 4280 ft. to 4302 ft. Total Depth 4302 ft.

Packer Depth 4275 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 4280 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4261 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 4283 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 54 Drill Collar Length _____ ft. I.D. 2 1/4 in.

Weight 9.3 Water Loss 7.4 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.

Chlorides 3,500 P.P.M. Drill Pipe Length 4247 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 22 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB- Built to 2" in 30 min NOBB

2nd Open: No Blow- Built to 1 1/4" in 60 min NOBB

Recovered 36 ft. of HMCW 51% W 49% M

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of PH: 7

Recovered _____ ft. of RW: .28 @ 45 degrees F

Recovered _____ ft. of Chlorides: 38,000 ppm

Remarks: _____

Diesel in Bucket

Tool Sample: 82% W 18% M

Time Set Packer(s) 7:21 PM A.M. P.M. Time Started Off Bottom 11:36 PM A.M. P.M. Maximum Temperature 119

Initial Hydrostatic Pressure..... (A) 2075 P.S.I.

Initial Flow Period..... Minutes 30 (B) 12 P.S.I. to (C) 18 P.S.I.

Initial Closed In Period..... Minutes 75 (D) 1081 P.S.I.

Final Flow Period..... Minutes 60 (E) 19 P.S.I. to (F) 32 P.S.I.

Final Closed In Period..... Minutes 90 (G) 1057 P.S.I.

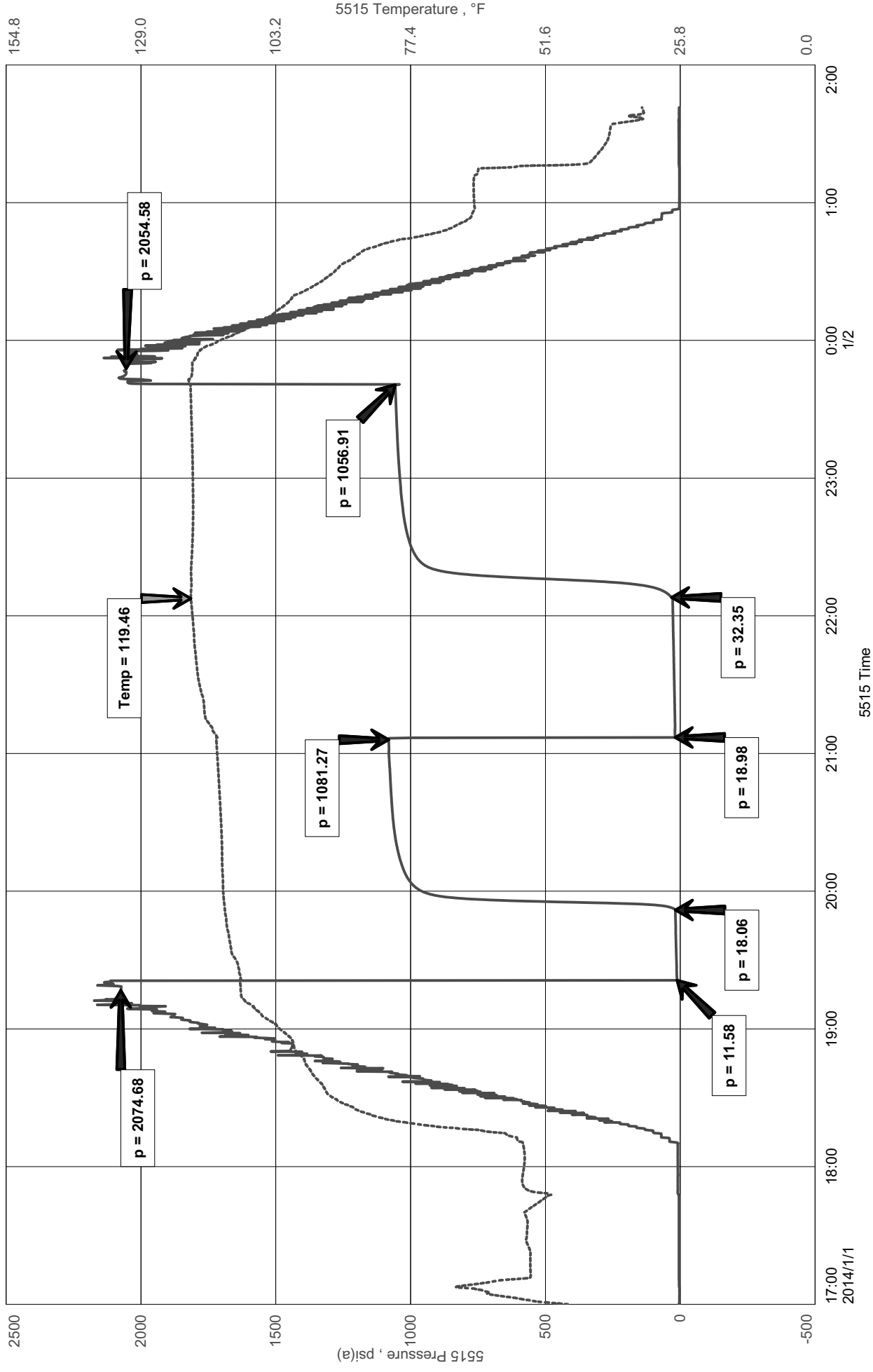
Final Hydrostatic Pressure..... (H) 2055 P.S.I.

