



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1217113  
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: \_\_\_\_\_

1217113

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
---	--

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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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Ross 1-32
Doc ID	1217113

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
Sonic

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	Ross 1-32
Doc ID	1217113

Tops

Name	Top	Datum
Anhydrite	2050	+ 567
B/Anhydrite	2085	+ 532
Heebner Shale	3864	- 1247
Lansing	3906	- 1289
Stark Shale	4149	- 1532
B/KC	4206	- 1589
Marmaton	4222	- 1605
Pawnee	4346	- 1729
Ft. Scott	4402	- 1785
Cherokee Shale	4429	- 1812
Mississippian	4492	- 1875







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

TICKET 26275

PAGE 1 OF 1

SERVICE LOCATIONS  
 1. **Ness City, KS** WELLP/PROJECT NO. **ROSS 1-32** LEASE COUNTY/TALEASH **GOVE** STATE CITY **KS UTICA, KS** DATE **8 May 14** OWNER  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR **HAD OILFIELD SERV.** RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.  
 3. WELLS TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **Cement Port Colar** WELL PERMIT NO. WELL LOCATION **IN To OVERTERD, SUE**  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE #	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575						115	35	ml				
576					Pump Charge		1	hrs				
276					FLUOCELE		50	lbs				
290					D-AIR		3	gal				
330					SMD Cement		195	bx				
581					Cement Service Charge		225	bx				
583					DRAYAGE		223	lb	183	391.30	TM	

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 **8 May 14** TIME SIGNED **10:15**  A.M.  P.M.  
 X **[Signature]**

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY  
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  
 WE UNDERSTOOD AND MET YOUR NEEDS?  
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?  
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  
 ARE YOU SATISFIED WITH OUR SERVICE?  
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL **6**  
 TAX **7.97**  
 TOTAL **65**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 SWIFT OPERATOR **[Signature]** APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8 May 14 PAGE NO.

CUSTOMER MWL DRILLING

WELL NO.

LEASE ROSS 1-32

JOB TYPE CEMENT PORT COLLAR

TICKET NO. 26275

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0815							ON LOCATION
								PORT COLLAR @ 2075
	0842						1000	TEST - HELD
	0844							OPEN PORT COLLAR
	0850	4 3	108 7 1/2	✓ ✓		700 400		MIX 195 3x SMD DISPLACE CEMENT CIRCULATE 20s TO PIT
	0921						1100	CLOSE PORT COLLAR - TEST - HELD
								RUN 4 JTS.
	0932	3	20				400	REVERSE CLEAN
	0945							WASH TRUCK
	1015							JOB COMPLETE
								THANKS #115
								JASON DOUG ISAAC





CHARGE TO: Mullh Drilling  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

TICKET 26201  
 PAGE 1 OF 2

1. SERVICE LOCATIONS Woo City, KS WELLP/PROJECT NO. 1-32 LEASE Ross COUNTY/PARISH Gove STATE KS DATE 2 May 14 OWNER  
 2. TICKET TYPE  SERVICE CONTRACTOR ROSS RIG NAME/NO. 10 SHIPPED  WELT DELIVERED TO Location ORDER NO.  
 3. WELL TYPE Oil WELL CATEGORY Development JOB PURPOSE Cement Plug String WELL PERMIT NO. 32-15-26  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575		1			TRK 114	35 mi						
578		1			Pump Charge	1 ea						
400		1			Guide Shoe	5 1/2 in						
402		1			Centralizer	5 1/2 in		10 ea				
403		1			Cement Basket	5 1/2 in		1 ea				
404		1			Port Collar	5 1/2 in		1 ea				
410		1			Top Plug	5 1/2 in		1 ea				
413		1			Rot drill scratcher	5 1/2 in		15 ea				
415		1			Insert float collar w/ F-11 up	5 1/2 in		1 ea				
419		1			Rotating head Rental	5 1/2 in		1 ea				
194		1			Plug Container Rental	5 1/2 in		1 ea				

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.  
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 X DATE SIGNED [Signature] TIME SIGNED 5:30  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?  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?  
 CUSTOMER DID NOT WISH TO RESPOND

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]  
 PAGE TOTAL 2  
 Subtotal  
 G.O.C. TAX 7.9%  
 TOTAL  
 Thank You!



