

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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

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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	REDDING 1-3
Doc ID	1394404

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
SONIC

Form	ACO1 - Well Completion
Operator	Mull Drilling Company, Inc.
Well Name	REDDING 1-3
Doc ID	1394404

Tops

Name	Top	Datum
Anhydrite	2593	+ 773
B/Anhydrite	2612	+ 754
Heebner Shale	4020	- 654
Lansing	4065	- 699
Stark Shale	4348	- 982
B/KC	4432	- 1066
Marmaton	4438	- 1072
Pawnee	4585	- 1219
Ft. Scott	4632	- 1266
Cherokee	4662	- 1296
Johnson	4728	- 1362
Morrow	4816	- 1450
Morrow Sand	4914	- 1548
Mississippi	4924	- 1558



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

9588
 9482

TICKET NUMBER 54945
 LOCATION Cobley Kf
 FOREMAN Jerry V Miles
 Miles 5
 KS

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 811873

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11-28-17	5659	Redding 1-3	3	16S	37W	Wichita	
CUSTOMER		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Mall Drilling		Russell Spgs 5 to A 1w Srv to		731	Cory D		
1700 N. Waterfront Plang. Bldg. 1200				772-7127	P.D.W.		
CITY	STATE	ZIP CODE					
Wichita	KS	67206-6637					

JOB TYPE Pond Collar HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 12.5 SLURRY VOL 1.89 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14661 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on rig upon Codell test tool @ 1000' held 5 min take ind rd 5 bbl @ 400' open tool mix 270 sks 60/40 8% 1/4" plaster washup & displace with 14661 close tool test to 1000' held 5 min run 3 strokes in + reverse clean with 30 bbl cement circulated to surface approx 900' to pit

Thank you
 Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	35	MILEAGE	7.15	250.25
CE0710	12.47	ten mileage delivery	1.75	763.78
CC5831	290 sks	Lifeblend VII	17.50	5075.00
CC6075	73 #	Flowseal	3.00	219.00
CC6080	500 #	balls	1.00	500.00
CC5326	100 #	Salt	NC	NC
			Subtotal	8708.03
			30%	2612.40
			Subtotal	6095.63
			SALES TAX	344.75
			ESTIMATED TOTAL	6440.38

AVIN 3737 AUTHORIZATION Roy B... TITLE _____ DATE 11-27-17

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.



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

9487/9375

TICKET NUMBER 54966
LOCATION Call on 66
FOREMAN M. J. S. Seward

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 811774 *ds*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11-15-17	5459	Redding 13	3	16 S	37 W	U. Chate	
CUSTOMER Mull Drilling		Aussell Springs by StocAA 1146 State		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 N. Waterfront Parkway, Bldg. 1200				753	TRANSU		
CITY Wichita		STATE KS	ZIP CODE 67206	7121-10	Wells C		

JOB TYPE Surf HOLE SIZE 10 7/8 HOLE DEPTH 238 CASING SIZE & WEIGHT 8 5/8" 23.9
 CASING DEPTH 238 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20
 DISPLACEMENT 13.543 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Settle machine and resume Doho drilling Rig #1 Circulate casing
m.a. 10 ss Surface blend II Class A cement @ 3% Colomin 2 1/2 gal
displaced 13 1/2 bbls water Shut in Cement to cellar only

Thanks mules & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1150. ⁰⁰	1150. ⁰⁰
CE0002	45	MILEAGE	7.15	321.75
CE0710	8.46 Ton	Ton mtage delivery	1.75	1480.25
CC5871	14692 180 ss	Sur face blend II	29. ⁰⁰	4320. ⁰⁰
			Subtotal	6458. ⁰⁰
			less 30% discount	1937.40
			Subtotal	4520. ⁶⁰
			SALES TAX 4.5%	257.04
			ESTIMATE TOTAL	4777.64

Ravin 9737

AUTHORIZATION M. J. S. Seward TITLE Pusher DATE 11-15-17

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

95731 / 9478

TICKET NUMBER 54943
LOCATION Dakley KS
FOREMAN Jerry

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 811870

RS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-22-97	5659	Redding 1-3	3	16 ^s	37 ^w	Wichita
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address: <u>Mail Drilling</u> <u>1700 N. Waterfront Parkway, Bldg. 1200</u>			<u>753</u>	<u>Travis W</u>		
City: <u>Wichita</u> State: <u>KS</u> ZIP CODE: <u>67206</u>			<u>7727127</u>	<u>Miles S</u>		

