



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234165
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: _____

1234165

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
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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> _____
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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	McDonald Brothers Unit 1-14
Doc ID	1234165

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
SONIC

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	McDonald Brothers Unit 1-14
Doc ID	1234165

Tops

Name	Top	Datum
Anhydrite	1488	+ 713
B/Anhydrite	1520	+ 681
Heebner	3659	- 1458
Lansing	3706	- 1505
B/KC	4055	- 1853
Marmaton	4082	- 1880
Ft. Scott	4216	- 2014
Cherokee	4239	- 2038
Mississippian	4310	- 2109



CONSOLIDATED
Oil Well Services, LLC

271026

TICKET NUMBER 46668

LOCATION Oakley KS

FOREMAN Jerry V

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
9-11-14	5659	McDonald Brothers Unit #14	14	19S	23W	Ness
CUSTOMER		Mall		Ness, KS		
MAILING ADDRESS		to W		Sto 90		
CITY		STATE		ZIP CODE		
		W. into				
		TRUCK #		DRIVER		
		397		Jeremy R		
		397		Cody R		
		TRUCK #		DRIVER		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 219 CASING SIZE & WEIGHT 5 5/8 24#
 CASING DEPTH 219 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 12 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting arising up on WWD break circulation with rig crew hook up to truck & mix 16.5 SKS com class A with 3% CC 2% gel wash up & displace with 12 1/2 bbl H₂O & shut in. Circulated approx 4 bbl to pit

Cement did
circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401s	1	PUMP CHARGE	1150 ⁰⁰	1150 ⁰⁰
5406	20	MILEAGE	5 ²⁵	105 ⁰⁰
5407	7.8	ton mileage delivery (1 min)	430 ⁰⁰	430 ⁰⁰
1104s	165	com class A cement	18 ⁵⁵	3060 ⁷⁵
1102	465	CC	94	437 ¹⁰
1186	310	gel	27	83 ⁷⁰
			Subtotal	5266 ⁵⁵
			less 10% disc	526 ⁶⁵
			subtotal	4739 ⁹⁰
			SALES TAX	198.24
			ESTIMATED TOTAL	4938.14

Flavin 3737

AUTHORIZATION _____

TITLE T.P.

DATE 9-11-14

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.



DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: McDBro#1-14Dst#1

TIME ON: 01:14
 TIME OFF: 07:44

Company Mull Drilling Lease & Well No. McDonald Brothers #1-14
 Contractor WW Rig #10 Charge to Mull Drilling
 Elevation 2202KB Formation Fort Scott Effective Pay -- Ft. Ticket No. SO500
 Date 9-16-14 Sec. 14 Twp. 19 S Range 23 W County Ness State KANSAS
 Test Approved By Kevin Kessler Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 4190 ft. to 4240 ft. Total Depth 4240 ft.

Packer Depth 4185 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Packer Depth 4190 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4171 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 4226 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

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

Mud Type Chem Viscosity 50 Drill Collar Length 123 ft. I.D. 2 1/4 in.

Weight 8.9 Water Loss 9.6 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.

Chlorides 5400 P.P.M. Drill Pipe Length 4034 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 50(18.5a) 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 - No build NOBB

2nd Open: No Blow - No build NOBB

Recovered 5 ft. of MUD 100% M

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: 100% M

Time Set Packer(s) 3:44a.m. ^{A.M.}/_{P.M.} Time Started Off Bottom 5:49a.m. ^{A.M.}/_{P.M.} Maximum Temperature 112

Initial Hydrostatic Pressure..... (A) 2017 P.S.I.

Initial Flow Period..... Minutes 5 (B) 11 P.S.I. to (C) 11 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 25 P.S.I.

Final Flow Period..... Minutes 30 (E) 11 P.S.I. to (F) 12 P.S.I.

Final Closed In Period..... Minutes 60 (G) 21 P.S.I.

Final Hydrostatic Pressure..... (H) 2016 P.S.I.