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

TICKET CONTINUATION

TICKET No. **26201**

CUSTOMER **MILL Drilling** WELL **Ross 1-32** DATE **2 MAY 14** PAGE **2** OF **2**

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QUANTITY				UNIT PRICE	AMOUNT	
		LOC	ACCT			QTY	UOM	QTY	UOM			QTY
387		1			50/50 Pozmix (20/gal)	180	54					
279		1			Bentonite gel	300	16			3.54		
283		1			SALT	900	16					
286		1			balad-1	100	16					
276		1			Fluoale	25	16					
280		1			Fluoale	1000	gal					
281		1			KCL Liquid	2	gal					
290		1			D-AIR	2	gal					
581		1			SERVICE CHARGE					2		200
583		1			MILEAGE CHARGE					35		100
					TOTAL WEIGHT	15257						
					LOADED MILES	180						
					CUBIC FEET							
					TON MILES							
						267.0						
<b>CONTINUATION TOTAL</b>											<b>6</b>	

JOB LOG

SWIFT Services, Inc.

DATE 2 MAY 14 PAGE NO.

CUSTOMER Mull Drilling WELL NO. 132 LEASE Ross JOB TYPE Cement long string TICKET NO. 26201

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								180sk 50/50 poz w/ 2% gel 5 1/2" x 14" casing 109jts 4595' 42's hrt + Port Colka 2675' #61 Basket #61 Centralizers 2, 3, 4, 5, 7, 9, 11, 13, 15 75' rotating scratchers 60
	1130							on loc TRK 114
3 MAY	0008							start 5 1/2" x 14" casing in well
	0200							Drop ball - circulate - ROTATE
	0340	4	15			200		Pump 15 bbl KCl flush
		4	24			200		Pump 1000 gal flocheck
		4	5			700		Pump 5 bbl KCl flush
	0350		7					Plug RH 30sk
	0356	4	35			200		Mix 50/50 poz 150sk @ 14.4ppg
								Wash out pump & line Release plug
	0412	5 3/4				200		Displace plug
		5 1/4	106			600		
	0430	5 1/4	111			1200		Hand Plug
								Release pressure to truck lined up
	0435							Wash truck
								Rack up
	0520							job complete
								Flush Flint, Blaine & gases

## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO.INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: ROSS1-32

Operator: MULLDRILLING CO.INC

Location-Downhole:

Location-Surface: S32/15S/26W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: DST #1 CONVENTIONI Job Number: J3226

Test Unit:

Start Date: 2014/04/29 Start Time: 00:40:00

End Date: 2014/04/29 End Time: 08:30:00

Report Date: 2014/04/29 Prepared By: JOHN RIEDL

Remarks: Qualified By: KEVIN KESSLER

RECOVERY: 100' GIP, 220' GAS+OIL CUT MUD, 120, SLIGHTLY MUD CUT GASSY OIL



**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.

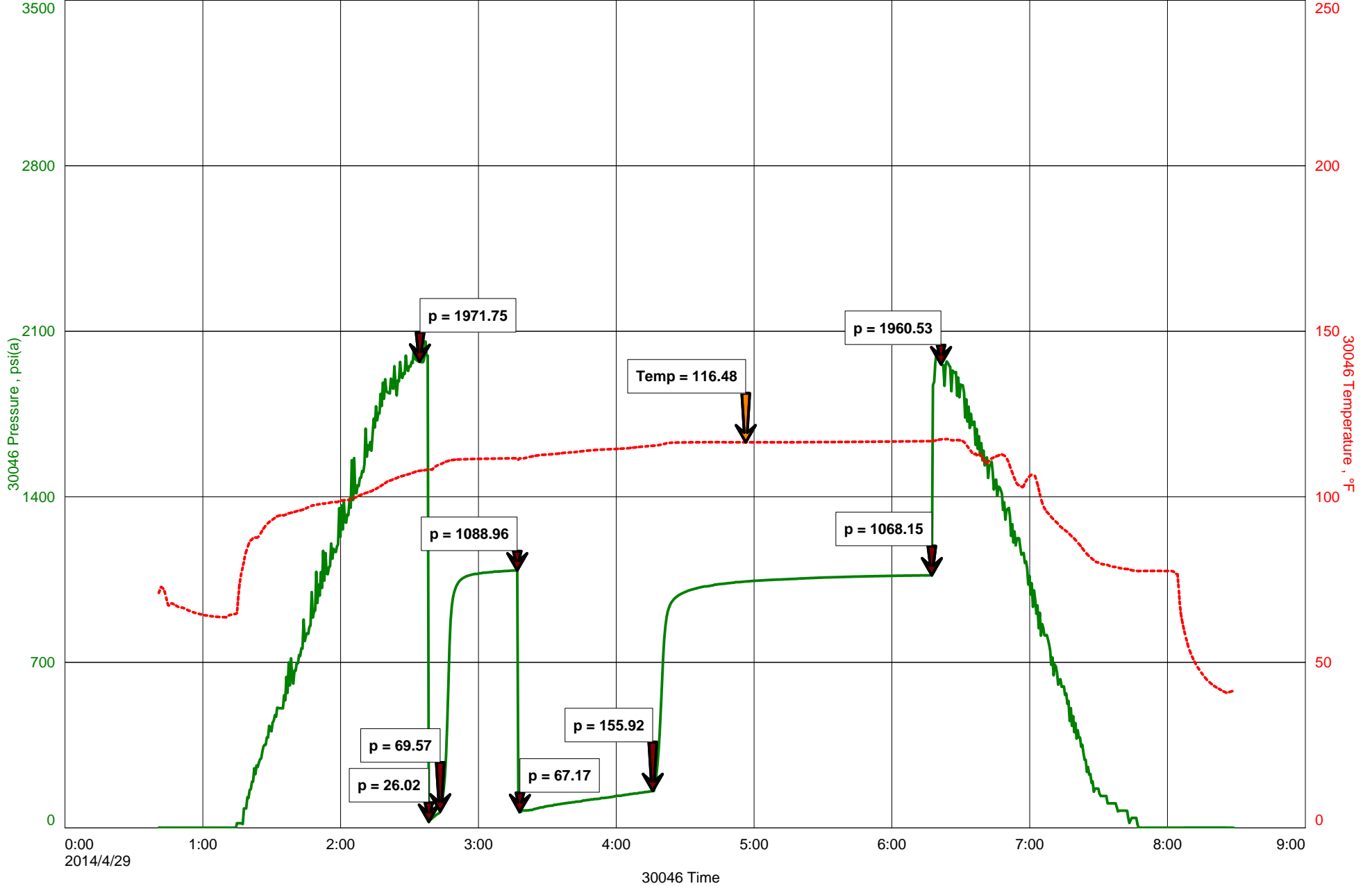
Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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.

# ROSS1-32



## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: ROSS 1-32

Operator: MULL DRILLING CO. INC.

Location-Downhole:

Location-Surface: S32/15S/26W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: DST #2 CONVENTIONAL Job Number: J3227

Test Unit:

Start Date: 2014/04/29 Start Time: 23:30:00

End Date: 2014/04/30 End Time: 05:00:00

Report Date: 2014/04/30 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY: 20' OIL SPECKED MUD