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 4980 CASING SIZE & WEIGHT 5 1/2 17#
 CASING DEPTH 4967 DRILL PIPE _____ TUBING _____ OTHER 27'
 SLURRY WEIGHT 14.2 SLURRY VOL 142 WATER gal/sk _____ CEMENT LEFT IN CASING P.C. @ 2603
 DISPLACEMENT 114 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Duke #1 run float eq. centralizers on 1, 2, 3, 5, 7, 9, 11, 13, 16 basket 1/2 on 159 P.C. on top 59 set @ 2603 run casing to bottom pump ball thru excise slot. Pump: 2 bbl H₂O and flush; 2 bbl H₂O spacer mix 200 sks thixobland III 5 # Kalscal that down release plug clean pump line displace with 113 bbl fresh water obtained circulation @ 078 bbl out first lift 1200 # plug landed @ 2000 # released back & float held

30 sks RH 20 sks MH

Then keyed
Jerry Joice

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0453	1	PUMP CHARGE	2800.00	2800.00
CE0002	45	MILEAGE	7.15	321.75
CE0710	11.75	ton mileage delivery	1.75	925.31
CC5862	250 sks	thixobland III	26.00	6500.00
CC6077	1250 #	Kalscal	.50	625.00
CC6125	1488 250 gal	mud flush	.65	315.00
CP8485	1	5 1/2 AFU-Float shoe	585.00	585.00
CP8254	1	5 1/2 latch down assy	400.00	400.00
CP8554	9	5 1/2 centralizers	81.00	729.00
CP8629	1	5 1/2 basket	385.00	385.00
CP8776	1	5 1/2 Port Collar (W)	2850.00	2850.00
			Subtotal	16946.06
			* 30% Disc	4933.82
				11,512.24
			8.5% SALES TAX	731.74
			ESTIMATED TOTAL	\$ 12,249.99

SEE ENVELOPE ATTACHED

Revin 3737 AUTHORIZATION _____ TITLE Ray Brun DATE 11-23-97

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. 1200
 Wichita, KS 67206
 ATTN: Kevin Kessler

3-16S-37W Wichita, KS

Redding #1-3

Job Ticket: 63117

DST#: 1

Test Start: 2017.11.19 @ 19:58:29

GENERAL INFORMATION:

Formation: **Marmaton**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:02:20
 Time Test Ended: 07:29:34
 Interval: **4460.00 ft (KB) To 4530.00 ft (KB) (TVD)**
 Total Depth: 4530.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Brannan Lonsdale
 Unit No: 73
 Reference Elevations: 3366.00 ft (KB)
 3354.00 ft (CF)
 KB to GR/CF: 12.00 ft

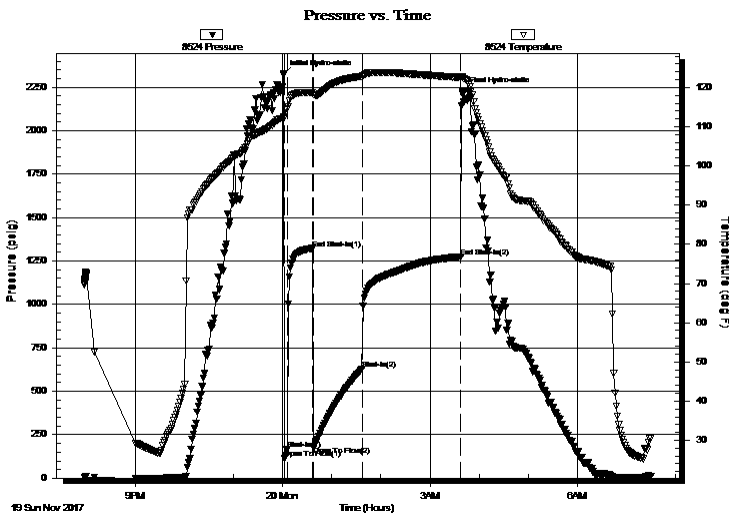
Serial #: 8524

Outside

Press@RunDepth: 628.07 psig @ 4463.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2017.11.19 End Date: 2017.11.20 Last Calib.: 2017.11.20
 Start Time: 19:58:30 End Time: 07:29:34 Time On Btm: 2017.11.20 @ 00:01:20
 Time Off Btm: 2017.11.20 @ 03:39:35