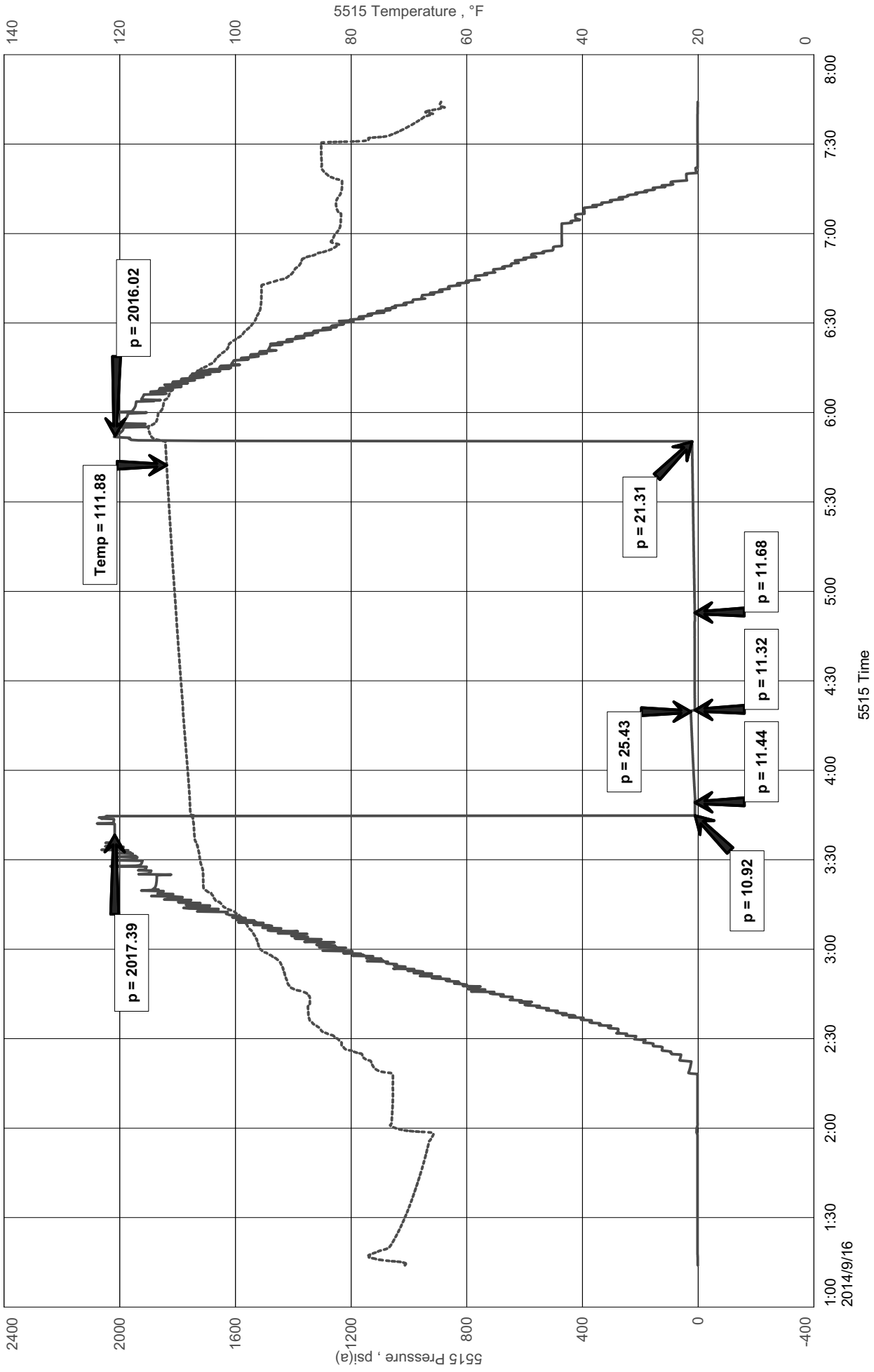
Price Job
Other Charges
Insurance
Total

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.

