



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216607
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: _____

1216607

Operator Name: _____ Lease Name: _____ Well #: _____

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

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Coberly Unit 1-20
Doc ID	1216607

Tops

Name	Top	Datum
Anhydrite	2040	+ 527
B/Anhydrite	2082	+ 485
Heebner Shale	3744	- 1177
Lansing	3781	- 1214
Stark Shale	4019	- 1452
B/KC	4070	- 1503
Marmaton	4103	- 1536
Pawnee	4227	- 1660
Ft. Scott	4287	- 1720
Cherokee Shale	4312	- 1745
Cherokee Sand	4372	- 1805
Mississippian	4390	- 1823



CONSOLIDATED
Oil Well Services, LLC

267285

TICKET NUMBER 47643
LOCATION Oakley, MO
FOREMAN Miles Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
4-10-14	5659	Coburn Unit # 1-20	20	125	07N	Gove	
CUSTOMER		Mull Drilling		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		10 1/2 S U.S.		528 TUP	Jeremy R		
CITY		STATE	ZIP CODE	4600	Dale R		

JOB TYPE Surf HOLE SIZE 12 1/4" HOLE DEPTH 217' CASING SIZE & WEIGHT 8 5/8 20#
 CASING DEPTH 217' 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 W/D drilling Rig # 8 circulate casing
mix 105 SWS class A cement with 38 calcium 20 gal displace 12 1/2 bbls
Water Shut in Cement did circulate 4 1/2 bbls

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	35	MILEAGE	5.25	183.75 ✓
5407	7.8 Tons	Ton Mitosee delivery	1.75	477.75 ✓
1102	465 #	Calcium Chloride	.94	437.10 ✓
11045	105 SWS	Class A Cement	18.55	3060.75 ✓
1118B	310 #	Bentonite gel	1.27	83.71 ✓
			Subtotal	5393.05 ✓
			discount	539.31 ✓
			Subtotal	4853.74 ✓
			SALES TAX	254.65 ✓
			ESTIMATED TOTAL	5108.39 ✓

Completed

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Mull Drilling Co., Inc.
1700 N Waterfront Pkw y
Bldg 12000
Wichita, Ks 67206
ATTN: Phil Askey

S20-13s-27w Gove, KS

Coberly Unit #1-20

Job Ticket: 56269

DST#: 1

Test Start: 2014.04.14 @ 14:56:00

GENERAL INFORMATION:

Formation: **LKC 'J,K,L'**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:58:42

Time Test Ended: 20:55:06

Test Type: Conventional Bottom Hole (Initial)

Tester: Chuck Smith

Unit No: 62

Interval: 3954.00 ft (KB) To 4040.00 ft (KB) (TVD)

Reference Elevations: 2567.00 ft (KB)

Total Depth: 4040.00 ft (KB) (TVD)

2562.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

Serial #: 8357

Inside

Press @ Run Depth: 54.31 psig @ 3957.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.04.14

End Date:

2014.04.14

Last Calib.:

2014.04.14

Start Time: 14:56:05

End Time:

20:55:06

Time On Btm:

2014.04.14 @ 16:57:30

Time Off Btm:

2014.04.14 @ 19:14:36

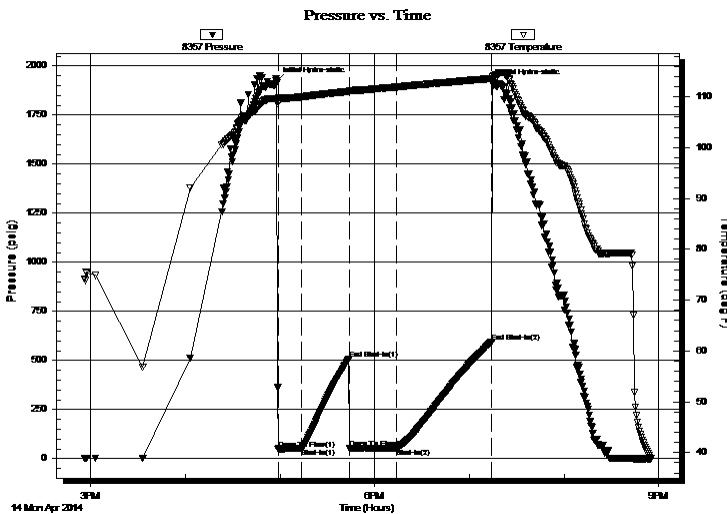
TEST COMMENT: 15- 2" Decreasing blow . Tool opened & slid 6', mud dropped about 10' feet in nipple.