TEST COMMENT: 005- IF- BOB 2mins
 030- IS- 1" blow
 060- FF- BOB 2mins
 120- FS- 8" blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2321.89	112.61	Initial Hydro-static
1	111.65	112.35	Open To Flow (1)
5	165.40	114.58	Shut-In(1)
36	1322.43	118.67	End Shut-In(1)
37	182.04	118.20	Open To Flow (2)
96	628.07	122.88	Shut-In(2)
217	1275.16	122.56	End Shut-In(2)
219	2225.18	122.63	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1473.00	CGO, 10%G 90%O	20.88
0.00	202' GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mull Drilling Co., Inc.

3-16S-37W Wichita, KS

1700 N. Waterfront Pkw y.
Bldg. 1200
Wichita, KS 67206
ATTN: Kevin Kessler

Redding #1-3

Job Ticket: 63117

DST#: 1

Test Start: 2017.11.19 @ 19:58:29

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

26 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1473.00	CGO, 10%G 90%O	20.880
0.00	202' GIP	0.000

Total Length: 1473.00 ft Total Volume: 20.880 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

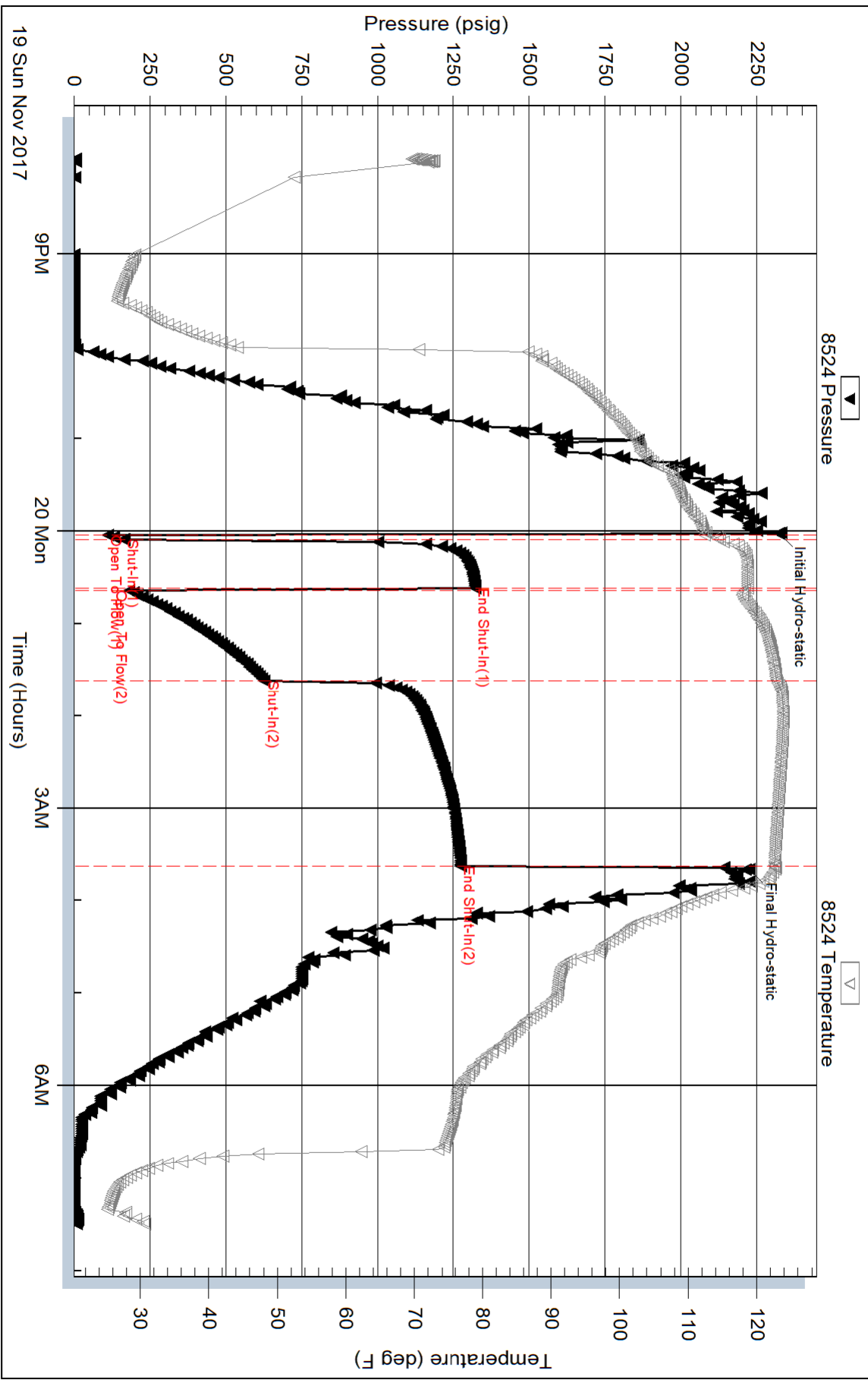
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