**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: \_\_\_\_\_

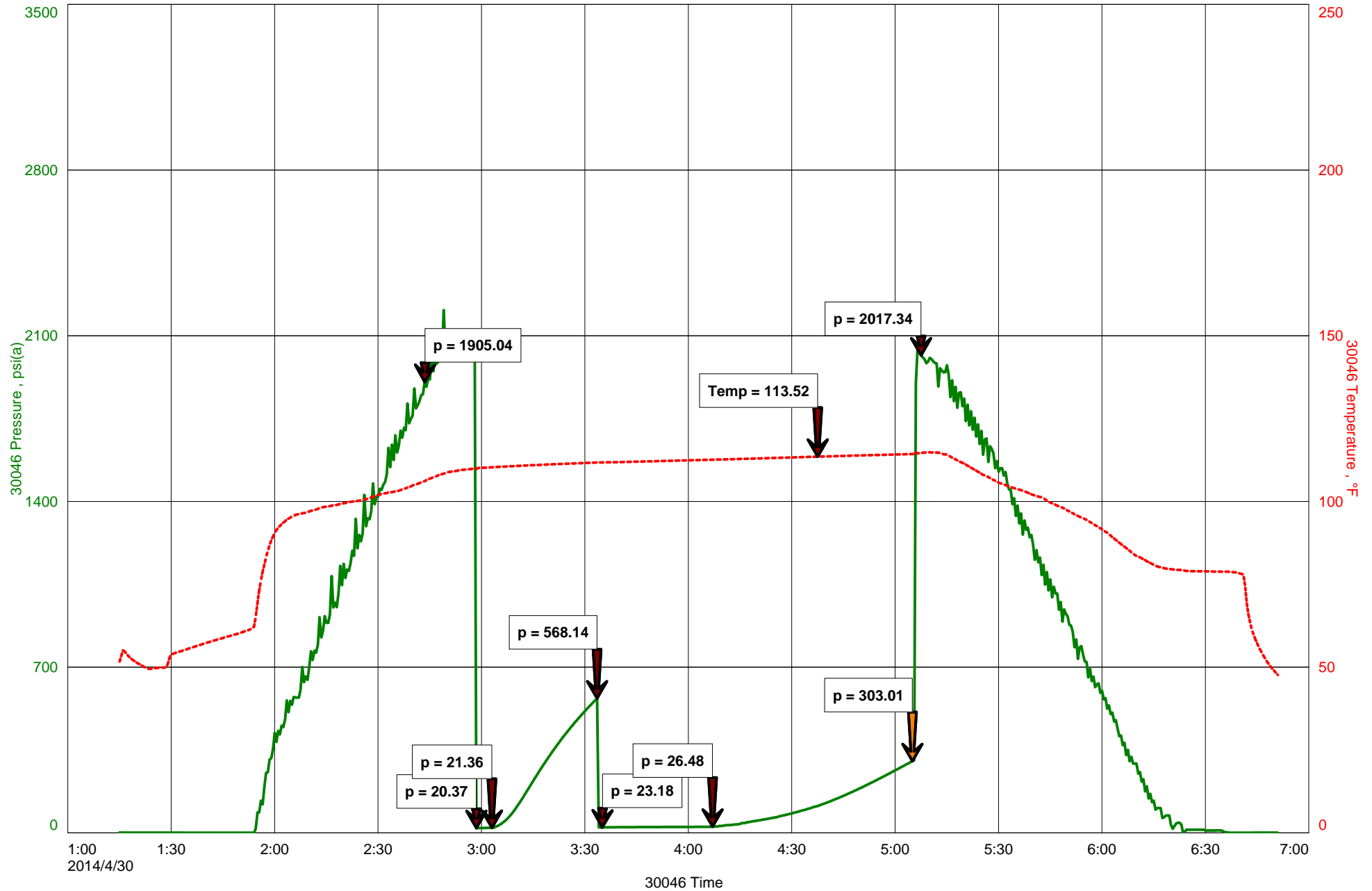
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

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.

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# ROSS 1-32



## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO. INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: ROSS 1-32

Operator: MULL DRILLING CO. INC.

Location-Downhole:

Location-Surface: 2014/05/01

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: DST #3 CONVENTIONAL Job Number: J3228

Test Unit:

Start Date: 2014/05/01 Start Time: 01:00:00

End Date: 2014/05/01 End Time: 06:40:00

Report Date: 2014/05/01 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY: 10' DRILLING MUD\tab\tab