Mull Drilling
Dst #1 Fort Scott 4190-4240'
Start Test Date: 2014/09/16
Final Test Date: 2014/09/16

McDonald Brothers #1-14
Formation: Dst #1 Fort Scott 4190-4240'
Pool: WC
Job Number: SO500

McDonald Brothers #1-14



Diamond Testing LLC

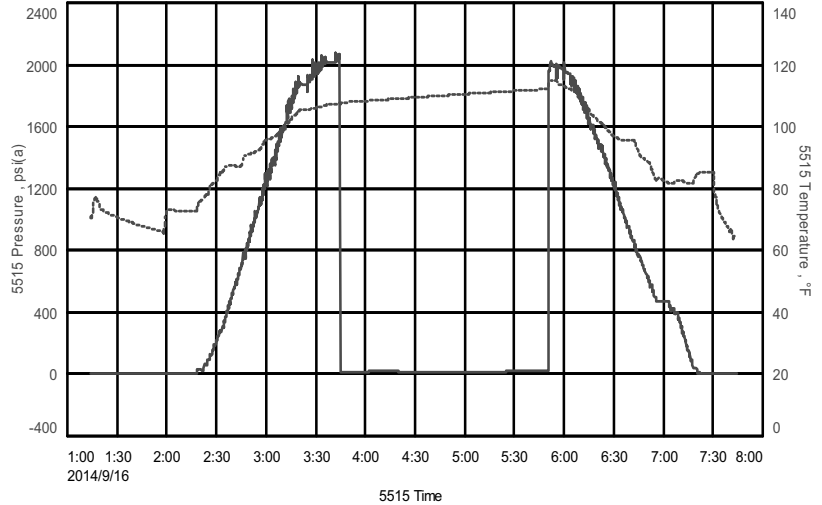
General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Mull Drilling
Contact Mark Shreve
Well Name McDonald Brothers #1-14
Unique Well ID Dst #1 Fort Scott 4190-4240'
Surface Location Sec14-19s-23w Ness County
Field Pfaff
Well Type Vertical
Test Type Drill Stem Test
Formation Dst #1 Fort Scott 4190-4240'
Well Fluid Type 01 Oil
Start Test Date 2014/09/16
Start Test Time 01:14:00
Final Test Date 2014/09/16
Final Test Time 07:44:00
Job Number SO500
Representative Michael Carroll
Report Date 2014/09/16
Qualified By Kevin Kessler

McDonald Brothers #1-14



Test Results

RECOVERY: 5' MUD 100% M

TOOL SAMPLE: 100% M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: McDBro#1-14Dst#2

TIME ON: 18:12 09-16-14
TIME OFF: 00:11 9-17

Company Mull Drilling Lease & Well No. McDonald Brothers #1-14
Contractor WW Rig #10 Charge to Mull Drilling
Elevation 2202KB Formation _____ Miss Effective Pay _____ Ft. Ticket No. SO501
Date 9-16-14 Sec. 14 Twp. _____ 19 S Range _____ 23 W County _____ Ness State KANSAS
Test Approved By Kevin Kessler Diamond Representative Jacob McCallie

Formation Test No. 2 Interval Tested from 4235 ft. to 4335 ft. Total Depth 4335 ft.

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

Packer Depth 4235 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4216 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 4302 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

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

Mud Type Chem Viscosity 52 Drill Collar Length 123 ft. I.D. 2 1/4 in.

Weight 9.0 Water Loss 11.2 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in

Chlorides 9400 P.P.M. Drill Pipe Length 4079 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 100(37a) 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 1/2" in 30mins NOBB

2nd Open: No Blow - No build NOBB

Recovered 8 ft. of MUD 100% M

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: 100% M

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 8:18pm A.M. P.M. Time Started Off Bottom 10:23pm A.M. P.M. Maximum Temperature 111

Initial Hydrostatic Pressure..... (A) 2048 P.S.I.