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.

Mid-Continent Energy
DST #2 Lan. "K" 4280-4302'
Start Test Date: 2014/01/01
Final Test Date: 2014/01/02

William #1-29
Formation: DST #2 Lan. "K" 4280-4302'
Pool: WC
Job Number: S0428

William #1-29



Diamond Testing

General information Report

General Information

Company Name Mid-Continent Energy

Contact	Grant Canaday	Job Number	S0428
Well Name	William #1-29	Representative	Jacob McCallie
Unique Well ID	DST #2 Lan. "K" 4280-4302'	Well Operator	Mid-Continent Energy
Surface Location	SEC 29-19S-27W Lane County	Report Date	2013/01/01
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #2 Lan. "K" 4280-4302'		
Well Fluid Type	06 Water	Start Test Time	17:00:00
		Final Test Time	01:42:00
Start Test Date	2014/01/01		
Final Test Date	2014/01/02		
Gauge Name	5515		
Gauge Serial Number			

Test Results

RECOVERED:
36' 51% W 49% M

PH: 7
RW: .28 @ 45 degrees F
Chlorides: 38,000 ppm

TOOL SAMPLE:
82% W 18% M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313

TIME ON: 11:33
TIME OFF: 19:27

DRILL-STEM TEST TICKET
FILE: will1-29dst3

Company Mid-Continent Energy Lease & Well No. William #1-29
Contractor Val Rig #2 Charge to Mid-Continent Energy
Elevation 2718 Sur Formation _____ Lan. "L" Effective Pay _____ Ft. Ticket No. S0429
Date 1-2-14 Sec. 29 Twp. _____ 19 S Range _____ 27 W County _____ Lane _____ State KANSAS
Test Approved By Tom Pronold Diamond Representative Jacob McCallie

Formation Test No. 3 Interval Tested from 4310 ft. to 4340 ft. Total Depth 4340 ft.

Packer Depth 4305 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 4310 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4291 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 4313 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 49 Drill Collar Length _____ ft. I.D. 2 1/4 in.

Weight 9.5 Water Loss 7.6 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.

Chlorides 4,000 P.P.M. Drill Pipe Length 4277 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 30 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1/4" Blow- Built to 4 1/4" in 30 min **NOBB**

2nd Open: WSB- Built to 4 3/4" in 60 min **NOBB**

Recovered 20 ft. of SLOCHWCM 3% O 35% W 62% M

Recovered 62 ft. of HMCW 70% W 30% M

Recovered 82 ft. of TOTAL FLUID

Recovered _____ ft. of PH: 7

Recovered _____ ft. of RW: .25 @ 60 degrees F

Recovered _____ ft. of Chlorides: 35,000 ppm

Remarks:

Diesel in Bucket

Tool Sample: 1% O 81% W 18% M

Time Set Packer(s) 1:04 PM A.M. P.M. Time Started Off Bottom 5:19 PM A.M. P.M. Maximum Temperature 118

Initial Hydrostatic Pressure..... (A) 2097 P.S.I.

Initial Flow Period..... Minutes 30 (B) 10 P.S.I. to (C) 25 P.S.I.

Initial Closed In Period..... Minutes 75 (D) 955 P.S.I.

Final Flow Period..... Minutes 60 (E) 27 P.S.I. to (F) 50 P.S.I.

Final Closed In Period..... Minutes 90 (G) 943 P.S.I.