**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.

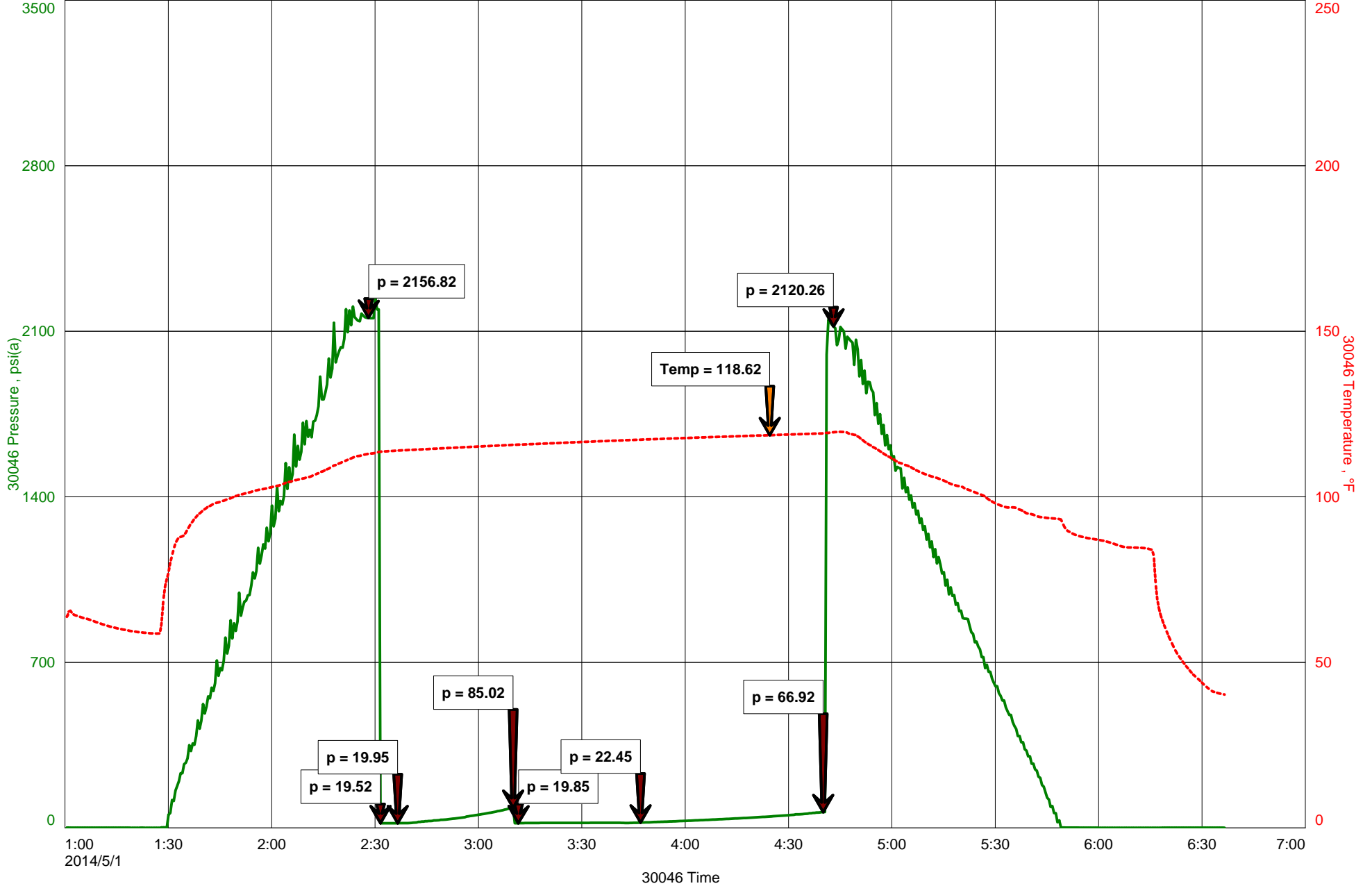
Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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.

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# ROSS 1-32



## GENERAL INFORMATION

### Client Information:

Company: MULL DRILLING CO. INC.

Contact: ERNIE MORRISON

Phone: Fax: e-mail:

### Site Information:

Contact: KEVIN KESSLER

Phone: Fax: e-mail:

### Well Information:

Name: ROSS 1-32

Operator: MULL DRILLING CO. INC.