Initial Flow Period..... Minutes 5 (B) 17 P.S.I. to (C) 20 P.S.I.

Initial Closed In Period..... Minutes 30 (D) 603 P.S.I.

Final Flow Period..... Minutes 30 (E) 21 P.S.I. to (F) 25 P.S.I.

Final Closed In Period..... Minutes 60 (G) 666 P.S.I.

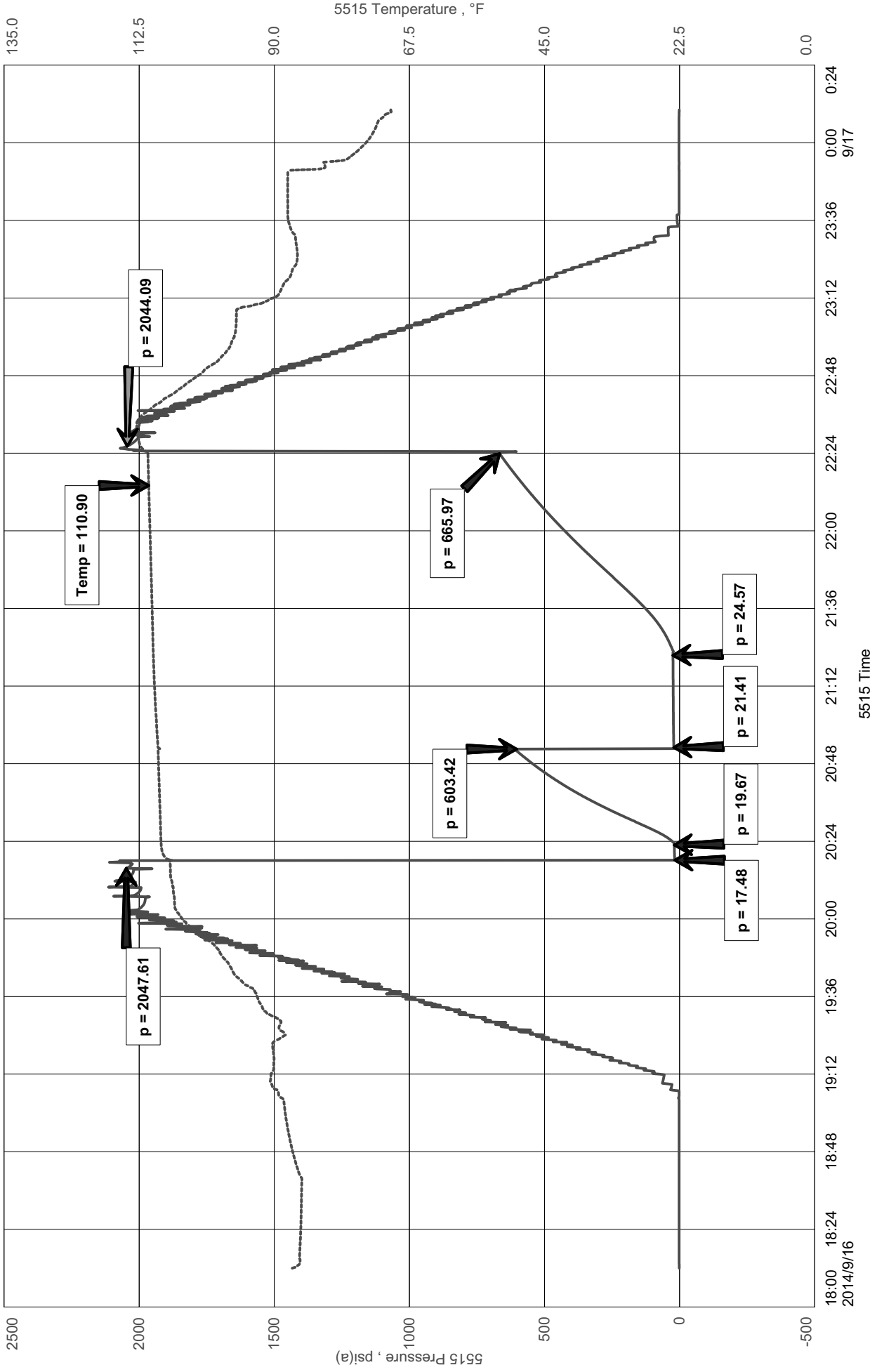
Final Hydrostatic Pressure..... (H) 2044 P.S.I.