30- No return.

30- No blow .

60- No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1922.49	109.63	Initial Hydro-static
2	49.18	108.87	Open To Flow (1)
16	52.62	109.95	Shut-In(1)
47	509.26	111.06	End Shut-In(1)
47	52.69	110.86	Open To Flow (2)
77	54.31	111.91	Shut-In(2)
137	595.49	113.59	End Shut-In(2)
138	1910.25	113.99	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
70.00	M100m	0.34

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mull Drilling Co., Inc.

S20-13s-27w Gove, KS

1700 N Waterfront Pkwy
Bldg 12000
Wichita, Ks 67206
ATTN: Phil Askey

Coberly Unit #1-20

Job Ticket: 56269

DST#: 1

Test Start: 2014.04.14 @ 14:56:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
70.00	M 100m	0.344

Total Length: 70.00 ft Total Volume: 0.344 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

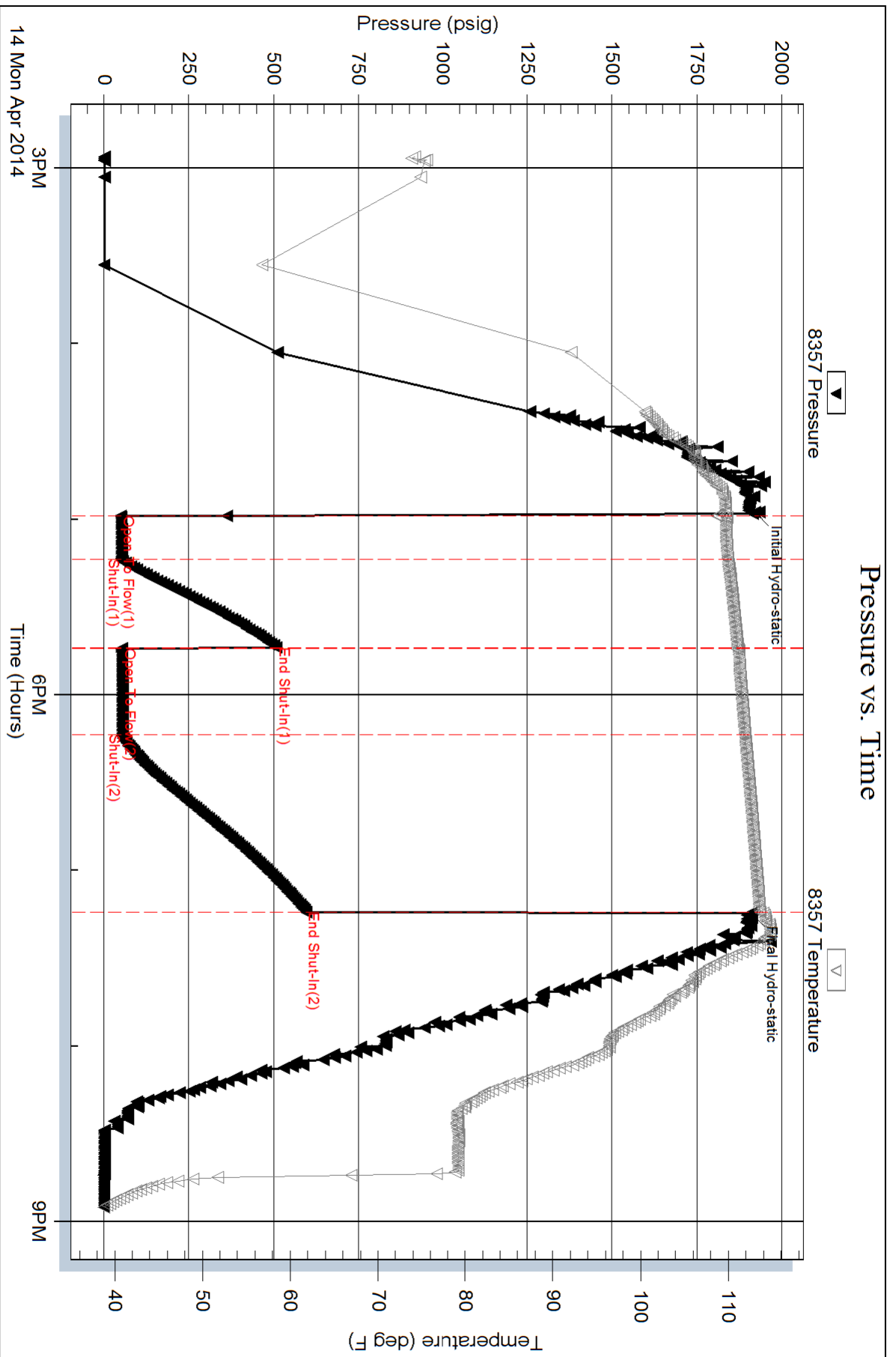
Serial #: 8357

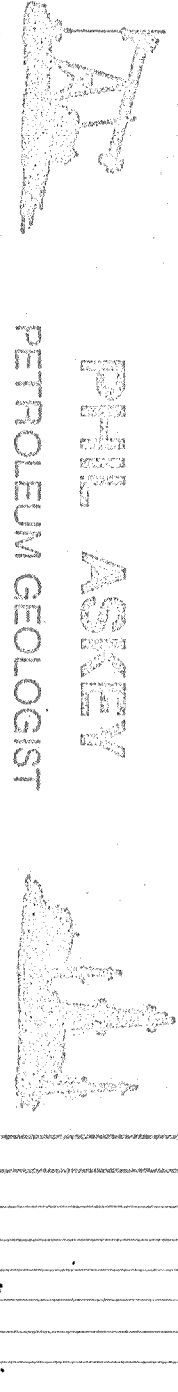
Inside

Mull Drilling Co., Inc.

Coberly Unit #1-20

DST Test Number: 1





PHIL ASKEY PETROLEUM GEOLOGIST GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

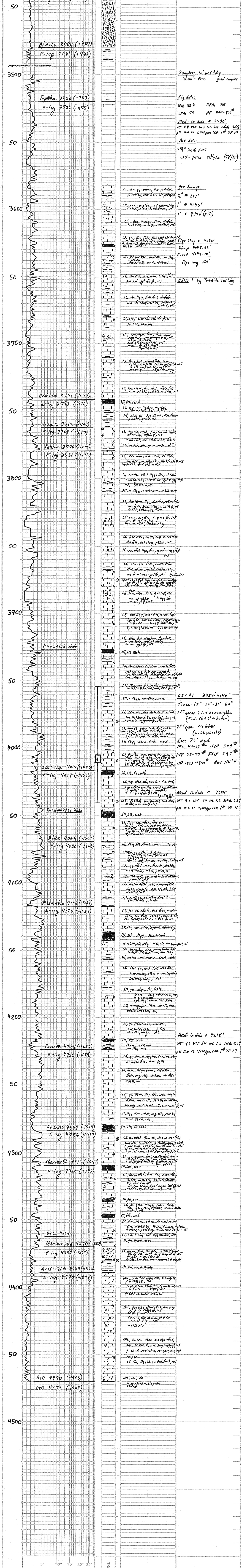