Location-Downhole:

Location-Surface: S32/15S/26W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: KEVIN KESSLER

Test Type: DST #4 CONVENTIONAL Job Number: J3229

Test Unit:

Start Date: 2014/05/01 Start Time: 20:30:00

End Date: 2014/05/02 End Time: 04:00:00

Report Date: 2014/04/14 Prepared By: JOHN RIEDL

Qualified By: KEVIN KESSLER

### Remarks:

RECOVERY: 120' MUDDLY OIL IN DRILL COLLARS



**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.

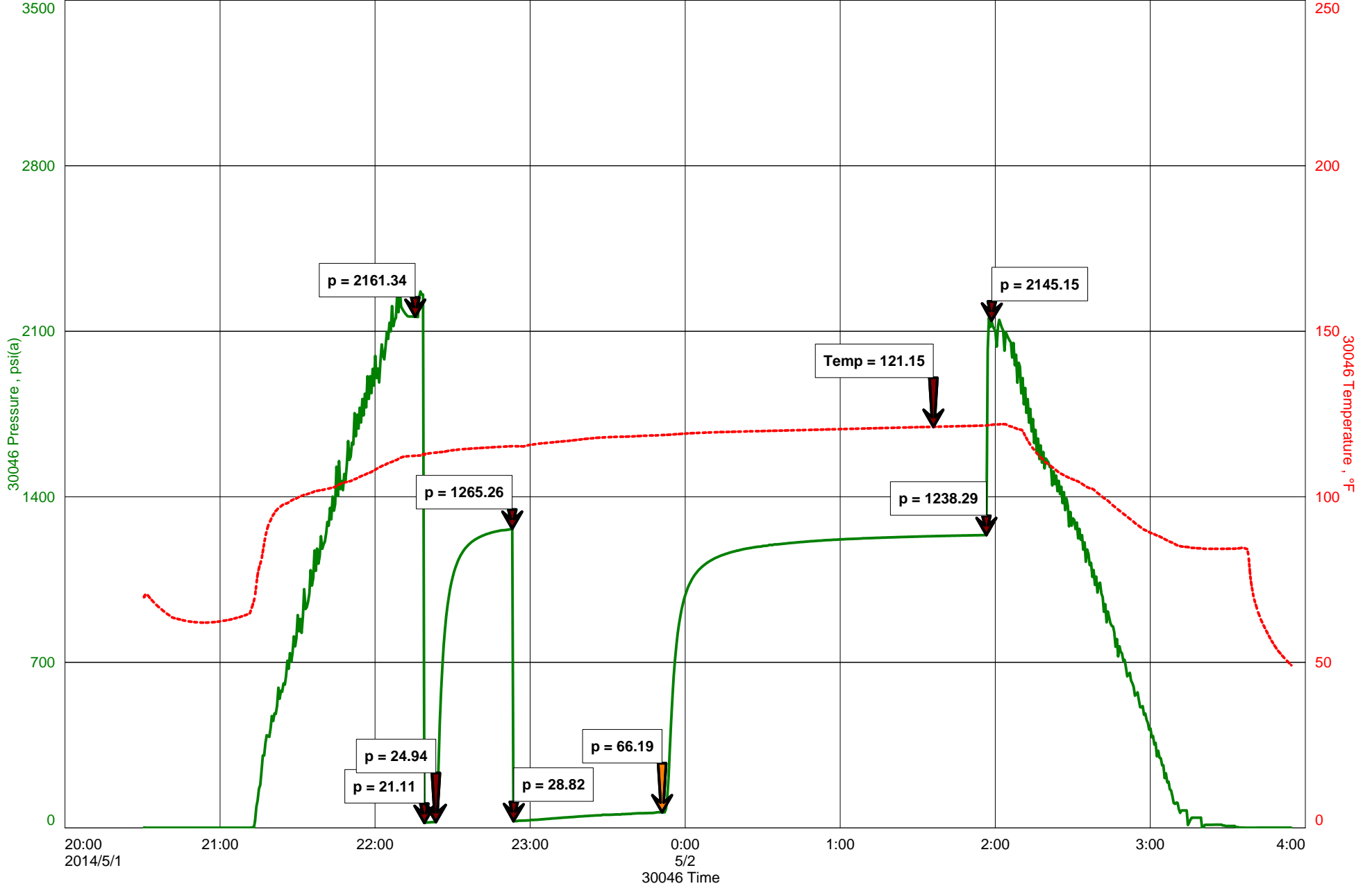
Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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.