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.

Mull Drilling
 Dst #2 Miss 4235-4335'
 Start Test Date: 2014/09/16
 Final Test Date: 2014/09/17

McDonald Brothers #1-14
 Formation: Dst #2 Miss 4235-4335'
 Pool: WC
 Job Number: SO501

McDonald Brothers #1-14



Diamond Testing LLC

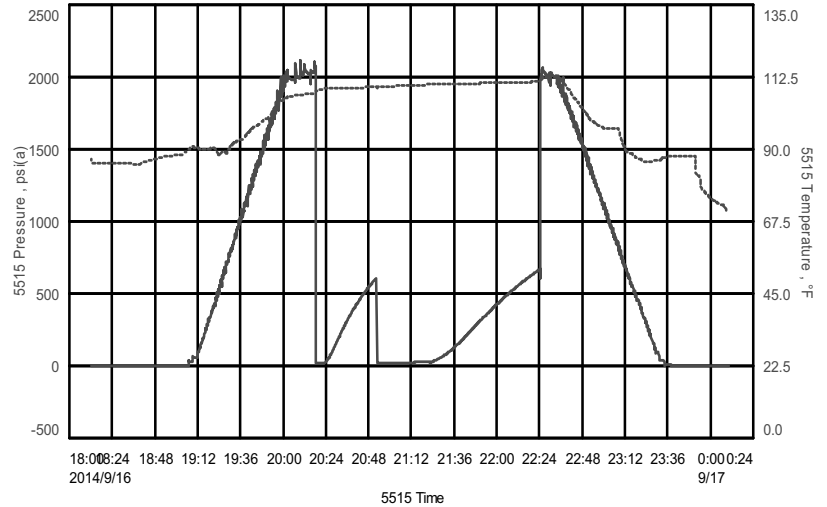
General Information Report

Jacob McCallie
620-617-7116
mccallie.dtlc@gmail.com

General Information

Company Name Mull Drilling
Contact Mark Shreve
Well Name McDonald Brothers #1-14
Unique Well ID Dst #2 Miss 4235-4335'
Surface Location Sec14-19s-23w Ness County
Field Pfaff
Well Type Vertical
Test Type Drill Stem Test
Formation Dst #2 Miss 4235-4335'
Well Fluid Type 01 Oil
Start Test Date 2014/09/16
Start Test Time 18:12:00
Final Test Date 2014/09/17
Final Test Time 00:11:00
Job Number SO501
Representative Michael Carroll
Report Date 2014/09/16
Qualified By Kevin Kessler

McDonald Brothers #1-14



Test Results

RECOVERY:
8' Mud 100% M

TOOL SAMPLE:
100% M

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

OPERATOR : MULL DRILLING COMPANY INC.
LEASE : ERB UNIT WELL # : 1 - 24
LOCATION : 105' FNL & 1535' FWL
SEC: 24 TWP : 19 S RGE : 23 W
COUNTY : NESS STATE : KANSAS

ELEVATION
KB : 2234'
GL : 2229'
 MEASUREMENTS FROM
KB

CONTRACTOR : WW DRILLING RIG # 6
COMM : 05 / 07 / 2014 COMP : 05 / 14 / 2014
RTD : 4475 LOG TD : 4476
SAMPLES SAVED FROM : 3600 TO : RTD
GEOLOGICAL SUPERVISION FROM : 3600 TO : RTD
MUD UP : 3500 TYPE MUD : CHEMICAL