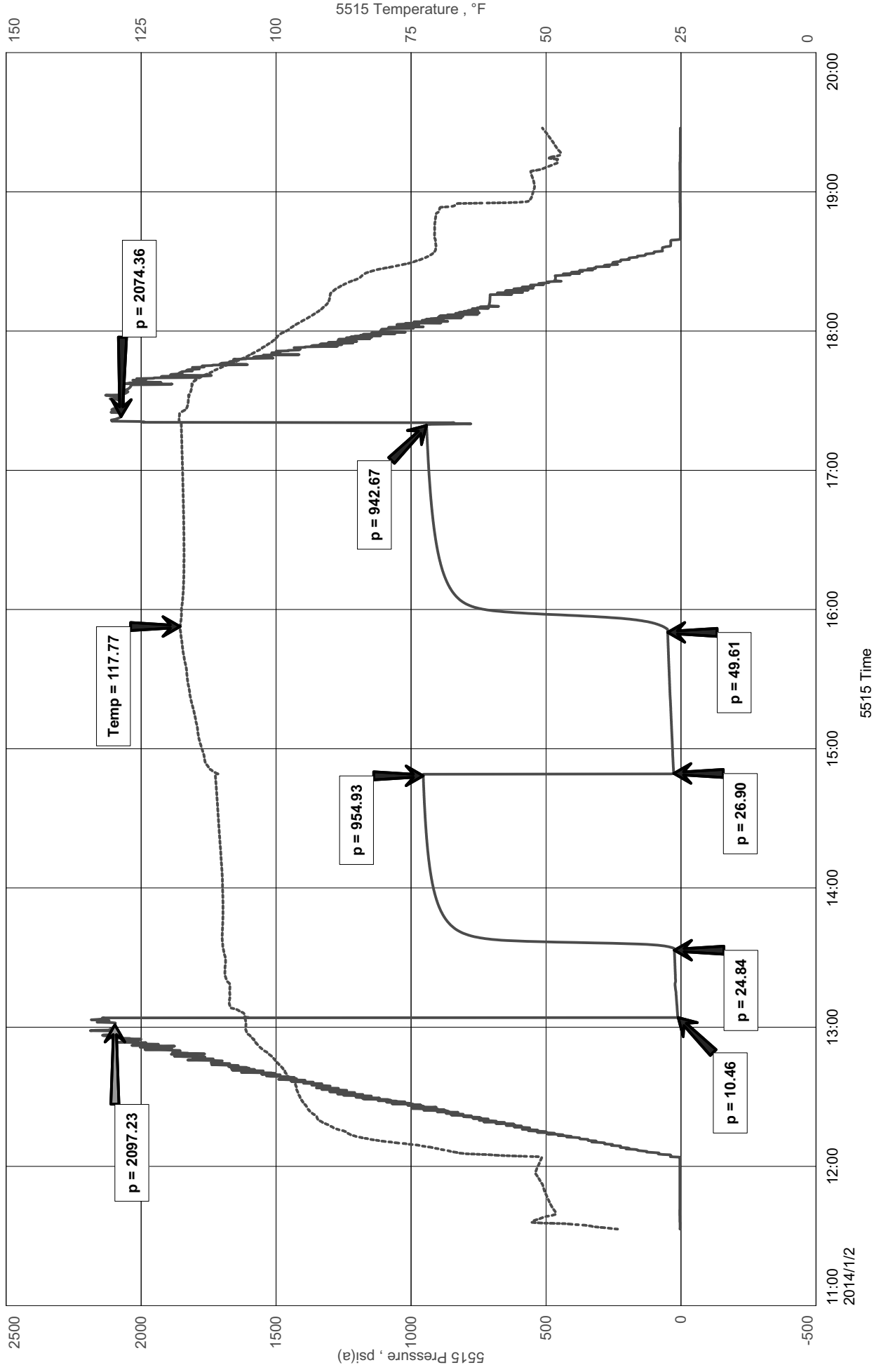
Final Hydrostatic Pressure..... (H) 2074 P.S.I.

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.

Mid-Continent Energy
DST #3 Lan. "K" 4310-4340'
Start Test Date: 2014/01/02
Final Test Date: 2014/01/02

William #1-29
Formation: DST #3 Lan. "K" 4310-4340'
Pool: WC
Job Number: S0429

William #1-29



Diamond Testing

General information Report

General Information

Company Name Mid-Continent Energy

Contact	Grant Canaday	Job Number	S0429
Well Name	William #1-29	Representative	Jacob McCallie
Unique Well ID	DST #3 Lan. "K" 4310-4340'	Well Operator	Mid-Continent Energy
Surface Location	SEC 29-19S-27W Lane County	Report Date	2014/01/02
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #3 Lan. "K" 4310-4340'		
Well Fluid Type	06 Water	Start Test Time	11:33:00
		Final Test Time	19:27:00
Start Test Date	2014/01/02		
Final Test Date	2014/01/02		
Gauge Name	5515		
Gauge Serial Number			

Test Results

RECOVERED:

20'	SLOCHWCM	3% O 35% W 62% M
62'	HMCW	70% W 30% M
82'	TOTAL FLUID	

PH: 7

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Chlorides: 35,000 ppm

TOOL SAMPLE:

1% O 81% W 18% M