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# ROSS 1-32



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

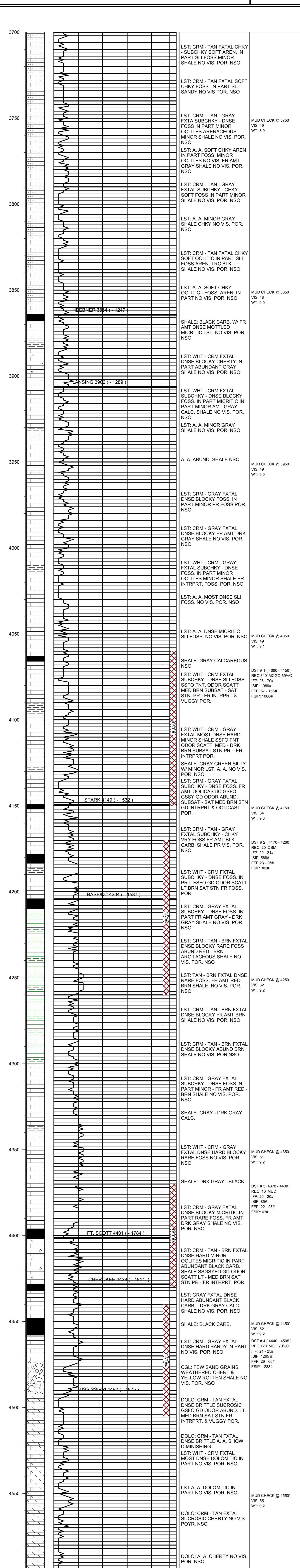
<b>OPERATOR : MULL DRILLING COMPANY INC.</b>		<b>ELEVATION</b>
<b>LEASE : ROSS</b>	<b>WELL # : 1 - 32</b>	<b>KB : 2617'</b>
<b>LOCATION : 2375 FSL &amp; 2262 FEL</b>		<b>GL : 2612'</b>
<b>SEC: 32</b>	<b>TWP : 15 S</b>	<b>RGE : 26 W</b>
<b>COUNTY : GOVE</b>		<b>STATE : KANSAS</b>

<b>CONTRACTOR : WW DRILLING RIG # 10</b>	<b>COMP : 05 / 02 / 2014</b>
<b>RTD : 4600</b>	<b>LOG TD : 4601</b>
<b>SAMPLES SAVED FROM : 3700</b>	<b>TO: RTD</b>
<b>GEOLOGICAL SUPERVISION FROM : 3700</b>	<b>TO : RTD</b>
<b>MUD UP : 3600</b>	<b>TYPE MUD : CHEMICAL</b>

FORMATION	TOP	SAMPLE	DATUM	TOP	LOG	DATUM	STRUCT. COMP.
HEEBNER	3864		- 1247	3864		- 1247	+ 10
LANSING	3906		- 1289	3906		- 1289	+ 08
STARK	4149		- 1532	4149		- 1532	+ 10
BASE/ KC	4204		- 1587	4204		- 1587	+ 12
FORT SCOTT	4401		- 1784	4401		- 1784	+ 21
CHEROKEE	4428		- 1811	4324		- 1811	+ 22
MISSISSIPPI	4492		- 1875	4492		- 1875	+ 26

REFERENCE WELL FOR STRUCTURAL COMPARISON :

MULL DRLG CO INC # 1 - 32 BABCOCK ' B'    SEC 32 - T 15 S - R 26 W    GOVE COUNTY KANSAS



**COMMENTS:**

5 1/2" PRODUCTION CASING WAS SET TO FURTHER EVALUATE  
 THE PRODUCTIVITY OF THIS WELL

KEVIN L. KESSLER