CASING RECORD
SURFACE :
8 5/8" @ 216'
PRODUCTION :
5 1/2" @ 4475'

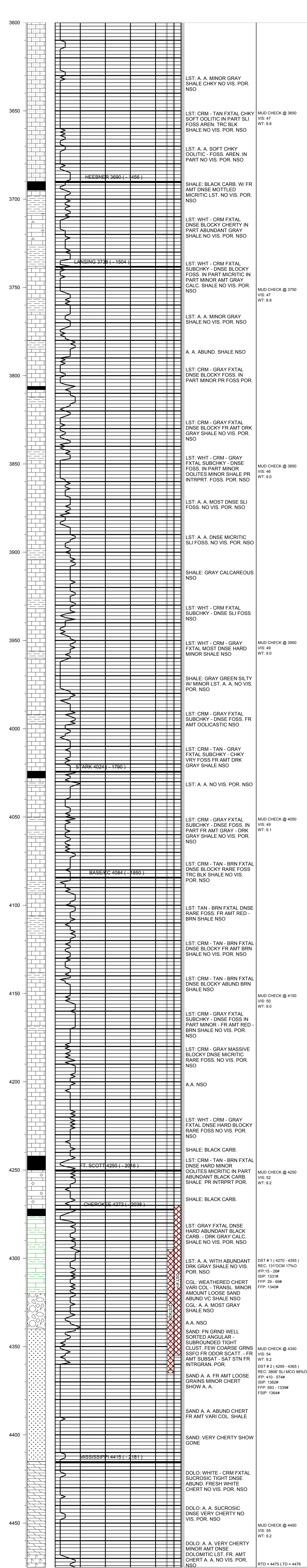
ELECTRICAL SURVEYS:

FORMATION	TOP	SAMPLE	DATUM	TOP	LOG	DATUM	STRUCT. COMP.
HEEBNER	3690	- 1456	3690	- 1456			+ 07
LANSING	3738	- 1504	3738	- 1504			+ 06
STARK	4024	- 1790	4024	- 1790			+ 07
BASE/KC	4084	- 1850	4084	- 1850			+ 10
FORT SCOTT	4250	- 2016	4250	- 2016			+ 10
CHEROKEE	4272	- 2038	4272	- 2038			+ 13
MISSISSIPPI	4415	- 2118	4415	- 2118			- 25

REFERENCE WELL FOR STRUCTURAL COMPARISON :

MULL DRLG CO INC # 1 - 23 BYRD SEC 23 - T 19 S - R 23 W NESS COUNTY KANSAS

CDL/CNL
DIL
MICRO
SONIC



MUD CHECK @ 3650
 VIS: 47
 WT: 8.8

MUD CHECK @ 3750
 VIS: 47
 WT: 8.9

MUD CHECK @ 3850
 VIS: 46
 WT: 9.0

MUD CHECK @ 3950
 VIS: 49
 WT: 9.0

MUD CHECK @ 4050
 VIS: 49
 WT: 9.1

MUD CHECK @ 4150
 VIS: 50
 WT: 9.0

MUD CHECK @ 4250
 VIS: 52
 WT: 9.2

DST # 1 (4270 - 4355)
 REC: 131'OCM 17%O
 IFF: 15 - 26#
 ISIP: 1331#
 FFP: 29 - 69#
 FFP: 1340#

MUD CHECK @ 4350
 VIS: 54
 WT: 9.2

DST # 2 (4295 - 4365)
 REC: 380' SLI MCO 98%O
 IFF: 410 - 574#
 ISIP: 1362#
 FFP: 593 - 1339#
 FSIP: 1364#

MUD CHECK @ 4450
 VIS: 55
 WT: 9.2

RTD = 4475 LTD = 4476

COMMENTS:

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

KEVIN L. KESSLER