Table with well details: COMPANY (Mull Drilling Company, Inc), LEASE (Coberly Unit #1-20), FIELD (Wildcat), LOCATION (2178' FWC & 2178' FWL), COUNTY (Gore), STATE (Kansas), CONDUCTOR (Mull Drilling Co. Rig #8), RIG (4470), TYPE (Mud Chemical Mud Dr), DRILLING TIME (3500'), GEOLOGICAL SUPERVISION (Phil Askey, P.G.), FORMATION TOPS (Anhydrite, Blue Anhydrite, Gypsum, etc.), LOG (2040, 2080, 2088, etc.), SAMPLES (2038, 2040, 2080, etc.), REFERENCE WELL (Mull Drilling Co. Unit #1-20), and REMARKS (The Mull Drilling Co. Coberly Unit #1-20, ran structurally low to the key reference well...).

REMARKS: The Mull Drilling Co. Coberly Unit #1-20, ran structurally low to the key reference well, near Petroleum Co. Colketfield #1-21 located about 1 1/2 miles to the south. ...

Phil Askey, P.G.

LEGEND: Symbols for Anhydrite, Salt, Sandstone, Shale, Carb sh, Limestone, Ool. Ltrns, Chert, Dolomite.

SCALE 1" = 100'



Summary table with fields: COMPANY (Mull Drilling Co., Inc), LEASE (Coberly Unit #1-20), LOCATION (2178' FWC & 2178' FWL), COUNTY (Gore), STATE (Kansas), ELEVATION (2567' KB).