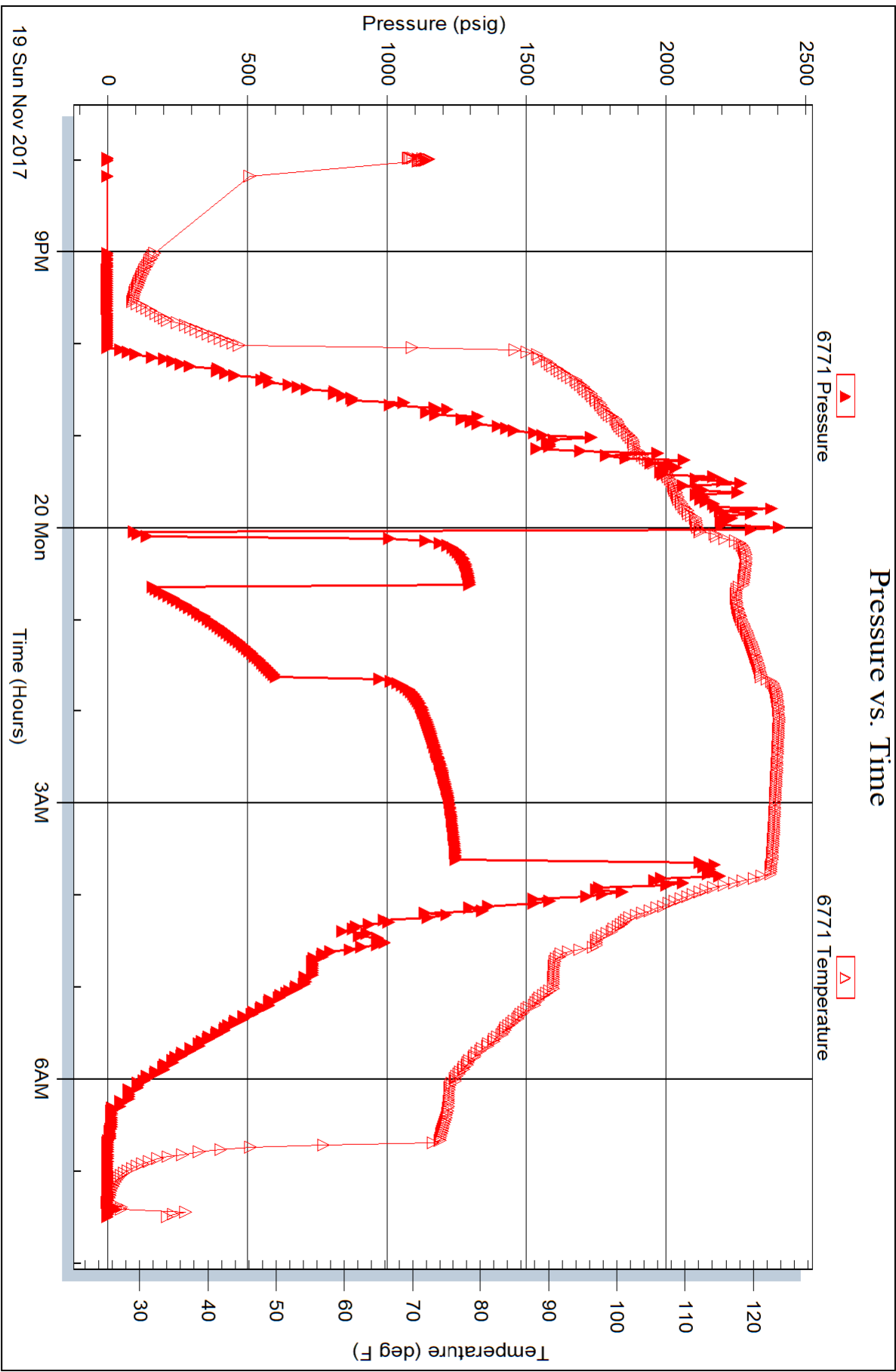
Serial #: 6771

Inside

Mull Drilling Co., Inc.

Redding #1-3

DST Test Number: 1



KEVIN L. KESSLER

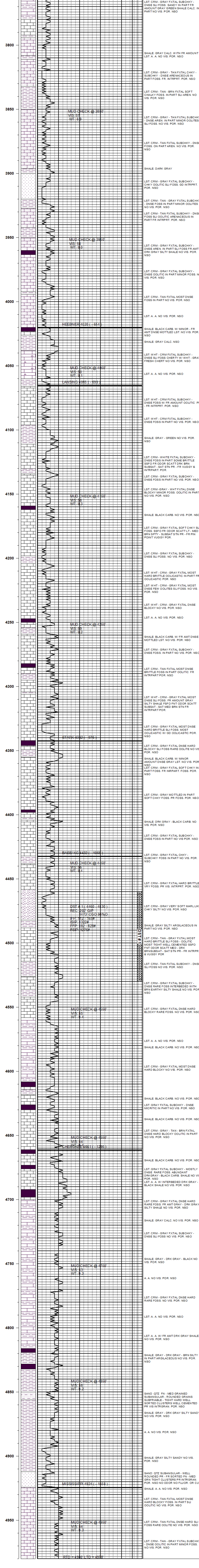
CONSULTING PETROLEUM GEOLOGIST

(316) 522 - 7338

OPERATOR : MULL DRILLING CO. INC.				ELEVATION	
LEASE : REDDING		WELL # : 1 - 3		KB: 3366'	
LOCATION : 914' FNL & 1942' FEL				GL: 3354'	
SEC : 03		TWP : 16 S		RGE : 37 W	
COUNTY : WICHITA		STATE : KANSAS		MEASUREMENTS FROM:	
				KB	
CONTRACTOR: DUKE DRILLING RIG # 1				CASING RECORD:	
COMM: 11 - 14 - 2017		COMP: 11 - 22 - 2017		SURFACE:	
RTD: 4980'		LTD: 4978'		8 5/8" @ 238'	
GEOLOGICAL SUPERVISION FROM: 3700'				TO: RTD	
SAMPLES SAVED FROM: 3700'				TO: RTD	
PRODUCTION:		5 1/2" @ 4980'			

FORMATION:	TOP	LOG	DATUM	TOP	SAMPLE	DATUM	COMP.	ELECTRICAL SURVEYS: DIL CNL / CDL MICRO SONIC
HEEBNER	4020	-	654	4020	-	654	- 14	
LANSING	4065	-	699	4065	-	699	- 04	
STARK	4342	-	976	4342	-	976	- 02	
BASE/KC	4432	-	1066	4432	-	1066	- 01	
CHEROKEE	4661	-	1295	4661	-	1295	- 07	
MISSISSIPPI	4924	-	1558	4924	-	1558	- 06	

REFERENCE WELL FOR STRUCTURAL COMPARISON:
MULL # 1 - 9 KLT 9 - 16S - 37 W WICHITA CO. KS.



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